

**LEGISLATIVE PRESENTATION OF VETERANS OF
FOREIGN WARS OF THE UNITED STATES AND
MULTI VSOs: JWV, WWP, TAPS, MOAA,
AMVETS, GSW, MOPH, BVA, NACVSO**

JOINT HEARING
OF THE
COMMITTEE ON VETERANS' AFFAIRS
BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
AND THE
U.S. SENATE

ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

MARCH 8, 2023

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WEDNESDAY, MARCH 8, 2023

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

The Committees met, pursuant to notice, at 10:01 a.m., in Room 390, Cannon House Office Building, Hon. Mike Bost, Chairman of the Committee, presiding.

Present:

Representatives Bost, Radewagen, Bergman, Rosendale, Miller-Meeks, Murphy, Van Orden, Luttrell, Crane, Takano, Brownley, Levin, Pappas, Ramirez, Deluzio, McGarvey, and Budzinski.

Senators Tester, Brown, Blumenthal, Hassan, and Moran.

Also Present: Senator Mark Kelly.

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

Chairman BOST. Good morning, everyone. Hey, thank you all for being here today.

I first would like to welcome our friends from the Senate. Chairman Tester and Ranking Member Moran will be along later. We thank them for joining us here. We were at their house last week, and they are in our house today, and we are glad to have them here. You know, I also want to welcome Mr. Timothy Borland, Commander in Chief of the Veterans of Foreign Wars of the United States. And I would be remiss if I did not take this opportunity to congratulate former VFW Executive Director Bob Wallace on his decades of service to our veterans, and I wish him well in his retirement. I would also like to congratulate Mr. Ryan Gallucci. Okay. People mispronounce Bost all the time too, so, you know. On the beginning, being here the first post-9/11 veteran named as the Executive Director of the VFW's Washington Office. Congratulations.

I would also like, if I could—now I understand that the people that might be watching us and their looking out across this crowd, understand we have this room full and two overflow rooms full. So we have a great amount of our veterans in attendance. And we appreciate you for being here, and we thank you for your service. But

there is a certain group of you that I would like to recognize, and that is from my home state of Illinois. And if you are from Illinois, if you would stand up and say hi and wave. And there they are in the back. There they are.

Okay. It is a great honor for me to be here today, serving as the House Committee on Veterans Affairs Chairman. You know, alongside with Ranking Member Takano, we share the same mission of delivering the best care and support to our veterans. You know, I am proud of everything that we accomplished in last Congress, but we all know that the work is far from over.

Now, this hearing is an excellent opportunity to learn more about what we can do to improve the lives of our veterans nationwide. Now, the VFW has vitally important information and insight into what the veterans actually experience when they go to the VA. Our Committees need your help to ensure that veterans receive the services they deserve.

As chairman, one of my main priorities is ensuring that the VA properly implement the PACT Act. This law was long overdue and is a long overdue win for veterans and their families. It is now our responsibility to hold VA accountable to ensure that toxic exposed veterans have access to the care they need. You all know better than anyone what does and does not work. We need you all to be vocal so we can address any problems when they arise.

Another one of my priorities as Chairman is ensuring veterans Second Amendment rights are not taken away just because they need help managing their benefits. I am proud of the legislation, H.R. 705, the Veteran Second Amendment Protection Act, and grateful for the 58 Members of Congress who have joined me in this effort. I appreciate the VFW's support on this issue. We will end this discrimination practice, this Congress, guaranteed. This effort and many more made by my colleagues in the House and in the Senate are a good start, but we need to keep up the fight.

Veterans are still fighting a VA bureaucracy to access the healthcare they need, when they need it, where they need it. They are enduring long wait times for their earned benefits or getting a simple question answered, dealing with underperforming VA employees who don't have the veteran's best interest in mind, and dealing with the impacts of flawed electronic health record system. And I am making my commitment to you now that I will work tirelessly in my role as chairman to ensure that we will not stop until every veteran no longer has to fight for benefits that they have already earned for their time and service.

You know, this work has always been personal to me, both as a veteran myself and a father and a grandfather of Marines. Generations of veterans have earned a system that works for them. This is my number one priority.

And before I finish, I would like to recognize the service of one of our staffers who will be departing at the end of this month. Mr. John Tower has been serving veterans and their families for a number of different chairmen and ranking members on both sides of the Rotunda. For over 25 years, John has worked. And that is no small feat if you know all the things that he has done. And if you have been around here, and I am telling you, whether it is House Republicans, House Democrats, Senate Republicans, Senate

Democrats, all know the work that John has done. So, John, thank you for your commitment to the men and women who have served and congratulations on a job well done. Your experience, sense of humor, and friendship will be missed around this place.

Now, just so you know, it is too bad that Senator Moran isn't here where I can harass him about the fact that he took you away from us just before I took this job, so—but we will have to deal with that at a later date. But we do wish you well.

But now I would like to yield to Chairman Tester for his in his opening remarks.

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

Chairman TESTER. Thank you, Chairman Bost.

Before I get into my remarks, not that this is John Tower's appreciation day, but just want to say John, you are a good man. It has been great to work with you and thank you, thank you very much for the work you have done.

Good morning, everybody. I want to welcome the national leadership from the Veterans of Foreign Wars, the members here today and those watching from Montana and around the country. I especially want to welcome the Montana delegation, including Tim Peters and Joe Fletcher, Jack Hawley, Fred Hamilton, Jeff Schepp. Stand up, folks. Thank you very much. I had a chance to visit you guys yesterday. And I just want to thank you for what you do every day for the folks back home in Montana.

Commander Boland, thank you for what you are here today to do and for your continued VFW advocacy for our nation's veterans. The VFW played a critical role in helping get the PACT Act signed into law. And I just want to tell you that isn't just a statement, that is a fact. The lady sitting behind Senator Kelly to his right did an amazing job in a hearing we had because she held folks like me accountable. And we want to thank you for the work that you have done.

Now I am looking to you again to help us understand how implementation is going. We don't often talk about it enough, but the PACT Act delivered more than expansion of healthcare and benefits. It also strengthened the VA's ability to establish new facilities to serve our veterans. We took historic steps that invested in VA's infrastructure through new recruitment and retention incentives, funding for 31 new health clinics and research facilities, and additional tools to build clinics and cut government red tape. We also gave VA expanded authority to re-purpose and lease out unused or vacant buildings, benefiting veterans and saving taxpayers funds in the process. To continue to improve infrastructure for veterans, we need to make VA construction planning more efficient. We need to increase oversight and provide more stable funding. And that is why I am proud to work with the VFW for several years to draft legislation, the Bill for Veterans Act. I hope we continue to work together and get this one over the finish line.

We also need to protect new PACT Act benefits. I would like to hear from you about what you are seeing and what you are hearing from veterans on the ground when it comes to frauds and scams. We have heard about issues with attorney fees from the Camp

Lejeune Justice Act and we know that VSOs have endorsed multiple bills to establish caps, including the VFW. We thank you for that. And we also don't want to lose sight of claim sharks. VA has been asking us for years to reinstate their ability to go after the people taking a veteran's benefit for their own profit. And I believe we should work together to make that happen.

For the veterans here today, thank you for your service. Thank you for your work that you do on behalf of veterans in your states. We look forward to hearing from each of you. With that, I will turn it back to you, Chairman Bost.

Chairman BOST. Thank you, Chairman.

At this time, we would want to recognize Ranking Member Takano. He had been called away and to deliver his opening remarks we recognize Representative Brownley.

**OPENING STATEMENT OF HON. JULIA BROWNLEY,
U.S. REPRESENTATIVE FROM CALIFORNIA**

Ms. BROWNLEY. Thank you, Chairman Bost.

And I am not Mark Takano, but I am here on his behalf, and it is truly an honor to be here with all of you today. It is great to see all of the VSO members in the room.

First and most important question, are there any Californians in the room this morning All right, a very special welcome to you.

So, it is an honor to join all of the members of the House and Senate Committees of Veteran Affairs to hear directly from the commander in chief and representatives of the Veterans of Foreign Wars. I would also like to welcome the diverse group of organizations we will hear from on the second panel. It is great to see all of you here as well, and I look forward to hearing about the priorities of Jewish War Veterans, Wounded Warrior Project, TAPS, MOAA, AMVETS, Gold Star Wives, Military Order of the Purple Heart, BVA, and the National Association of County Veteran Service Officers. I look forward to hearing your testimony today, and I thank you for your continued advocacy and support for the veteran community.

The opportunity to hear from our VSO partners is critical to do our work. You all provide much needed resources and representation for veterans and their families and survivors at all stages of life and service. In addition, your organizations give us much better insight into issues our veterans face and how we can best address them.

For example, it was VFW's statement for the record in 2019 that led staff to write the Veterans Access Act, which later became part of the Veterans Compact Act. The new benefit, which went live earlier this year, removes costs from the equation when veterans are at imminent risk of self-harm and allows them to access life-saving care when they need it most, regardless of whether the veteran has ever enrolled or used VA healthcare benefits. Any veteran experiencing a mental health crisis should call 9-8-8 and press 1 to speak with a trained professional from the Veterans Crisis line.

I hope you and other VSOs will continue raising concerns with our staff. This is how life changing legislation comes to fruition. I would like to continue that track record. I was encouraged to see the overwhelming support the VFW and other VSOs provided last

Congress to pass Mr. Takano's 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 would also like to express my thanks to Chairman Tester, Ranking Member Moran, and Chairman Bost for their efforts to work with Mr. Takano on passing this law.

Our bipartisan bill expands VA health care to over three and a half 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 for 23 respiratory illnesses and cancer. 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. 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, passing the landmark PACT Act, and 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 Ketchum Rural Veterans Mental Health Act. We were also able to wrap up the 117th Congress with packages of veterans legislation, including the STRONG Veterans Act and the Cleland Dole Memorial Veterans Benefits and Healthcare 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.

Mr. Takano's priorities and 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 freedom, delivering a VA for all Veterans, modernizing VA care for the next generation of veterans, ensuring that no veteran is forgotten, working to end veteran homelessness and food and security, ensuring benefits parity for Americans veterans, rejecting efforts to privatize the VA, conducting critical oversight and implementation of suicide prevention and toxic exposure bills, and empowering VA to fulfill its fourth mission capabilities. These are big goals, but I know that 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.

However, I am deeply concerned by the budget proposals from the new Republican House Majority and what it will mean for all of the accomplishments I just mentioned. VFW represents the largest number of combat veterans in the country, and the VSOs on our second panel represent hundreds of thousands of veterans and survivors as well, many of whom are eligible for new care and benefits due to the passage of the PACT Act. What Republicans are

proposing would hollow out veteran programs and pit veterans funding against other domestic priorities. What programs would you cut that serve your fellow veterans and fellow Americans? Do they propose restricting which toxic-exposed veteran can receive healthcare and benefits? Should disabled veterans see fewer benefits? I have asked my Republican colleagues what they think should be on the chopping block in order to return VA to fiscal year 2022 budget levels and effectively cut \$31 billion from VA's budget, but they don't seem too keen to answer. Maybe you can ask them. I think millions of Americans will be interested in hearing their response.

I thank you, and I yield back.

Chairman BOST. Thank you, Ms. Brownley.

At this time, I would like to recognize Mr. Gallucci to introduce the individuals on the panel.

INTRODUCTION BY RYAN GALLUCCI

Mr. GALLUCCI. Thank you, Mr. Chairman.

Members of the Senate and House of Veterans Affairs Committees I am honored to have the privilege of introducing the national officers of the VFW and our Auxiliary.

Mr. Chairman, please allow me to ask those to be introduced to stand and remain standing. And I wish to request our comrades from the VFW and the audience to hold its applause until all have been introduced.

From the VFW auxiliary. The national president of our VFW auxiliary, Jane Reape from New York, senior vice president of our auxiliary, Carla Martinez of Utah, junior vice president Brenda Bryant from Missouri, and the National Auxiliary secretary treasurer Anne Panteleakos from Connecticut, as well as the junior vice commander in chief's wife, Carol Lipphardt from Georgia. And the National Officers of the Veterans of Foreign Wars, senior vice commander in chief Duane Sarmiento from New Jersey, junior vice commander in chief, Al Lipphardt from Georgia, junior vice commander in chief designee Carol Whitmore from Iowa, Adjutant General Dan West from Texas, Quartermaster General Marc Garduno from Delaware, Assistant Adjutant General Brian Walker from Tennessee, Chaplain Deborah Halter from Missouri, Judge Advocate General Thomas C. Rollins from Mississippi, chief of staff Cynthia Archuleta from Arizona, inspector general Sean Watson from Guam, surgeon general Daniel Kell from New York, supreme commander of the Military Order of the Cootie, Dwight Hora from South Carolina, chairman of our legislative committee, Deborah Johnson from California, director, VFW National Legislative Service, Patrick M. Murray from Rhode Island, and director of VFW National Veterans Service, Michael Figlioli from Massachusetts. I would further also like to recognize the 9th class of VFW SVA legislative fellows, the VFW Women Veterans Committee, and our past commanders in chief who are with us today.

Thank you, Mr. Chairman.

Chairman BOST. Thank you, Mr. Gallucci. And thank you all for being here today.

Now, at this time, I would like to turn this over to Senator Mark Kelly, who is a fellow Arizona VFW member, to introduce Commander Borland to the committees.

INTRODUCTION BY HON. MARK KELLY

Senator KELLY. Thank you, Mr. Chairman.

It is a great honor for me to introduce a distinguished guest and great Arizonan, Commander in Chief of the Veterans of Foreign Wars, Mr. Tim Borland.

Tim is an Army guy. I am not going to hold that against him. Enlisting in 1979, Tim served in the Army's Military Intelligence Branch and was stationed all around the world. And his last assignment was with the 101st Airborne Division. My dad was in the 82nd.

Mr. BORLAND. Still good.

Senator KELLY. Still good. And he served in Iraq from 2005 to 2006. And then Tim returned home to Arizona and retired at the rank of First Sergeant in June 2007. And in recognition of his exemplary service, he received numerous decorations, including four Meritorious Service Medals, four Army Commendation Medals, the Iraq Campaign Medal, and four Overseas Service Ribbons. Like a lot of Arizona veterans, myself included, service runs in his blood. Tim is fourth generation, retired Army. That is significant—retired Army, fourth generation. His great grandfather served in World War I, his grandfather served in World War II, and both his mom and dad served in the Army for 20 years. Now Tim's own kids, Levi, Jonathan, and Lee, they are all serving as well.

Tim became a VFW member at Post 9972 in Arizona, where he lives with his wife, Shannon. He was an all-American post district and department commander, and he served on the National Council of Administration. In July, Tim was elected as the VFW's 114th Commander in Chief, becoming the first Iraq War vet to lead our nation's most established combat veterans organization. And Tim has urged the VFW to embrace new generations of veterans while ensuring that veterans of past conflicts are not left behind, ensuring that every veteran counts.

To my colleagues in both the Senate and the House Veterans Affairs Committees, it is my honor to introduce the VFW's Commander in Chief, Mr. Tim Borland.

Chairman BOST. Thank you, Senator. And if you would like to stay, we would be more than happy to have you here. But if not, we understand how this place is, and you are free to leave if you need to.

Now, I would like to recognize Commander Borland for 5 minutes for your opening statement.

PANEL I

STATEMENT OF TIMOTHY BORLAND ACCOMPANIED BY RYAN GALLUCCI, PATRICK MURRAY, MICHAEL FIGLIOLI; AND DEBORAH JOHNSON

Mr. BORLAND. First of all, thank you, Senator Kelly, for that warm welcome.

Chairman Tester and Bost, Ranking Members Moran and Takano, members of the Senate and House Committees on Veterans Affairs, it is my honor to be with you today on behalf of more than 1.5 million veterans of the Veterans of Foreign Wars and its Auxiliary of the United States to fulfill our obligations to Congress and to provide consistent reports to Congress.

I would like to begin by thanking the members of the committees for your hard work in the 117th Congress, working across the aisle and across chambers to pass legislation that truly shows that every veteran counts. With reforms like the PACT Act, your committees continue to be examples of how work should be done on Capitol Hill. The VFW's full written submission covers much more, such as working to help our caregivers, addressing veteran homelessness, VA's flawed efforts to update its health record, and the full accounting of our nation's POW MIA. And with this, this is why we fully support the mission to bring all our Mission service members home.

At this joint hearing last year, the VFW called upon Congress to pass the PACT Act, the most comprehensive toxic exposure legislation in American history. It was the honor of a lifetime to be able to represent the VFW when this historic legislation was signed into law. All across the country, VFW service officers are assisting veterans with their PACT Act claims and have already seen conditions approved and rated. VA has moved aggressively to process PACT Act claims, with more than 100,000 of these claims already rated, one of which is my own.

VA has also worked with VSOs, like the VFW, to clearly communicate what veterans should expect from the process. Veterans can visit pactactinfo.org to learn more about their benefits and to link up with VA accredited service officers to help them apply. This service has already helped thousands of veterans free of charge.

While the PACT Act is a big win for veterans facing exposures, we must do more for the surviving families who are left behind when loved ones die in the line of duty and from service-connected injuries or illnesses. The PACT Act finally fulfills a critical promise to many survivors who now qualify for benefits. But DIC is still not equal to other Federal survival programs.

The VFW urges Congress to pass legislation that would fully increase DIC payments to survivors from 43 percent to 55 percent to get with parity of the other Federal agencies.

With this passage of the PACT Act, the VFW has seen an increase in online ads from predatory claim consultants that we call "claim sharks". They target veterans earned VA benefits, promised them increase of VA disability ratings. They argue that the higher fees they charge make them more effective in assisting veterans than the free services our properly trained VA accredited service organizations, county VSOs, and accredited agents or attorneys. Several of these predatory companies have made statements that there is no path for them to seek VA accreditation, but this is completely untrue. There are no restrictions for these consultants to become VA accredited, but they refuse to do so because they will no longer be able to charge such outrageous fees. They would also be subject to oversight by the VA's General Counsel. Currently, these companies have no accountability, no oversight, and no pen-

alties. In fact, one company during the House Veterans Affairs hearing provided inaccurate testimony when asked about receiving a cease and desist letter from the VA. Companies that prey upon veterans and blatantly disregard congressional oversight authority should be held accountable. Period. This is why we strongly urge the passage of the Guard VA Benefits Act.

If VA representatives charge for claims help, they would lose their accreditation and be subject to both fines and jail time. Claim sharks should be treated the same way. The VFW believes VA benefits are a critical tool to not only help veterans succeed after service, but also protect against suicide. Suicide prevention is not simply a clinical priority that should not be viewed as such. Suicide prevention should encompass benefit usage and delivery alongside mental health care. For far too long, suicide prevention has been viewed as simply a mental health issue, when that is only half the battle. VA economic benefits can prevent veterans from ending their lives.

An example of this key link to suicide prevention is addressed by one of this year's VFW SBA student veteran fellows, Chet Bennetts, who is here with us today. His proposal highlights financial stress increases many of the risk factors associated with mental health crisis. Studies have shown that veterans with PTSD who are also experiencing financial stress exhibited an increase in many risky behaviors, including suicidal thoughts. This is why VFW believes VA's Office of Suicide Prevention needs to be moved out of the Veteran Health Administration over to the VA so it can report on and utilize information across the agency to combat suicide. Keeping this critical office in VHA prevents it from reaching its full potential.

Each time a veteran uses a benefit, we have an opportunity to provide resources for suicide intervention. Access to economic opportunity benefits from the point of transition is critical. We owe it to our veterans to understand every access point to VA and how it affects their well-being. This is how we show every veteran counts.

The VFW also believes there is significant value when accredited representatives are part of the Military Transition Assistance Program, TAP. We would like to see these representatives offered the chance to facilitate course materials that cover VA benefits and services. Service members have a very slim window, usually 3 to 6 months before separation, in which they are eligible to file VA disability benefits through the Benefits Delivery at Discharge, also called our BDD. Accredited representatives would not only be able to highlight the program, but also help service members file claims as soon as possible, which is something that VA employees and contract briefers just can't do. VFW's BDD program currently supports transition service members at 20 military installations, and we need more overseas. They need them. Service members who use resources like BDD representatives face fewer hurdles during transition. Senior military leaders understand this. For example, general officers and senior noncommissioned officers frequently reach out to the VFW for more in-depth knowledge on VA benefits process. If our military leaders see this as a priority, then VA should make it a priority for everyone leaving the military.

The VFW insists accredited representatives are incorporated into the Transition Assistance Program at every base possible to ensure separating service members have the ability to access their care and benefits as soon as they take off their uniform for the last time. And some of those veterans who finally depart the service do so involuntarily through medical discharges due to wounds received on the battlefield. For nearly 2 decades, these veterans and many other retirees have waited for Congress to end the long-standing, unjust practice of offsetting DoD retirement and VA disability pay. Scores of veterans are required to forfeit all or part of one benefit, even though they are earned for entirely two different reasons.

Though I recently called on the White House and Congress to push for full concurrent receipt for all military retirees, the VFW's first priority is to serve this injustice for medical retirees through the Major Richard Star Act. Major Richard Star was forced to medically retire after he was diagnosed with cancer in 2018. He and his wife Tanya became strong advocates for concurrent receipt for the medical retirees, and the VFW was proud to work alongside him. Unfortunately, in 2021, he died before he could see Congress fix this injustice. We will not wait any longer.

We thank Chairman Tester and Senator Crapol for reintroducing this critical legislation. We need to get this passed because every veteran counts.

Before I close, I need to speak to a problem I just saw firsthand, visiting American soldiers serving on the front lines of NATO in Poland. Ryan Gallucci and myself had the honor to go there and met with key leaders. It was clear to me that many Americans do not fully understand what we are asking our service members to do today, which makes it hard for the commanders on the ground to inspire those they lead. Thankfully, one simple solution can help. When Russia invaded Ukraine last February, we quickly sent our service members to nine countries in defense of NATO, most of them National Guard soldiers. The VFW calls on the DoD and Congress to properly recognize the immense contributions of those who have served and are serving on the eastern flank of NATO by awarding them the Armed Forces Expeditionary Medal for deterring Russian aggression.

Chairmen Tester and Bost, Ranking Members Moran and Takano, and other distinguished members of these committees, speaking for all members of the Veterans of Foreign Wars and its Auxiliary, and on behalf of the millions of service members, veterans, and their families around the world, I would like to thank you for your time and attention to these critical issues.

I will conclude with my call to action and remind everybody that we must meet the challenge to take care of these critical issues for those we represent, because every veteran counts.

Thank you. This concludes my remarks, and I am prepared to answer any questions you may have.

[The prepared statement of Mr. Borland appears on page 57 of the Appendix.]

Chairman BOST. Thank you, Mr. Borland, for your testimony.

And I will recognize myself, if I can, for 5 minutes to start the questioning.

Commander, you know, currently a veteran loses their Second Amendment rights when they are appointed a fiduciary to manage their VA benefits. My bill, H.R. 705, would ensure that these veterans receive due process before they are deprived of their right to bear arms. Do I have the VFW's support for my bill?

Mr. BORLAND. Absolutely.

Chairman BOST. Thank you.

Mr. BORLAND. I forgot the—

Chairman BOST. Commander, some individuals are helping veterans with their claims without being accredited by VA. You brought that up in your testimony. What is the VFW's position on these individuals and their fees that they are being charged?

Mr. BORLAND. Well, first of all, we believe that accredited service officers should be doing our claims with veterans that have served our country and defense. They are properly accredited to do the claims for free. The claim sharks that we are dealing with right now took advantage during the COVID crisis, unfortunately, the last 2.5, 3 years. The VA's were closed down, veterans were unable to go see their health providers. So these claim sharks were out there, out of control, contacting veterans through any means possible and promising them VA disability claims at outrageous percentages. But these veterans had to get something done because VA was unable to do it at the time because we couldn't go there.

For more of this, I would like to pass it to Pat Murray, our national legislative director.

Mr. MURRAY. Thank you, Commander in Chief.

Chairman Bost, the bottom line is, if accredited representatives charge fees the way they do, they would be fined or possibly imprisoned. We want that same standard met for everybody helping prepare, present, and prosecute claims before Department of Veteran Affairs.

Chairman BOST. Thank you.

Commander, your testimony highlights the importance of the Transition Assistance Program for service members. However, spouses are often left behind by DoD during the transition period. What steps should DoD take to ensure that spouses are also included in the TAP program? And what is the importance of this?

Mr. BORLAND. That is a great question.

Back when I retired about 18 years ago, we had in the Army what was called ACAP. We were only allowed one year to transition out of the Army. At least the Transition Assistance Program allows these service members 2 years to process out of the Army. And all we need to do is get with DoD and other military major commands and allow the spouses to attend these briefings with their service members so they, too, can benefit with the transition of them leaving the service.

Chairman BOST. Yes, I agree with you on that.

And I am running short on time, but I am just glad we have the TAP program. Many in this room have heard me say before whenever I got out whether it was a TAP program, the TAP Program was commanding officer tapping you on the shoulder and said see you later. That was it. But I am glad with the TAP program that is available.

With that, I will yield back and recognize Chairman Tester for his 5 minutes.

Chairman TESTER. Thank you, Chairman Bost.

And thank you for your testimony. Appreciate it very, very much.

To improve infrastructure for veterans, we need to fix several areas, including infrastructure, staffing levels, cutting VA red tape, more oversight, and stable funding.

Commander Borland, can you or a member of your team, tell me how you think the BUILD for Veterans Act would push the VA to increase their capacity and actually deliver more projects for the VA each year?

Mr. BORLAND. Yes, sir.

First of all, the BUILD Act is providing \$60 to \$80 billion. We think that the management of the infrastructure and the contractors need to be oversighted. We need them to be more involved in the development of infrastructure. This includes computers, air conditioners, water pipes, buildings. The better we make the VA facilities for our veterans, the more we will get nurses and doctors to step up and possibly work for the VA.

Pat Murray, if you would like to add some more to that, this is his expertise.

Mr. MURRAY. Thank you, Commander in Chief.

Mr. BORLAND. You are welcome.

Mr. MURRAY. So, Senator Tester, we support the BUILD Act. We have worked very well with your office to craft that. What we need to do is begin by building internal capacity at VA, hiring more people to actually oversee these projects, because as the chief mentioned there is \$60 to \$80 billion worth of backlog. And if we want to knock that down in 10 years, that means \$6 to \$8 billion at least to start to begin to drop that. They have only been for the past few administrations pushing anywhere from \$3 to \$5 billion annually for that. We need to increase that and end the infrastructure problem.

Chairman TESTER. I appreciate your guys' views and support on that.

Infrastructure is really important for a number of reasons, not the least of which is recruiting more doctors and nurses in the VA, which is another issue which I will probably let somebody else deal with.

I do want to talk about VA medical cannabis and the VA Medical Cannabis Research Act of 2023, which requires further research by the VA to understand cannabis efficacy and treating ailments facing our veterans.

Effective treatment options must be based on comprehensive research science. And VA research should empower veterans to make informed decisions about their health. So I would love to know your guys' view, if you feel VA has been proactive in conducting research on veterans cannabis use and what can be done about it if the answer is no.

Mr. BORLAND. First of all, Mr. Chairman, we support this.

Chairman TESTER. Okay.

Mr. BORLAND. We have mixed emotions with veterans, either in favor or against because it is cannabis. But there are military personnel out there that have TBI and mental health PTSD issues

that find cannabis as another solution to solve their issues. And it also reduces medication that is provided by the VA. There are a lot of veterans out there that get so much medication, they don't know what to take half the time they have it. Some of them have poor eyesight and they take the wrong medication. This will prevent overdose. This will prevent a lot of other issues. Medical cannabis is a possible solution to help with TBI and mental health issues. On more of this, if Pat Murray would like to add. I would be more than happy to hear his suggestions.

Mr. MURRAY. Thank you, Chief.

Just to put a final stamp on that. Yes, sir, we are in favor of researching that. We want to be smart about as many alternative therapies we can provide for our veterans around the country as possible. We don't think VA is doing enough of a good job on that. They have been dragging their feet. They have been saying they have been doing studies and research for years. We are waiting to see the results, as everybody is. We want to see that actually get done, done appropriately.

Chairman TESTER. Thank you.

And, Mr. Borland, I have the same reservations about this as you do, and I think that if we can get good research, it could help clear up a lot of problems.

One last thing. The Guard Act is being introduced today, and it is probably because of your testimony why it is being introduced. So thank you.

Chairman BOST. Ms. Brownley, you are recognized for some questions.

Ms. BROWNLEY. Thank you, Mr. Chairman.

Commander Borland, in your testimony, you discussed how critical it is that we do more to serve our veteran caregivers. In addition to the caregiver program, there are several programs across VA that can serve elderly and disabled veterans, allowing them to stay in their homes and out of institutionalized care.

My Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act will expand these programs and coordinate hand-offs from the Caregiver Program. For example, the Veterans Directed Care Program would serve the same veterans and caregivers trying to access the Caregiver Program today. Can you explain a bit more why it is important that we expand these home and community based programs and services

Mr. BORLAND. First of all, I would like to tell you the VFW does support your bill.

Ms. BROWNLEY. Thank you.

Mr. BORLAND. We are definitely looking out for the care providers that take care of our veterans. And we do understand that we need more care providers at home. It is easier for the veterans, especially if they are handicapped. It is just better to be home than to be out of home, in a hospital, with strangers or in vet centers that are overflowing. Some vet centers are not just overflowing, but their shortage on nurses and doctors, because since ever COVID has happened, there is a shortage. We don't—

For more of this. I would love to pass this off to Mike Figlioli. He is our members veterans director. Mike, can you share a little bit more about the caregiver program?

Mr. FIGLIOLI. Thank you, Commander in Chief.

Yes, sir, we certainly support that Act. We are aware of, as the commander in chief said, that there are a number of facilities that are backlogged that have access issues to allow veterans in. The capacity is high. We also understand that there is a shortage of doctors and nurses that are available at this moment because others have moved on to the private sector for more lucrative employment.

So we are eager to see that we have more facilities. Years ago, VA used to run domiciliaries, which was a popular issue. Now it has been outsourced a bit to other facilities because of, again, capacity issues. The veteran deserves the care where they are at. The veteran deserves first class quality care at all times. And if that means providing that care in their home, then we owe it to that veteran to do so.

Ms. BROWNLEY. Well, thank you very much for that.

And I would just add that I think our biggest challenge in terms of moving this bill forward, there is broad based support for the bill, the problem is how CBO was scoring the bill. So I think what we have to kind of get across is this is really sort of win-win. We know that health outcomes are better when a veteran or anyone is cared for at home versus institutionalized care. And we also know that it costs less than institutionalized care. So we have got to get those points across because it really is what we do want. We would love to save some money to reinvest in other programs, but most importantly, we want the best health outcomes for our veterans. And this is the way to achieve that.

So I will look forward to working with you on this bill to see it through this Congress.

Thank you very much, and I yield back.

Chairman BOST. Thank you, Representative Brownley.
Representative Van Orden.

**HON. DERRICK VAN ORDEN,
U.S. REPRESENTATIVE FROM WISCONSIN**

Mr. VAN ORDEN. Thank you all for coming. I appreciate it greatly.

I am a lifetime member of the Veterans of Foreign Wars, and I go to Post 1530 in the La Crosse, Wisconsin. I am telling you, I am very proud of you. I know it takes a while to get out here and it can be a hassle, but I am very proud of you for coming out here.

Now, Commander, unfortunately, several of my fellow veterans from Wisconsin came to my office yesterday, so I need an address to submit an invoice for the beer they drank. I will be sending that to you. It is Borland, right? Got that.

Hey, listen, I am honored to be given the privilege of chairing a subcommittee that is responsible for the transition from being an active duty service member to a veteran, veteran's homelessness, and also education. And so, Commander, I just want to ask you something about the VET TEC program, the pilot program. Are you familiar with this? It is a program that was established in 2019, and it provides veterans with the opportunity to use GI Bill style benefits to participate in short term training for IT jobs. The program has been very successful with a graduation rate of 84 percent

and an average salary of over \$65,000. So, Commander, have you received any feedback concerning this program?

Mr. BORLAND. I am sure Pat Murray has, our national legislative director. I would like to pass that to him since I don't know much about that act.

Mr. VAN ORDEN. Very well.

Mr. MURRAY. Thank you.

Congressman, the VET TEC program is a fantastic program. Some additional resources were provided to it last Congress to make sure that additional students were able to utilize the program. It gets them back to high paying, in demand jobs, and it allows them to get those jobs, start paying more money back into our system through taxes. So veterans employed paying back into the system with in demand jobs is a critically important thing. We would love to expand that program as large as possible.

Mr. VAN ORDEN. Roger that.

I will tell you what, just for your knowledge—thank you very much for that, Mr. Murray. My number one legislative priority on the subcommittee is the transition from active duty to veterans. And the reason being is that people don't understand, man, you are a veteran or you are an active duty service member Monday and Tuesday you are a vet. And in that 24 hour period of time, you lose your mission, you lose your focus, you use your uniform, you lose your identity. I told this to the guys the other day. It is twice the husband, half the paycheck. And it is very stressful. And that is why men and women, unfortunately, choose often to end their lives.

So I want you to know that the members of this committee, and on my subcommittee in particular, are working diligently every day because you have built this nation and we are free because of your service. So God bless you all.

Thank you so much for coming.

Chairman BOST. Representative Pappas, you are recognized for your question.

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

Mr. PAPPAS. Thank you very much, Mr. Chairman. I want to thank the leadership and membership of VFW for joining us here for this hearing with a special shout-out to my good friends from the Live Free or Die State of New Hampshire who are here. I will see you later in my office. Unfortunately, we have no beer in my office, but it will be great to see you nonetheless.

I always learn a lot from those conversations. And it was from conversations with veterans in New Hampshire and with VFW that I heard about this issue of claim sharks. And I think you appropriately talked about what these people do, taking advantage of veterans, these unaccredited actors. It is probably a too polite way to refer to what these folks do out there, but we are going to hold them accountable and pass some legislation on it. So I am proud that we were able to reintroduce this bill in the House. I want to commend Representative Radewagen for working me with me on this issue. And again, this would reinstate criminal penalties for these unaccredited claim representatives who are charging exorbi-

tant fees in some cases while assisting veterans with filing a claim for disability compensation benefits.

We know that VFW, like other VSOs, helps veterans filing these claims through their VA accredited representatives. These accredited representatives are the only individuals who are authorized to prepare, present, and prosecute VA claims, as has been said, on a veteran's behalf.

So I was going to ask you about what concerns you have. I think you stated that very clearly and we look forward to working with you to pass this legislation. And I just want to say these Hill visits do have an impact on the number of co-sponsors we get and the momentum that we get behind important common sense ideas like the Guard VA Benefits Act.

Maybe I could just ask you this question. As we work to pass this legislative solution, do you think there are other things that VA could be doing to raise awareness and education around the problem of unaccredited representatives who are charging fees for our veterans?

Mr. BORLAND. First of all, sir, I want to thank you for sponsoring that bill. It is a critical bill for our veterans. We need to let our veterans know that our service officers are out there to do it for free. We need to also hold these claim sharks accountable for what they are doing. They need to be VA accredited. They need to reduce—we need to put a cap on it, for God's sake. The way they go after our veterans out there, it is just unheard of.

The veteran serves our country, we stand and fight for the country, we give the ultimate sacrifice. The veteran should be taken care of by properly trained, accredited service officers and we got that right here on the Hill with the Veteran Military National Service, Veteran Services, Mike Figlioli, who can add more to this.

Mr. FIGLIOLI. Thank you, Commander in Chief, thank you, Mr. Representative.

We have worked very diligently to educate not only our membership about claim sharks, but the public. We have also reached out to other government agencies. We have worked with the association of Attorneys General, the Consumer Ordinance Protection Bureau. Something has got to be done to rein these people in, because, as the commander in chief said, they are out of control. They have not one modicum of the amount of training or knowledge that our professionally trained, accredited representatives that serve not only here in the United States, but across the world, provide that service for free. Last year, the VFW Accredited Service Program recovered \$11.2 billion for our veterans, and not one dime went to our organization. That needs to be first. As the executive director said back in April, I agree, the Capitol Police should have stopped them at the door. They deserve to be in jail. And with that, I yield back.

Mr. PAPPAS. Thank you for your work.

I yield back my time.

Chairman BOST. Thank you
Representative Crane.

**HON. ELIJAH CRANE,
U.S. REPRESENTATIVE FROM ARIZONA**

Mr. CRANE. Thank you guys for coming today. I got to admit, I feel a little out of suit and a little exposed because you guys all have these really cool hats and I have got none. And I am losing my hair, so that is why I wear hats all the time. I think we could all admit that my colleague, Congressman Van Orden from Wisconsin really needs a hat. Do you guys agree with that?

I do want to say something real quick. One of my colleagues on the other side talked about, you know, Republicans and budget cuts, right? I know you guys heard that and I am hoping you guys know why. We are \$31 trillion in debt in this country. I go from meeting to meeting to meeting with this group, small business group, veterans affairs group, everybody, and everyone. Do you know how many times I go into a meeting where somebody tells me, hey, you guys are doing such a great job funding us, we don't need more money? Never happens. I am looking at brothers and sisters in this room.

Many of you guys don't know my bio. I dropped out of college in my senior year in Arizona, and I joined the Navy the week after 9/11, went to the Seal teams, okay. Then when I got done with that, me and my wife started a small business, a veteran owned small business where we made our products in the USA. And we hired as many veterans as we could, and we worked with as many veteran nonprofits as we could as well, because I needed a mission, like many of you do when you got out, okay. So when you hear that Republicans are looking to make budget cuts, it is not because we don't love you. My God, I love each and every one of you because I know what you have been through, okay. But I want you guys to understand that—how many of you guys agree that our service to this country doesn't end when we take off the uniform, right.

Guys, I never wanted to be a Congressman. I certainly never wanted to get into politics. You guys know why I am here Because I am scared to death that my daughters aren't going to be able to enjoy what we have enjoyed because of the fraud, waste, abuse, and corruption up in this town. So, yes, we are looking at how can we do things better, how can we do things more efficiently

And I know you guys all saw it in the military, because I saw it. Some of the just nonsense that we would do, some of the nonsense that we would spend money on. And this is the same government, okay. So, yes, we are looking at how to reduce the budget and the reckless out of control spending. And guess what We are still going to try and take care of our brothers and sisters out here because we love you guys and we care about you, and many of us come from the same units that you do. Does that make sense

So I just wanted to make sure that that was said, because it is a real issue up here and it is a real a problem that needs to be addressed.

Thank you guys so much for showing up today. And I hope that we can continue to work with this group and others to offer veterans amazing care. Thank you.

Chairman BOST. Representative Ramirez, you are recognized.

**HON. DELIA RAMIREZ,
U.S. REPRESENTATIVE FROM ILLINOIS**

Ms. RAMIREZ. Thank you, Chairman.

Good morning. I first want to say thank you to Commander Borland and to the Veterans of Foreign—Foreign Wars, the hard-working men and women who are here today, and you represent thousands of thousands across the country.

I said last week in hearing that I have had the honor and opportunity for about 13 years before I went into policy work to run a social service agency, working with people experiencing homelessness. And it was at that really young age when I started as a mail lady, before I became the director there many years later, that I was shocked to see the number of veterans that walked into that shelter needing housing, needing access to mental health services, needing jobs, and certainly looking to be able to identify ways to be able to live in society, supported and loved. And yet this is a reality for so many of them. So I just want to deeply express my gratitude to everything that you do. We should recognize that we have a moral obligation to support and care for those who have served our country, and we have to continue to empower veterans to live high quality, dignified lives. Am I right?

So as the VA continues to become a provider of choice for women veterans, the VA must ensure that women veterans have access to healthcare settings that support appropriate care, especially for those recovering from military sexual trauma or interpersonal violence. The VA must promote its stop harassment and White Ribbon campaigns to eliminate sexual assault and harassment at all VA facilities and promote strategies for recovery. Systems for processing MST related claims need to be reformed. That includes knowledgeable and sensitive staff for resolving discrepancies in the approval of claims for residual effects and MST compared with other assault or PTSD claims.

Commander Borland, national data revealed that about 1 in 3 women and 1 in 50 men have responded yes when asked if they have experienced military sexual trauma, or MST. What do you think are some steps that Congress can take to ensure that service members with MST claims are handled respectfully by the VA?

Mr. BORLAND. Well, first of all, thank you for your concerns about women's health and women's concerns. My mom served 20 years in the United States Army. I used to get picked on all the time in high school about my mom hearing combat boots. I go, that is right, she wears combat boots. And I love my mom very much for what she did with her service.

I have seen as a leader in the United States Army after 28 years of sexual harassment, especially deployed soldiers overseas. There is a perfect person on this panel right now that is near and dear to her heart. I picked Deborah Johnson out of California to be my legislative chairman because she runs a homeless home in California, Bakersfield, California. I would like Deborah to respond to this question. Deborah?

Ms. JOHNSON. Thank you.

So kind of like we are talking about two issues that we are paralleling side by side. One of them is military sexual trauma with women veterans and homelessness, which often goes hand in hand.

How we can approach that with women is we have to increase awareness and education. We know with the passage of the Deborah Sampson Act that there have been a lot of changes that have been made, including the formation of the Women Veterans Call Center. But if you ask any female in this room how many of them knew that there was a Women Veterans Call Center, not one person during this conference knew about it until I talked to them about it. So we have got to do a better way to let women veterans be aware that the VA is taking our concerns seriously, whether it is our healthcare, whether it is issues with military sexual trauma, and mental health, if we do not do a better job getting out and reaching out to the women who are both enrolled in VA health care and those not enrolled in VA health care, we are going to see this issue perpetuate.

So we want Congress to be held accountable, the VA to be held accountable, to teach us, to educate us, to get to community based veteran service organizations in the places that we frequent every single day, to give us the information that we need, the security that is needed, and the compassion that is needed to care for us.

Thank you.

Chairman BOST. Thank you.

Representative Miller-Meeks, you are recognized for 3 minutes.

**HON. MARIANNETTE MILLER-MEEKS,
U.S. REPRESENTATIVE FROM IOWA**

Mrs. MILLER-MEEKS. Thank you, Mr. Chair. And I thank all of our organizations, witnesses that are here today.

And then as a 24 year Army veteran, I just want to say thank you to our Iowa people are here. I see the Whitmores in the audience. My husband served in the same reserve unit with Patty Whitmore. And I also want to specifically thank Patty for all of her unrelenting advocacy and advancement for women veterans. So thank you very much.

I have concerns about the PACT Act, not from the standpoint of how we treat our veterans, but from things that veterans in my district and veterans across the nation are concerned about. And so I would just ask our panel briefly, do you all consider a telehealth visit the same or synonymous with an in person visit? If you could just say yes or no throughout.

Mr. BORLAND. Yes.

Mrs. MILLER-MEEKS. Okay, thank you. That is what I conveyed to Secretary McDonough this morning. And to separate out that data so we have that data on wait times, whether the visit is a telehealth visit or an in person visit. And part of that is an age related thing as well. But as a doctor, I can tell you that people have different and mixed feelings about it.

Can you describe to me, you know, what your thoughts are as we implement the PACT Act? So this—are going to be a lot of people now newly eligible for care at the VA. And we have, as I think Chairman Bost mentioned in his opening statement, we still have ongoing issues after a decade with the implementation of electronic health records. So your thoughts on your experience, your members' experience with electronic health records, and are we doing enough, should we do more?

Mr. BORLAND. Thank you.

First of all, the PACT Act is being implemented in the VA and they are doing an outstanding job. As you heard in my testimony, over 100,000 claims have already been rated. One of them were mine.

Now, as far as the health records go, it is an old system. They need to get on board, like the military. We need to get an updated system on these health records. And to add more value to this, I am going to call upon our brand new, as of March 1, executive director of the DC Office, Ryan Gallucci.

Mr. GALLUCCI. Thank you, comrade, Commander in Chief.

And really, with the electronic health record, our recommendation is that VA needs to take its governance of this program seriously. If you look at why this program has failed and you look at the parallels with Department of Defense, Department of Defense is 75 percent deployed across the Force. The commander in chief and I recently sat down with clinicians both at Landstuhl and in Vincenza, Italy, who have been through the MHS Genesis transition stateside and are about to go through it when they deploy it overseas. They know what to anticipate. There is strong governance over DoD's process. And frankly, I am tired of the excuses that are saying, well, the VA care system is so different from DoD. I am sorry, DoD is about military readiness. And—

Mrs. MILLER-MEEKS. I need to reclaim my time. But thank you.

And if the witnesses could submit in writing if they are experiencing difficulties with people trying to apply and to apply for benefits. And with that, I yield back.

Chairman BOST. Representative Deluzio, you are recognized for 3 minutes.

**HON. CHRISTOPHER DELUZIO,
U.S. REPRESENTATIVE FROM PENNSYLVANIA**

Mr. DELUZIO. Thank you, Mr. Chairman. This VFW member is proud to see you guys here today. Thank you. I know you do a heck of a lot for my fellow veterans, day in and day out at home, certainly here in Washington. So thank you. I see you. We are here for you.

I want to respond to my colleague, a fellow Navy veteran, about cuts. You know, this country has a sacred obligation to all of you, to all of us to care for you. That is a bond that I will not have any part in breaking, and certainly not when we have a government that has billionaires and huge corporations who don't pay their fair share in taxes. So whatever is going to happen in our budget, over my dead body does it come out of your care and our VA. I want that to be clear.

Commander, a question for you. In your testimony you talked about some struggles our fellow veterans have around community care, getting billed from outside providers, difficulties with scheduling. Can you talk a bit about those issues you have heard about? I certainly hear about them from our fellow veterans as well.

Mr. BORLAND. Thank you for that question.

Actually, some issues that we are having is overseas, the Philippines, Korea, Europe. These veterans, when seeking healthcare, have to take it out of their own pocket and wait on a check to come

to them, usually 3 to 6 months, and sometimes still waiting on this check. It is something that we are definitely looking into. We have got to fix the problem because our veterans count. We have got to help them out.

Mr. DELUZIO. Thank you.

Chairman, I yield back.

Chairman BOST. Dr. Murphy, you are recognized.

**HON. GREGORY MURPHY,
U.S. REPRESENTATIVE FROM NORTH CAROLINA**

Mr. MURPHY. Thank you, Mr. Chairman.

Ladies and gentlemen, thank you for coming today. And most of all, really thank you for your service.

I am very blessed to serve the eastern coast of North Carolina. One in seven of my constituents is a veteran. So it is a big deal for eastern North Carolina. Also have plenty of active duty in Camp Lejeune, Cherry Point, New River Air Station, and a lot of individuals care about you guys.

I have been a physician for 30 years and taken care of a lot of veterans. And actually, I continue to take care of a lot of veterans. I will tell you, I thought the passage of the PACT Act, and specifically the Camp Lejeune Justice Act was a great triumph for all veterans. I will say I am very, very disappointed in the amount of fees that attorneys are going to get because of that. You know, I have had people say they were in South Carolina, you know, Oregon, Manilla, and they were seeing ads for attorneys for these things. We are going to try to have to do something about that because it shouldn't be taken out of your pockets and you paying your medical bills to pay attorneys fees. I am sorry. I just feel very strongly about that.

I just would like to say something. Just put this in your hat and think about it. The VA in 2021 spent \$233,000,000,000 in healthcare for 9 million enrollees. Compare that to Britain, to the English healthcare system that spent \$308,000,000,000 for 67 million enrollees. So the VA spends five times as much per person as the British healthcare system. And think about the problems that you have with the VA system. You know, I have heard some comments about we want to privatize the VA system. I have worked in private practice medicine for 30 years. There is a hell of a lot that VA can learn from private practice. And the fact that you guys have problems getting in, getting referrals, is an absolute slap in the face. It is more government bureaucracy. This is the problem where some of our colleagues feel that just throwing more money, more money at something, does something better. No, the system and the processes need to change. You don't deserve that. When you need to be seen, you need to be seen.

And lastly, I will end up on this. Since my days in the State Legislature, PTSD and TBI and its subsequent link to suicide has been a great, great concern of mine. I know that we reach the end of our rope some days with medications and behavioral therapies. I am a big fan of hyperbaric oxygen. I know in the medical field it is slightly controversial, but I will say this, the VA needs to take that and make sure it is available to veterans when you literally have no other hope.

So. Thank you, Mr. Chairman. I don't have a specific question, just statements.

Thank you. I will yield back.

Chairman BOST. Representative Radewagen, you are recognized for 3 minutes.

**HON. AUMUA AMATA COLEMAN RADEWAGEN,
U.S. REPRESENTATIVE FROM AMERICAN SAMOA**

Ms. RADEWAGEN. Thank you, Mr. Chairman, Acting Ranking Member Brownley. It is an honor and a privilege to be here today, and I want to thank the VSOs for making this trip here to DC every year. A special Aloha to the Hawaii delegation.

My question is for Commander in Chief Borland.

The VFW has expressed support for the Guard Act, of which I am an original sponsor, co-sponsor. Some of the benefits prep companies that would be affected by the bill, have stated that they provide veterans a choice and fill a need that isn't being met. They claim that they only have the best of intentions when it comes to helping vets to receive their benefits. Old adages about good intentions aside, could you please describe what sort of safeguards VFW and other VSOs have in place for representing vets with their benefits claims? And why is it so important to have a formal accreditation process? In your opinion, is there anything Congress can do to ensure that there are enough accredited reps to meet the population's needs?

Mr. BORLAND. Great question.

And, by the way, thank you for co-sponsoring the Guard Act. The Guard Act is near and dear to the Veterans of Foreign Wars. We do not support predatory sharks, claim sharks out there taking money from our veterans. We believe that the accredited service officer that provides free medical care for our veterans is critical. What we would like Congress to do is push this act forward and get it passed.

Ms. RADEWAGEN. Thank you, Mr. Chairman.

I yield back the balance of my time.

Chairman BOST. Thank you.

Representative Rosendale, you are recognized for 3 minutes.

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

Mr. ROSENDALE. Thank you, Mr. Chair. Appreciate it.

Thank you, Commander Borland and the rest of the VFW for being here with us today. We really do appreciate the meetings that we have had over the last couple of weeks. And I would certainly appreciate the attendance here of my delegation from Montana especially.

Well, over the last 2 weeks we have been talking about these issues that Congress can and should do to help our veterans. One of the most important things that we can do as policymakers is to help our veterans is not to send them into conflicts unless it is essential for the national defense. Unfortunately, over the past 25 years, Congress has failed in this regard. It is our obligation to secure our nation and to put the American people first, not to send

our sons and daughters overseas to participate in a conflict that does not serve our national interest.

In your testimony, you point out that suicide prevention is not simply a clinical priority and should not be viewed as such, Commander Borland, and I appreciate that. I served for several years on a board for a private, nonprofit mental health agency and saw a full spectrum of mental health conditions. Okay. Can you please elaborate on your comments?

Mr. BORLAND. Sir, suicide prevention in the VA right now is more linked to mental health than it should be. It shouldn't just be in mental health. It needs to be abroad. It needs to be out in the whole entire VA system. We need more data, we need to know what these individuals are going through, we need to know what they are dealing with. We don't want to get into their private lives, we don't want to get into their private business. Mental health is a very private and individual concern that doesn't need to be spread worldwide. What we are concerned about is trying to prevent suicide. And the more that we know, the Veterans of Foreign Wars and the VA as a whole, knows about suicide prevention, the better. We need to take care of our veterans. Period.

Mr. ROSENDALE. So I agree with that. It has always been my belief, and we are now starting to get the Veterans Administration to recognize this, to treat the individual holistically, to look at their diet, to look at other elements that they may be suffering from so that we can drill down and find out what is causing these other problems. And so we are on the same page.

I also appreciate the different organizations that have been trying to meet the veteran where they are and treat that. I personally have participated in the Warriors and Quiet Waters program, Fly Fishing for Veterans. I participated in the Wounded Warriors program because each individual addresses their needs in a different way. Are there any suggestions that you could recommend to this committee?

Mr. BORLAND. I think what you just used as examples is an outstanding thing. We have a lot of things. We have camping for soldiers, fishing for soldiers, anything that can take a soldier—so I am saying soldiers because I was Army, so apologize—for service members. Anything for service members leaving the Armed Forces today, especially with mental health issues, to get their minds off of combat, to get their minds off of suicide, to get their minds off of being guilty, survivor's guilt, for God's sakes. Some military service members leaving the service today have survived situations where they have lost partners, they have lost their own men and women, and significant things have happened. These programs that we offer outside the VA system is needed for these. It is like a peer-to-peer kind of thing. Get them out with other individuals that are dealing with the same thing and get them out doing some things that will keep their minds clear and free.

Mr. ROSENDALE. Thank you. Thank you very much.

Mr. BORLAND. You are welcome.

Mr. ROSENDALE. Mr. Chairman, I yield back.
Chairman BOST. Thank you.

And, Commander, thank you. And I want to thank the VFW for being here today and to share your views. And I want to thank the audience members for coming in from all corners of the U.S. today.

And as I said off the start, you know, this room is full and two overflow rooms are full. And we thank you for being here. Now, just so you know, I am going to ask a special favor before I dismiss this panel. We have our next group that is coming in and many of them are disabled veterans, including our blind veterans. If you would, if everybody could while leaving, use the back door back here. That will step up the flow this way and be respectful of our other veterans and make sure that—we have a big crowd and it is great to have you here. And let me tell you, from the years of COVID, it is so good to actually have you here in person. And so, Commander, the first panel is excused and we will now recess briefly to bring in the witnesses for the second panel.

So thank you very much.

[Recess.]

Chairman BOST. We want to welcome to our second panel and thank you for being here. And thanks to everyone for switching out so quickly. Much like the NCAA basketball tournaments, you know, people in, people out. Newman's, hit the court.

I know we have a lot to hear from this panel, so I want to get right to it. Today, we will be joined by Colonel Nelson Mellitz of Jewish Veterans of the U.S.A., Lieutenant General Mitchell Linnington of the Wounded Warriors Project, Ms. Bonnie Carroll of Tragedy Assistance Program for Survivors, Mr. Cory Titus of the Military Officers Association of America, Commander Donald McLean of the American Veterans, and Ms. Tamra Sipes of the Gold Star Wives of America, Commander Christopher Vedvick of Military Order of the Purple Heart, and Mr. Joseph McNeil of the Blind Veterans Association, and Mr. Michael McLaughlin of the National Association of County Veterans Service Officers.

Again, welcome to all of you and all of your members in the audience for being here today. Thank you for what you do every day in support of our veterans and their families. Colonel Mellitz, you are now recognized for 5 minutes for your opening statement.

PANEL II

STATEMENTS OF COL. NELSON MELLITZ, USAF, RET., NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE USA

Mr. MELLITZ. Thank you, sir. Chairman Tester and Bost, Ranking Members Moran and Takano, veterans in the audience, veterans sitting in Congress, veterans at this table, it is my honor to serve. And sir, I heard you say that before, and I one hundred percent agree, we serve not only in the military, but we serve as veterans.

I have served 32 years in the United States Air Force, enlisted and as an officer. I enlisted in 1970, served Vietnam through Iraq, 2005, 2006 in Iraq. That was my last assignment. The reason I say this is not to make myself sound good, but when I left the military originally after the Vietnam War, I went to the VA, and I didn't go back a second time for a lot of years. The VA has improved, has

substantially improved. They are wonderful now in many areas. It is because of what the VSOs have done, what you have done in Congress. Thank you for that.

I have the privilege and the honor to represent the Jewish War Veterans as the 91st National Commander. The Jewish War Veterans is the oldest national veterans organization in the United States. We were formed in 1896 by a few veterans from the Civil War. The reason we were formed is because of antisemitism. Again, we are the longest serving Veterans Service Organization.

We advocate for all veterans, not just Jewish veterans, but for all veterans for benefits and services. And we have been doing that for at least 127 years. In fact, we will be celebrating our 127th anniversary next week on March 15. Our mission is strong and clear, fighting for military and veterans benefits and services, advocating on behalf of Jewish veterans, catholic, women, African Americans, Asians, all veterans.

I want to emphasize that you can hear in our name Jewish War Veterans. Antisemitism is one of our prime areas because anti-semitism has raised its ugly head worse than it has ever been in my lifetime in the United States. We oppose all forms of discrimination, but we concentrate especially, and we are outspoken on antisemitism. Jewish War Veterans officials participate in roundtables, events stating our position. And at those events and roundtables, we often hear people say negative things about African Americans, about Asians. We will defend the right of everybody in this United States, and we will continue to do so.

We want to point out that recently, because of antisemitism, we were able to obtain Medal of Honor, processing it through the difficult army process, for William Sherman and Tibor Rubin. We also helped with African Americans being processed for their Medal of Honors.

As antisemitism continues to grow in the United States, JWV asks you, Congress members, to specifically help defend our country's freedoms and go forward and fight antisemitism and all forms of hate and bigotry wherever it exist. Key to that, in our opinion at JWV, is educating the U.S. citizens.

We have priorities for the 118th Congress, and I have sat through the VFW presentations. I am not going to repeat what they say. I have gone through the CSPAN for the American Legion and many others. I thank you for sitting there and listening to a lot of things repeatedly, but, you know, they are important to you, they are important to us. But I will emphasize a few things that I think are important not only to JWV, but to you. And we haven't really mentioned them to the extent I think is necessary.

We know the PACT Act was instrumental when you passed it. It took a lot of pressure. It didn't just take one year for the VSOs to put the pressure on Congress members. It took many years. Please keep that in mind for future efforts. But with the PACT Act, we also know that VA started working on hiring people, organizing to address the 3.5 million new claims that they estimate will be filed. But yet it is not enough. I know there are some bills going through Congress right now that say give more money to doctors, nurses, administrators at VA. We need to push those bills through the system, because if we don't have those people in place, the

claims will increase and then the appeals will increase continuously.

Yes, we address toxic exposure by the PACT Act. Do all the veterans out there know about their benefits? The VSOs and Congress have to stand out, make sure they know those benefits, know that they could apply for the benefits, put claims in. You addressed in a previous meeting the predator lawyers. Yes, JWV agrees with Veterans of Foreign Wars. Penalties should be applied to those people, but there should also be incentives for additional veteran services officers to come out to be employed by the organizations like the Jewish War Veterans. Yes, we are increasing our program and trying to recruit as many VSOs as possible to process those claims. And we will do that. Suicide prevention and mental health, we obviously know more must be done. We know that one veteran, one military member taking their life is too much.

But everything I have heard over all these many panels, all these many hearings, didn't address what happens in the military before you get to the veteran side. I think from day one that you join the military, you should be addressing in the military, mental health. When you go through basic training, that is extremely important to address it, I think, maybe even before that. And we work with an organization called Our Community Salutes who actually works with the families of the veterans of the military members rather than are going into the military directly out of high school. Fantastic organization. And if you have any questions about that during that period of time, I would be happy to answer it.

Supporting women veterans, the fastest growing group of veterans, as you know, is women. It is haphazard. I have visited many veterans locations, many Veterans Affairs medical centers, and some are great. The one that I go to in Philadelphia is fantastic addressing women's needs, but that might be because the director is a woman. I don't know. I have gone to others, and that is not the case. It needs to be looked at not as a total VA package, but individual centers. Expanding services to veterans and caregivers, again, we know this is important.

The one area we want to stress is JWV urges Congress to remove the regulatory requirement for the 70 percent disability rating to be eligible for this program. That is ridiculous, and that is my words. Take it out. It wasn't there before. Take it out.

Major Richard Star Act, Committee Chairman Tester, thank you for heading up that effort, and there are others. In New Jersey where I come from, we have gone to all our Senators, all our Congress people, and they have signed on. We have encouraged all the JWV members to go to the 50 states and territories and get their Senators and Congress people to also sign on. It impacts over 50,000 combat injured veterans.

Ending veterans homelessness, we have made progress. Between 2020 and 2022, 11 percent of the veterans that were on the street are no longer homeless. Best we have done in 5 years. The problem is that is not good enough. JWV has submitted to many of you members just last week, steps that we should take that you haven't really discussed before. I don't have time in my short period of time here to go over them, but I encourage you to look at that. And I

would be happy during the questions and answers to answer some questions.

Fixing the electronic system, and I will be very quick with this, and only one other item after this. I worked for the IRS for 11 years, during the period of time they put their new tax base data base in place. We did a better job than VA is doing. What is going on here? Less money, yes, we made some mistakes at first. But we now have tax returns coming in from more than 65 million taxpayers. What is VA talking about? Maximum 12 million with the new PACT Act. Please do oversight on this. I don't know what the problem is. We don't need any more research. We need implementation and go back to DoD, like was said by VFW. You need to start the process with DoD and not just be isolated. And I know there are committees that talk to each other between VA and DoD, but they are not doing what we need.

Conclusion, we started out in the military. Most of us volunteered. We served our country. Now, we are veterans, and we are still volunteering. Everybody on this table is a volunteer. Many of you are volunteers in veteran services organizations. We continue to serve. Call on us. We could help you, and we love this nation. God bless the United States of America. Thank you.

[The prepared statement of Mr. Mellitz appears on page 84 of the Appendix.]

Chairman BOST. Thank you, Colonel. Thank you, Colonel. I would ask that all the panelists understand we have a lot of panelists. I want to have as much respect as I can for our veterans, but that is why we are here is to hear you. But please, we will try to keep it to 5 minutes, each one of us. With that, we recognize General Linnington for 5 minutes.

**LT. GEN. MICHAEL S. LINNINGTON, USA, RET.,
CHIEF EXECUTIVE OFFICER, WOUNDED WARRIOR PROJECT**

Mr. LINNINGTON. Thank you, Chairman. Chairman, ranking members, distinguished committee members, thank you for today's hearing. And for the warriors sitting behind me in the black shirts, thank you for taking the time and making the effort to be with us today. My remarks today will be brief, capturing the highlights of our extensive written testimony submitted last week and in support of our 2023 legislative priorities.

To provide some broader context behind three of our highest priorities, I will start by saying that this year will mark the 20th anniversary of Wounded Warrior Project as an organization committed to our mission to honor and empower wounded warriors, their families, and those that support them. Our priorities this year are very much a reflection of how we serve today and how we have grown over the last 20 years. As the first wounded, ill, and injured returned home from the battlefields of Iraq and Afghanistan, Wounded Warrior Project was present at military hospitals with backpacks filled with simple comfort items like socks, shirts, CD players, and other comfort items. With those backpacks came a promise to be with our warriors throughout their recovery, no matter how long it took.

Today, we support wounded, ill, and injured veterans by connecting them with innovative programs and services in a variety of areas, including mental and brain healthcare, tackling the signature wounds of the past 20 years of war as TBI, PTSD, depression, and anxiety remain the most prevalent self-reported challenges our alumni face. It is why last year, Wounded Warrior Project provided warriors and family members with nearly 55,000 hours of treatment for these and other mental health conditions. And part of why we hosted more than 6,400 events across the country to help keep warriors and families connected and help ensure they never have to face these challenges alone.

When warriors reach out to us, two of the biggest impediments to care is that it can take too long to make a mental healthcare appointment, or that once you found a provider and begin to develop trust, the provider leaves, and it is time to start over. To address these problems, we call on Congress to pass the VA Careers Act and the Mental Health Professionals Workforce Shortage Loan Repayment Act. The first would help VA recruit and retain more mental health providers, while the latter would address the fact that mental health isn't just a veteran concern, it is a national concern, and we simply need to get more providers into the field.

Of course, veterans' needs go beyond mental health. To better understand how we serve or how to serve, we needed to talk to those whom we serve. Our annual Warriors Survey, initiated in 2010, is today in its 13th year and is the largest, most comprehensive survey of post-911 wounded veterans in the nation. Across a decade of survey administration, we have come to realize the results of these surveys can go beyond the direct services and programs we provide by shaping public policy to better the lives of all American veterans. It is why we shaped our survey to learn more about the impact of military toxic exposures.

In 2019, when we first found out that only 9 percent of warriors who reported exposure to burn pits in service had been treated for their exposure, at the Department of Veterans Affairs, we made addressing toxic wounds a legislative priority. It is why we were one of many champions of the Honoring Our PACT Act and why we are so grateful to stand before you today and thank you for the largest expansion of veteran healthcare and benefits in decades. Now that Congress has delivered, we call upon Congress to ensure the VA has the resources, the training, and the staff they need to help the PACT Act make the generational impact we all intended.

As a final point, I will say that Wounded Warrior Project began in 2003, serving dozens of recently injured service members, most of them combat wounded and very young, and surviving catastrophic battlefield wounds. Many would have a whole life ahead of them, and Wounded Warrior Project was there to help navigate through the earliest days of healing, while promising we would be there to help them with whatever they needed in the months and years to come. Today, among more than 185,000 registered warriors, the average age is now 41 years old, 17 percent of our alumni are women, four in 10 have obtained a bachelor's degree, and 60 percent still have at least one child remaining in the household.

Our alumni are closely reflective of the larger U.S. population. And like many Americans, many have been struggling financially

over the last year. Two of the more striking findings in the 2022 Annual Warrior Survey, where 64 percent of warriors reported not having the financial means to make ends meet at least once the past calendar year, and two in five are food insecure. As well, 50 percent of our Warrior alumni have at least 20,000 in non-mortgage debt.

For these reasons, Congress should join us in prioritizing financial well-being among our veterans. And the most significant request in this context is to pass the Major Richard Star Act, which would end the offset of military retirement pay against VA disability compensation for veterans who are medically retired for combat related injuries before they reach 20 years of retirement. We believe these are distinct earned benefits. One should not be offset by the other.

In closing, I want to thank the committee for this invitation to testify, and I welcome your questions.

[The prepared statement of Mr. Linnington appears on page 98 of the Appendix.]

Chairman BOST. I would like to now—Ms. Carroll, you are now recognized for 5 minutes.

**BONNIE CARROLL, PRESIDENT AND FOUNDER,
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS**

Ms. CARROLL. Thank you, Chairman Tester and Bost, Ranking Members Moran and Takano, and distinguished members of the Senate and House Committees on Veterans Affairs, and the surviving family members gathered here today. The Tragedy Assistance Program for Survivors is grateful for the opportunity to share issues of importance to the 100,000-plus surviving veteran family members of all ages, representing all services, and with losses from all causes of death who TAPS is honored to serve.

A top legislative priority for TAPS in the survivor community is ensuring surviving spouses are allowed to retain their benefits upon remarriage at any age. Current law penalizes surviving spouses if they remarry before age 55. Given that most post-911 surviving spouses are widowed in their 20s and 30s, we are asking these widows or widowers to wait over 20 years to remarry should they be so fortunate to find love again.

Surviving spouses should not have to choose between remarrying and financial security. They will always be the widow or widower of a fallen hero, regardless of their future marital status. TAPS is proud to have worked with Ranking Member Moran, Senator Warnock, Representative Phillips and Hudson on the Love Lives On Act of 2023, and we urge its swift passage.

TAPS and the survivor community have also supported strengthening dependency and indemnity compensation for many years. Stringent limitations on DAC payments to survivors impact their ability to pay for their housing, transportation, childcare, food, and medical care. TAP strongly supports the Caring for Our Survivors Act of 2023. And thanks, Chairman Tester, Senator Boozman, Representatives Hayes, and Fitzpatrick for reintroducing this important legislation.

Raising DIC from 43 to 55 percent of the compensation rate paid to a 100 percent disabled veteran will provide parity with other Federal survivor benefits. The sacrifice of our nation's surviving families should not be considered less than their civilian counterparts receiving Federal benefits, and we urge passage of this critical legislation to finally address this injustice.

TAPS is proud of the leadership role we played along with fellow veteran and military service organizations to ensure passage of the bipartisan Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics Act of 2022. As a leading voice for the families of those who have died as a result of illnesses connected to their exposure to toxins while serving, and a founding member of the Toxic Exposure in the American Military Coalition, TAPS thanks Chairman Tester and Bost, and Ranking Members Moran and Takano of this committee and their professional staffs for your leadership in passing this historic bill.

We are committed to working with Congress and the VA to ensure proper implementation of the PACT Act. The VA has been working hard to encourage veterans and survivors to file PACT Act related claims. To date, more than 300,000 veterans and survivor claims have been filed. The VA estimates there are 382,000 potential survivors who may be eligible for PACT Act related benefits. TAPS is committed to partnering with the VA to increase outreach and education, especially to those impacted survivors, encouraging them to submit claims so that they may receive the benefits they deserve.

TAPS thanks Congress for passing the Expanding the Families of Veterans Access to Mental Health Services Act. TAPS strongly believes that expanding vet center eligibility to include survivors of a veteran loved one who has died by suicide will save lives by helping decrease these survivors' risks for post-traumatic stress, depression, anxiety, and other mental health conditions.

TAPS has become increasingly alarmed by the growing rate of opioid dependence and opioid related deaths among veterans, service members, and their families. According to a study funded by the National Institute on Drug Abuse, opioid overdoses among veterans has increased by 93 percent. The Department of Defense recently released data confirming that fentanyl was involved in 52 percent of overdose cases in the military between 2017 and 2021. Fatal fentanyl overdoses more than doubled during that time. TAPS will continue to work with Congress, the VA, and the DoD to raise awareness of this growing epidemic and the need to include family members and opioid and fentanyl addiction treatment plans to facilitate whole family recovery.

On behalf of our veteran survivor community, the families of America's fallen heroes, and on behalf of my family, I thank you for the opportunity to testify and look forward to our questions.

[The prepared statement of Ms. Carroll appears on page 130 of the Appendix.]

Chairman BOST. Thank you. Mr. Titus, you are now recognized for 5 minutes.

**CORY TITUS, DIRECTOR OF VETERANS BENEFITS AND GUARD/
RESERVE AFFAIRS, GOVERNMENT RELATIONS, MILITARY
OFFICERS ASSOCIATION OF AMERICA**

Mr. TITUS. Thank you, sir. Thank you, Chairman Bost and Tester, Ranking Members Takano and Moran. On behalf of the Military Officers Association of America, thank you for the opportunity to present our major veterans' legislative priorities. Our 350,000 members work to advocate for all veterans, service members, their families, and survivors. We offer our heartfelt appreciation for the leadership and arduous work of the committee members and all of their teams. Over the past decade, the Veterans Affairs committees have championed major legislation like the MISSION Act, laws supporting women veterans, mental health, suicide prevention, and many other bills, all of which need to be fully implemented. On top of this, the 117th Congress accomplished something historic with the passage of the Honoring Our PACT Act. The PACT Act means healthcare and benefits for 3.5 million more veterans and more stress on VA's workforce and infrastructure.

Continuing resolutions impede the Department's ability to fulfill our promises. The VA needs timely and predictable funding to implement this historic legislation and other congressionally mandated bills. If the VA is going to meet the needs of veterans in the coming years and decades, we must modernize its physical and workforce infrastructure. Aging infrastructure and workforce vacancies prevent VA from modernizing its healthcare and benefits systems. For these reasons and others, implementing the PACT Act will be harder than passing it. We applaud VA's outreach to the effort—outreach efforts to help veterans become aware of the expansion of healthcare and benefits. The initial workload increases reported by VA show that veterans have filed over 300,000 claims.

And while we make strides in some areas, we find gap in others. One example, the core purpose of a presumptive condition is to help fill evidentiary gaps in a veteran's record that they cannot fill on their own. But a month after the PACT Act was signed into law, a GAO report found that VA granted only 8 percent of Agent Orange claims for nerve damage, skin cysts, and blistering. We need Congress to ensure a grant rate better than 8 percent. MOAA recommends Congress add strict reporting requirements to ensure effective oversight of grant rates for these conditions. If Congress or the VA create a presumption, we must ensure it works as intended.

In 2020, to increase our understanding of presumptions related toxic exposures, MOAA and the Disabled American Veterans started a bottom-up review of toxic exposure presumptions. The progress and then ultimate success of the PACT Act led us to refocus our work. Our upcoming report will offer findings and recommendations to build on the PACT Act so we never have to pass a bill of this magnitude again.

While the PACT Act was comprehensive, it was not complete. One of the striking insights from our work was that it takes VA an average of 3 decades to acknowledge toxic exposures. This is not a formal concession, mind you, which could help veterans with their claims, this is simply saying an exposure may have happened. Delaying acknowledgment slows every other aspect of toxic exposure presumptions to the detriment of harmed veterans and their

families. Our work with DAV will offer recommendations on how DoD and VA can get upstream of future toxic exposure problems. MOAA and DAV look forward to briefing you and your staff on this report after it is released.

In addition to addressing toxic exposure concerns, MOAA would like to stress the need to support our reserve component. During the peak of the pandemic, the National Guard saw activation levels not seen since World War II, and the strain is showing. Recruiting numbers for 5 of the past 6 years for reserve component branches, or excuse me, for 5 of the 6 reserve component branches, they missed the recruiting goals in 2022. This is a continuation of a long trend.

Two essential areas under the Veterans Affairs Committee's jurisdiction where you can help are service member consumer protections and education benefits. When it comes to consumer protections, SCRA and USERRA are vital for our national security. First, we ask Congress to end the practice of pre-dispute forced arbitration for these protections.

Next, a Consumer Financial Protection Bureau report found very few eligible Guard and Reserve service members received their SCRA interest rate reductions. Only 10 percent of eligible auto loans and 6 percent of personal loans received lower rates, costing service members an estimated \$100 million between 2007 and 2018. When less than 10 percent of eligible troops are receiving a benefit, we must reexamine how we implement that benefit.

Finally, MOAA supports the principle that every day of service should count toward earned benefits. Unfortunately, that is not the case for all service members. MOAA supports GI Bill parity for the reserve component to ensure recognition for their hard work.

Thank you for the opportunity to present MOAA's priorities. We look forward to working with you, the VA, to better the lives of those who serve this country faithfully. I look forward to your questions.

[The prepared statement of Mr. Titus appears on page 151 of the Appendix.]

Chairman BOST. Thank you. Mr. McLean, you are recognized for 5 minutes.

**DONALD MCLEAN, NATIONAL COMMANDER,
AMERICAN VETERANS**

Mr. MCLEAN. Thank you, sir. Good afternoon, Chairman Tester, Chairman Bost, and members of your committees. My name is Don McLean. I am a 32-year Coast Guard veteran from the great state of Massachusetts. I am honored to be here today on behalf of the largest veteran service organization representing all of America's veterans. AMVETS is honored to provide our legislative priorities for the 118th Congress.

This past Congress, legislators and veteran service organizations came together to enact significant change for veterans and their families. The PACT Act was no small feat and will result in ensuring that veterans of numerous generations receive the healthcare and benefits that they earned with their blood, sweat and tears.

We are grateful to the committees for your efforts in getting this legislation across the finish line.

AMVETS was honored to host our VSO brothers and sisters as well as Jon Stewart at our second annual Rolling to Remember pro-veterans demonstration ride here in Washington, DC. This is the nation's largest veterans event, which brings together tens of thousands of veterans and supporters from across the United States riding their motorcycles on Memorial Day weekend to highlight critical issues. First, to demand continued and increased action for the more than 82,000 service members still missing in action, as well as raise awareness of the many veterans who die by suicide each day. And lastly, of course, to highlight our collective efforts to support the PACT Act. This year's event will take place May 28, 2023.

We will never forget our POWs and MIAs, and we won't stop fighting for real solutions to the suicide crisis. We will continue this incredible platform until they all come home and all who make it home are well. The lasting impact of the disastrous withdrawal from Afghanistan continues to plague our veterans and the many Afghani refugees who were fortunate enough to get out of the country, as well as those we abandoned. We owe it to these repatriated men and women to help them get on their feet and we ask that Congress prioritize for their sake and for our men and women in uniform struggling with our unconscionable exit.

The 117th Congress can be summed up as providing significant investments in veterans' healthcare and benefits who were exposed to toxic exposures. Senator Gillibrand going on a personal and heroic crusade to ensure substantial and overdue changes were made to ensure sexual predators are held accountable in military service. Congress coming up short for our Afghani brothers and sisters and Congress altogether dropping the ball again as it relates to veterans' and service members' wellness and a significant reduction in suicide. The rate of suicide has only gotten worse, and we need our Congress to focus on this issue until we get effective programs and outcomes.

AMVET's primary legislative goals for the 118th Congress are as follows: Encourage hearings, roundtables, and funding focused on new and novel programs to increase veterans' and service members' mental health and wellness as a form of suicide reduction. To pass legislation allowing all congressionally chartered 501(c)(19) non-profit organizations to receive tax deductible donations. Increase women's voices in policy and government to address issues disproportionately affecting them. Support immediate passage of the Major Richard Star Act. Bolster recruitment and retention at the VA by passing the Careers Act. Support the completion of a successful and seamless electronic healthcare record. Pass legislation that provides a meaningful increase in DIC for survivors while striking arcane and unethical remarriage penalties. Create a national veteran strategy to align care and benefits to focus on outcomes and success.

AMVETS is honored to have the opportunity to present our views and opinions to Congress. We understand that we are proposing some significant changes in moving toward a VA of the future. We look forward to continuing our work in this Congress and stand at

the ready to continue pressing on the many issues facing our veterans. We will always continue our work to create better policies for the veterans that we serve.

[The prepared statement of Mr. McLean appears on page 176 of the Appendix.]

Chairman BOST. Thank you. Ms. Sipes, you are recognized for 5 minutes.

**TAMRA SIPES, PRESIDENT,
GOLD STAR WIVES OF AMERICA, INC.**

Ms. SIPES. Thank you, distinguished chairman and members of the Joint Senate and House Committee on Veterans Affairs. I am honored to be here today to testify on behalf of Gold Star Wives of America as the National President to share a few stories and challenges facing our surviving spouses in this great nation.

My husband, PO1 Robert Sipes, was killed while stationed at Naval Air Station Whidbey Island in Washington State on October 8, 1995. He was 34 and I was 28. As a Search and Rescue Corpsman, my husband flew over 55 missions saving lives and was awarded the Navy and Marine Corps Medal for Heroism. But most importantly, he was my loving husband and father of three when he was killed.

Gold Star Wives was founded in 1945 and works to ensure surviving spouses of our fallen heroes receive the benefits they are entitled to and are treated with dignity and respect. It is with this mission that we present highlights of our legislative goals.

The most critical issue for surviving spouses is increasing VA dependency and indemnity compensation, DIC, which is the benefits surviving spouses receive when a service member or veteran dies due to their service. Currently, surviving spouses receive 43 percent of the compensation a veteran rated 100 percent disabled receives. So, if someone works for a Federal agency and dies because of their job, their surviving spouse is eligible for up to 55 percent of their compensation. This is a significant disparity. DIC on its own is not enough to support the totality of expenses facing surviving spouses. Those living on a fixed income are extremely vulnerable to poverty, especially considering the current rate of inflation.

An increase in DIC is the right thing to do. Member Sharri Briley of Arkansas with us today lost her husband, CW3 Donovan Briley, a Black Hawk helicopter pilot who died October 3, 1993, in Mogadishu, Somalia. Donovan called home prior to the mission, and she missed his call. Sharri and their daughter never got to say goodbye. This is the kind of sacrifice our men and women in uniform and their families make every day.

We are so grateful for the work of Chairman Tester, Senator Boozman, and Representatives Hayes and Fitzpatrick for introducing the Caring for Survivors Act of 2023. This bill will ensure that military surviving spouses are able to live with dignity and respect, knowing their sacrifice is not viewed as less than by our country.

Shortly after my husband died, I remember walking the halls of Naval Air Station Whidbey Island in a fog with an infant, toddler,

and child in tow, trying to navigate benefits. At a TRICARE window, the receptionist looked at my ID, which showed an unremarried widow, then looked at my kids and me and said, don't ever remarry. If you do, you will lose your benefits and you will never get them back. Today, under the current law, if a surviving spouse remarries before the age of 55, we forfeit life-saving benefits. Less than 8 percent of the total DIC recipients are under the age of 55. A remarriage doesn't void the loss. The burden and trauma continue forever.

In addition, the definition of a surviving spouse for VA purposes was last updated in 1962. Quoting one phrase from that law "has not held himself or herself out openly to the public to be the spouse of such other person." This phrase causes great conflict for surviving spouses. An anonymous member from Charleston, South Carolina said no surviving spouse should be afraid of retribution for continuing their lives when they have sacrificed so much.

It has been 18 years, and I have been hesitant to be involved in any meaningful relationship for fear it would be construed as holding myself out to be married. This has deeply negatively impacted my children and me. The law should not be ambiguous. We believe the definition should be updated to follow Federal and State laws.

In closing, we were inspired to see the passage of the PACT Act at the end of the last Congress. We are grateful the VA will be reviewing previously denied DIC claims for many surviving spouses who had been informed their spouse's death was not related to their service or their DIC claim had been denied. We appreciate the VA's efforts to provide regular updates and educational events regarding the PACT Act rollout. Gold Star Wives wholeheartedly thanks the Senate and House Veterans Affairs Committee for your time and attention to these issues of vital importance. We look forward to working with the committees in any way we can to move these priorities forward. I welcome any questions. Thank you.

[The prepared statement of Ms. Sipes appears on page 189 of the Appendix.]

Chairman BOST. Thank you. And I would like to now recognize Mr. Vedvick for 5 minutes for your opening statement.

**CHRISTOPHER VEDVICK, NATIONAL COMMANDER,
MILITARY ORDER OF THE PURPLE HEART**

Mr. VEDVICK. Chairman Bost and Tester, Ranking Members Moran and Takano, esteemed members of the committees, on behalf of the approximately 50,000 members of the Military Order of the Purple Heart, it is my honor and privilege to be before you today.

As I am sure you are aware, the MOPH is a unique organization and that our membership is comprised entirely of veterans who are wounded in combat. First organized in 1932 and chartered by Congress in 1958, the MOPH stands today as the preeminent veteran service organization for combat wounded veterans.

Before I touch on a few of our legislative priorities, I would like to express our appreciation to Congress for its invaluable assistance with the National Defense Authorization Act of 2023, Sec-

tion 584, Enhanced Information Related to the Awarding of the Purple Heart.

As you are aware, the Purple Heart is earned with blood and never won. It is a medal of high esteem that is presented to our brave service members who have been wounded or killed in combat, spilling their blood in the name of freedom. For over two centuries, this distinguished award has been the symbol of courage and sacrifice. However, the process of awarding and tracking the Purple Heart has not always been perfect. There have been cases where service members who deserved the medal did not receive it through administrative oversight or errors. Or in cases where the medal was awarded, but the recipient or the families were not made aware.

Thanks to the efforts of Congress, these issues have been addressed in Section 584 of the NDAA. This section requires DoD to maintain an accurate database of all service members who have been wounded or killed in combat, ensuring that the process of tracking the Purple Heart is transparent. The MOPH recognizes the hard work and dedication that went into drafting and passing this legislation. Thank you all for your steadfast support in honoring Purple Heart recipients. We would also like to thank the families of our fallen heroes whose sacrifices will forever be honored by this important legislation.

It was great to see significant legislation like the PACT Act and others that helped our country's veterans in this past year help bring together various VSOs. Not one organization can do it alone. We are thankful for the opportunities to continue to partner with you and other organizations, increasing the collective strength and effect all VSOS are having on the veteran population.

A piece of legislation that could have a tremendous impact on the lives of wounded veterans is the Major Richard Star Act. It is one that numerous VSOs have spoken to you about, and we are proud to join that course. It aims to address the major injustice in our military retirement system. Currently, veterans who are retired and have combat related injuries receive only a portion of their earned retirement pay. The Major Richard Star Act seeks to rectify the situation by changing the way retirement pay is calculated for these veterans. If passed, this bill would ensure that veterans who are medically retired due to combat related injuries are given the retirement pay they have earned.

As an organization that represents the interests of wounded veterans, we believe that this bill is essential to ensuring that our nation's heroes receive the pay they dutifully earned in support of our country. We urge Congress to pass this bill and honor the sacrifices of those who served our country by providing them the retirement pay they gave so much for.

On this International Women's Day, I think it is appropriate to talk about something that affects a lot of female veterans, military sexual trauma. Military sexual trauma has been an ongoing problem in the United States military for far too long. The women who serve our country have been subjected to unthinkable acts of sexual assault and harassment, and the trauma they face can last a lifetime. These women have sacrificed for our country. It is our duty to provide them with the care and benefits they deserve.

Unfortunately, many female veterans who experienced MSD have had difficulty accessing the care they need. They have reported difficulty getting mental health services, seeking help from the VA, and even experiencing homelessness. The MST Survivors Act and Deborah Sampson Act were significant steps forward into ensuring that the VA must address this issue of women's health and improve the VA's ability to care for these women.

The VA has made strides in recent years to improve the care for female veterans, but there is so much more work to be done. We must invest in programs that reduce the stigma of reporting MST. As reporting increases, there will be an increased need for specialized care for female veterans who have experienced MST, especially in rural areas. Lastly, we must do more to prevent MST from occurring in the first place. We need to continue to strengthen the reporting and investigation processes and ensure that those who commit acts of sexual assault and harassment are held accountable for their actions. Chairman Tester and Bost, Ranking Members Moran and Takano, this concludes my statement. I thank you for the opportunity to testify today on behalf of the Military Order of the Purple Heart. I look forward to answering any questions you may have.

[The prepared statement of Mr. Vedvick appears on page 198 of the Appendix.]

Chairman BOST. Thank you. At this time, I would like to recognize Mr. McNeil for 5 minutes.

**JOSEPH D. MCNEIL, SR., NATIONAL PRESIDENT,
BLINDED VETERANS ASSOCIATION**

Mr. MCNEIL. Good morning.

Chairman BOST. Good morning.

Mr. MCNEIL. Chairman Tester, Bost, Ranking Members Moran, Takano, and other distinguished members of the Veteran Service Organization, I would like to point out that March 28 is Blinded Veterans Day. We, at the BVA, are the only veterans service organization that represent blind, low vision veterans, their caregivers, and their family members. We hope that our legislative priorities for the 118th Congress will be looked upon favorably. And I have three things I would like to talk about in our testimony. I won't go over all of them, but ocular care, caregiver, and transportation.

Under ocular care, September 2022, VA removed a specific line from Standardized Episode of Care and specifically in the eye guidelines that stated evasive procedures that should be performed only by ophthalmologists has been removed. Our concern with that is for decades, VA has been giving quality eye care, and now you have opened Pandora's Box. There are seven states that authorize other doctors that can do a procedure on your eye that is so invasive that you do not want injections, lasers, or eye surgeries.

We would like the oversight that you have VA return that language back to the Standardized Episode of Care, SEOC, so that we won't have these episodes. Because in the past, programs like this have cost the VA millions in dollars. I wouldn't want somebody telling me they learned how to do something on YouTube and they think they can do it. The eye is a very unforgiving organ. I mean,

we are talking about an injection or removing a cataract. We don't want that. We would love to have that language returned to it.

Secondly, when we talk about caregiver, the program that was instituted and we brought to light last year, a lot has been done but the problem is we are using sighted guidelines against blind people. Our activities of daily living are totally different than what a sighted person has to do. The questions that the adjudicators are asking are flat out asinine and insulting to a blind person.

We propose a standard of 5/200 in the worse eye and a field degree of 5 degrees, which is pretty much looking through a straw. If you have these standards for blind people then there will be no questions when we have the adjudicators looking at us that we don't have these crazy questions that are being asked, can he put food in his mouth? The question should be, can he properly prepare the meal, or she prepare the meal?

When we look at transportation, the problem with transportation is either unavailable, unreliable, or flat out nonexistent. Part of the problem that the verbiage that is in there the clerks are interpreting in their way and not the way it is supposed to read. It does say a blinded veteran can ride transportation on a special mode of transportation. They want to add, we have to be in a wheelchair or on a gurney. I personally am not getting strapped to a gurney to go an appointment.

Then you are looking at who can authorize special mode of transportation, which is just clinicians doctors, your PAs. We would like to have the VIST coordinator, who is our professional who deals with us on a daily basis. She knows what our needs are to be able to authorize special mode of transportation.

In addition, you are looking at the hindrance, where they want some of us in some locations to schedule a ride 30 days out, 2 weeks out. And the day prior to your appointment, they call and tell you it has been canceled. You are going to have to get there the best way you can. Now what do we have? We got to jump through hoops. We got to get a family member. We got to reschedule. We have to flat out cancel. That is a barrier to our healthcare, timely healthcare that we need. We need the oversight to stop that the verbiage in there that will put these clerks in their location so that the clerks and the managers are actually doing their job.

Secondly, you are looking at when you go to turn your paperwork in to get reimbursed, it is not equitable. If we have to take an Uber to get there, then we need to be reimbursed for the full cost of the Uber. One of our members had to take a ride, it cost him \$50. He is reimbursed \$15. He needed to be reimbursed the entire. If the doctor authorizes it, then the VA needs to pay it.

The other barrier, when you get the paperwork and you go to the clerk's office inside the facility, they will tell you they don't have time to help you fill it out. Go to the website. As everyone here knows, the website is not 508 compliant. So, how do we do it if we are stuck in this cycle of circling around chasing our tail when they should fix it? What we propose is that until they fix the website, that blinded veterans are allowed to receive their reimbursement at location or told until they fix the website.

I thank you for listening. I stand by for any questions.

[The prepared statement of Mr. McNeil appears on page 208 of the Appendix.]

Chairman BOST. Thank you very much. Now, I would like to recognize Mr. McLaughlin for 5 minutes.

MICHAEL MCLAUGHLIN, LEGISLATIVE DIRECTOR, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS

Mr. MCLAUGHLIN. Thank you, Chairman Bost, Chairman Tester, Ranking Member Takano, and Ranking Member Moran, and members of the committees. My name is Michael McLaughlin and I currently serve as a county veteran service officer in Blue Earth County, Minnesota. I am also the legislative director for the National Association of County Veterans Service Officers, or NACVSO. On behalf of NACVSO and its members, it is my honor to share our legislative priorities for ensuring that veterans and their families have access to all the benefits and services they have earned. Governmental Veteran Service Officers, or GVSOs, work at the State, County, Tribal and Municipal levels and are the frontline workforce in their communities assisting and advocating veterans every day. County veteran service officers and their local equivalents comprise over 2/3 of all of VA's accredited veteran service officers and undertake a significant workload on behalf of the Federal Government in implementing VA policies on behalf of the Federal Government.

This workload includes assisting veterans and their families to file disability claims, enroll in VA healthcare, coordinate community care programs, access educational benefits, death benefits, homeless services, transportation services, and everything in between. CVSOs are uniquely positioned to help policy and decision-makers within VA understand both issues veterans face and how well VA programs are working to address these issues. Although CVSOs are not employees of the VA, they are frequently the first and sometimes only in-person interaction a veteran has when dealing with VA.

Despite the fact that Federal grant spending to state and local governments is estimated over \$1 trillion, or approximately 4.1 percent of GDP in 2023, none of this funding is designated to support local service officers to carry out their duties on behalf of the VA. County sheriffs and local law enforcement agencies receive funding support from Department of Justice for hiring, training, and carrying out community policing programs. Local social service programs receive funding from the Department of Health and Human Services to provide frontline economic and social well-being programs. These are just a few examples of how the Federal Government partners every day with local governments, except for when it comes to helping our nation's veterans gain access to the benefits and services they need.

Veteran service offices are often among the lowest funded in local governments across the nation, and CVSOs face disparities in staffing levels, technology, education, and outreach due to the complete reliance on local funding. These challenges have become even more acute in recent years with the passing of historic legislation like Blue Water Navy Vietnam Veterans Act, the MISSION Act, and the PACT Act, to name a few. Any CVSO is truly grateful for

Congress's action to pass these laws and the life changing impact they have had on veterans and their families. However, these acts did not consider the additional infrastructure and support required at the local governmental level to meet the increased demand for veteran support services. The expansion of benefits under this new legislation has created a de facto unfunded mandate for local governments across the country who are scrambling to meet the need of influx requests for veteran support.

A few examples of that increased demand are El Paso County, Colorado, where wait times for veterans seeking appointments with veteran service officers has increased by over 3 weeks. Lake County, Illinois, where there has been a 400 percent increase in VA benefit inquiry calls received by staff. The town of Wilbraham, Massachusetts, where 62 percent of all disability claims filed since August 10, 2022, have been PACT Act related claims. Medina County, Ohio, which has experienced a 67 percent increase in month to month claims and a 300 percent increase in office contacts.

These examples represent just a few of a thousand similar scenarios playing out in county and local government offices across the country today. And this is why NACVSO supports the bipartisan Commitment to Veteran Support and Outreach Act, the CVSO Act, and encourages the committees to also do so. This act would, for the first time, provide supportive grants from VA to county and local government equivalent offices to improve community support and outreach services for veterans and their families. Support to local governments is something that will ensure veterans have access to an accredited veteran service officer and ultimately access to the benefits and services they have earned and that they deserve.

Chairman, ranking members, and members of the committee, NACVSO and its members truly appreciate the work you all are doing here today and throughout this session. State, County, Tribal and Municipal service officers are standing at the ready, and we are force multipliers for the Federal Government. If we can bolster support for local veteran advocates, we will be able to better support the needs of our nation's veterans and their families and the communities in which they live. Thank you.

[The prepared statement of Mr. McLaughlin appears on page 221 of the Appendix.]

Chairman BOST. Thank you, Mr. McLaughlin. And thank you to all the entire panel throughout the testimony. And I will now recognize myself for 5 minutes of questioning, 3 minutes of questioning. I corrected that because we did that in the earlier panel.

Colonel Mellitz, in your testimony, you noted that more action is needed to combat veteran suicide and that we should ensure VA and DoD release the raw data on suicide. A significant number of deaths labeled as unknown, yet they display signs of self-harm and/or overdoses. Do you agree that the VA should investigate more of this data and include it in their annual suicide reports?

Mr. MELLITZ. Sir, yes. Not only that, but they should format a group with DoD to specifically break down those different categories to determine how they are defined and then go forward

from that standpoint. If you don't know the basis of the data, you can't go forward to come to a conclusion. Yes, sir.

Chairman BOST. VA is the second largest agency, and whoever wants to try to answer or whatever, maybe I should just make it in a statement, okay? Let me tell you that whenever I first came to Congress that the VA worked very—the VA committee, worked very, very, very—did I say very yet—very hard not to be partisan, okay? Let me ask each one of you, because I want you to think about this in your mind. VA is the second largest agency in the Federal budget. We are in an area where we need some places that I know that there is waste, fraud, and abuse. And I don't think any of you sitting at the panel here can say that that does not occur in the second largest bureaucracy in the world.

Let me tell you this, that I listened earlier to the other panels, and I want to get this all straightened out pretty quickly. There were some statements that are made in a partisan way that are not truthful. Of the 14 members on the Republican side of the aisle, nine of us are veterans. We do not want to cut services to our veterans, but we are in a situation that if we don't be smarter with how we are handling our money, China will own our debt, and everybody who served in the uniform will lose and lose because China will own us. I listened to members on this panel criticize and say things that are not true. No one on our side of the aisle, no one wants to cut services to our veterans. And I want to be very clear on that. No more than do we want to cut when you hear on the street, we want to cut Social Security and Medicaid. We do not. But we want to be wise with your tax dollars, because you are not just veterans, you are taxpayers. You are not just veterans, you are parents and you are grandparents.

And there is a time that we have to be wise in what we are doing. And it is my job as chairman of this committee, and I know that Senator Moran is here, and Tester, and Takano, that we got to work together to wisely spend the money in which we have to provide the services for our veterans and not let abuse occur.

And to watch the panels go back and forth at each other, some of them veterans, saying, well, I care for veterans more, I am not going to cut you. I am not going to cut the benefits. There is a term in my area that I can't use on the mike that I think that is, but it has something to do with when you raise cattle, you know what comes out. And I am going to tell you that I have taken long enough on the questions, but I want to be very, very clear that we are here to serve you. We are here to—but I ask you to help us when you see fraud and abuse and you see problems in our programs that we are investing in that aren't beneficial to your people that you represent, tell us for the sake of your children and grandchildren, for the sake of this nation, which you fought to defend.

With that, I am going to recognize Senator Moran, Ranking Member Moran.

**HON. JERRY MORAN,
RANKING MEMBER, U.S. SENATOR FROM KANSAS**

Senator MORAN. Mr. Chairman, Chairman Bost, thank you very much for recognizing me. I am pleased to be here. I would let you know that the Senate Committee, during a couple of votes on the

Senate floor, just approved Joshua Jacobs as the new Undersecretary for Veterans Benefits. And so, we have another player in his profession, and we look forward to working with him and the VA to meet our needs of our veterans.

And Chairman Bost, not everything is—we can't be everything to everybody, is the way I would sum up what you said. And we need to make certain that we take care of our veterans, but we also take care of our country who they so faithfully served.

I just have a couple of questions for—and on that regard, today, I am a member of the Senate Intelligence Committee. We have classified briefings going on. I am returning. But the threats to our country are significant and great. We care for those who served us in the past, and in doing so, we encourage those to serve today. Our country needs, we need your service. We need good citizens, and we want to do everything we can to make certain that we make the right decisions here. Ms. Carroll, let me begin with you. I thank you for your testimony. I thank you for your organization's work and your partnership that we had in the Sergeant First Class Heath Robinson Honoring the PACT Act. For surviving families who may not know they are eligible for new benefits or care under the law, would you please share what TAPS is doing in this endeavor to reach those survivors whose loved ones have already passed on?

Ms. CARROLL. Yes, it would be my honor. We do have more than 100,000 surviving families who we are in direct contact with. We have been reaching out to all those who have told us that their loved one died of an illness to inform them of this, to encourage them, if they are not already receiving benefits, to apply. We have put this in our magazine that goes out to a very broad group extending to other organizations that work with survivors as well.

We have been partnering with the Department of Veterans Affairs to prepare a public service announcement that will go out addressing not only survivors, but also veterans, but speaking to the whole family, so that word is getting out. We have also been sharing this on all of our social media channels, and in chat groups, at events. And we are doing everything that we can to reach out to the 380,000-plus survivors who may not otherwise know and will miss this opportunity. Thank you.

Senator MORAN. Thank you for those efforts. Mr. McNeil, thank you for your testimony and sharing the BVA's priorities. Let me ask you to do this. Expand on the importance of nationwide uniform standards for service dogs in VA facilities and how the VA could improve their current practices toward that end.

Mr. MCNEIL. Thank you for the question. The problem with the service dog program is the dog champion that are supposed to be at the VA facilities. We have the champions but they have no job description, so they don't know what they need to do. Then you are looking at the reporting phase of it, where if you report to the VA police, their process of no foul, no blood, is fine. You are talking about a \$50-\$60,000 dog with somebody's 19.95 pet they picked up down the street.

They need to enforce the standards that the transportation has already put out, that all emotional support and all do not come into a Federal facility, especially the VA. We have had cases where

members, one member in particular, coming down the hall and his dog was attacked by someone's pet Doberman, and the dog was ruined.

If a veteran is using a service dog, he is not using his cane for his eyes. That dog is his eyes. Now that the dog is gone, they are stranded. So, what are they supposed to do? How are they supposed to get home? How are they going to do everything? When the dog has to go back for training, you are looking at anywhere from 6 months to a year before that veteran receives another dog. So, now we are back to the issue of transportation and travel.

Senator MORAN. Thank you for your answers. Thank you all for being here.

Chairman BOST. Representative Ramirez.

Ms. RAMIREZ. Thank you, Chairman. I want to thank you all for being here today. It is incredibly important for us and those of us who have not served but understand the critical importance of investing and supporting our veterans and their families. So, I am incredibly grateful for you to be here.

I wanted to go back to the PACT Act. And we know that it is one of the most significant expansion of benefits and services for toxic-exposed veterans in more than 3 decades. And we have a responsibility to ensure that all veterans have meaningful access to comprehensive, quality healthcare. The PACT Act will significantly remove barriers and paperwork for veterans and their survivors. Any of you could answer this, but how have you seen implementation of the PACT Act work since it was signed into law August 2022? And you started talking a little bit about some of the supports that are still needed with it. But if you could elaborate a little more, what else is needed as we implement?

Mr. TITUS. Congresswoman, thank you for that question. And I think a lot of credit is due to VA with the level of communication and outreach that they have given to all veterans and VSOs. That is something they have done very well. An area where we are going to be watching closely in the coming years is how they implement the presumption process prescribed in the PACT Act. It is early in that process. So, it remains to be seen how that will be done. But that is going to be a critical piece to make sure that we are not ending up in a similar situation decades from now.

Ms. RAMIREZ. Thank you. So, I know our time is limited today. I just want to come back to the importance of supporting our veterans and their families. And I just want to echo some of the sentiment you heard today. The reality is that we have more and more people experiencing homelessness. And when we look at those numbers, we see that nearly, in some cases, 20 percent of them are veterans. I just heard the last gentleman in his testimony talk about the increased calls coming in. And Lake County is not far from—Lake County in Illinois is not far from my district in DuPage County. And we are seeing that increase across the board in terms of supports.

So, I want to thank our distinguished leaders today for today's joint Senate and House briefing to receive the legislative VSOs presentation. Service members and veterans should be given the support they need to lead healthy, productive lives once their service has ended. Congress has to make sure that we don't make ex-

cuses around cuts here or cuts there. The reality is that we have to make sure that every essential service that you need, but also your family needs, is provided for you. And that means access to good quality housing. That means good healthcare. That means education, workforce, living wages, and that certainly means investing in mental health supports. I want to say to you that being part of Veteran Affairs Committee is an honor of my life. Having worked in social services for as long as I did, I understand that investing in you is investing in this country. And this is why I want to just reiterate the commitment we have on this side of the aisle to ensure that veterans are always prioritized. We will do that this year, and we will continue to do that as we move forward. Thank you. And I yield back.

Chairman BOST. Thank you. Representative Van Orden.

Mr. VAN ORDEN. Thank you, Mr. Chairman. I want to echo your comments that you made about us caring about veterans, and we do. We absolutely do. So, we are going to do the best that we absolutely possibly can. That is my promise to you.

Ms. Sipes, I would like to tell you something. I was in the service for 26 years. I am a retired Navy SEAL, and I buried more of my friends than I care to remember. I was a corpsman like your husband. And I want you to know that we understand that the debt that is owed to you by this country is not a mortgage. It doesn't get paid off. It is something that we have to give to you every single day. You have my absolute, unwavering support, and thank you.

Mr. Titus, I will be chairing a committee meeting, subcommittee meeting on USERRA tomorrow. I have read your written comments, and I want you to know you are welcome to come to that. It is a very, incredibly important issue that is a national security issue. When our National Guards and Reservists are forward deployed, they need to know that when they come back, they still have a job. And that hasn't been reviewed in a long period of time, and it is going to happen tomorrow.

And then I have one question for Mr. McNeil. I get all my healthcare through the VA. I am a 100 percent, permanently, totally disabled veteran, and I am a Member of Congress. But what is good enough for my brothers and sisters is good enough for me. I recently spoke to the Veterans Administration because they removed our kiosks. When you fill out your travel claim and you know what, 50 bucks is 50 bucks, right? I get it. So, we are going to work on that.

But I have a question for you, sir, because you are sight impaired, how is it that you guys and gals who are sight impaired are able to, I mean, physically, I am an enlisted dude, man. You know I get it, rubber's got to meet the road. How do you guys actually, how are you facilitated to complete your travel claims? Like, how do you do them? It is a real question. And if it is not good enough, how can we help? That is why I want to know.

Mr. MCNEIL. Well, thank you for the question. What it comes down to is we were in a sighted world. We now live in an unsighted world. And we have to adjust and adapt to it. You know, even like in this room here right now, I believe there is a timer going. I can't see it. I don't know what time it is. There are no audible cues, so

you have to adjust. But when you get to the windows at the VA facilities to cash out, the clerks need to be more helpful—

Mr. VAN ORDEN. Okay.

Mr. MCNEIL [continuing]. In filling out the paperwork, not resisting you, or telling you there are too many people behind you. I cannot hand my form to him and let him fill it out because it is got some information that he doesn't need. And if it is a female, there is an issue of safety and security. Now they know where they live at, and they got some other information. So, if they were able to allow them to fill it out, that is fine.

The clerks in my place, where I go, they normally help me fill it out regardless of what the line is. But until they can fix that, go ahead and pay the veteran right there at the facility. And if we have to use a Uber or anything like that, pay them at their rate. The problem that you do have is according to the regs 1695, or is it 1619, that when the doctor or clinician tells you if you can't get treatment at your facility, you have to be sent to another facility, you are supposed to be paid to the other facility. The clerk's interpretation is they are going to pay you to your home facility. That needs to be corrected. They need to quit interpreting and reading into the regulation.

Mr. VAN ORDEN. Awesome. Sir, that is what I need to hear. And if you remember from your time in the service, that is FORAC. Thank you. It is for action for the rest of your civilians out there. I yield back, sir.

Chairman BOST. Mr. Crane, you are recognized for 5 minutes.

Mr. CRANE. It is great to have you all here. One of my questions to you guys is this is Panel II. We have heard many panels. One of my concerns is, as a veteran myself, who wants to be able to get the best care I can in a timely manner, do you guys feel as if we are doing a good job in making sure that if the VA can't get our service members and our veterans, if they can't get them healthcare, good healthcare in a timely manner, they have the capability and the ability to go out in town and get that healthcare there? I see some heads shaking in the back, but I would like to know from our panelists here what are your guys thoughts on that are. Thank you.

Mr. LINNINGTON. Congressman, if I may. MISSION Act really afforded a lot more opportunity for community care if you can't get the care inside the VA. And the access standards that are set in that law are important. But unfortunately, many of the access standards vary from VA to VA. And especially in the areas of rehabilitative inpatient treatment, there is no access standard. So that is one area that we would like to see adjusted.

I think the MISSION Act implementation, although it is still, you know, it is a couple of years old, is still in the process of, you know, bringing on new providers. And one of the areas that I have heard is reimbursement sometimes takes some time. We provide mental health programs and services outside of what is available in the community care. I think including some of the other non-profit organizations, as the VA has recently done with Mission Daybreak and implementation of community care partnerships through the Staff Sergeant Parker Gordon Fox Act are great news. So, those grants to community-based organizations certainly helps

in availability of community care for helping veterans that can't get it through the VA.

Mr. CRANE. By a show of hands real quick from all the vets back in the audience, how many of you guys would like to see us veterans have the continued capability and opportunity to be able to go out in town if the VA is not doing a good job. Thank you. I appreciate that.

My last statement is for Ms. Sipes. I thank you, ma'am, for your attendance today. And I didn't know that about spouses are only getting about 43 percent to their other government spouse counterparts at 55 percent and I hope that this Congress is able to take care of that. Thank you, ma'am. I yield back my time.

Chairman BOST. Thank you, Representative Eli Crane. Thank you all, all the witnesses for coming out today. I really appreciate all of your testimony. Each of you represent a segment of the veterans population that has unique needs and challenges that need to be addressed. So, each of those particular pieces of information were critically important. And I appreciate the willingness to take time out of your busy lives to come to Washington, DC and be here with us. Your testimony and commitment to veterans are paramount as we conduct our work during the 118th Congress.

Ms. Sipes, thank you again for your testimony, your heartfelt testimony, and for sharing your personal story. I can only imagine how difficult that it must have been losing your husband at the age of 28 with three young children. I have three sons of my own, been married for 37 years. I can't imagine. I really appreciate your willingness to share your story publicly. Your bravery serves as an inspiration for other Gold Star spouses to know that they are not alone and that there is support network out there in their time of need. In your testimony, you pointed out that surviving spouses are punished for getting remarried before the age of 55. I think marriage is fundamentally a good thing and should not be disincentivized. I say many times over we cannot build a strong nation with weak families and the information that you shared seems to weaken the family. Can you please elaborate on your story and your agenda?

Ms. SIPES. Yes. In regards to the remarriage, it did change. Law did change years later, of course, to the 55. The challenge is is that if we choose to remarry, we do, we lose all of our benefits unless we are over 55 years old. And that puts us in a position of not being able to move on. It puts us in a position of having to raise our children without a spouse, or a father figure, or somebody in their lives to help raise them. And should we choose to remarry and lose those benefits, then that other spouse is now responsible for our spouse's children. The foster care pays more in helping raise a child than the government does. So, it is just really, really an unfair advantage for spouses and they cannot continue their lives on in a normal manner.

Chairman BOST. Thank you very much. And like Representative Crane, I did not realize either that there was this discrepancy in the amount of compensation that was coming from other government employees. We are now going to go to Representative Levin.

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

Mr. LEVIN. I thank my friend from Montana. Great to see everyone. Thank you all for your testimony. Thank you for your service. And I wasn't here to hear the chairman's comments regarding the debt limit but let me just personally state that I really look forward to working with the majority in the coming months, hopefully to resolve the debt limit situation without using our veterans as a bargaining chip.

In fact, I would go so far as to say that no colleague that I have spoken with, whether Democratic or Republican, wants to see a single penny of veterans benefits or programs cut. And I will make it one of my personal priorities this year to ensure that that does not happen. And that is how it will always be around here. I hope it will continue to be on a bipartisan basis, as it has been since I got to Congress a number of years ago.

I wanted to turn to a couple of pieces of legislation that I have specifically been advocating for. And Mr. Titus, I will begin with you. We got a lot of people up here today. But in your testimony, you stated that, and I quote, "every day of service should count toward earned education and other benefits, regardless of a service member's type of orders. Unfortunately, that is not the case for our Reserve and National Guard service members." I think you know that since the tragic attacks of 9/11, National Guard and Reserve members are increasingly serving on the frontlines. And they are there, you know, responding to the greatest challenges in our nation, whether it is climate disasters, the pandemic. We certainly saw so many that were here at the Nation's Capitol in the aftermath of January 6.

In my opinion, and I believe yours, is we can't continue to ask Guard and Reserve to respond to these types of crises without providing them with the same GI Bill benefits as the active-duty service members that they serve alongside in many cases. So, we are going to reintroduce our Guard and Reserve Parity Act. That is another one we will never give up until that one is across the finish line. It is too important. It would ensure that every day spent in uniform counts toward GI Bill benefits. We passed the bill in the House with broad bipartisan support, thanks to many in this room, and I look forward to working with my Senate colleagues. I wish they were here right now so we could talk to them in person about this. But we really do look forward to working with them to ensure that we get that across the finish line this Congress.

So, with all that as background, Mr. Titus, can you discuss the importance of GI Bill Parity for Guard and Reserve members and how would GI Bill Parity help with recruitment, specifically?

Mr. TITUS. Congressman, thank you for that question, and thank you for all your hard work on this issue. We came close last year. And it is our sincere hope that we can pick up and get this over the finish line this Congress. When deciding whether to either enlist or join the Guard or Reserves or transfer over from the active component, service members are asking their friends, they are asking their family. And when the answer they get back is you are not treated the same. You are not going to have your service recognized the same way as when you are on active duty or that your friend's

on active duty. That is a really hard pill to swallow when, as you mentioned, sir, that the demand on the reserve component goes far beyond 1 weekend a month, 2 weeks a year.

We need to truly embrace the total force concept, and the first step in this is getting the GI Bill Parity for the Reserve component. It is a powerful recruiting tool and we need to take it off the shelf and get it put into law.

Mr. LEVIN. Well, I am out of time, but I just wanted to say thanks to you for your partnership. I wanted to thank every single person in this room for their service. And it is a great honor of mine and I believe of everyone serving on the House Veterans Affairs Committee with all the craziness going on in Washington, DC where we actually work together to try to get things done for you and give back just a bit after you have given so much to this nation. With that, I will yield back.

Chairman BOST. Thank you very much. Representative Luttrell.

**HON. MORGAN LUTTRELL,
U.S. REPRESENTATIVE FROM TEXAS**

Mr. LUTTRELL. Thank you, Mr. Chairman. And it is great to be, this is arguably the safest room in the Capitol right now with all my brothers and sisters sitting out here. So, I mean, such an amazing feeling sitting in front of all you. A few statements, and then I will ask my question.

Healthcare records, we all understand, and many of you spoke about the healthcare records, and the data transfer, and the challenges that we face in that. Know that this committee is addressing that as best we can. Our veterans' data is one of the most precious assets we have in this country, and we will not have a breach in any way. And that is where the challenge is because healthcare departments, they all work in silos, and we are systematically trying to integrate all of these different areas, and it is very challenging.

I have been working on the electronic healthcare register since 2016, and the VA is very a closed loop when it comes to us and our information, okay. So, Congress is very actively trying to engage with that.

Baseline assessment, sir, you are spot on. When it comes to mental health, the veterans' health, from the day that we enter into basic training, we should be assessed. Right now, we have to deal with injured brains and bodies. When they get out into the veteran space and then we do those initial assessments in the VAs, we are already broken. And we are working with the services right now to implement proper baseline assessments so that healthcare record can travel with that particular individual all the way up until the day that we put them in the ground. That way we know how far they are digressing or flourishing, okay. Just another one of those things that we are addressing behind the scenes, and it is something that we don't have the ability to, you know, get the word out as best we can. But I want you to hear me say that right here in front of you as a veteran.

Ms. Sipes, I pray for you and everyone else religiously. My wife and kids and I do that. So, thank you for coming up here and spending this day with us.

Mr. McNeil, the service animal guidelines, I agree with you wholeheartedly. I think that has really come off the rails. I think people have taken advantage of the situation, and the ones that are suffering are the ones that actually have to have the service animals. So, I would actually like, if it is possible, I would like to sit down with you and the group so you could outline that for us, what you want. Because those of us that don't have service animals, I would say we are just throwing jello at the wall where you are the subject matter expert. Are you good with that, sir?

Mr. MCNEIL. Yes, sir, thank you.

Mr. LUTTRELL. All right. And just so you know, and it needs to be said that Mr. Van Orden sitting behind me is a not attractive man at all.

Mr. MCNEIL. Good to know.

Mr. LUTTRELL. Fellow SEAL, I had to throw that out. okay, so let me get to my question. Sir, General Linnington, this is coming to you. So, telehealth, right, in our rural areas, a very aggressive movement in the proper direction. But, you know, sometimes it falls short, it seems. But here is the issue that I have tried to get my head around is I moved out to the country because I don't want anybody talking to me. I don't want anybody messing with me. And I can pick 20 people out in this room right now that are doing the same thing. But then we have the individuals that do live in the rural areas that need the VA's assistant. They want that telehealth. So, here we have this give and take.

Now, for us, we are trying to get our head around that. But make no mistake about it, this needs to be said, veterans are hard to deal with. We are hard to wrangle. We can be, like, really aggressive. And as a veteran, but somebody who is in the science and research space, and now the legislators, I mean, we have to be better about telling our brothers and sisters, be calm and be generous to our caregivers, especially Marines. You guys just take the cake. I usually get a response from Marines when you are in the crowd. We don't have a Marine in here? Okay, thank you.

So, sir, so, how do we address that? It gets even more complex when we get into the Tribes. I have a Tribe in my district, and they fall short as well, but they are reluctant to have me walk in because I am an outsider. What are your thoughts?

Mr. LINNINGTON. I would say telehealth. COVID was a big test. And during COVID, telehealth was amazing in veterans connecting with healthcare, especially mental health care, through telehealth. I think what we have to be careful of is allowing telehealth alone to meet the access standards for veterans that want to be seen in person. I think that is where abiding by the access standards that the Congress has set for the VA for community care, outside care outside of the VA, and with some of the private partners that want to help in the areas of mental health or other health areas need to be enhanced.

So, you are exactly right. Some veterans appreciate the privacy and anonymity that come with telehealth, especially in the behavioral health areas. Some veterans want to be seen by a provider. And we got to be able to do both and do both well.

Mr. LUTTRELL. Thank you.

Chairman BOST. That is okay. Thank you. Thank you, Representative Luttrell. Representative Budzinski.

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

Ms. BUDZINSKI. Thank you, Mr. Chairman. I just want to start out by saying a sincere thank you to all of the veterans that are here today and the panelists for participating. Your testimony really helps to inform us on, you know, the ongoing barriers that veterans are facing. And in particular, I have been very interested again in the mental health space and making sure that our veterans get access to care. And again, in rural communities, which are very similar to the district that I represent, I have a lot of rural communities in it.

I was very excited and encouraged on January 17, the VA announced that veterans in suicidal crisis can now receive the free world-class emergency healthcare that they deserve, no matter where they need it, when they need it, or whether they are enrolled in VA care or not. I think it is a welcome first step, but we still need to continue this work. And so, my question is for Mr.—I am sorry for Mr. Vedvick. Can you share with us some of your perspectives regarding the VA's suicide prevention strategy and what more should we and can we be doing in that work?

Mr. VEDVICK. Thank you for the question. Obviously, our members are increasingly affected by suicidal thoughts and ideations, and so they are always needing more and more help. And I guess the assumption is that it is always younger veterans, which isn't the case. What I would like to see is a more concentrated effort on informing our older veterans who are isolated, ruminating at home, and giving them the tools that they need to be able to contact the VA and get help that they need.

Ms. BUDZINSKI. Thank you. And I guess a follow up to that is, you know, as the COVID public health emergency is ending and the VA's legal authority regarding telehealth, which we were just talking about are rolled back, I am concerned that those who can and should be reached through telehealth will no longer have access. So, can you talk a little bit more about the importance of telehealth? And I agree, not as the only modality that veterans can access because some will want in person services. But are there any barriers or any concerns that you have with this rollback in the May 11 date coming up?

Mr. VEDVICK. No, the—I am sorry. Right, for telehealth, I think that is a critical tool. Like what has been brought before, rural areas, it is critical for them. And even in areas where you have a job, you have something going on, you can't always get up and do what you are doing. You can't leave. I know individuals, veterans who are using telehealth, you know, on their work breaks are like trying to actually get the care they can when they can, because not everybody can just drop what they are doing. They have to take care of their families. So, allowing them the flexibility of telehealth, I think, is critical. It is not always the best way to do it, but at least it is a tool that can be used if they need to.

Ms. BUDZINSKI. Yes, but you are not concerned with any of the post-May 11 when the national emergency is lifted, that any of those services that are currently provided will end?

Mr. VEDVICK. Of course. We would love to see that, like, extended as well.

Ms. BUDZINSKI. Okay, thank you. I yield back my time.

Chairman BOST. Thank you very much. I want to thank everyone for attending today. I want to thank you for your testimony. This does conclude our series of joint VSO hearings. I think it is clear that our committees and the VA have more work to do in service to our veterans and their families. To all of our VSO partners who participated in the hearings over the past 2 weeks and to the many organizations who dedicate themselves to this mission, thank you for what you do and what are now our frontlines.

Our veterans deserve no less than the best in recognition for their service. I ask unanimous consent that all members shall have 5 legislative days in which to revise and extend their remarks and include any extraneous material. Hearing no objection, so ordered. This hearing is now adjourned. Thank you.

[Whereupon, at 1:09 p.m., the Committees were adjourned.]

A P P E N D I X

Prepared Statements

**Statement of
Timothy M. Borland
Commander-in-Chief
Veterans of Foreign Wars of the United States**

Before the

**Joint Hearing
Committees on Veterans' Affairs
United States Senate and United States House of Representatives**

Washington, D.C.

March 8, 2023

Chairmen Tester and Bost, Ranking Members Moran and Takano, members of the Senate and House Committees on Veterans' Affairs, it is my honor to be with you today on behalf of the more than 1.5 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary—America's largest war veterans organization.

I would like to begin by thanking the members of the committees for your hard work for veterans in the 117th Congress. During a time of divisive partisanship and global instability you have continued to work across the aisle and across chambers to pass legislation to improve care and benefits for America's veterans and our families. The House and Senate Committees on Veterans' Affairs continue to serve as examples of how work should be conducted in Washington, D.C.

The PACT Act

At this joint hearing last year, the VFW called upon Congress to pass the *Honoring our PACT Act of 2022*, the most comprehensive, multigenerational, toxic exposure legislation in American history. The aim was to address burn pit and environmental exposures for Post-9/11 veterans, while also addressing lingering issues related to Vietnam and Gulf War era veterans, those who served at the Karshi-Khanabad base in Uzbekistan, Atomic veterans, and other unresolved military toxic exposures. The main components of the PACT Act included health care, disability benefits, and a framework to review exposures from the past, present, and future. The day after the VFW's testimony, the House of Representatives passed this legislation. The VFW thanks Ranking Member Mark Takano for introducing the PACT Act, and for the hard work and support from both the House and Senate Committees on Veterans' Affairs.

Since the PACT Act was signed into law last August, the VFW has been monitoring its implementation and communicating regularly with our colleagues at the Department of Veterans Affairs (VA). VFW Service Officers are assisting veterans with their PACT Act claims, and have already seen conditions approved and rated for VA disability. The VFW commends VA for its implementation to this point, to include leveraging technology where appropriate to assist in processing claims in a timely manner. VA is communicating clearly and regularly in lockstep

with organizations like the VFW, ensuring veterans know how to access their benefits and what to expect from the process. The VFW is seeing benefit grants, with decisive action on more than one hundred thousand of the total three hundred thousand PACT-related claims filed to date. We encourage veterans everywhere who qualify for VA's one-year open enrollment to enroll in VA health care before the window closes on October 1 this year. The VFW urges VA to send more robust communications to toxic-exposed combat veterans who are eligible for immediate access to health care. The VFW is doing its part in communicating to veterans about the PACT Act. Veterans and survivors can visit pactactinfo.org for information about their eligibility for benefits. The site will also link those who want to apply with a VA-accredited service officer who can assist them.

The VFW also calls on VA to develop and share the details of its toxic exposure presumptive framework as outlined in the PACT Act. This framework was intended to review conditions related to toxic exposures that are not yet considered presumptive. Chemical exposures reported at Fort McClellan, and perfluoroalkyl and polyfluoroalkyl substances (PFAS) exposures at various military installations are two examples that should be reviewed in VA's presumptive framework.

VBA And Claims Issues

Predatory Claims and the GUARD Act

With the passage of the PACT Act, the VFW has observed an increase in online advertisements from predatory claims consultants we call "Claim Sharks" that target veterans' earned VA benefits. These groups promise to increase veterans' VA disability ratings. They argue that the high fees they charge in some way make them more effective in assisting veterans than the free services offered by VA-accredited Veterans Service Organizations (VSOs). Under VA regulations, fees charged for claims assistance are capped and usually apply only to a percentage of retroactive benefits. However, many of these unaccredited consultants use contracts that include a commitment by the veteran to pay the Claim Shark all or a significant portion of their increased benefits. If a veteran receives a disability percentage increase years later, these companies often return seeking more money.

Several of these predatory companies have made statements that there is no avenue for them to seek VA accreditation, but this is completely untrue. There are no restrictions for these consultants to be accredited by VA, but they refuse to do so because they would no longer be able to charge exorbitant fees. They would also be subject to oversight by VA's Office of General Counsel. Currently, these predatory companies have no accountability, no oversight, and no penalties. In fact, during a hearing of the House Veterans' Affairs Subcommittee on Oversight and Investigations, one specific company provided "inaccurate testimony" when asked about receiving a cease and desist letter from VA. Companies that prey upon veterans and flagrantly disregard congressional oversight authority should be held accountable.

The VFW believes that unaccredited claims consultants should be subject to penalties in the same manner as accredited representatives. We strongly support the *Governing Unaccredited Representatives Defrauding VA Benefits Act*, known as the *GUARD VA Benefits Act*, which

would reinstate penalties for charging veterans and survivors unauthorized fees related to claims for VA benefits.

Military Sexual Trauma Claims

Sexual assault in the military directly affects the lives of service members and continues to have an impact as they transition out of service. Though VA disability claims related to military sexual trauma (MST) can be complex, access to health care and benefits are vital to an MST survivor's mental health and well-being. According to an August 2018 VA Office of Inspector General (OIG) report, VA incorrectly adjudicated half of the reviewed post-traumatic stress disorder (PTSD) claims for MST. The OIG indicated six specific recommendations for VA to review and correct denied claims, and implement a series of changes needed to improve claims processing for MST.

Regrettably, the OIG follow-up report from August 2021 found that VA had not effectively implemented those recommendations, did not ensure adequate governance over MST claims processing, and that fifty-seven percent of the previously denied claims reviewed by VA had still not been processed correctly. This is incredibly troubling. The VFW is concerned that VA's lack of improvement to accurately process MST claims has caused veterans to be unfairly denied their benefits, forcing those willing to continue the process to go through unnecessary and distressing appeals.

It can take many years for survivors to even acknowledge a trauma occurred, and sharing details with advocates and care providers can be extremely difficult. Survivors of sexual assault often report feeling retraumatized when they must recount their experiences to disability compensation examiners. Therefore, we encourage the Veterans Benefits Administration (VBA) to employ the clinical and counseling expertise of sexual trauma experts within the Veterans Health Administration (VHA) or other specialized providers during the compensation examination phase.

The VFW urges Congress to pass legislation that would require VA to update the standard of proof for MST-related PTSD claims, ensuring parity with combat-related PTSD claims and other in-service traumas. The VFW also asks that this legislation provides a modern definition of MST to include technological and online abuse, and a review of VBA's MST claims training for quality. These are necessary steps to ensure veterans' MST claims are handled respectfully and veterans are given necessary support services from VA.

Claims Automated Decision Support

VA has taken steps to accelerate the claims process by utilizing artificial intelligence. This includes being proactive in identifying and obtaining a veteran's military health and service records prior to the veteran engaging with VA. The VFW sees this as positive given the challenges at the National Personnel Records Center and the enormous number of requests still being processed following the COVID-19 pandemic. The VFW is enthusiastic about this forward-thinking approach and has been involved in critiquing the process VA is using to improve its Automated Decision Support tool (ADS). In the recent past, VA advanced pilot

programs without conducting the proper analysis of end results, and then chaotically rushed implementation for widespread use. We are pleased to see VA continuing to test the ADS in select locations while its team methodically makes improvements and introduces additional features.

While the VFW is pleased to see VA's systematic approach to this program, we urge your committees to continue to monitor its progress to ensure that quality review checks remain in place and that no negative claim action occurs without the physical review of a qualified adjudicator. While there is benefit in the consistency that a professionally written computer program can provide, we have seen what occurs when there are failures in such programs as exemplified in past attempts to automate GI Bill benefits, scheduling of compensation examinations using geo-matching data, or calculating disability benefits awards that are subject to bilateral factor calculations.

VA Hiring and Training

In preparation for the historic PACT Act legislation, VA began a robust hiring plan. The VFW applauds this enterprise and feels it is a necessary step in the timely delivery of benefits to our nation's veterans, their families, and survivors. However, we raise the concern of training that is perpetual in any major undertaking. All the effort put forth to pass this landmark bill is for naught without the proper understanding of the law and the intent of Congress. The VFW and its partner organizations desire that veterans receive their much-deserved benefits as quickly as possible. The potential deficit in the experience levels of those entrusted to adjudicate these claims is concerning. It does no good to formulate guidance and rules if in the end the decision needlessly results in an appeal. The VFW has long advocated for quality and timely training for those entrusted to decide claims for disability benefits.

Recently, the Secretary mentioned his concerns about providing consistent, quality training to newly hired claims developers and adjudicators. He stated that the hiring process of more than two thousand new VA employees was complete. The availability of seats in the classroom was a concern due to capacity limitations. VA stated that it was considering several ways to deliver training to include the use of contract instructors or rehiring former Ratings Veterans Service Representatives (RVSRs). The VFW finds this to be a reasonable option as VA would be relying on those with experience and institutional knowledge of VA law.

The challenges of the last few years seemed daunting. We all realized it provided an opportunity to develop new business practices and efficiencies. Many of us can communicate electronically. We can now hold meetings anywhere there is an internet connection, alleviating the need for classroom space, travel time, or other accommodations. VA is no longer limited to the walls of a structure or geographic location. The VFW urges VA to leverage technology more to its benefit in the development of online curriculums and seminars to provide the necessary training to new hires who will be making decisions that positively or negatively impact the quality of life of the veterans we represent.

Compensation and Pension Examinations

As part of the disability claims process, VA must provide examinations for disabilities claimed by a veteran to ascertain the current level of impairment. Therefore, it is imperative for VA to accurately evaluate veterans for their service-connected conditions. The VFW recognizes the need to assess veterans quickly and accurately. However, we believe that the needs of the veterans must come first, meaning veterans should have more control over the scheduling of their examinations.

VA's 2016 Decision Ready Claims initiative provides some insight into the value of offering veterans more agency in the examination process. Although this initiative was sunset for several reasons, it was designed to offer the claimant more control over the development of the claim, to include scheduling appointments. Currently, when veterans submit their claims, they must wait for VBA to notify them that examinations have been requested. During the scheduling phase, they are often constrained to VA's finite date and time preferences with little regard for their needs. While many veterans just accept this process, the VFW is concerned that this poor customer experience leads to frustration with VA.

The VFW suggests that VA leverage technology to allow veterans to schedule their examinations or complete electronically submitted documents requested by contractors through **VA.gov** or the VA mobile application. Giving veterans more control would reduce the number of no-shows, thereby minimizing the need for VA to resubmit multiple requests or reestablish closed claims.

This investment and the associated policy changes are far more cost effective than incurring contractual expenses related to paying for missed examinations. This would also reduce the labor associated with rendering rating decisions based on missed appointments and reopening claims to reschedule. Moreover, this is a customer-centric policy that would reduce stress on veterans, providing a better overall experience with VA.

Disability Rating Schedule

The VFW understands that through advances in science, technology, and health care, the way veterans receive treatment both privately and in VA facilities must respond with corresponding changes to its disability rating schedule. These rapid changes are at times unpopular and potentially harmful to the veterans we serve. Though our goal is not to dissent with VA's proposed changes when scientific advancement supports such changes to the VA Schedule for Rating Disabilities (VASR-D), the VFW believes we reserve the right to oppose them when these changes will harm veterans.

Earlier this year, VA proposed via the Federal Register changes in the rating schedule for respiratory conditions, mental health ratings and ear, nose, and throat disorders. This is a small subset of an overarching review of the entire schedule of disabilities that began in 2017. The VFW agrees that you cannot apply laws and regulations that have scarcely changed since their development in 1945 to today's veterans. Along with our partner VSOs who share the same commitment to veterans, we are closely watching changes and are eager to continue to provide comment once published. Our intent is to ensure the maximum benefit allowed by law remains

the consistent result. The VFW will continue to be a full, active, and engaged partner with VBA in helping to develop a commonsense approach to further modifications and proper implementation of future changes, but we caution it must be sensible and always in the best interest of those we represent.

The VFW cannot tolerate what appears at times to be arbitrary reductions of lawful benefits and entitlements earned by service members during combat, high-risk operations, or their honorable service, such as substantial changes to how VA intends to evaluate mental health conditions, sleep apnea, and tinnitus. We communicated our dissent to VA on these changes through the Federal Register and ask your committees to exercise proper oversight of any proposals. If anything, some of these proposed changes are not well thought out, are contradictory in nature, and can only be construed as cost-cutting measures disguised in the form of enhanced benefits. Similarly, we look forward to the opportunity to continue to collaborate with VA at every opportunity to make sure that these changes are not punitive.

Board of Veterans Appeals

The Board of Veterans Appeals (BVA) is now five years into implementation of the Appeals Modernization Act (AMA). At the time, this legislation was intended to be as significant as the PACT Act. We can all agree that much good has come from it and it stands as a sterling example of how VSOs and the VA can work together to deliver programs that truly benefit veterans. Moreover, BVA should be commended for how it has evolved its workforce by aligning to the modern needs of veterans and using technology to make it easier for appellants to appear before BVA through virtual hearings. However, there is more work we can do to fine tune these programs and ensure appellants receive timely decisions.

One potential challenge the VFW has seen with AMA appeals is with the remand process. When an appeal is remanded to VBA for further development, the process allows a rater to decide when development is complete and render a new decision. If that decision is unfavorable, the veteran then must file a new decision review notice requesting the claim be returned to BVA for the original Veterans Law Judge (VLJ) to review it. Placing this burden on veterans increases the likelihood that they will not understand the process and erroneously abandon their right to continuous review. The VFW recommends that remand denials under AMA automatically return to BVA unless the veteran informs VA of intent to withdraw the appeal. Also, BVA should examine the concept of returning an appeal to the original VLJ. Law judges have the ability to review and decide appeals assigned to them. Though the VFW understands the objective of this was to ensure that VBA fully complied with the intent of the remand order, this requirement may cause greater delay in what was expected to be a streamlined process.

As more veterans decide to pursue an appeal under the AMA process, legacy appeals continue to recycle through the system. Complicating matters, BVA must now find ways to constructively address the caregiver appeal workload as well as pending appeals affected by the presumptive conditions authorized under the PACT Act. BVA and VHA must work to stand up processes to easily share records related to denials for caregiver benefits. For PACT Act appeals, BVA must work collaboratively with VBA and VSOs on ways to expeditiously discharge this workload in the best interest of veterans. The VFW stands ready to assist in both challenges.

We understand the need to decide these appeals as quickly as possible. Many veterans have been waiting years for decisions. The VFW urges continued education and expanded outreach informing them of the purpose of the three available lanes under AMA and the expected time frames involved in achieving a decision. We understand every appeal is unique and some are more complex than others. However, the delays that can be avoided should not come at the expense of those who chose the AMA process after being promised a faster decision.

Pre-Decisional Review

The VFW continues to advocate for the restoration of a formal pre-decisional review process for VA benefit claims. Though we acknowledge that the 48-hour review process is an outdated mechanism, we continue to believe that the active prohibition on accredited VSOs intervening while a claim is pending before VBA inhibits our ability to properly prosecute benefit claims on behalf of those we represent. In recent years, VBA has worked constructively with VSOs to stand up tools like electronic notification that offer accredited representatives better optics on claims throughout VA's processes. However, accredited representatives are still restricted in what they can do prior to VA issuing a decision.

The VFW continues to stress the value-add that pre-decisional review offers, not only in our relationship with claimants but also in the trust it establishes with VA. Once we have access to them, we regularly see avoidable errors in rating decisions, typically after they are received by veterans. VSOs are then forced to file appeals that could be avoided with a final review by another set of eyes. Given the increased workload of PACT Act claims and the fledgling experience level of new VA adjudicators, this additional step is vital to the claims process. All parties agree that timely delivery of benefits is paramount, and VBA remains the gateway to most other VA benefits and programs. Nonetheless, it does not matter how quickly VA renders a decision if the veteran is subject to needless development or endless appeals because the decision was wrong.

Improvements to Survivor Claims Process and DIC Increase

Part of VA's mission is to assist surviving spouses and children following the death of their service member or veteran. The VFW finds that survivors are often ill-prepared for the dramatic financial impact they suddenly face, and have difficulty understanding the benefits to which they are entitled. While VFW Service Officers do assist survivors, improvements are needed from the Department of Defense (DOD) and VA to better prepare, educate, and communicate with survivors during their time of need.

Dependency and Indemnity Compensation (DIC) is paid to the survivors of service members who died in the line of duty or veterans who died from service-connected injuries or illnesses. This benefit has only minimally increased since it was created in 1993. Currently, DIC is paid at forty-three percent of one hundred percent permanent and total disability, while all other federal survivor programs are paid at fifty-five percent. The VFW urges Congress to pass legislation that would finally increase DIC payments to survivors, reaching parity with other federal agencies.

Suicide Health and Economic Opportunity Benefits

Veteran suicide prevention is a complex, multifaceted initiative requiring an approach informed by a multitude of upstream and protective factors. President Biden's 2021 report titled *Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Approach* states the importance of identifying these factors that increase or mitigate veteran suicide, including economic factors such as financial strain, lack of housing, food insecurity, unemployment, and legal issues. The VFW firmly believes an upstream perspective, examining root causes and protective factors, is critical to identifying socioeconomic factors that can be addressed before mental health reaches a critical juncture.

Suicide prevention is not simply a clinical priority and should not be viewed as such. Suicide prevention should encompass benefit usage and delivery alongside mental health counseling and intervention. For far too long suicide prevention has been viewed as simply a mental health issue, when in reality that is only half the battle. Successful delivery and usage of economic benefits from VA can provide positive mental health postures that help prevent veterans from slipping toward negative outcomes. VA must also increase community care partnerships for mental health resources, ensuring a diverse portfolio of counselors who offer traditional and nontraditional modalities.

However, the path to preventing suicide needs to start with the veteran's initial interactions with VA, which usually happens through programs administered by VBA. VA's own research reinforces that social determinants of health, like financial stability, access to housing, and pathways to a quality career serve as protective factors against suicide. The VFW believes that negative customer interactions with transition, disability claims, or accessing education and employment skills can alienate veterans and discourage further engagement with critical VA programs. If veterans have bad experiences with VA claims, it makes sense that they would choose to access their care elsewhere. After years of sounding this alarm, we are optimistic that VBA may finally be listening by assessing customer experience in VBA programs, but the VFW is calling on VBA to do more.

The VA disability claims process is highly subjective, making it susceptible to mistakes, omissions, and bias, as we saw in recent years with claims for MST. Identifying socioeconomic factors must begin with inspecting exam-to-ratings outcomes for various socioeconomic groups to determine if systemic biases are negatively influencing outcomes during the process to receive compensation and pension. The actions of evaluators contracted by VA have a strong impact on access to and use of earned benefits. If an evaluator does not accurately dictate a veteran's story, the potential for a negative interaction with VA is much higher. Specifically, the VA rater who must quantify qualitative data will be more likely to issue a lower rating than what is appropriate due to a lack of information. This potential for mistakes underscores the need for veterans to have quality, competent accredited representation, and we challenge VA to critically examine the outcomes for veterans who utilize advocates in this process.

Expansion of VBA Mental Health Access and Economic Opportunity Touchpoints

Each time a veteran uses a VBA economic opportunity program or benefit is an opportunity to

provide resources and suicide intervention as appropriate. Access from the point of transition is critical. Congress must provide oversight of DOD and VA to ensure service members are adequately introduced to these benefits at transition, to include required reporting on the success of VA's Solid Start program. Transitioning service members who are informed about their economic opportunity benefits at the beginning of their transition period are significantly more likely to connect with VA and actually use these benefits. This puts them on track to not only have touchpoints for VA intervention if needed, but also to be on track for economic stability and lessen the risk of suicide for recently separated veterans.

In its *National Strategy for Preventing Veteran Suicide 2018-2028*, VA resolved to engage stakeholders at touchpoints, including employers and institutions of higher learning, with a specific intent to reach veterans who are not receiving VA benefits or services. VA must be proactive in this strategy and conduct concerted outreach, including engaging veterans at employee resource groups and Student Veterans of America chapters. The VFW recommends that Congress conducts oversight on this outreach and requires data that can be correlated to economic risk.

At critical junctures when veterans are using VA services such as foreclosure or housing assistance programs that indicate their risk of financial instability, VA must ensure suicide mitigation resources are provided. However, it is paramount that these communications are done with sensitivity and intention. For example, one veteran participating in Veteran Readiness and Employment (VR&E) shared a VBA collection notice due to housing overpayments. The letter informed him that he owed thousands of dollars in debt and included links to VHA services in the case he was having suicidal ideation. The veteran understandably found this message jarring, especially coupled with the fact he was having an extremely difficult time reaching someone from VA to explain the overpayments. VA must ensure all resources provided at these touchpoints are not simply "checking the box." They must be provided in ways that demonstrate compassion and are adjusted in accordance with veteran feedback.

For the first time this past year, VA incorporated VBA data in its annual suicide report. It superficially included some data on disability compensation, education and employment, home loans, and insurance programs. This inclusion of data shows VA has the information regarding benefit usage coinciding with veteran suicide, but it cannot be fully leveraged until it is further explored and utilized to mitigate the risk of suicide.

The VFW believes VA's Office of Suicide Prevention should be moved from VHA to the enterprise level of VA so it can report on and utilize information from both VHA and VBA to combat suicide. Siloing this critical office in VHA does not allow for its full potential performance.

Veteran Economic Opportunity

Access to education, employment, food, and housing security are the most critical components of upward mobility, all of which have been proven to reduce suicide rates for veterans. The VFW calls on Congress to create a fourth administration to focus on the implementation and oversight of benefits supporting upward mobility. Targeted oversight can mitigate the number of

challenges produced by these programs and shift VA toward proactive troubleshooting instead of reactive resolutions that are often to the detriment of veterans and their families.

The VetSuccess on Campus (VSOC) program aims to help veterans, service members, and their qualified dependents succeed and thrive through a coordinated delivery of on-campus benefits assistance and counseling, leading to completion of their education and preparing them to enter the labor market in viable careers. The VFW recommends that fifty VSOC counselors be added to the VR&E program. These important positions do not require the same level of training as traditional VR&E counselors due to other support already available to students through their institutions of higher learning (IHL). Currently, there are more than sixty IHLs awaiting approval for VSOC counselors, with many more campuses currently being assessed to determine if regional representation is feasible to address increased need for assistance. Our work with VSOC counselors at different IHLs has shown the value of these positions, and we believe the program should be expanded so more student veterans can utilize these important services.

The VFW also recommends that three hundred technicians be added to help reduce the burden faced by its counselors. While the VR&E program has successfully maintained the congressionally mandated 1:125 ratio of counselors to veterans, at the local level the overall program falls short. Several regional offices are experiencing caseloads that exceed the 1:125 ratio. The VFW recommends creating a position that would provide technical and administrative support to current VR&E counselors to reduce the administrative burden they currently face and allow them more time to foster improved relationships with the veterans they serve. This position would require less experience than a VR&E or VSOC counselor.

Veteran Homelessness

The *2022 Annual Homeless Assessment Report* released by the U.S. Department of Housing and Urban Development (HUD) reflected positive results about the totality of unhoused veterans. The good news is that we have seen a significant decline—an eleven percent reduction since 2020, and fifty-five percent since 2010. The VFW applauds Congress for supporting various programs and funding that have led to this significant success. However, there are still nearly twenty thousand veterans who remain unhoused and more than thirteen thousand are unsheltered. The work must continue until this most basic need is met for every veteran.

Supportive services must be expanded beyond financial relief. Too many veterans face housing instability because they are not as financially literate as they could be. We recommend that VA establishes a basic financial literacy tool and ensures every veteran who utilizes supportive services also completes a financial literacy course and undergoes credit counseling. This simple, educational tool can mitigate future dilemmas and the recurrent need for supportive programs.

Service Member Affairs

Transition

Transition from the military is a critical period for all service members and families, and one that looks different for everyone. For many, transition means identifying and pursuing an entirely new career path, finding health care, adapting to new and increased expenses, establishing new

identities and support networks, and adjusting to challenges associated with injuries and illnesses incurred during service. Accordingly, transitioning service members (TSMs) tend to face many hardships including unemployment, financial difficulty, lack of purpose, grief, and many unknowns. To that extent, the VFW places great emphasis on ensuring service members and families receive the best counseling and mentorship before they leave military service.

The Transition Assistance Program (TAP) is a key stepping stone to a seamless transition to civilian life. The information provided to service members on topics such as VA benefits and services, financial management, higher education, employment, and entrepreneurship is invaluable. The VFW was happy to see the recent changes to TAP that enabled more tailored, personalized experiences for TSMs while increasing access to family members, veterans, and caregivers via an online portal. TAP is a critical program that should be accessible as early and as often as needed, both before and after leaving service.

However, the VFW sees additional areas of opportunity for TAP. Between September 2022 and January 2023, VFW surveys of over six hundred TSMs revealed that of those with spouses, nearly twenty percent of respondents either did not know their spouse could attend TAP or their spouse wanted to attend but could not. Of those who provided clarifying remarks on why they could not attend, work was the most cited reason with further mentions of child care challenges and being geographically separated. Military transition is an endeavor for families as much as it is for individual service members. Transition planning as a family is imperative to understand post-separation benefits, services, and needs like disability compensation, education and survivor benefits, health care, financial planning, and even career changes.

While online TAP coursework is now available to spouses and caregivers, the value of attending the course in person cannot be understated. We call on Congress to study the factors contributing to spouses not attending TAP in person and enact legislation that mitigates or removes the identified barriers. Moreover, we would like to see Congress create a spouse TAP pilot program that not only incorporates the findings of the study but also aligns with the unique needs and challenges experienced by military spouses and children.

We also believe it is essential that Congress clarifies how it defines resources located in communities as outlined in 10 U.S.C. §1142 (2021). As part of the fiscal year (FY) 2019 TAP law reforms, Congress mandated that all TSMs be connected to resources in the communities in which they plan to live after service. However, this requirement is too ambiguous, as evidenced by over one third of VFW survey respondents indicating that they either did not or did not know if they received those connections during their individualized initial counseling. As TAP is neither designed nor intended to be an all-encompassing course for each TSMs' unique needs, the VFW strongly believes connections to specialized community organizations are key to providing this aspect. As the law requires, we would like Congress to ensure connections are being made between TSMs and resources in the communities to which they are transitioning, with an emphasis on specialized transition service organizations that receive grant funding.

Transition counseling pathways were also established via the 2019 reforms that brought about the tier system that is currently in use. This system is intended to align TAP more closely to TSMs' individual needs by assigning them to one of three tiers. Moreover, the course itself is

now structured with three mandatory days of instruction and, for some TSMs, optional two-day career tracks. Service members assigned to Tier 1 are considered the most prepared for transition, exempting them from completing a track, while those assigned to Tier 3 are considered the least prepared, making track completion mandatory. Tracks are largely optional for Tier 2 TSMs. Our survey data showed that over half of respondents reported not having completed a two-day track for varied reasons, including being assigned to Tiers 1 or 2. Meanwhile, thirty-five percent of participants did not know to which tier they had been assigned.

A December 2022 Government Accountability Office (GAO) report bolstered our concerns regarding the tier system—almost twenty-five percent of TSMs assigned to Tier 3 did not complete a mandatory two-day track. These findings are very troubling, and we call on Congress to require in-depth reporting on the use of the tier system, its impact on track participation, and its overall effect on outcomes following transition. Additionally, we urge Congress to ensure DOD complies with GAO's recommendations regarding track attendance.

Additionally, VFW survey responses received over time regularly illustrate inconsistencies regarding the quality and usefulness of information received during TAP, as well as the volume. This is especially problematic in the context of materials that encompass VA benefits and services where differing degrees of facilitator attention and knowledge can impede TSMs' overall understanding and retention of critical information and related timelines. Making matters worse, the December 2022 GAO report also confirmed a suspicion we already had that TSMs have overwhelmingly—at seventy percent—not been attending TAP at least twelve months prior to separation or discharge as required by law. As such, not only does course fidelity appear to vary across TAP locations creating disparities between TSMs, but poor course attendance timeliness also hinders members' ability to apply for post-service benefits and programs with set deadlines, like the VA Benefits Delivery at Discharge (BDD) program and college.

The aforementioned factors negatively impact the ability of service members to access urgently needed benefits after service, like VA health care, while delaying elements of the individual transition plans of many TSMs such as returning to school via the Post-9/11 GI Bill or VR&E. The VFW finds this worrisome as the most recent VA suicide report suggested a decreased veteran suicide rate per day (1.0 vs. 6.7) for individuals having any contact with VBA as compared to those having no interaction with VBA or VHA. With the initial twelve months after discharge being a heightened risk period for veterans to die by suicide, we urge Congress to hold DOD accountable for failing to ensure TSMs complete TAP on time, while making sure each service department expeditiously implements GAO's December 2022 timeliness recommendations.

The VFW also believes there is incalculable value incorporating accredited representatives in the TAP curriculum. Specifically, we would like to see these representatives facilitate course materials that cover VA benefits and services, with a particular emphasis on those that can be applied for prior to separation. This approach would mitigate instances of service members missing critical benefits-related details while enabling more to act on information without needing to find a representative outside of TAP. For instance, military personnel have a very slim window (180-60 days before separation) in which they are eligible to file for VA disability compensation through the BDD program. Accredited representatives would not only be able to

highlight the program but also help TSMs file claims once eligible, which is a task that VA employees who largely teach this material are prohibited from doing.

Military members across service departments and bases currently have unreliable access to accredited representatives during TAP, creating barriers to filing pre-discharge VA disability claims via the BDD program. Unequal access leads to less TSMs being connected to their benefits upon separation, thereby endangering connections to VA services like mental health care. The VFW urges Congress to either direct VA to develop a tailored pre-separation benefits course facilitated by accredited representatives, or incorporate representatives in its revised TAP curriculum, VA Benefits and Services 5.0, which is set to launch this year. Detailed information about accredited representatives, as well as a list of those organizations and individuals who have received accreditation, can be found by visiting benefits.va.gov/vso.

The VFW National Veterans Service (NVS) provides pre-discharge claims assistance to TSMs via the VA BDD Program. The NVS BDD pre-discharge claims program was established in 2001, and currently supports TSMs at military installations and VA facilities across the nation. NVS staff who provide claims assistance are VA-accredited representatives and maintain a consistent presence on more than twenty installations. This program is intended to ensure that separating and retiring active duty personnel receive all necessary assistance in obtaining VA benefits upon discharge. The objective is to complete each service member's claim development including medical examinations prior to leaving active duty, thereby enabling connections to VA benefits and resources as close to separation as possible. While the primary role for the VFW staff in the BDD program is to help service members navigate their VA disability claims, they are also able to assist with many other benefits and available opportunities.

Our BDD representatives offer guidance and information for many different transition opportunities that may not be covered in TAP classes. They are trained in education, employment, and other benefit eligibility. Service members who utilize additional resources such as BDD representatives are likely to face fewer unknown hurdles during transition. Cumulatively through claims assistance and TAP courses, our accredited representatives have interacted with roughly twenty-four thousand TSMs in 2022, which is approximately twelve percent of the two hundred thousand service members on average who leave the military each year.

Though the BDD program is critical to post-military success for many veterans, the VFW remains concerned that VA's decision to compress the time in which a TSM may file a BDD claim remains problematic. Prior to 2017, TSMs could file BDD claims between 180-60 days before leaving the military. Service members with fewer than sixty days could file claims through the Quick Start program. In 2017, VA arbitrarily moved the goalposts back for BDD, allowing service members to file only between 180-90 days and eliminating the Quick Start program altogether.

In the years since this policy was changed, the VFW has seen problems in delivering benefits for TSMs. Of note, some service members, particularly those who work in high-intensity military occupations, have trouble meeting this timeline due to the constraints of their jobs. A ninety-day window also creates compliance issues with military treatment facilities in furnishing service members with their full health records in a timely manner to satisfy the requirements of the BDD

program. Complicating matters, some locations can take up to thirty days to provide records after service members request them. Very recently, one base notified service members that it could take up to ninety days, further challenging the narrow window of 180-90 days set by VA.

These hurdles have only been exacerbated by the sunset of the Quick Start program. While it remains true that service members can still technically file regular claims before separation, many times VA intake sites on military installations turn these BDD-excluded claims away, or VA fails to act on them in a timely manner due to a future effective date showing in the Veterans Benefits Management System (VBMS). Though affected service members lose no benefits because of this bureaucratic hurdle, it can significantly delay the delivery of benefits until long after members have transitioned.

VA's changes were an unnecessary step backward all in the name of efficiency on paper. However, these reported efficiencies come at the expense of the needs of TSMs. The VFW urges Congress to direct VA to revert to the old parameters of its BDD program and reinstitute a program like Quick Start so VA can once again ensure TSMs have a seamless experience accessing their earned VA benefits.

Military Quality of Life

Ensuring our nation's military remains all-volunteer is a core concern of the VFW. Recently, the VFW has met with service members overseas defending American interests, and our security and that of our allies. Though the National Defense Service Medal was sunset, we remain a nation actively engaged in counterinsurgency and deterrence operations, to include reinforcing the eastern flank of North Atlantic Treaty Organization (NATO) forces from Russian aggression, protecting global shipping lanes in southeast Asia, and stomping out transnational terrorism in the Middle East and Africa. Unfortunately, the message we hear from our armed forces is that Americans do not readily recognize the operational posture of our military and that the morale of our force may be suffering. Therefore, factors that influence individual enlistment and reenlistment decisions are of particular interest.

The DOD *Fall 2021 Propensity Update* data indicated that the inclination to serve among the nation's youth is at a low not seen since 2007. Overall, eight out of the ten primary reasons to serve were individual, predominantly tangible benefits, while the remaining two reasons were intangible benefits rooted in altruism. Accordingly, most individuals are attracted by the advantages of service that enable self-development and sustainment. This reality is especially important as those inclined to serve and continue serving must perceive military service as a largely value-added endeavor. The implicit value proposition includes some level of certainty that one's basic needs will be met while receiving enough support to focus on and achieve the mission. Unfortunately, Congress and DOD are falling short in regard to these considerations, thus endangering public perception about the benefits of military service as well as the retention decisions of those currently serving.

In 2020, DOD estimated that roughly one quarter of active duty troops had some level of difficulty feeding themselves and their families in the preceding year. Predominantly affecting enlisted personnel, factors such as low starting pay, spouse unemployment and

underemployment, child care barriers, and inconsistent eligibility for programs like the Supplemental Nutrition Assistance Program (SNAP) contribute to food access challenges. Accordingly, even though military readiness is paramount, many service members cannot fully engage in their missions since their families struggle to eat. No military member or family should have trouble accessing healthy, predictable meals.

The VFW praises Congress for the FY 2022 creation of the Basic Needs Allowance (BNA), as well as the subsequent increase in the eligibility limit from one hundred thirty percent of the federal poverty level to one hundred fifty percent (and two hundred percent in limited cases) via the National Defense Authorization Act (NDAA) for FY 2023. We anticipate this allowance will bring relief to some affected military families and look forward to outcome data and program adjustments as necessary. There is still opportunity, however, because the BNA is anticipated to help just a small fraction of those experiencing food security challenges. Military hunger is a complicated issue with many contributing factors that are not fully understood. As such, the response by Congress must be multifaceted with the understanding that bolstering service members' financial management skills will take them only so far.

As the BNA policy is currently written, not even one percent of the estimated thousands of hunger-affected service members and families qualify. This is in part because Basic Allowance for Housing (BAH) is counted as income for the purpose of establishing eligibility. It is up to DOD to determine which military housing areas receive BAH exemptions from the BNA calculation and which do not, leaving room for disparate outcomes among those in need. The inclusion of housing allowances as income also creates disparities between military families of similar sizes and circumstances. Those living in on-base housing and not receiving BAH may qualify for a needs allowance, while those living off base and receiving a housing allowance may not. While the new one hundred fifty percent eligibility threshold will make this benefit more accessible, the need to exempt housing allowances from the income calculation remains. Doing so would help ensure this benefit reaches as many food-insecure military families as possible.

Similarly, Congress should also work to exempt BAH from the federal calculation for SNAP eligibility, which would enable wider access to this lifeline program. Currently, there exists glaring disparities between service members who receive a housing allowance and those who do not, as well as between military and civilian families. Food-insecure service members living off base and receiving BAH often are disqualified from utilizing SNAP benefits because their housing allowance is counted as income, while those living in on-base housing and not receiving a housing allowance might otherwise qualify. In either case, service members are technically not paying out of pocket for housing, yet have unequal access to federal nutrition assistance. Furthermore, civilian housing vouchers like Section 8 are not counted as income for the purpose of SNAP eligibility, yet the military's equivalent BAH is counted. When looking solely through a parity lens, these differences are inequitable and prevent many food-insecure military families from accessing SNAP benefits.

Also problematic is the fact that BAH is now paid at ninety-five percent of estimated housing costs, yet in 2021 GAO found that BAH is not always calculated correctly, adding to the financial burden that military families face. Accordingly, even when housing allowances are calculated correctly, service members must still partially pay out of pocket for housing, leaving

less money for food. The VFW was pleased to see that the FY 2023 NDAA included a provision to improve how BAH is calculated. Next, Congress must pass legislation to restore housing allowances to the one hundred percent level. Moreover, the VFW believes Congress must continue to work to identify and remove barriers to gainful spouse employment and strengthen access to quality, affordable child care. We call on Congress to pass legislation that ensures service members receive an acceptable compensation package that is competitive with the private sector.

Another critical issue is safe, quality military housing for all service members and families. Regularly highlighted in the news, unsafe living conditions like black mold continue to plague our service members in both unaccompanied and family housing. Lack of hot water, fuel-tainted drinking water, and heating, ventilation, and air conditioning issues have also recently surfaced. These challenges are widespread across the services and globe, including permanent duty stations overseas. With prominent well-being implications for service members and families, substandard housing is an urgent issue. Service members cannot focus wholly on the mission if they or their loved ones are suffering from medical conditions related to prolonged toxic exposure, cannot take hot showers, or lack air conditioning during hot weather. The VFW understands various efforts are underway to renovate and rebuild affected military housing units. However, repairing or replacing the structures themselves is just one part of the equation. Military personnel and families should never be solely at the mercy of private companies or military leadership to resolve their housing problems. Without quality, consistent, and prompt attention and resources committed to housing issues across the board, service members and families must have an alternative way to communicate housing issues to those in positions of power.

Currently, no military member has a trusted, centralized third-party option to report poor housing conditions. This means that when maintenance and complaint protocols at the lowest levels fail, issues can go unresolved with little to no recourse for those affected. As a result, service members have found that posting to social media or online message boards can be a more effective means of getting results. This is completely unacceptable.

Through Section 3016 of Public Law 116–92, FY 2020 NDAA, Congress mandated that DOD establish a public-facing complaint database for those residing in privatized military housing units. This database has yet to come to fruition even though it is urgently needed. Moreover, while the VFW believes this is a step in the right direction, the law does not include single service members living in unaccompanied housing such as barracks. About forty-seven percent of military personnel are single without dependents, which largely precludes them from moving out of barracks. Therefore, a significant portion of service members would be prohibited from using this database even though they experience many of the same living conditions as those seen in privatized family units. This creates a glaring inequity among military personnel experiencing housing problems. Being married or having dependents should not dictate whether a complaint can be reported. The VFW recommends amending Section 3016 of Public Law 116–92 to include unaccompanied housing. We urge Congress to create a public-facing complaint database that all service members can use, regardless of whether they live in barracks or privatized family housing.

We are also concerned about the continuing issue of forced arbitration clauses leveraged against service members in contracts. Service members encounter financial and employment challenges not typically experienced by their civilian counterparts. For example, active duty service members move often and not necessarily on a predictable basis, which can make rental housing contracts hard to manage. Moreover, reserve component members are commonly forced to take extended leaves of absence from work for training and activations, putting job security and career progression at risk if employers lack supportive and equitable accommodation policies. Accordingly, Congress enacted robust financial and employment laws to assist and protect service members in these cases, as well as many others.

The *Servicemembers Civil Relief Act* (SCRA) helps ensure military personnel are financially mission ready via myriad protections such as termination of housing leases without penalty and a reduced six percent interest rate on accounts opened before entering active duty. Equally important, the *Uniformed Services Employment and Reemployment Rights Act* (USERRA) shields Reserve and National Guard members from job loss and missed promotions, for example, when they are called to active duty or mobilized on federal orders for more than thirty consecutive days. While SCRA and USERRA were drafted to be comprehensive in nature, that has not stopped bad actors from evading the protections they offer service members and, in some cases, family members.

Forced arbitration clauses often require military personnel to preliminarily waive the protections afforded to them under SCRA and USERRA. Frequently woven into the fine print of contracts and electronic click-through agreements, these clauses force service members to agree to binding arbitration before any wrongdoing has occurred. As arbiters are generally hired and paid for by the entities with which service members enter contracts, members effectively submit blindly to proceedings that are biased in favor of the other party. Non-disclosure agreements are also employed, prohibiting those affected from seeking damages in civil court.

The widespread use of forced arbitration clauses in service members' financial and employment contracts is alarming to the VFW, as these devious practices endanger the financial well-being of our force. Financial security impacts service members' ability to satisfy their basic needs and those of their families, and is imperative for those working in sensitive positions that require security clearances. No military member should have to blindly accept arbitration as a condition of any contract. We urge Congress to pass legislation to make the use of binding arbitration optional for military personnel and, where applicable, their family members.

Concurrent Receipt

For nearly two decades, America's veterans have waited for Congress to end the longstanding, unethical practice of offsetting that is authorized by concurrent receipt law. Scores of veterans are by default required to forfeit all or part of one benefit to pay for or pay back another, even though they are earned for entirely different reasons. Justified by Congress to prevent what it erroneously refers to as double-dipping, this practice is nothing more than a way to save money on the backs of veterans.

The widespread harm caused by offsetting military retirement pay and the dollar-for-dollar loss of such pay creates an economic burden on military and veteran families worldwide. Under current policy, military retirement pay from DOD is reduced by one dollar for every dollar of VA disability compensation a veteran receives. Military retirement pay is earned for years of vested service, while VA disability compensation is awarded as supplementary income for reduced earning potential of disabled veterans who incur lifelong illnesses and/or injuries from their service. These are two fundamentally different benefits earned for two entirely different reasons.

In 2004, Congress acknowledged this clear injustice by authorizing full concurrent receipt of DOD retirement pay and VA disability compensation *only* for those who served at least twenty years and have at least a fifty percent service-connected rating. At the time, Congress committed to gradually phasing in full concurrent receipt over the next few years, but nearly twenty years later, this still has not happened. This inaction has left countless veterans behind, creating glaring disparities, resentment between veterans and toward Congress, and uncertainty about how much our nation values veterans' service.

In 2020, the 116th Congress notably changed the situation by repealing the "Widow's Tax," marking a significant win for survivors and families. Most recently, the *Major Richard Star Act* (H. R. 1282/S. 344) garnered overwhelming bipartisan and bicameral support from members of the 117th Congress, yet not enough to be sent to the president's desk. This Congress must be different because this issue is not going away. We call on Congress to muster the courage and commitment to find and achieve cost savings elsewhere, and bring an end to the policies that prohibit full concurrent receipt of the benefits veterans have earned by defending our nation and the ideals we hold sacred. No veteran should ever have to question the value of their service to our country due to an unjust budget gimmick, and for decades they have done exactly that.

Force Recognition

In addition to the quality-of-life programs that Congress can enhance, we call on DOD and Congress to once again recognize the immense contributions of our men and women serving overseas—particularly those who are serving on the eastern flank of NATO forces deterring Russian aggression. While the VFW realizes that this situation is complex, we believe that service members called to this critical role must be acknowledged with an appropriate campaign medal indicative of their sacrifices. The global security situation demanded that we quickly send our service members to the defense of our NATO allies. We should properly recognize these brave volunteers who are serving in a forward operational capacity.

Health Care

Parity of Health Care Services

From the VFW's research and member feedback, as well as studies by RAND Corporation, the National Academies of Sciences, Engineering, and Medicine, and other leading institutions, we know that VA provides high-quality health care. We also know that veterans tend to prefer treatment from VA, once they are eligible. A VA study published in August 2020 concluded that

VA care ranked higher than community care in overall provider rating, communication, and coordination. DOD care, through both the direct care system and TRICARE, offers state-of-the-art treatment options at an extremely reasonable cost. Research done by VA and DOD has and continues to yield innovative new therapies and research that contribute to amazing advances in medical science, making health care better not just for service members and veterans but for all Americans and people the world over. Parity with the best options of civilian treatments, however, is often an issue in both VA and DOD.

The rapid innovation of research and development means that therapies and diagnostics, such as in vitro and laboratory-developed tests that focus on specific diseases, are available to the general public and are reimbursed by commercial insurance but are not covered by VA or DOD. Some reproductive health services that are readily available and are a common standard of care from civilian providers and commercial insurers are not covered by VA or DOD. Conversely, VA rehabilitation programs, prosthetics, and inpatient mental health and substance abuse treatment lead the way for the nation.

VA and DOD should develop more agility in their certification and procurement processes to take full advantage of changing standard-of-care treatments. VA and DOD health care is first class and must remain responsive to ensure that America's service members, veterans, and their families do not receive lesser care or fewer options than other Americans. They must be able to access the same services that their civilian counterparts utilize in the private sector. This will ensure they continue to seek high quality care offered at VA and DOD health care facilities without impediment.

VA Community Care

The VA Community Care Network (CCN) is a vital component of VA health care, providing expanded care options to meet veterans' diverse health care needs. The VFW sees the CCN as a critical enabler for ensuring veterans receive appropriate, quality, and timely care where and when they need it. When the referral and care delivery processes work well, experiences tend to be seamless. However, that is not necessarily the norm. Some of our members have echoed similar challenges navigating the CCN. Within Region 1, which is managed by Optum Serve, many of the complaints revolve around one common theme: veterans are having to personally and proactively manage aspects of accessing community care, causing undue burden, delays in receiving care, and myriad stressors. Some of our members have been told they were referred to community care, but not informed what the next steps were to complete the referral process, such as receiving a call from the community care team or needing to contact the team themselves. This has resulted in delayed care for conditions that require timely attention.

Also troublesome are instances where veterans receive bills directly from network providers. Our members have reported personally working to correct billing errors that have taken months to resolve, causing considerable stress and uncertainty. It is not uncommon for community providers to bill VA directly, instead of Optum. One of the reasons for billing errors is confusion stemming from patients' Veteran Health Identification Cards (VHICs). Instead of reviewing CCN referrals for billing instructions, providers have billed to the address on the back of VHICs as they would for non-VA patients using traditional health insurance plans.

Additional areas in which our members have experienced challenges are: communicating directly with the respective teams processing their referrals, not being able to find an appropriate CCN provider via VA's cumbersome search tool, schedulers expecting veterans to know and/or find National Provider Identifier numbers, providers themselves being in network but not the physical facilities from which they operate (or vice versa), and poor communication regarding what care changes require new or updated referrals. These issues cause extensive problems for veterans seeking care in the community and indicate a need for VA to comprehensively review policies and processes that enable their occurrence. VA cannot expect veterans to navigate tasks and procedures normally reserved for specialized medical professionals like care coordinators and billing agents.

Caregiver Support Program

VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), first begun in 2010, provides much-needed assistance to severely disabled veterans and their caregivers. While the program has been life changing for tens of thousands of veterans and caregivers, VA has been unable to consistently, transparently, and equitably administer the eligibility, reassessment, and appeals processes associated with the program. While the VFW is pleased that the PCAFC has finally been expanded to cover caregivers of veterans from all eras, the current regulations adopted in 2019 have not addressed the longstanding, systemic problems related to eligibility. As a result, VA Secretary McDonough suspended reassessments and removals from the program until better solutions could be found.

In April 2021, the United States Court of Appeals for Veterans Claims determined in the *Beaudette v. McDonough* decision that veterans and caregivers had the right to appeal unfavorable decisions related to the PCAFC program to BVA, which included full due process rights under AMA. The process for caregiver appeals is still fragmented. Caregiver appeals must have the VHA file associated with the appeal for certification to BVA. Since the establishment of the right to appeal caregiver claims to BVA, there has been a noticeable and extensive delay in VHA providing the necessary files to certify a claim to BVA. There are approximately three thousand uncertified caregiver appeals in the inventory at BVA of which more than two thousand five hundred do not have appellants supporting health records as part of the file. The delay in obtaining files from VHA is measured in months, not days or even weeks. Veterans in serious need of urgent decisions and are required to wait, not knowing how soon their appointed representatives can present arguments on their behalf.

BVA staff must be fully trained and ready to process these appeals. Misinterpretation of any VA regulation or process is an inherent risk. For example, veterans who started caregiver claims under the legacy process are being told they need to file a Decision Review Request when the previous Notice of Disagreement form under the old appeals process is still required. This confusion is leading to further delays. Just as the VFW states that BVA staff must be fully trained in processing these appeals, whether legacy or PCAFC, BVA must provide VSOs with training and prompt updates on developments in the Caregiver Appeals Process. This will support quicker engagement with the VSOs and their clients, resulting in promptly adjudicated appeals.

VA has been working with caregivers, VSOs, other stakeholders, and Congress, to develop new eligibility criteria, reassessment rules, and appeals processes to address problems in the program with the goal of adopting new regulations. The VFW believes it is imperative that Congress enacts legislation and/or VA promulgates regulations to create more consistent, transparent, and equitable eligibility criteria and reassessment rules for the PCAFC. We must also appropriately grandfather eligibility for veterans in the program prior to 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 AMA legislation.

Preventive Medicine

Preventive dental care can significantly impact veterans' health and quality of life, including job security. However, only veterans who are one hundred percent service-connected disabled, certain homeless veterans, and those who have a service-connected dental condition are eligible for VA dental care. The majority of veterans enrolled in VA health care are unable to access VA dental care. Instead, they are offered the ability to purchase dental insurance through the VA Dental Insurance Program, which is a discounted, plan-based coverage program. The VFW urges Congress to expand eligibility and resources regarding this program.

There are currently eleven categories of preventive medications found to be effective, such as aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for the cost of medication to prevent such birth defects. Vitamin D is another preventive medicine that is often prescribed to prevent bone fractures, which benefits traumatic brain injury patients with hindbrain injuries. There is also breast cancer prevention medication that is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible disease and to be health care cost savers.

Women veterans who use VA health care for family planning services are also concerned that VA requires copayments for preventive prescription drugs, such as contraceptives. This is counter to industry standards for private health insurance plans, which do not require out-of-pocket costs for preventive care prescriptions. The VFW believes veterans should not have to pay for preventive health care options unlike their civilian counterparts.

Overseas Veterans

The Foreign Medical Program (FMP) poses many concerns for veterans traveling and residing in overseas areas. One of the major concerns is the billing and reimbursement process. According to VHA, it takes eighty-five days to process an FMP claim, then another six to eight weeks to send a Treasury check to the veteran and for the veteran to receive and cash the check. The delay in receiving reimbursements is lengthy and places hardship on the veterans as they bear the upfront costs that can be thousands of dollars. This hinders them from receiving care in a timely manner to address service-connected conditions. Additionally, there is a lack of VHA's ability to

generate a timely transfer of funds for FMP payments and reimbursements. VHA mails paper checks to veterans. There is no other option available to veterans using FMP.

This antiquated system is frustrating, slow, and not secure. What is puzzling is that VBA offers electronic funds transfer to veterans overseas for their disability compensation. The same veteran who is waiting up to six months for an FMP reimbursement may also be receiving timely monthly disability compensation through electronic funds transfer directly to their bank. The VFW urges VA to use current in-house VBA banking systems to fix the FMP payment problem and provide timely reimbursements. Veterans living overseas should receive basic levels of parity for reimbursements.

VA Infrastructure

The VA health care system provides direct medical care to more than seven million veterans every year through an integrated system of over one thousand seven hundred fifty access points, including medical centers, outpatient clinics, Vet Centers, and community living centers. VA's health care infrastructure includes thirty-four thousand acres, and five thousand six hundred buildings, most of which were built more than fifty years ago. For more than two decades, funding for construction, repairs, and maintenance of VA's health care facilities have lagged behind even the most conservative estimates of the actual needs.

The recent failure of the Asset and Infrastructure Review (AIR) process highlights the longstanding challenges of properly planning, funding, constructing, and maintaining VA's health care infrastructure. While the AIR report and recommendations produced by VA documented the need for significant new investments to expand VA's health care footprint, it failed to accurately and transparently assess the future health care needs of veterans, or the best arrangement of VA and non-VA health care assets to meet those needs. In addition, there remains a long list of seismic deficiencies VA has failed to address.

VA also supports aging and severely disabled veterans by operating one hundred thirty-one Community Living Centers, providing grants and per diem support to one hundred fifty-seven State Veterans Homes, as well as per diem support for veterans in hundreds of community nursing facilities. VA has unique challenges maintaining adequate numbers of long-term care facilities for veterans with spinal cord injuries and disorders. While VA must continue to expand its noninstitutional, home-based services and support, it also needs to expand capital investments in new institutional care for the growing number of aging veterans.

Even with a comprehensive strategy and adequate infrastructure funding, VA's internal capacity to manage a growing portfolio of construction projects is constrained by the number and capability of its construction management staff. In order to manage a larger, more complex capital asset project portfolio, VA must have sufficient personnel both within the VA Central Office and onsite throughout the VA system.

Given the high cost of constructing new facilities, coupled with the increasing integration of non-VA providers into CCN, VA should consider leveraging existing health care relationships with other federal agencies such as DOD and the Indian Health Service, and academic affiliates.

In addition, VA should explore new models of sharing arrangements with private providers in CCN. The VFW believes Congress and VA must work together to develop and implement a new comprehensive strategy to build, repair, and realign VA's health care infrastructure to meet current and future demand. This new infrastructure strategy should specifically address specialized care needs of veterans, including long-term care and spinal cord injuries and disorders programs.

Congress must also increase resources to expand VA's internal capacity and expertise to build, repair, maintain, and manage facilities by hiring additional personnel, and implementing training curriculum and certification programming required by the VA MISSION Act. VA must also continue to explore additional opportunities to expand partnering arrangements to supplement VA's health care infrastructure.

The VFW also supports VA's legislative proposal for providing it land acquisition authority which would allow VHA to secure and maintain land prior to the appropriation and authorization of a construction project. Currently, VHA acquires land through directly appropriated major construction project funding that requires authorization prior to commencing land acquisition activities. This proposal would provide VHA with the same flexibility afforded to the National Cemetery Administration to acquire land for identified projects when the opportunity arises, thereby reducing project delays related to the lengthy land acquisition process. Expediting this step in the construction process would reduce the overall life cycle of major construction projects.

Electronic Health Record Modernization

The VFW is frustrated and disappointed by VA's progress to date in instituting a modern electronic health record (EHR) solution across VHA. Over the last few years, VA has pointed fingers at its vendors—Oracle-Cerner and Booz Allen Hamilton—but neglected to hold itself accountable for its responsibility for change management in the VA workforce. Make no mistake, the vendors are not completely innocent in this process. However, throughout our review of the VA modernization effort, DOD's similar modernization to the same Oracle-Cerner product, and other EHR migrations for major health systems, the VFW concludes that VA has failed in its governance of the program.

During the five years of this contract the constant change of VA leaders including five different VA deputy secretaries overseeing the project, and the failures in change management at all levels, have left VHA unprepared for such a historic and necessary modernization. Moreover, understanding how VA often leans on program management consultants for support on major projects leads us to have further questions as to whether or to what extent VA may have abdicated its change management responsibilities to Booz Allen Hamilton.

Change management is hard, especially in a health care environment where the stakes are high. Missed follow-up examinations and referrals or lost prescriptions are matters of life and death. The shortfalls identified by VA OIG cannot simply be excused as a byproduct of lost productivity in a major systems migration. The VFW knows that when any company institutes

major systems and technology changes, productivity suffers in the short term. EHR migration for VA and DOD are no exception.

However, when looking at how each of these agencies handled it, vastly different outcomes for patients seem inevitable. In speaking with military doctors who participated in the migration, the VFW believes that they understood what was about to happen, why it was going to happen, future benefits of the migration, steps to achieve adoption and growth, and intermediary workflow considerations to ensure patient care did not suffer. Based on end user surveys from VA sites that have attempted EHR migration, the VFW sees no indication that these same basic change management principles were satisfied before VA chose to execute its migration. Instead, VA seemed to overly rely on the vendors to simply guess what its workforce needed, which led to miscommunication and discord among users.

VA is at a critical decision point as it approaches the five-year review of its EHR contract. In regard to providing needed care to its veterans, VA has no choice but to push forward with its current EHR modernization. Moreover, VA leaders must recognize that governance and proper change management planning, not the technology itself, will determine the success of VA's modernization effort.

The tragedy in this process is that veteran care will continue to suffer. When the VFW reads reports on problems with EHR migration and the potential harm to patients, we seek to view it in context. Historic VA Inspector General reports routinely identify similar patient safety problems across the VA health care system. However, VA has no way to identify them in real time because the legacy record-keeping system is disjointed and does not allow for the kind of centralized reporting found in a modern EHR. VA has no choice but to modernize its EHR, and VA leaders owe it to veterans to achieve this change in a timely manner that minimizes health risk to veterans, while promoting safe, quality care and records integrity across VA and DOD in the long term.

Underserved Veterans

The veteran community as we know it is changing. As our nation becomes more diverse, so too do our military and veteran populations. To best serve the veteran community of today, tomorrow, and for generations to come, we must arm VA with critical information and tools that will empower them to deliver 21st century health care to our nation's veterans. Veterans from across the identity spectrum face unique health challenges that require training and continued education for those who serve them. This training will allow VA to provide appropriate treatment and optimal outcomes. The VFW urges VA to continue its efforts to provide culturally responsive and informed care to veterans across the agency.

In addition to training and education, we know that data empowers us to understand health trends and address inequities faced by specific veteran populations. VA is making efforts to enhance demographic data collection from its patients, but these efforts must be standardized and codified for the purpose of early detection and long-term disease prevention. The VFW believes that better data collection will empower VA to care for veterans more effectively. According to the October 2020 GAO report titled *Better Data Needed to Assess the Health Outcomes of Lesbian,*

Gay, Bisexual, and Transgender Veterans, VA's electronic health record lacks the standardized field for health care professionals to record a veteran's sexual orientation or self-identified gender identity. The agency recently began collecting this data as the result of Executive Order 14075 mandating this collection across government agencies. VA should expand these efforts as well as develop a plan for reporting outcomes annually.

In addition to gender identity and sexual orientation data, collection and analysis of race and ethnicity data continue to be a challenge for VA. According to the GAO report titled *Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities*, VA's action plan and advancing health equity is lacking performance measures and accountability. Understanding a veteran's race and ethnicity can help health care providers address specific concerns for which the veteran may be at a higher risk. The VFW believes that VA should adopt a culture of trust and action to achieve positive health outcomes for minority veterans.

To begin this process, VHA must consistently collect accurate race, ethnicity, sexual orientation, and gender identity data in the EHR system. Collecting basic demographic information is the first step in understanding the needs of a diverse veteran population. As the number of minority veterans continues to grow, VA must adapt to meet the need to access both benefits and health care services. Women, LGBTQ+, and racial and ethnic minority veterans face barriers and challenges across different life domains. In 2014, less than a quarter of the total veteran population were minorities. This number is expected to increase to at least thirty-five percent by 2040. Until this information is accurately collected, health care providers may not be armed with the best information to accurately assess and treat veterans at VA.

Socioeconomic factors contribute to African Americans being at risk of cancer at an earlier age than their Caucasian counterparts. The age of cancer screenings for these veterans, especially gastrointestinal, must be authorized earlier than the standard age of forty-five years old. Paired with exposure to airborne hazards, waiting to begin screenings at age forty-five is a disservice to an already susceptible community.

Due to toxic exposures, women veterans are disproportionately at risk of reproductive cancers. This is why gender-specific care and counseling must be available and easily accessible at all VA facilities. Special attention needs to be paid to certain veterans who are more susceptible to illnesses and diseases than similar groups of veterans. For example, African Americans have a mortality rate during childbirth that is three times as high as their Caucasian counterparts. Examples such as this are why we urge VA to train its health care providers on all issues facing the increasingly diverse veteran population.

Since 1994, more than fourteen thousand LGBTQ+ service members were discharged from military service under the "Don't Ask Don't Tell" policy, many of whom still have not had their discharges upgraded or benefits received from VA. Looking back to 1980, there are more than thirty thousand veterans negatively affected by the anti-homosexual policy. These veterans should not have to apply through the Discharge Review Board and go through a two-to-three-year process to have their DD-214s corrected. DOD can retrieve the reentry codes listed on each DD-214, and VA can grant benefits when the reentry code is specific to homosexual conduct.

VA has said they would offer benefits to those discharged under the former law, but outreach and dissemination of information have fallen short. The VFW urges Congress to fulfill the promise made regarding LGBTQ+ discharges and prioritize upgrading records so these veterans can receive the honor and benefits they deserve.

Every Veteran Returned Home

Our nation's service members and veterans of the United States military have long made a commitment to never leave a fallen comrade behind. It is in this solemn tradition and dedication to duty that the Veterans of Foreign Wars of the United States supports the comprehensive accounting for and recovery of all service members who are listed "Missing in Action." The Defense POW/MIA Accounting Agency (DPAA) leads these honorable efforts to analyze, build case files, disinter, investigate, excavate, identify, and repatriate to their loved ones the remains of service members who have fallen on the field of battle. The mission and impact that DPAA has on the integrity of this nation's promise to never leave a fallen comrade behind cannot be overlooked, ever.

Currently, more than eighty-one thousand DOD personnel are unaccounted-for from WWII to Operation Iraqi Freedom, seventy-five percent of whom are in the Indo-Pacific area with more than forty-one thousand presumed lost at sea. For more than thirty years, the VFW has been intimately involved in the fullest possible accounting mission. Since 1991, we have been traveling to sites across the world to assist in this noble endeavor. It has been the mission of DPAA to recover missing personnel who are listed as prisoners of war (POW) or missing in action (MIA) from past wars and conflicts in countries around the world. Within that mission, DPAA coordinates with hundreds of countries and municipalities worldwide in search of missing personnel.

Our nation's ability to bring our fallen heroes home is not guaranteed and is extremely limited by the lack of funding and the dwindling numbers of eyewitnesses who can assist in identifying possible recovery sites, among other factors. That is why the VFW has been partnering with DPAA to work with foreign governments to help American researchers gain access to foreign military archives and past battlefields. Since 1991, the VFW is the only VSO to return to Southeast Asia annually, and to Russia and China periodically. It is our goal to not rest until we achieve the fullest possible accounting of all missing American military service members from all wars.

The process to bring a missing service member home often takes years and requires predictable funding. Before a recovery team is deployed to a potential site, researchers and historians examine host nation archives, investigate leads in Last Known Alive cases, and obtain oral histories from foreign military and government officials that may have broad information about a particular region or a specific battle. Investigative teams follow up on leads by interviewing potential witnesses, conducting onsite reconnaissance, and surveying terrain for safety and logistical concerns.

Once a site has been located, recovery teams that include civilian anthropologists and military service members are deployed to conduct an excavation. Each mission is unique, but certain

processes are common to each recovery. Depending on the location and recovery methods used onsite, the standard missions last thirty-five to sixty days. Recovery sites can be as small as a few meters for individual burials to areas exceeding the size of a football field for aircraft crashes. Artifacts and remains discovered during excavations are transported to one of DPAA's two forensic laboratories. The main laboratory is located at DPAA's facility on Joint Base Pearl Harbor-Hickam. The Hawaii laboratory is responsible for forensic analysis of all evidence associated with service members unaccounted-for from conflicts in the Indo-Pacific region. The other laboratory is found on Offutt Air Force Base in Nebraska.

DPAA has the largest and most diverse skeletal identification laboratory in the world and is staffed by over thirty anthropologists, archaeologists, and forensic odontologists. Due to DPAA's efforts, the remains of one hundred sixty-six Americans were accounted for in FY 2022. However, government budgetary uncertainty in the past interrupted DPAA operations, as it did for many DOD organizations.

Congress must continue to support full mission funding and personnel staffing for DPAA, as well as its supporting agencies such as the Armed Forces DNA Identification Laboratory and the military Service Casualty Offices. The fullest possible accounting mission remains a top priority for the VFW, and we will not rest until every possible missing American military service member is brought home.

Chairmen Tester and Bost, Ranking Members Moran and Takano, and other distinguished members of these committees, speaking for all the members of the Veterans of Foreign Wars and its Auxiliary, and on behalf of millions of service members, veterans, and their families around the world, I would like to thank you for your time and attention to these critical issues. I will conclude with my call to action and remind everyone that we must meet the challenge, because EVERY VETERAN COUNTS and this is the year to take care of these critical issues for those on whose behalf we are here to advocate. Thank you, this concludes my remarks, and I am prepared to answer any questions you may have.

**Statement of
Jewish War Veterans of the USA
2023 Legislative Priorities
Before the Joint House and Senate
Veterans Affairs Committees
March 8, 2023**



Presented by
**Colonel Nelson L. Mellitz USAF, Ret.
National Commander**

Chairmen Tester and Bost, Ranking Members Moran and Takano, Members of the House and Senate Committees on Veterans' Affairs, fellow veterans, and friends, I am Colonel Nelson L. Mellitz, USAF, Retired the 91st National Commander of the Jewish War Veterans of the U.S.A. (JWV). I have served 32-years in the United States Air Force, supporting operations from the Vietnam War through Iraq.

JWV was founded in 1896 and was Congressionally chartered August 21, 1984. JWV advocates for all veterans regardless of their religion or period of service.

JWV is the longest serving Veterans Service Organization (VSO) in the country and will celebrate its 127th anniversary next week on March 15, 2023. JWV supports the military and veterans by participating in Veterans Day and Memorial Day events and by volunteering at Department of Defense military bases and Department of Veterans Affairs locations (medical facilities, regional offices, and cemeteries) across the country. JWV's mission message is strong and clear: fighting for military and veterans benefits and services; advocating on their behalf with Congressional officials, Executive Branch departments and the White House; and continuing to fight antisemitism wherever and whenever it appears.

Special Focus on Antisemitism

As the only Jewish VSO, JWV opposes all forms of discrimination and bigotry but is especially outspoken on antisemitism. JWV officials participate in roundtables and state JWV's strong position in fighting antisemitism and cited examples of JWV having a Nazi lithograph removed from the walls of a USAF base in Texas and calling for the resignation of a German official for comments about British Major General Orde Wingate. JWV is also proud of its advocacy for William Shemin and Tibor Rubin leading to each receiving the Congressional Medal of Honor.

As instances of antisemitism continue to rise across the country, JWV asks all Americans to be vigilant, learn, and educate our fellow citizens. JWV is doing its part by partnering with organizations like Combating Antisemitism Movement and StandWithUs to address antisemitism at colleges and universities.

JWV asks HVAC and SVAC members to join with us in combating antisemitism targeted at veterans and military servicemembers. JWV stands ready to be a resource for you and your staffs in helping to educate Americans. We feel that education is the key to reducing antisemitic actions and incidents in America and around the world.

No Government Funding

For the record, the Jewish War Veterans of the USA, does not receive any grants or contracts from the federal government.

JWV Priorities for the 118th Congress

Supporting America's Veterans, Servicemembers, Their Families, Caregivers, and Survivors

JWV works to support veterans and servicemembers, and believes that obligation extends to their families, including caregivers and survivors. JWV is and continues to be at the forefront as a voice for not only those of the Jewish faith but for **all** veterans. In the 117th Congress, many bipartisan bills were signed into law that address some of the most important issues facing veterans today, including the landmark PACT Act to address toxic exposures. JWV worked with Congress to connect veterans and their families to much-needed resources for education, housing, and health care. As we look to the 118th Congress, JWV honors all those who are wearing or have worn the uniform of the United States, *JWV continues to support them by advocating for the following list of priorities.*

Delivering Timely, High-quality Benefits and Services

JWV is pleased the Department of Veterans Affairs (VA) is delivering more benefits and health care, more quickly, to more veterans than ever before. In 2022, VA processed a record 1.7 million veteran claims. *JWV will continue to hold VA accountable and urge them to continue to be innovative and serve and be timely to more veterans.*

Due to the COVID-19 pandemic, the Veterans Benefit Administration (VBA) halted Compensation and Pension (C&P) exams across the country. Thus, the implementation of P.L.115-55, The Veterans Appeals Improvement and Modernization Act of 2017, has become ever more critical.

JWV will continue engaging with VA in the implementation of the Veterans Appeals Improvement and Modernization Act of 2017 (P.L.115-55) to improve the claims and appeals process. JWV urges Congress to: 1) have VA support investment in software and hardware upgrades for claims management; 2) have VA continue to hire and train officials to meet the expected surge in claims due to the PACT Act; 3) have VA assure that the processing of non-PACT Act claims are not delayed; and 4) assure that VA must preclude 'unlicensed' individuals from taking fees for representing veterans' claims.

Addressing Toxic Exposures and Burn Pits

JWV, like many VSOs, made toxic exposure and burn pits a top priority. We thank all of you on HVAC and SVAC for passing this landmark legislation. It is life-changing for so many veterans. The PACT Act, signed on August 10, 2022, marks the biggest expansion of VA health care in nearly 30 years. The PACT Act extends health care and disability benefits to approximately 3.5 million veterans from all eras from Vietnam to present day. The PACT Act also adds 23 presumptive conditions including hypertension. Assigning an effective date of August 10, 2022, for claims filed before August 10, 2023, is a positive step.

JWV commends VA for beginning in November 2022, the screening of all veterans enrolled in VA health care for toxic exposures and for prioritizing claims filed by terminally ill veterans in December 2022. JWV urges Congress to: 1) monitor VA's implementation of the Honoring Our PACT Act to include expanded healthcare eligibility and recently established presumptive conditions; 2) support VA staffing needs to effectively implement the Honoring Our PACT Act; and 3) support the addition of illnesses as new presumptive conditions when the scientific burden has been met.

Suicide Prevention and Mental Health -- Reducing Veteran Suicide

In July 2022, the 988 Veterans Crisis Line went live to provide veterans and their loved ones an easy to remember number for veterans in crisis. *JWV was a vocal and strong advocate of the change to 988.* More must be done as even one suicide is one too many.

The suicide rate among veterans is much higher when compared to civilians, and even higher for female veterans. For younger veterans, the rates are even more disproportionate, and climbing even higher. For example, while the overall veteran suicide rate rose 30% from 2005 to 2017, the 18-34-year-old veteran suicide rate rose by 2.5 times. While 18-34-year-old veterans make up only 10% of the veteran population, they represent 94% of the increase in veteran deaths. In addition, the suicide rate for active duty servicemembers is at an all-time high, with the U.S. Army experiencing its highest rate since before World War II.

Actions are needed to expand research into core causes, risk factors, and protective factors for service members, veterans, families, caregivers, and survivors. JWV urges Congress to: 1) expand government and non-government funding around servicemembers, veterans, families, caregivers, and survivors suicide rates, their possible causes, and the most significant risk and protective factors for each of these populations; 2) ensure VA and DoD release the underlying raw data from their annual suicide reports (properly redacted to protect individual identities); 3) ensure DoD resumes reporting veteran combat deployment data to VA and for VA to resume reporting on combat deployment data for suicides; and 4) explore the expansion of alternative therapies including complimentary treatment modalities such as highly trained service dogs, equine therapy, outdoor and sports-related programs, and other innovative treatments.

Expanding Services for Veterans and Caregivers

More than 5.5 million caregivers provide support to our nation's wounded, ill, and injured servicemembers and veterans, many of whom require close care and supervision. Ensuring caregivers receive the support, training, and compensation they deserve is a critical priority for JWV. *JWV will continue to work with Congress and VA to ensure these veterans and their caregivers are fairly evaluated to enter the program and that those in the program receive the proper clinical review.*

VA implemented its final expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras on October 1, 2022. JWV commends VA for collaborating with various stakeholder groups to make essential

improvements to the program to streamline the program and make it easier for caregivers and veterans to navigate. *We do urge VA and Congress to resolve eligibility and system issues as early as possible in this Congress. The revised regulations on eligibility make it far too difficult for caregivers to enter and remain in the program.*

Action is needed to expand access to caregiving, palliative, geriatric, and extended care programs and services for veterans and wounded warriors and their caregivers. JWV urges Congress to: 1) assure VA and Congress are actively providing oversight and guidance to address existing PCAFC eligibility and program issues; 2) continue to assist VA and Congress to identify and implement program improvements either through policy, regulatory, or legislative means; and 3) establish organization-wide guidance on caregiver assessments and reassessments. Most importantly, JWV looks forward to working with Congress to remove the regulatory requirement for a 70% disability rating to be eligible for this program.

Major Richard Star Act

JWV is pleased that Senate Veterans Affairs Committee Chairman Jon Tester reintroduced the *Major Richard Star Act* (S. 344) on February 9, 2023. Senator Mike Crapo continues as the lead cosponsor. The Act already has 49 co-sponsors. The legislation which would end an unfair pay offset faced by more than 50,000 combat-injured veterans, would allow medically retired, combat-injured veterans with less than 20 years of service to receive full DoD retirement pay and VA disability pay, instead of losing hundreds of dollars a month to cover the current unfair offset.

Representative Gus Bilirakis (FL) and Representative Raul Ruiz (CA) plan to reintroduce H.R. 1282 shortly. Our work is not done. JWV urges all Senators and Representatives to cosponsor and ensure the Act is either included in the FY 2024 National Defense Authorization Act (NDAA) or pass it as a standalone bill. Last year, more than two-thirds of Congress supported the Star Act, with 67 Senate co-sponsors and another 336 in the House.

Supporting Women and Underserved Veterans

According to VA, women are the fastest growing group of veterans who use VA services. JWV is committed to addressing the specialized health care needs of women veterans including increasing cancer screenings, improving mental health care and access, addressing infertility, and reducing intimate partner violence. *JWV supports the provisions of the Deborah Sampson Act and remains committed to improving maternal health, and placing a Women's Mental Health Champion Coordinator at every VA Medical Center to ensure women feel welcome and receive equitable treatment and care.*

Women and other underserved veterans transitioning out of uniform face unique challenges because of their experiences in service or other barriers. VA expects women health care enrollees to grow from the current 10% to as high as 19% by 2025. Additionally, according to [GAO](#), VA has taken steps to reduce disparities in health care outcomes linked to race and ethnicity but lacks the mechanisms to measure progress and ensure accountability.

Despite recognizing weaknesses related to the quality of race and ethnicity data, VA has not implemented corrective actions to address them. COVID-19 has placed a spotlight on the barriers and disparities facing underserved veterans when seeking access to health care and services through VA. JWV urges VA to expand its collaborative efforts with its federal partners and expedite efforts to remove these and other barriers to ensure all veterans receive the same care, services, and benefits they earned through service.

JWV urges Congress to: 1) eliminate health disparities for underserved veterans to ensure health equity in accessing timely, sensitive, and quality benefits through VA; 2) use lessons learned during the COVID-19 national pandemic to accelerate VA's efforts to eliminate disparities and achieve health equity to meet the unique needs of high-risk veteran groups; 3) secure additional funding for research, treatment, data management, medical care, and staffing to provide gender-specific and culturally competent care; 4) redesign VHA delivery system and facilities to remove barriers to ensure privacy and a safe and inclusive environment for including veterans with special needs, such as those living in rural areas, homebound, aging, amputee, cognitively and physically impaired, and veterans with cultural and language differences; and 5) expand VA sexual assault/harassment prevention efforts to eliminate problems enterprise wide.

Protecting Servicemember and Veteran Education Benefits

For too long, servicemembers and veterans have been targeted by predatory marketing practices from for-profit educational institutions. In October, the Department of Education closed the 90/10 loophole in the Higher Education Act that allowed for-profit colleges to aggressively recruit veterans and service members. *JWV has long advocated for this important change and will continue to hold the Department of Education accountable in implementing the law.*

Student veterans tend to be older, are more likely to have children, and have a disability. Since its inception, the GI Bill has been a vital tool for recruitment and retention by the uniformed services and essential for helping make the transition to civilian life. Research shows education benefits continue to be one of the top reasons for joining the military. JWV urges Congress to: 1) urge proportional upgrades to the Title 10 Montgomery GI Bill program to keep pace with the cost of education, and to transfer 10 USC 1606 into Title 38 as sub-chapter of Forever GI Bill to finalize sunseting the Montgomery GI Bill; 2) ensure sufficient funding and oversight to modernize VA's GI Bill information technology system; and 3) increase VA flexibility for out-of-cycle housing allowance adjustments.

Ending Veteran Homelessness

Thanks to efforts by the Department of Housing and Urban Development HUD), the US Interagency Council on Homelessness (USICH), and VA, the number of veterans experiencing homelessness declined by 11% between 2020 and 2022 – the largest decline in the last five years. As a member of the National Coalition on Homeless Veterans, JWV continues to support efforts to permanently reduce homelessness by housing veterans.

We commend VA for housing more than 40,000 veterans and exceeding their goal of 38,000 in the last year. These veterans were provided safe and stable environments they deserve.

Fixing VA's Electronic Health Record System

JWV remains concerned that VA continues to experience issues with deploying its electronic health record system. The combination of cost overruns and lack of proper training for clinicians and staff jeopardizes patients' safety in the Pacific Northwest. VA must improve training for its staff and hold Oracle/Cerner accountable for the system's failures.

HVAC and SVAC held several hearings and enacted legislation requiring VA to provide regular reports to Congress on the records system. JWV insists VA learn from and take corrective actions to prevent similar issues in future deployments. JWV urges Congress to hold VA accountable and even withhold funding before any future deployments are considered.

Arlington National Cemetery, Pending Eligibility Changes

JWV continues to advocate for a long-term legislative solution to preserve burial with full military honors for countless elderly and women veterans who could lose that earned benefit. The Expanding America's National Cemetery Act of 2023 has yet to be introduced in either chamber. JWV thanks Senator Richard Blumenthal, a member of the Senate Veterans Affairs Committee for being the lead sponsor. Representative Lisa McClain (MI) is the lead on the House side. The draft bill does not specifically address the planned reduction of eligibility at Arlington National Cemetery (ANC), but it takes significant steps toward a long-term solution. The draft bill would:

- 1) authorize the transformation of a VA-run national cemetery "to continue provision of full military honors" prior to Arlington reaching capacity. This would remove the space restrictions at Arlington which led to the ill-conceived eligibility changes now working their way through the federal rulemaking process.
- 2) ensure all eligibility criteria used for full military honors at the proposed cemetery are the same as those in effect for ANC as of March 31, 2022. This would make Congress' intent clear regarding eligibility changes beyond that date, increasing the likelihood of the current process staying in place.
- 3) require a joint DoD/VA report covering both cemetery expansion and any new eligibility criteria, paying special attention to women veterans and to those whose military careers did not include service in combat. This further clarifies Congress' intent to better account for these groups in the eligibility process.

Despite its Southern Expansion, and eligibility restrictions designed to extend the life of the cemetery, ANC eventually will run out of room. Changing the rules is a cost-cutting measure that comes on the backs of military retirees and others whose final plans included burial at a national cemetery. It's also shortsighted, because a long-term solution involving the transformation of an existing VA national cemetery is cost-sensitive and establishes efficiencies by relying on existing VA expertise.

Our friends and colleagues at the Service Woman's Action Network (SWAN) noted the changes are discriminatory. SWAN stated in a February 2022, letter to congressional leadership, "Suddenly, most living veterans eligible for burial at ANC, many of whom served in critical operations at sea or in the air and all but a few women – who were barred by law from service in combat occupations and units until recently – will be denied internment at ANC despite their dedication, gallant, and often dangerous service to their Country."

Survivor Benefits "Love Lives on Act"

JWV joins with other VSOs in the military survivor community, to thank Senators Rafael Warnock and Jerry Moran for their leadership on the "Love Lives on Act." Originally introduced in the 117th Congress, the proposed legislation is the first comprehensive approach to allowing eligible military surviving spouses to retain survivor benefits upon remarriage prior to age 55.

The "Love Lives on Act" will ensure surviving military spouses retain eligibility for survivor benefits from the Department of Defense (DOD) and the Department of Veterans Affairs (VA), if they remarry before age 55. It also removes archaic and punitive language regarding 'holding oneself out to be married.'

This is an unjust situation that must be rectified. This restriction is imposed on military surviving families but not on the surviving families of first responders. For example, most U.S. surviving spouses of fallen firefighters and law enforcement officers are allowed to remarry before age 55 and maintain survivor pensions and benefits. Our nation's fallen military heroes deserve no less. JWV fully supports the "Love Lives on Act" to honor and strengthen our Nation's Gold Star Families. We look forward to working with Senators Warnock and Moran to pass this important legislation.

JWV Thanks Committees for Enacting AUTO for Veterans Act

JWV wants to thank the leadership of both the House and Senate Veterans Affairs Committees for including H.R. 3304, the AUTO for Veterans Act in H.R. 7939, the Veterans Auto and Education Improvement Act of 2022. The President signed the bill into law on January 5, 2023.

This important legislation had bipartisan support and permits the Department of Veterans Affairs (VA) to immediately provide an additional automobile allowance to eligible veterans if 25 years have elapsed since they received their first automobile grant. Over time, the period would shorten to 10 years. The bill also changes the definition of medical services to include certain vehicle modifications like van lifts, which are offered through VA's Automobile Adaptive Equipment program.

VA Regulations and Administrative Policy Changes**VA Final Rule Cuts Emergency Medical Air Transportation Reimbursement Rates
Putting Veterans at Risk**

In a January letter to VA Secretary Denis McDonough, JWV and 22 other VSOs expressed deep concern with the Proposed Rule (RIN 2900-AP89, Change in Rates VA Pays for Special Modes of Transportation) that cuts the VA reimbursement rate for emergency air medical services to below the costs of the services themselves. As published, it would put more than 2.7 million rural veterans in our country who are enrolled in the Veterans Health Administration (VHA), and 4.8 million rural veterans overall, at risk of losing life-saving emergency air transportation.

These emergency air services are ordered by physicians and first responders, when they believe providing health care within the golden hour after a stroke, heart attack, or other life-threatening situation could be the difference between life or death for a veteran. This proposed rule would cut VA's reimbursement rate to less than 50% of operational costs, which will cause emergency air medical bases around the country to shut their doors, halting services to veterans.

In January 2022, the No Surprises Act went into effect, requiring air medical companies to submit two years of cost data to the U.S. Department of Health and Human Services (HHS). This data will help inform VA and HHS what should be the appropriate reimbursement rate for emergency air services. When VA published the final rule on February 16, 2023, they made no changes to the proposed rule. VA did delay the effective date to February 16, 2024.

While this delay is a welcome development, JWV and the VSO community are requesting that VA immediately meet with VSOs and the air transportation industry to discuss VA's actions to reduce reimbursement rates and find workable solutions that do not result in loss of access. JWV applauds the leadership of Chairman Tester and committee staff, and we look forward to working together to hold VA accountable and seek alternative workable solutions before the final rule becomes effective on February 16, 2024.

National Standards of Care

JWV as an organization, supports the concept of national standards of care that protect our nation's veterans and ensure that they have access to high-quality care. That said, JWV has strong concerns about VA's initiative to establish national standards of practice for health professionals within the VA health system that could lower the standard of care available to veterans.

Policy – Reducing Wait Times by Expanding Access for CRNAs

JWV has joined Veterans Need Care Now, a grassroots coalition committed to reducing surgical wait times in U.S. Department of Veterans Affairs (VA) facilities. The coalition is calling on VA to take urgent action to reduce wait times for veterans requiring anesthesia and pain management services by expanding access to the Department's 1,000 Certified Registered Nurse Anesthetists (CRNAs).

Six years after news reports and court documents first showed veterans were experiencing significant wait times accessing surgeries and other healthcare in the Veterans Health Administration, a national omnibus survey conducted by Veterans Need Care Now has found that more than one in five (23%) of veteran households still report delays in securing VA health appointments and surgical procedures. Of these delays, 13% were viewed as major problems for veterans and their families.

The coalition, comprised of veteran and healthcare provider organizations, is urging VA to expedite its consideration of national practice standards for CRNAs and to grant veterans direct access to CRNAs across the VA health system, which will reduce wait times and expand access to high-quality anesthesia and pain care.

The VA's national standards for health occupations are intended to increase veterans' access to safe and effective health care and improve health outcomes. According to VA, the development process for standards will include opportunities for internal VA employee feedback and external engagement via publication of the proposed national standards of practice in the Federal Register for public comment; specific engagement with State Boards; and pre-decisional collaboration with labor partners.

Nationwide, CRNAs deliver more than 50 million anesthesia and pain management services each year and practice in every setting from hospital emergency rooms to ambulatory surgical centers. Historically, CRNAs have provided much of the anesthesia to our active-duty military in combat arenas since World War I and predominate in veterans' hospitals and the U.S. Armed Services, where they enjoy full practice authority in every branch of the military.

With the enactment of the PACT Act, many of the 5 million veterans now eligible for care will need access to anesthesia services, increasing the urgency for the VA to act to increase access to these services, especially given the currently healthcare workforce shortages. The coalition's national survey found broad and strong public support for the Department of Veterans Affairs (VA) to give veterans direct access to the care and services of CRNAs. An overwhelming 88% majority support this change, extending across party, age, gender, race, and all other key demographics. Among veteran households, 88% are strongly in favor of the proposal. JWV asks the Committees to hold VA accountable and do what is best for veterans by giving them direct access to the care and services of CRNAs.

Policy – National Standards of Practice for Eye Care Health Care Professionals

One reason JWV is so concerned about the future of veterans' surgical eye care is that in September 2022, VA modified its Community Care "Standardized Episode of Care (SEOC): Eye Care Comprehensive" guideline by removing language that has provided that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." By removing this sentence, VA is implicitly authorizing optometrists to perform ophthalmic surgery on veterans they refer under the Community Care program in the few states were permitted by state licensure laws.

JWV understands that VA removed this language without any opportunity for public or veteran community to comment. We are extremely concerned that this important patient safeguard was removed and poses an increased risk to veterans requiring surgical eye care. Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because VA maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery to ophthalmologists, medical or osteopathic doctors who specialize in eye and vision care, in VA medical facilities.

This policy is consistent with the standard of medical care in most states. It also ensures that there is a system-wide quality standard for surgical eye care and that all veterans have access to the eye care provider with the appropriate education, training and professional experience needed to perform their eye surgery.

JWV remains concerned that VA wants to adopt a national standard of practice that could allow optometrists to perform surgery on the eyes of veterans, even though optometrists do not have the necessary level of medical education or surgical training to be a surgeon. While JWV acknowledges that optometrists play a very critical role in delivering quality eye health care for our nation's veterans, we strongly believe that optometrists should not be allowed to perform eye surgery on veterans because they do not have the requisite training or medical degree to do so.

JWV urges VA to immediately reinstate the language back into the SEOC: "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." JWV remains ready to work with VA as well as HVAC and SVAC officials as VA seeks to establish national standards of practice roles for optometry and ophthalmology within the VA health system.

National Museum of American Jewish Military History (NMAJMH)

Do you know about our museum located in our Headquarters' Building? JWV's leadership recognized the need to bring the stories of Jewish servicemen and women to the public because if Jews do not tell our stories, nor share our message, who will?

To that end, the National Museum of American Jewish Military History (located near Dupont Circle) was chartered in 1958. The museum is dedicated to recognizing, preserving, and commemorating the service, heroism, and sacrifices of Jewish men and women who have fought in war and contributed to the peace and freedom of America.

We urge you to tour the museum on your next visit to Washington, DC. I am sure you will be surprised to learn about the long and extensive U.S. military history of members of the Jewish faith.

Conclusion

JWV has a long history in advocating for a strong national defense and fair recognition and compensation for veterans, servicemembers and their families. We are proud to share and work with Members of Congress and our colleagues at other VSOs. There is strength in numbers and working together we can continue to assure that all veterans receive the benefits earned and deserved.

We thank you for the opportunity to present our legislative and policy priorities to the House and Senate Veterans Affairs Committees today.

God Bless all those who have served and continue to serve in the Uniformed Services of the United States of America.

Colonel Nelson L. Mellitz USAF, Ret.
JWV National Commander 2022-2023



Colonel Mellitz continues an over 80-year family legacy of serving in the Jewish War Veterans of the United States of America. Nelson served 32 years in the United States Air Force. He has been based at more than 13 different locations within the U.S. and overseas, serving in country or in support of the Area of Combat Operations during Vietnam through Iraqi Wars. His last assignment was in Iraq during 2005 and 2006. He enlisted in the Air Force in 1970 as an E-1 and was assigned to a Civil Engineering Unit as a Site Development Specialist. Over the next nine and half years he was promoted to Master Sergeant (E-7). Nelson was awarded a direct commission to 2nd Lieutenant in 1980 and assigned to the Acquisition Career field with a specialty in U.S. Government Contracting. Nelson was promoted to full Colonel in 1998. He has received over 20 military awards and decorations including the U.S. Ambassador to Iraq Meritorious Citation. Colonel Mellitz was assigned to the Defense Contract Management Agency when the United States was attacked on September 11, 2001, and helped manage the deployment of billions of dollars' worth of military equipment for our troops throughout the world.

Colonel Mellitz has held many leadership positions in the Jewish War Veterans including National Vice Commander, National Quartermaster, National Chief of Staff, Commander of Post 126, New Jersey Council Commander, and Department of NJ Commander, among others.

Nelson is Vice President of World-Wide Business Operations for Land Sea Air Security, LLC. LSA Security develops, and markets proven military equipment to U.S. allies throughout the world: including drones, EOD vehicles, and electronic security fences.

He has been married to Debbie Markowitz Mellitz for 44 years and they have two successful adult daughters.

February 28, 2023



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WOUNDED WARRIOR PROJECT

**Statement of
Lt. Gen. Michael S. Linnington (Ret.)
Chief Executive Officer**

On

Wounded Warrior Project's 2023 Legislative Priorities

March 8, 2023

Chairmen Tester and Bost, Ranking Members Moran and Takano, distinguished members of the Senate and House Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement that highlights our legislative priorities for 2023.

This year, WWP will mark 20 years of dedication to our mission to honor and empower wounded warriors. Our work started in 2003 when a group of patriotic citizens decided to act after seeing the first wounded Service members return home from the battlefields of Iraq and Afghanistan. At hospital bedsides, they provided care, comfort, and support to injured warriors who were beginning paths of recovery and rehabilitation. Today, more than 800 dedicated teammates across the nation and overseas are continuing that service and doing so for over 183,000 veterans and Service members registered with WWP and 46,000 of their family members similarly registered with WWP.

After nearly two full decades of commitment, and with the aid of passionate supporters at every step along the way, WWP has helped transform the way post-9/11 wounded, ill, and injured veterans and Service members are empowered, employed, and engaged in our communities. We have grown to offer more than a dozen direct service programs focused on connection, independence, and wellness across mental, physical, and financial domains to create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection. In Fiscal Year 2022 (October 1, 2021, to September 30, 2022), WWP:

- Provided warriors and family members with more than **54,700** hours of treatment for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance use disorder (SUD), military sexual trauma (MST), and other mental health conditions;
- Placed more than **19,700** emotional support calls to warriors and their families to help mitigate psychological stress and improve quality of life and resilience;

- Delivered over **200,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible;
- Helped place over **1,700** warriors and family members with new employers;
- Secured over **\$146 million** in Department of Veterans Affairs (VA) disability compensation benefits for warriors;
- Facilitated over **1,200** warrior-only peer-to-peer support group meetings; and
- Hosted more than **6,400** virtual and in-person events, keeping warriors and their families connected and out of isolation.¹

Wounded Warrior Project has proudly delivered these life-changing impacts while also appreciating that a single organization cannot meet the needs of post-9/11 veterans and their families alone. Collaboration is at the core of all we do, a critical driver of the innovation, efficiency, and excellence we strive to reach. Since 2012, WWP has supported 218 military and veteran-connected organizations through grants. These targeted investments help to expand our reach, diversify engagement opportunities, augment our programs and services, and ultimately improve outcomes for all veterans and their families. In FY 2021 alone, WWP grants to partner organizations extended our impact to more than 36,000 veterans, caregivers, family members, and military-connected children.² These partnerships touched nearly every aspect of veteran well-being, targeting issues like social connection, support for the Special Operations community, brain health, family resiliency, emergency financial assistance, transitional housing, and many more.

Bringing focus to today's hearing, Congress has a critical role in our work to change the landscape of support for wounded warriors. WWP is committed to helping your committees identify, develop, and pursue public policy changes that will have the biggest impact on the wounded warriors we serve. Just as the 117th Congress answered our call to pursue initiatives we identified during this annual hearing in 2022, we hope that the perspectives offered today will inform the pursuits of the 118th Congress and help deliver large scale impact in the areas below. Unless noted otherwise, the data below and throughout this testimony are reflective of warriors who are registered with WWP as alumni and who completed our Annual Warrior Survey.³ These statistics are not intended to represent all U.S. veterans.:

- ***Mental Health & Suicide Prevention:*** *Mental health issues continue to rank as the top service-related health issues among WWP registered alumni. Approximately 3 of every 4 warriors report experiencing PTSD (76%), anxiety (76%), or depression (74%) – and all of these conditions have a statistically significant negative impact on warriors' quality of life. (page 3)*
- ***Women Veterans:*** *Women comprise 17% of the WWP warrior population and have accounted for over 30% of the increase in veterans enrolled for VA healthcare over the past 5 years. (page 8)*

¹ For more information on WWP's programming impact, please see Appendix.

² For more information on WWP's partners, please see Appendix.

³ Figures that follow are informed by WWP's 2022 Annual Warrior Survey. A full copy of the report can be viewed at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

- **Financial Security:** *The WWP warrior unemployment rate declined significantly since 2021 – falling from 13.4% to 6.8% – yet remains higher than the national average. Nearly two-thirds of warriors (64.2%) said they did not have enough money to make ends meet at some point in the past twelve months. (page 11)*
- **Toxic Exposure:** *Prior to the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (the PACT Act) becoming law, 4 in 5 (80.3%) warriors filed disability claims for exposure-related conditions, but less than one-third were successful (32%). (page 14)*
- **Brain Health:** *Approximately 1 in 3 (36.5%) warriors self-report a TBI during service. As the WWP warrior population continues to age, brain injury, including TBI, becomes increasingly important to monitor, diagnose, and study. (page 17)*
- **Caregivers:** *Approximately 31% of WWP-registered warriors reported a need aid and assistance from another person due to service-connected injuries or health problems; however, nearly half (49.3%) who report needing that aid and assistance said they are not receiving it. (page 20)*
- **Enhanced Quality of Life:** *WWP’s vision is to foster the most successful, well-adjusted generation of wounded Service members in our nation’s history. We believe that being a successful, well-adjusted generation is predicated on an enhanced quality of life. (page 23)*
- **VA Workforce & Modernization:** *Nine in 10 warrior survey respondents have a service-connected disability (91.3%) and report access to VA health care (90.5%). A high-functioning VA is critical to the current and future well-being of WWP warriors. (page 26)*

MENTAL HEALTH AND SUICIDE PREVENTION

Ensuring timely access to high quality mental health care and preventing veteran suicide are two of the strongest points of priority alignment between Congress, VA, and WWP. As in years past, these issues are particularly important in the community of post-9/11 wounded warriors that WWP serves. Mental health conditions continue to be among the top service-related health issues reported by wounded warriors registered with WWP, with PTSD (75.9%), anxiety (75.7%), and depression (74.3%) all affecting a majority of respondents.

Closer inspection of our Annual Warrior Survey data and comparison with the broader U.S. population tells a more complete story. VA reports that about 6% of the general population will experience PTSD at some point in their lives and that approximately 29% of the post 9-11 veteran population will do so.⁴ The Annual Warrior Survey consistently shows that WWP warriors experience PTSD at a much higher rate. When asked about PTSD symptoms in the past

⁴ *How Common is PTSD in Veterans?*, U.S. DEP’T OF VET. AFFAIRS, http://www.ptsd.va.gov/understand/common/common_veterans.asp (last visited Feb. 27, 2023).

month, 48.6% of all WWP warriors reported a presence of PTSD symptoms – validated, in part, by the fact that WWP warriors had an average PCL-5 score of 33.0⁵, which falls within the range indicating the presence of PTSD symptoms.

Similarly, an estimated 31.1% of U.S. adults experience an anxiety disorder at some point in their lives.⁶ However, this number is notably higher among WWP warriors, with nearly half (46.7%) presenting with moderate to severe anxiety symptoms. And while depression is one of the most common mental health disorders worldwide,⁷ WWP warriors appear to be affected disproportionately. When asked about depressive symptoms in the past two weeks, more than half (54.9%) of WWP warriors presented with moderate to severe depressive symptoms. All of these mental health conditions can have a significant impact on quality of life.

To that end, veteran suicide continues to be a national public health crisis that requires a large-scale coordinated response. Nearly one in five WWP registered warriors report an attempted suicide at some point in their lives and nearly 30% have had suicidal thoughts in the past 12 months. Thankfully, according to VA's 2022 *National Veteran Suicide Prevention Annual Report*, fewer veterans died by suicide in 2020 than the year before and 2020 had the lowest number of veteran suicides since 2006. While this is good news, veteran suicide rates in 2020 were over 57% higher than the rate of suicide in non-veteran adults and suicide was the second leading cause of death among veterans under the age of 45. In 2020, there were 6,166 veteran deaths by suicide.

Within this context, WWP invites Congress to join our focus on the following areas where we believe impact can be greatest:

Community Alignment

Wounded Warrior Project has been a consistent provider and advocate for a continuum of mental health programs to help warriors and their families build resilience and overcome mental health struggles. We believe this support is necessary from organizations like us, as well as VA and other government entities. WWP supports continuing to pursue a public health approach that coordinates action from all government as well as public-private partnerships.

Your committees have made great strides towards this approach in recent years. Last fall, VA announced the first awardees of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. This program was established as part of the historic *Commander John Scott Hammon Veterans Mental Health Care Improvement Act* (P.L. 116-171 § 201) that was signed into law in 2020. WWP was excited to see over \$50 million awarded to 80 organizations that are working to prevent suicide by connecting more veterans with clinical and non-clinical services in their communities.

Mission Daybreak is another great example, where VA recently finished awarding \$20 million in grants aimed at developing innovative solutions to reducing veteran suicide. This

⁵ The PCL-5 is a 20-item self-report measure that assess the 20 DSM-5 symptoms of PTSD.

⁶ *Any Anxiety Disorder*, NAT'L INST. OF MENTAL HEALTH, <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder> (last visited Feb. 28, 2023).

⁷ *Depression*, WORLD HEALTH ORG., <https://www.who.int/news-room/fact-sheets/detail/depression> (last updated Sept. 13, 2021).

effort is an exciting illustration of what is possible with a public-private partnership approach to this crisis. Awardees are pursuing diverse approaches incorporating innovations like smart phone technology and artificial intelligence to help reduce veteran suicide. Similarly, the Governor's Challenge has brought together state leaders from 35 states to develop clinical and community-based interventions to prevent suicide. WWP was encouraged by a provision included in the *Support the Resiliency of Our Nation's Great (STRONG) Veterans Act* (P.L. 117-328, Div. V § 303) to allow Native American tribes to participate in the Governor's Challenge as well.

To maximize the impact of these programs and the impact of upstream intervention and collaboration on reducing veteran suicide, we encourage Congress to help ensure sufficient funding and alignment of these efforts. While efficient use of taxpayer dollars should be considered within these programs, it is also important to be mindful that onerous reporting and administrative tasks can stifle the speed of progress and limit impact. Finding the right balance will be key in our continuing pursuit of reducing veteran suicides through innovative approaches in clinical and nonclinical settings.

Opioid and Substance Use Disorders

Opioid and substance use disorders (SUDs) continue to be an issue facing many veterans, and wounded veterans in particular. More than two in five WWP warriors screened positive for potentially hazardous drinking or active alcohol use disorders (43.5%) and over 6% showed a moderate to severe level of problems related to drug abuse. Additionally, substance abuse is more than twice as common among warriors with two or more mental health conditions.

Unfortunately, these trends are consistent with other research on the post-9/11 veteran community. According to the RAND Corporation⁸, post-9/11 veterans are at higher risk for co-occurring SUDs and mental health disorders. Veterans screening positive for PTSD or depression are almost 20% more likely to screen positive for hazardous alcohol use or a potential SUD. SUD is also a factor in veteran suicide. According to VA, mental health or SUD diagnoses were present for 58% of veterans who died by suicide in 2020 (as measured by Veterans Health Administration (VHA) diagnoses).⁹ Of those, 19.6% were diagnosed with alcohol use disorder, 8.3% had cannabis use disorder, and 4.9% had opioid use disorder. From 2001 to 2020, suicide rates fell for recent veteran VHA users with diagnoses of alcohol use disorder and SUDs but rose for those with opioid use disorder, cocaine use disorder, cannabis use disorder, and stimulant use disorder.

For these reasons, WWP was pleased to see Congress initiate a study on VA treatment for co-occurring SUDs and mental health disorders through the *STRONG Veterans Act* (§ 505). Expanding VA capacity to treat co-occurring conditions may prove critical in consideration of the fact that many mental health treatment facilities – particularly within VA's community care network – require veterans to abstain from substance use. WWP would be pleased to work with

⁸ ERIC R. PEDERSON ET AL., RAND, IMPROVING SUBSTANCE USE CARE: ADDRESSING BARRIERS TO EXPANDING INTEGRATED TREATMENT OPTIONS FOR POST-9/11 VETERANS (2020).

⁹ OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, 2022 NATIONAL SUICIDE PREVENTION ANNUAL REPORT 26 (Sept. 2022).

Congress to explore further solutions informed by this study and our own experience working with warriors.

In 2022, one in four warriors who reached out to WWP for outpatient mental health services had a moderate or severe alcohol score. In addition, a high percentage of warriors present at risk for multiple conditions at intake; specifically, 23% for depression and alcohol; 23% anxiety and alcohol; and 22% for PTSD and alcohol. In response to these trends, our Warrior Care Network program launched a SUD track for warriors with these co-occurring conditions. A primary goal of the SUD intensive outpatient track is to increase access to and successful completion of trauma-focused treatment for warriors with PTSD who are also in early recovery or are managing active substance misuse. Since its launch in 2020, the track has grown to serve 7% of warriors enrolled in Warrior Care Networks' intensive outpatient program, indicating a need to continue expanding services for these veterans.

Access Standard for Residential Care

Another solution to address these co-occurring mental health and substance use disorders is increasing access to VA's Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) or similar community-based alternatives. Veterans in need of inpatient residential care must be able to access it in a timely and efficient manner. The *VA MISSION Act* (P.L. 115-182 § 104) required VA to establish access standards for community care and VA subsequently promulgated such standards for primary care, mental health, non-institutional extended care, and specialty care. However, VA did not include a specific access standard for residential care.

Instead, VA relies on VHA Directive 1162.02 to establish when a veteran is eligible for residential care in the community. The Directive states that veterans requiring priority admission must be admitted within 72 hours. For all other veterans, they must be admitted as soon as possible after a decision has been made. If they cannot be admitted within 30 days, they must be offered treatment at a residential program within the community.

Unfortunately, this is not the case in all instances. A recent report from VA's Office of Inspector General (OIG) found that staff at VA North Texas placed patients on waitlists for two to three months and failed to offer referrals for community-based residential care for most of fiscal years 2020 and 2021.¹⁰ They found that this failure to discuss and offer alternative treatment options as required by VHA may have contributed to an increased risk of negative outcomes for the veterans. According to the OIG, VA North Texas leadership misinterpreted the national MH RRTP policy and provided inaccurate information to staff.

This is a pattern that, although not universal, WWP has seen while assisting warriors around the country. Our Complex Case Coordination team has worked to place veterans into suitable residential care programs outside VA when local VA facilities have reached their capacity. Similar to examples provided in the OIG report, our efforts have been frustrated when VA relies on its ability to maintain periodic clinical contact with the veteran until space is opened up rather than offering community-based alternatives. Some medical centers have been

¹⁰ OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, NONCOMPLIANCE WITH COMMUNITY CARE REFERRALS FOR SUBSTANCE ABUSE RESIDENTIAL TREATMENT AT THE VA NORTH TEXAS HEALTH CARE SYSTEM (Jan. 2023).

less willing to refer to the community than others. As this process drags out (sometimes more than 30 days), there is increased risk of losing the veteran to contact or changing their willingness to enter treatment or further engage with VA.

The *STRONG Veterans Act* included an important provision related to these issues that WWP was pleased to see. Section 503 includes requirements for VA to conduct studies on veteran's access to MH RRTP care, including whether there are sufficient bed spaces, locations, and the impact on average wait times. We look forward to reviewing these findings when they are released and working with the committees to act on any recommendations made. Congress can also pursue legislation to ensure MH RRTP is included in VA access standards for care.

Telehealth

Lastly, WWP asks that your committees continue to leverage the benefits of telehealth. Since the onset of the COVID-19 pandemic, VA has been a leader in embracing telehealth. VA has seen a rapid rise in the numbers of veterans using telehealth to receive their care, and telehealth is similarly popular in the WWP warrior community. Among warriors who were offered a telehealth appointment in the last 12 months, 89.3% reported using telehealth during that period. Among those not offered a telehealth appointment, a majority (63.9%) said they would have used it if presented as an option. Telehealth is a cost-effective way to improve access to care for many warriors that may face barriers to care, including long driving distances, work schedules, and the need for child care.

Expanded access to telehealth for veterans around the country should not be reversed. The authority currently allowing VA to conduct telehealth appointments and prescribe medications across state lines is set to expire this May with the end of the national emergency pandemic measures.¹¹ While Congress has extended providers' abilities to conduct appointments on telehealth platforms for two years¹², their ability to prescribe certain medications without in-person evaluations and across state lines will end. This will cut off millions of veterans' access to their prescriptions and medical care, especially in rural and remote areas of the country. We urge you to take the necessary action to ensure veterans do not lose this access to care.

Broadband access and state jurisdictional matters are additional issues some veterans face when accessing telehealth. Broadband access continues to be an issue for some veterans. In 2019, the Federal Communications Commission (FCC) estimated that 15 percent of veteran households did not have an internet connection. VA and the FCC have introduced programs to attempt to bridge this digital divide, including Digital Divide Consults, Accessing Telehealth through Local Area Stations (ATLAS), and the Lifeline and Affordable Connectivity Program. Non-VA providers ability to practice over state lines like their VA counterparts also creates

¹¹ See *How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency*, DRUG ENF. ADMIN., U.S. DEP'T OF JUSTICE, [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf) (last visited Mar. 1, 2023); see also 42 U.S.C. § 247d.

¹² Pub. L. No. 117-328, § 4113.

barriers to care – perhaps most critically in mental health, as more than 150 million Americans live in a federally designated mental health professional shortage area.¹³

Accordingly, WWP supports increasing veterans access to mental health treatment through interstate compacts. The Psychological Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology across state boundaries. There are now 35 states that have enacted PSYPACT legislation, giving veterans in these states easier access to additional mental health providers. We encourage your committees to support policies that encourage interstate compacts like PSYPACT (which only applies to psychologists), that will improve care options for veterans. Social work, which comprises a significant percentage of the nation’s mental health work force both in and outside of VA, may be a good place to start.

We believe more veterans should be connected to telehealth care by continuing to address these issues. We urge you to support the expansion of telehealth options for veterans by increasing broadband access, improving IT infrastructure, growing VA care access points, and exploring interstate medical practice rules for community mental health providers. Among many considerations to keep in mind, we hope Congress will work with VA and other stakeholders to ensure a proper balance is found between the efficiencies of using telehealth and veteran preferences. Best medical interests should be paramount and there are occasions when the value of in-person appointments outweigh matters of time and convenience.

WOMEN VETERANS

Women veterans are the fastest growing group in the veteran population, projected to comprise 18% of the veteran population by 2040.¹⁴ A similar trend has already been realized at WWP, where more than 32,000 women warriors make up 17% of all WWP Alumni. With this recognized, there remain many unique opportunities to address women veterans’ needs while providing advocacy and support for them in the process.

Two years ago, WWP released the Women Warriors Initiative Report, which provided insight and clarity into the needs of women warriors. However, needs change over time, especially for the veteran population. Our prior research showed women veterans have needs around the following areas: access to care, mental health, transition, isolation, and financial stress. Congress addressed several of these in recent years with passage of the *Deborah Sampson Act* (P.L. 116-315 §§ 5101-5503), the *MAMMO Act* (P.L. 117-135), and the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271), yet there is still work to be done, and we look forward to continuing our advocacy for women veterans through the 118th Congress.

Access to Gender-Specific Care

¹³ BUREAU OF HEALTH WORKFORCE, HEALTH RES. AND SERVS. ADMIN., U.S. DEP’T OF HEALTH AND HUMAN SERVS., DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS STATISTICS, FIRST QUARTER OF FISCAL YEAR 2023 (Jan. 2023).

¹⁴ *Women Veterans Health Care*, U.S. DEP’T OF VET. AFFAIRS, <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp> (last visited Mar. 1, 2023).

Wounded Warrior Project believes women veterans should be able to access and navigate culturally competent systems of care to ensure a high quality of life after their military service. Women veterans are more likely to be exposed to health risks that contribute to disparities when compared to their civilian peers, resulting in issues with reproductive health, mental health, and physical health.¹⁵ Gaps within VA as well as the civilian health care system should be addressed with urgency to improve access and quality of health care for women veterans.

In a world that has been severely impacted by the effects of COVID-19, aspects such as telehealth have increased the ability for veterans to connect with healthcare options that are convenient for them. Women veterans are more likely than their male counterparts to utilize telehealth appointments with research telling us that these efforts may reduce gender-specific access barriers.¹⁶ We continue to applaud VA for their efforts to increase and continue usage of Video Virtual Connect options for a variety of mental and physical health care needs.

Women veterans should be provided with options to receive care from gender-specific providers to establish a greater amount of trust. The VA budget should continue supporting expansion of the program office and budget for women veterans' health care, to include initiatives like the Women's Health Innovation and Staffing Enhancement (WHISE) Initiative and full-time Women's Peer Specialists (WMH PS). To illustrate the need, a shortage of OB-GYN providers nationwide and an overall lack of women veteran awareness of reproductive and women health services has resulted in women veterans being referred out of VA.¹⁷ Women primary care providers reported higher rates of burnout and lower rates of being treated professionally (being treated with civility) than male primary care providers.¹⁸

The impact of having a gender-specific provider, especially for women patients, is a positive one. Veterans having access to gendered providers can lead to higher rates of satisfaction related to perceived access to care, higher rates of compliance with provider recommendations, and higher rates of positive perceived overall health outcomes, but availability of women providers specifically varies nationwide in VA facilities and does not meet the demand of veterans.¹⁹ There is a lack of women providers within VA, but adequate staffing and support for women providers placed in comprehensive women veteran health clinics can contribute to lower rates of attrition.²⁰ Congress can pass legislation expanding gendered services within the VA, specifically targeting the existing women veteran health clinics and the Center for Women Veterans.

Another area where the committees can act is residential substance use care. WWP supports the *Women Veterans TRUST Act* (117th, H.R. 344), which would require VA to implement a women-specific pilot program to treat and rehabilitate women veterans with drug or alcohol dependency. Programs such as what the *Women Veterans TRUST Act* aims to develop

¹⁵ Jodie G. Katon et al., *Reproductive Health of Women Veterans: A Systematic Review of the Literature from 2008 to 2017*, 36(6) *SEMS. REPROD. MED.* 315, 315-22 (2018).

¹⁶ Jan A. Lindsay et al., *Getting Connected: A Retrospective Cohort Investigation of Video-to-Home Telehealth for Mental Health Care Utilization Among Women Veterans*, 37(Sup. 3) *J. GEN. INTERNAL MED.* 778, 778-85 (2022).

¹⁷ Lori M. Gawron et al., *Women's Health Provider Perspectives on Reproductive Services Provision in the Veterans Health Administration*, *S. MED. J.* 116 (2), 181-87 (2023).

¹⁸ Eric A. Apyadin et al., *Gender Differences in the Relationship Between Workplace Civility and Burnout Among VA Primary Care Providers*, 37(3) *J. GEN. INTERNAL MED.* 632, 632-36 (2022).

¹⁹ Rachel Kimmerling et al., *Access to Mental Health Care Among Women Veterans*, 53(4 Suppl 1) *MED. CARE* 97, 97-104 (2015).

²⁰ Rachel Schwartz et al., *Retaining VA Women's Health Primary Care Providers: Work Setting Matters*, 36 *J. GEN. INTERNAL MED.* 614, 614-621 (2021).

would help fill in gaps that currently exist within the VA, specifically with regard to mental and behavioral health. Meeting women veterans where they are is one way to build trust and strong relationships with individuals who have historically felt overlooked when it comes to VA care.

Ongoing Support and Community for Military to Civilian Transitions

Wounded Warrior Project celebrates women veterans and the sacrifices they made while in the Armed Forces; we support community-based efforts to welcome warriors home after they complete their service. Ambiguity and a lack of clarity or purpose as an individual moves onto a new path in life have been found to lead to negative physical and mental health concerns.²¹ For women specifically, results from our Women Warrior Initiative Survey (2020) revealed women veterans are less likely to identify that their military experience was positive and fewer women veterans feel their community respects them as veterans, while also indicating a slightly lower quality of life than their male counterparts.

Wounded Warrior Project continues to believe that as women leave the military and transition to veteran status, women-only peer support programming can be beneficial. Women veterans have identified they lack support from their partners, family, and even from military peers during and after the military transition process.²² Programs such as symposiums hosted by the Office of Outreach, Transition and Economic Development within VA and the Women's Health Transition Training through the Center for Women Veterans seek to help transitioning Service members, but such opportunities are considered optional during the VA Transition Assistance Program (TAP).

The committees have a role to help oversee the administration of these programs and their alignment with other federal offerings. For example, despite the involvement of several agencies including Labor, Education, Homeland Security, and VA, issues persist with awareness and engagement within mandated transition programs such as the TAP or the Executive Transition Assistance Program (ETAP), as veterans have reported not being allowed to attend components due to deployment tempo, lack of awareness from commands, and structural issues with the programs.²³ Furthermore, there is an increasing amount of mentorship programs focusing on women Service members, but there are still gaps when looking at identity and purpose in those programs – specifically around the military transition.²⁴

Military Sexual Trauma (MST)

Women are at a disproportionately higher risk of experiencing military sexual trauma (MST), with 15.1% of women from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) reporting a history of MST during preliminary screenings for healthcare services.²⁵ The problem is even more pronounced among those who are registered with WWP.

²¹ Parvaneh Babrami et al., *Modeling the Impact of Mentoring on Women's Work-Life Balance: A Grounded Theory Approach*, 13(1) ADM. SCI. 6, 6-14 (2022).

²² Nicholas A. Rattray et al., *Modeling Contingency in Veteran Community Reintegration: A Mixed Methods Approach*, 17(1) J. Mixed Methods Research 70, 70-92 (2023).

²³ Kari L. Fletcher et al., *Transition Services Utilization Among US Women Veterans: A Secondary Analysis of a National Survey*, 8(1) J. VET. STUDIES 164, 164-74 (2022).

²⁴ Linna Tam-Seto et al., *Scoping Review of Mentorship Programs for Women in the Military*, 8(1) J. MIL. VET. FAMILY HEALTH 15, 15-21 (2022).

²⁵ Rachel Kimberling et al., *Military-Related Sexual Trauma Among Veterans Health Administration Patients Returning from Afghanistan and Iraq*, 100(8) Am. J. Public Health 1409, 1409-12 (2010).

Approximately 4 out of 9 women (44.6%) who completed the 2022 Annual Warrior Survey reported experiencing MST in service.

Fortunately, Congress has already helped address some of the challenges associated with MST after service including the lack of peer support and likelihood of retraumatization when seeking disability compensation. The *MST Claims Coordination Act* (P.L. 117-303) aims to ensure that during or immediately after a medical exam, hearing before the Board of Veterans Appeals, or other relevant event, the Veterans Benefits Administration must coordinate with the Veterans Health Administration to provide veterans information on available resources relating to MST. Similarly, the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271) now requires that VA ensure each individual who files a claim relating to MST is assigned a peer support specialist during the claims process, unless they elect not to.

Wounded Warrior Project hopes these new laws will be a focus of oversight and inspire similar measures to better serve those affected by MST. One supported by WWP but not passed in the 117th Congress is the *Servicemembers and Veterans Empowerment and Support Act* (117th, H.R. 5666/S. 3025). This bill would lower burden of proof established in VA policy nearly 20 years ago and ensure that this relaxed evidentiary standard is appropriately extended to all mental health conditions (not just PTSD) resulting from sexual assault.

FINANCIAL SECURITY

Along with physical and emotional health, financial security is an important factor in overall wellness and a key component to a veteran's success after service. While veteran unemployment has hit pre-pandemic lows, too many warriors and their families continue to experience financial uncertainty. Nearly 2 out of 3 (64.2%) respondents to our Annual Warrior Survey reported that they did not have enough money to make ends meet at some point in the past twelve months with a majority (81.8%) reporting that the increasing cost of goods, like food, was a top cause of their financial strain. In FY 23, WWP is on pace to exceed our projected emergency financial assistance to warriors by 62 percent.

One of the most critical keys to success for the post-9/11 wounded, ill, and injured post-9/11 veterans we serve is maximizing the value of VA benefits and services. Despite high levels of education (42.3% with a bachelor's degree or higher) and low levels of unemployment (6.8%), over a quarter (26.8%) said they worked but did not earn enough money. Congress can help by focusing oversight on programs to help veterans find better paying jobs, particularly those that help veterans develop vocational skills that are in high-demand or more likely to be accommodating to service-connected injuries. Veterans Employment Through Technology Education Courses (VET TEC), a five-year pilot program that began in May 2019, and Veteran Readiness and Employment (VR&E) are two examples. Legislative changes can also bring improvements to veterans' financial security. Our recommendations for such changes are below.

Concurrent Receipt

In 2004, Congress passed a law allowing military retirees with at least 20 years of service who are rated at least 50 percent disabled to collect their full Department of Defense (DoD) retired pay and their full VA disability compensation benefits. For these individuals, DoD retirement is no longer reduced according to VA disability income (dollar for dollar). Unfortunately, those with combat-related injuries and less than 20 years of service were left behind. These medical (Chapter 61) retirees must give up a portion of their earned benefits due to combat-related injuries or illnesses that shortened their military careers.

Wounded Warrior Project strongly believes that DoD retirement pay and VA disability compensation are distinct benefits established by Congress for two different purposes. A significant percentage of Congress has already expressed that it agrees. Legislation that originated in the 116th Congress was reintroduced in the 117th Congress and amassed considerable support. The *Major Richard Star Act* (S. 344, H.R. 1282) would allow Chapter 61 retirees whose disabilities arose from combat-related activities – and eligible for Combat Related Special Compensation – to receive both their DoD retirement pay and their VA disability compensation concurrently and permit approximately 50,300 veterans to receive the benefits they have been denied until now²⁶. Bicameral, bipartisan majorities were ultimately unsuccessful in passing this legislation, but we are hopeful of building upon the support of 336 Representatives and 67 Senators in the 117th Congress and delivering results for those 50,300 wounded warriors in the 118th Congress.

Veteran Readiness and Employment (VR&E)

The VR&E program, offered by VA, aids with job training, employment, resume development, and job-seeking skills coaching for veterans whose service-connected disabilities make it hard to prepare for, obtain, or maintain employment. The VR&E program has become a valuable asset in VA's employment and educational portfolio. A meaningful number of WWP warriors – one in five (20.7%) – have used, or are using, the VR&E program. This notably high usage combined with the actual and potential impacts of participation suggests that VR&E improvements can drive better outcomes for wounded warriors.

Research at the state level further validates that VR&E participation can help individuals make significant financial progress and create wider social impact. Specifically, Vocational Rehabilitation Agencies for disabled Americans are present in the state governments throughout the United States and have proven to be an effective resource for those looking to resume gainful employment. The Social Security Administration notes that for every one dollar spent on these programs, ten dollars in tax revenue are generated from the re-employed.²⁷ Similarly, the recently passed *VENTURE Act* (P.L. 117-333 § 14) expanded the Self-Employment Track and increased the likelihood that more veteran-owned businesses will compete for federal contracts as Service-Disabled Veteran Owned Small Businesses (SDVOSBs).

Despite these positive indicators of value, warriors are being denied access to VR&E due to an arbitrary delimiting date that does not consider a current disability's effect on efforts to

²⁶ U.S. DEPT OF DEF., STATISTICAL REPORT ON THE MILITARY RETIREMENT SYSTEM FY 2021, September 2022.

²⁷ Jody Schimmel Hyde & Paul O'Leary, *Social Security Administration Payments to State Vocational Rehabilitation Agencies for Disability Program Beneficiaries Who Work: Evidence from Linked Administrative Data*, 78(4) SOCIAL SECURITY BULLETIN (2018), available at <https://www.ssa.gov/policy/docs/ssb/v78n4/v78n4p29.html>.

seek or maintain gainful employment. Under current regulations, a veteran is only eligible for VR&E for 12 years from the date of their military discharge or the date they received a compensable disability evaluation.²⁸ The regulations do not consider whether a veteran's condition deteriorates after the initial rating or whether additional service-connected conditions have been recognized.

This issue was partially addressed by the enactment of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315 § 1025), which removed this delimiting date for all veterans who were discharged after January 1, 2013. The remaining issue to solve in this context is how to support those discharged before that date; veterans discharged before are still subject to the 12-year delimiting date. WWP asks that the 12-year delimiting date be removed for all veterans. VA already has the authority to waive the 12-year rule on a case-by-case basis if the veteran is determined to have a "serious employment handicap."²⁹ However, the standards used to make that determination are not clear and, without specific guidance to follow, a Vocational Rehabilitation Counselor (VRC) is ultimately left to make a subjective decision whether to grant the veteran eligibility to the program. Wider and more predictable participation should be the goal.

Claims File Access

A simple and straightforward way to assist veterans on their paths to a more secure financial future is to modernize the way they can access their benefits claims file. Creating a "C-File" is often VA's first step to helping a veteran with their claim for a service-connected disability. The C-File may contain the veteran's service records, VA exam results, additional information submitted by the veteran, and anything else VA deems necessary to decide a disability claim. A veteran may want to view their C-File to ensure all the information it contains is accurate and complete before the claim is decided or to better understand how VA reached its decision.

Unfortunately, the process for a veteran to be able to view their C-File is antiquated and inconvenient. Currently, if a veteran wants to view their C-File, their options are: (1) making an appointment with their VA Regional Office (RO) to physically view the C-File in person; (2) submitting VA Form 3288, *Request for and Consent to Release of Information from Individual Records*, by mail or fax with no confirmation of receipt and a wait period that may last several months; or (3) submitting a *Freedom of Information Act* (FOIA) request, which is difficult for veterans who are not familiar with the procedure. All three scenarios can easily create unnecessary inconvenience for the veteran, and meaningful processing time for VA – to include providing the C-file on compact discs that are not immediately compatible with many new computers.

Legislation can solve this problem. If enacted, the *Wounded Warrior Access Act* (H.R. 1226), would modernize this process by allowing veterans to electronically request and receive their C-Files easily and securely. It would also create reasonable timeliness standards for VA to confirm receipt of the request and provide the veteran with their records. This would make the

²⁸ 38 CFR § 21.41

²⁹ 38 U.S.C. § 3103(e)

process more convenient for veterans, increase veterans' faith in VA transparency, and decrease unnecessary appeals since more veterans will have access to all the information VA used to decide their claims. This legislation passed the House in the 117th Congress (H.R. 5916) and has WWP's support for the 118th.

TOXIC EXPOSURE

Just as our nation has a responsibility to provide health care and benefits to veterans who suffer physical and mental injuries in service, we must also meet the needs of those who suffer from illnesses associated with toxic exposures. Our Annual Warrior Survey illustrates the extent to which post-9/11 veterans suffered exposure to toxic substances during their service. Among those deployed in support of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn, 80.3% reported serving near a burn pit, meaning a burn pit was located either on their base or close enough that they could see smoke. Of those, 82.6% reported being near a burn pit on a daily or weekly basis. Consequently, many now suffer from respiratory conditions, cancers, and other serious illnesses. Historically, less than one-third of them who filed disability claims with VA for exposure-related condition were successful in obtaining service connection.

Last year, Congress addressed this issue by passing the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* (P.L. 117-168), which was signed into law on August 10, 2022. This comprehensive legislation accomplished each of WWP's priorities with respect to toxic exposure: guaranteeing access to VA health care for all veterans who were exposed to toxic substances; conceding exposure to burn pits and airborne hazards for veterans who served in areas where they are known to have been present; creating a list of presumptive conditions associated with those exposures; and establishing a VA decision-making model to create new presumptive conditions in the future.

Together, these provisions represent the largest expansion of veterans' health care and benefits in decades. WWP deeply thanks the Members of the Committees and their staff for your dedicated, bipartisan work to pass this historic law and is committed to working with Congress and VA to support its full implementation. Although we do not have any immediate legislative requests for the 118th Congress, we are committed to supporting your oversight of the *PACT Act*, specifically in the areas below:

Disability Claims Processing

Prior to the passage of the *PACT Act*, many veterans who submitted VA disability compensation claims for toxic exposure-related conditions (particularly those who suffered exposures during post-9/11 deployments) often faced significant challenges to establish service connection. As exposure to burn pits and other toxic substances was often not documented in the veteran's military record, and associated conditions may manifest several years after discharge, VA was often unable to determine a link between the veteran's illness and their service, leading to a denial of the claim.

The *PACT Act* addressed this by establishing over 20 new presumptive conditions related to toxic exposures, allowing VA to presume these conditions are service connected for veterans

who served in areas of known exposure. Most of these conditions are cancers and respiratory illnesses associated with Gulf War and post-9/11 service in Iraq, Afghanistan, and surrounding areas. The new law also established two new conditions associated with Agent Orange exposure and expanded qualifying service locations for Agent Orange and radiation exposure.

This large expansion of new presumptive conditions has understandably resulted in a significant influx of new VA disability claims. As of February 4, 2023, the Veterans Benefits Administration (VBA) has received 294,920 *PACT Act*-related claims since the bill was signed into law on August 10, 2022, leading to an increase of 23.8% in total claims received over the same time period last year.³⁰ Although this larger workload will create a temporary increase to the claims backlog, we believe this is necessary to ensure that exposed veterans, many of whom have been filing claims unsuccessfully for years, are finally able to access the benefits they need. VA has already begun implementing provisions of the legislation that granted the ability to hire additional employees, improve training, and enhance technology, and WWP believes it is critical that Congress continues to fully fund these important authorities.

Since VA began processing for all *PACT Act* claims on January 1, 2023, the Veterans Benefits Administration (VBA) has completed 53,096 claims, approximately 85% of which have been granted.³¹ This represents a significant improvement over the less than one-third grant rate warriors reported before the passage of the bill, and WWP National Service Officers have not observed any systemic issues with the decisions that have been issued since. Still, they have noticed a degree of inconsistency with the way *PACT Act* claims are processed, particularly with respect to unnecessary exams and medical opinions being ordered when the evidence in the file – showing service in a designated exposure area and a qualifying disorder – is sufficient to grant the claim without further development. Although we recognize a very short time has passed since claims processing began, we encourage VBA to consider whether supplemental training may be necessary to increase consistency and accuracy of decisions.

Although regulations for the *PACT Act* have not yet become final, VBA is currently processing claims in accordance with a policy letter that was published in the Federal Register on December 22, 2023.³² Among other guidance, this letter outlines 72 diagnostic codes that fall under the 23 new presumptive disabilities umbrella categories enumerated in the legislation. While WWP is generally pleased with this guidance, we were disappointed to see that leukemia, a rare and potentially deadly cancer that some exposed warriors are experiencing, was not included under the categories of “Lymphoma cancer of any type” or “Lymphomatic cancer of any type.”³³ We note that leukemia and lymphoma are similar diseases in that they are both considered hematologic cancers.³⁴ WWP encourages VA to consider including leukemia as a presumptive condition when rulemaking becomes final and plans to reiterate this in our public comment as part of the rulemaking process.

Access to Health Care

³⁰ U.S. DEP’T OF VET. AFFAIRS, *PACT Weekly Report*, Feb. 4, 2023.

³¹ *Id.*

³² *Processing Claims, Honoring Our Pact Act of 2022*, 87 Fed. Reg. 78,543 (Dec. 22, 2022).

³³ Pub. L. No. 117-168, § 406.

³⁴ CTRS. FOR DISEASE CONTROL AND PREV., *Hematologic Cancer Incidence, Survival, and Prevalence*, 30 U.S. Cancer Stat. (Sept. 2022), available at <https://www.cdc.gov/cancer/uscs/pdf/USCS-DataBrief-No30-September2022-h.pdf>.

One of the *PACT Act's* most significant provisions guarantees access to VA health care for all post-9/11 veterans who served in Iraq, Afghanistan, and other surrounding areas of known exposure. Recently discharged combat veterans now have a 10-year enhanced enrollment period (up from 5 years), and veterans who were discharged more than 10 years ago have a limited one-year period to enroll for care (October 1, 2022, to September 30, 2023). For exposed veterans who miss the one-year open enrollment, there is a 10-year phase-in for permanent access to Priority Group 6 enrollment based on discharge date. WWP strongly advocated for these provisions since post-9/11 veterans who were exposed to burn pits and other toxic substances are an at-risk population, and it is critical that they have guaranteed access to clinical screening, early detection, and potentially lifesaving treatment if illnesses are diagnosed.

However, we also recognize that one-year open enrollment followed by the 10-year phase-in leaves some potential gaps in eligibility. For instance, a veteran who was discharged in 2006 after being exposed to burn pits in Afghanistan and who misses the one-year open enrollment period ending on September 30, 2023, would become ineligible for enrollment under the new statute until October 1, 2026 (unless they are able to establish service connection or eligibility under some other authority). If the veteran was discharged in 2007, they would be ineligible from September 30, 2023, to October 1, 2028.

Modest measures can be taken to address any gaps in eligibility that may exist for exposed veterans. First, Congress can consider extending the one-year open enrollment period for an additional year if data reflects that a relatively small number of veterans enrolled. Such action would protect against lack of awareness or urgency among the post-9/11 community. Second, the Veterans Health Administration (VHA) can continuously evaluate the number of veterans who enroll for care under the *PACT Act* throughout the 10-year phase-in to determine the impact on the capacity to deliver high quality and timely care. If VHA has sufficient resources to meet additional demand at any point, we encourage VA to use its existing authority to modify the phase-in to an earlier date to grant permanent access to care for more exposed veterans sooner.

Toxic Exposure Presumption Process

In recognition of the challenges associated with establishing direct service connection for toxic exposure-related conditions, Congress has historically created mechanisms to require VA to decide whether to establish presumptive service connection when scientific data show a link between specific exposures and associated illnesses, as it did for Vietnam veterans with the *Agent Orange Act of 1991* (P.L. 102-4). However, no law existed prior to the passage of the *PACT Act* to require VA determinations on illnesses associated with all toxic exposures, regardless of location or period of service.

The *PACT Act* established a permanent VA Working Group to continuously review evidence and receive input from Veterans Service Organizations (VSOs) and the public on all potential exposure-related conditions in veterans and their family members who were military dependents, now and in the future. This Working Group is required to make recommendations to the Secretary of Veterans Affairs on whether to establish a presumption of service connection

for an exposure related condition. To form its recommendations, the Working Group will continuously review scientific literature, VBA claims data, and other factors including the level of disability and mortality caused by the condition, whether conditions are deployment-related, the rarity of conditions, and the quantity and quality of the information available.

Previous decision-making models that studied the health effects of airborne hazards present on post-9/11 deployments have been limited by a lack of good exposure characterization. For this reason, WWP encourages the Working Group to consider research on toxic exposures in the general population conducted by agencies such as the Centers for Disease Control and Prevention and the Environmental Protection Agency in forming its recommendations about conditions related to military exposures.

When reviewing locations of potential exposure, WWP encourages the Working Group to include military humanitarian missions in addition to combat deployments. For example, the U.S. Indo-Pacific Command frequently deploys Service members in disaster relief efforts which can potentially result in exposures, such as the 2011 Fukushima nuclear accident in Japan following an earthquake and tsunami.³⁵ We recommend that the Working Group routinely evaluate all military humanitarian missions to determine potential exposures and associated health risks, especially those that involve responses to earthquakes and flooding.

Additionally, WWP encourages the Working Group to expand the types of conditions it considers for association with burn pits and other toxic substances present on post-9/11 deployments beyond respiratory conditions and cancers. These categories of conditions do not capture the full range of illnesses that exposed post-9/11 veterans are experiencing. In our most recent survey, the health condition veterans most commonly believed to be associated with their toxic exposure was neurological problems (35.1%). Hypertension (33.2%), Chronic Multisymptom Illness (24.4%), immune system problems (10.5%), and liver conditions (7.8%) were also conditions that veterans commonly believe are associated with exposures while in service. WWP looks forward to working with VA to help identify these and other conditions that we believe warrant further consideration.

BRAIN HEALTH

For many post-9/11 veterans, brain health is a crucial factor in overall quality of life. Brain trauma, specifically traumatic brain injury (TBI), has been referred to as a “signature injury” for post-9/11 veterans, and this remains true for many we serve. Nearly 3 in 4 warriors (73.2%) responding to our Annual Warrior Survey report being injured and experiencing symptoms typical of head-related trauma immediately following those events. Further, approximately 36.5% of WWP warriors self-reported experiencing TBI during their military service.

Unfortunately, brain injury has a significant negative impact on warrior’s quality of life. Some of the most common symptoms reported from warriors after a brain injury include feeling

³⁵ *Fukushima Nuclear Accident 2011*, U.S. DEP’T OF VET. AFFAIRS, <https://www.publichealth.va.gov/exposures/radiation/sources/fukushima.asp> (last visited Mar. 1, 2023).

anxious or tense, problems with sleep, and irritability. Overall, warriors with a history of brain injury report a lower quality of life than the median of the general U.S. population. Additionally, recent literature suggests that TBI results in excess mortality (predominantly from suicides or accidents) in the post-9/11 military and veteran population.³⁶ We are also aware of the comorbidity of TBI and mental health disorders, specifically PTSD and substance use disorder. The confluence of symptomology between TBI and mental health disorders results in diagnosis and treatment challenges. Recent published research concluded that a history of TBI is consistent with severe substance use issues and presentation of mental health symptoms.³⁷ These studies, together, suggest that TBI should be viewed as a singular, independent factor that contributes to an overall decline in quality of life, presents as an elevated risk factor for suicide, and drives mental health symptom reporting and substance use dependence.

TBI Research

Wounded Warrior Project has long advocated for new and continuing investments into research on TBIs. While we have begun to learn much more about TBI and its impacts, more can and should be known about the expected course of neurological and cognitive functioning after TBI. As the population of post-9/11 veterans living with the aftereffects of TBI continues to grow, we believe we must continue to invest resources in finding better ways to manage and treat their conditions and meet their long-term needs.

This year, the *Traumatic Brain Injury Act* (P.L. 104-166) will be up for reauthorization. Initially passed in 1996, the *TBI Act* was the first federal legislation to address TBIs through prevention, research, and the delivery of grants to states to address issues surrounding TBI. Since 1996, it has been reauthorized four times and has included important updates including authorizing the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) to work with DoD and VA to study the incidence and prevalence of TBI in the military and veterans' populations in 2008. The *TBI Act* has been instrumental in creating federal policy related to brain health, and WWP supports reauthorization.

Last year, the RAND Corporation released a comprehensive report commissioned by WWP, *Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan*. This report included findings on how to identify the long-term outcomes of TBI for post-9/11 veterans, the future needs of this population, effective treatments for TBI, and the availability of community-based resources. There were also several key recommendations made including the need for further investment in research. The report found that “the study findings indicate both demand and need for high-quality research examining veterans with TBI and corresponding treatments and outcomes.” The report also highlighted a need to continue to collect and integrate better-quality data to better support the needs of veterans with TBI.

Thankfully, we have seen some important investments in this area. The Department of Defense and VA are currently funding several large research studies on the long-term effects of TBI and possible treatments. Additionally, Section 508 of *STRONG Veterans Act* (P.L. 117-328,

³⁶ Howard et al., *Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001*, 5(2) JAMA NETW. OPEN (2012), available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788974>.

³⁷ Julia Davies et al., *Traumatic Brain Injury History Among Individuals Using Mental Health and Addictions Services: A Scoping Review*, 38(1) J. HEAD TRAUMA REHAB. 18, 18-32 (2023).

Div. V) included \$5 million for ongoing and future research at VA on brain health and TBI. The *National Defense Authorization Act (NDAA) for FY 2023* (P.L. 117-263) also included the “Warfighter Brain Health Initiative” that will unify efforts and programs across DoD to improve the cognitive performance and brain health of members of the Armed Forces. WWP was proud to advocate for these provisions and pleased to see them signed into law. To continue to build upon and improve our understanding of TBI and how best to care for veterans with TBI, WWP encourages a continued commitment to research and policies to identify and expand access to effective treatments and community-based supports.

Long Term Care and Support

Alongside the rise in TBI reported in the post-9/11 veteran population, WWP has also seen an increase in the need for more intensive care and services. This younger generation of veterans, and especially those with TBI, are increasingly needing long term services and supports (LTSS), including VA’s facility-based services, end-of-life services, geriatric outpatient programs and home and community-based services earlier in life. We continue to see an increase in usage of VHA’s Geriatrics and Extended Care (GEC) programs amongst veterans under the age of 65.

Warriors frequently cite barriers to receiving care for their physical injuries or health problems, including difficulty scheduling appointments, lack of availability, and lack of understanding of VA benefits and health care. These issues are especially important to address for veterans with TBI that often experience side effects including cognitive impairment that may impact their ability to affectively engage in their care. Many post-9/11 veterans experiencing the aftereffects of TBI are not aware of the LTSS currently provided by VA they may be eligible for to address these issues.

Further, in RAND’s report, they also find there is a need to increase long-term systems of support for our veterans, including by expanding access to long-term care. Progress was made towards this goal last Congress with the passage of the *Long-Term Care Veterans Choice Act* (P.L. 117-328, Div. U § 165). This legislation authorizes VA to cover the cost of medical foster homes, an alternative to nursing homes for veterans who require nursing care but prefer to live in a non-institutional setting, for up to 900 veterans over a five-year period.

Wounded Warrior Project believes there are additional opportunities to provide long-term care for veterans, including by revisiting VA’s policy of not paying for room and board in assisted-living facilities. The Assisted Living for Veterans with TBI (AL-TBI) pilot program ran from 2009 to 2018 and provided veterans with moderate to severe TBI who needed long term neurobehavioral rehabilitation placement in private TBI rehabilitation facilities. In an evaluation of the program, VA found that veterans participating in the program experienced improvements in physical and emotional health, TBI symptoms, and other outcomes. Unfortunately, today, veterans who wish to participate in VA’s Traumatic Brain Injury – Residential Rehabilitation program must pay for their room and board. Legislation to remove this financial burden would remove a serious financial barrier to care for some veterans who need this heightened level of support and supervision.

CAREGIVERS

Military and veteran caregivers sacrifice every day to help our nation's most severely injured Service members and veterans and they play an essential role in their care and wellbeing. WWP, we have prioritized our efforts to support these warriors and their caregivers. Our Independence Program provides high-touch individualized support from a specialized case management team to approximately 800 warriors, many of whom rely on caregivers. Last year alone, we provided over 200,000 hours of in-home and local care to these warriors who often rely on caregivers within the Independence Program.

Working alongside the warrior, the warrior's family and caregivers, and a network of case managers familiar with local resources helps WWP deliver better quality of life and care to these warriors. Partnerships with organizations that directly provide specific services or programming for caregivers allow us to expand our impact even further. Since 2012, WWP has supported 18 organizations who serve military and veteran caregivers in order to better understand their needs and provide direct programs, clinical mental health services, respite, and the development of tools to share resources within the caregiving community.

Caregivers often play an indispensable role in helping coordinate services, locating resources, being a vocal advocate, and providing aid and assistance in the home. And while much of the support provided by our Independence Program helps warriors reach and maintain a level of autonomy that would not otherwise be possible, the support offered to these caregivers by VA – at a scale far beyond what WWP can provide – is often more critical to their well-being.

Program of Comprehensive Assistance for Family Caregivers

Among warriors currently receiving aid and assistance, 30 percent are currently participating in the Program for Comprehensive Assistance for Family Caregivers (PCAFC). Following passage of the *VA MISSION Act* (P.L. 115-182 § 161) in 2018, VA modified PCAFC eligibility criteria as the program grew to expand veterans and caregivers of all eras. One of the most significant changes was replacing a system that paid stipends to family caregivers based on hours spent providing personal care services to veterans with a system that requires the caregiver to provide personal care services each time a veteran completes one of several activities of daily living.

Surveys among the warriors and caregivers in our community have revealed that less than two percent of warriors with a service-connected disability rating of 70 percent or more (a new criteria for PCAFC eligibility) are completely dependent on someone else to complete ADLs that are aligned with the ADLs considered for PCAFC eligibility. Such information led WWP to caution that the proposed (now final) eligibility standards would likely exclude many veterans with moderate and severe needs that the program was designed to cover. In contrast, subsequent surveying revealed that WWP warriors who participate(d) in PCAFC rely on a caregiver who –

regardless of employment status and type (at home, virtual, hybrid, part-time, full-time, or unemployed) – generally spends more than 50 hours per week providing caregiving assistance.

In consideration of these factors, WWP is thankful to VA for its decision to continue providing stipends and support for the program’s legacy participants until 2025 and believe this was the right decision. As Congress continues to oversee implementation, WWP urges you to keep these concerns in mind and calls for continued support and monitoring of the program.

Long Term Care

While PCAFC is an important program for many younger warriors with more severe injuries, VA’s Geriatrics and Extended Care (GEC) services will ultimately reach more of these veterans as their conditions progress and they choose to receive long term support services (LTSS) at home. To this end, WWP supports the *Elizabeth Dole Home Care Act* (S. 141). Key provisions of the bill would instruct VA to provide informal GEC program assessment tools to help veterans and caregivers identify expanded services they are eligible for, codify existing GEC programs to ensure the availability of effective and enduring support, and assist caregivers denied or discharged from PCAFC into other VA-provided home-cased care and support.

Another critical component of the *Elizabeth Dole Home Care Act* – although subsequently removed during a February 2023 markup – would be to raise the expenditure cap for noninstitutional care alternative programs (currently set at 65 percent of what it would cost to care for the veteran in a local nursing home) to match what could be spent for care offered in an institutional setting. It is worth noting here that applicable GEC programs like Homemaker Home Health Aide, Veteran Directed Care, and Skilled Home Health Care that are popular with veterans and caregivers often provide services that do not overlap with the personal care services considered under PFAFC eligibility. Using one program should not limit availability of the other in all circumstances.

Caregiver Mental Health and Respite

Research shows that military and veteran caregivers have higher levels of mental health problems than civilian caregivers and non-caregivers. According to RAND Corporation’s *Hidden Heroes: America’s Military Caregivers*, 40 percent of post-9/11 caregivers are likely to suffer from major depressive disorder (MDD) and pre-9/11 caregivers are reportedly twice as likely to suffer from MDD.³⁸ More recent research published in the Caregiver Consortium Newsletter – a collaboration between VA caregiver researchers – suggests that the COVID-19 public health emergency contributed to worsening anxiety and mood, as well as increased stress.³⁹

These reports reflect that although many caregivers feel their role has given them a sense of meaning and purpose, these positive emotions often coexist with feelings of strain or stress. According to the AARP and National Alliance for Caregiving’s (NAC) *Caregiving in the U.S.*

³⁸ RAJEEV RAMCHAND ET AL., HIDDEN HEROES: AMERICA’S MILITARY CAREGIVERS 81 (RAND Corp., 2014), available at https://www.rand.org/pubs/research_reports/RR499.html.

³⁹ The Caregiver Consortium, *The Impact of COVID-19 Pandemic on Veteran Caregivers*, 1(2) CAREGIVER CONSORTIUM NEWSLETTER 4, 1-4 (2022), available at <https://www.hsrd.research.va.gov/centers/dole/caregiver-consortium-newsletter-summer2022.pdf>.

2020 report, these positive emotions can be accompanied by physical, emotional, and financial strain that can manifest in poorer health. Specific to mental health, nearly 4 in 10 caregivers consider their caregiving situation to be highly stressful, while an additional 28 percent report moderate emotional stress.⁴⁰

Based on this research and a strong and enduring relationship with caregivers through our Independence Program and our partnerships with the Elizabeth Dole Foundation and the Rosalynn Carter Institute for Caregivers, WWP strongly believes that Congress can pursue policies to improve access to mental health care for caregivers. Under current law, VA provides counseling services – psychotherapy, counseling, training, or education, but not prescriptions or inpatient care – to caregivers only if a veteran’s medical team determines that the service is “in connection with the treatment” of a veteran’s disability⁴¹. A more relaxed standard may limit subjectivity in VA’s decision to authorize care. Similarly, while WWP and others in the community have supported important work to provide respite and resources for our veteran caregivers, more must be done at the federal level. Section 5 of the *Elizabeth Dole Home Care Act* (S. 141) would guarantee the availability of respite care each year to caregivers of veterans enrolled in home care programs – a provision that WWP supports.

Long-term Financial Security

A recent study from the American Association of Retired Persons (AARP), *Caregiving Out-of-Pocket Costs*⁴², found that nearly eight in 10 caregivers report out-of-pocket expenses related to their caregiving duties. They also found that their caregiving duties frequently have an impact on the caregiver’s income. Approximately, one-third of caregivers reported having to take steps like changing their schedules or taking leave, resulting in an average loss of over \$10,000 in salary per year. Although PCAFC helps mitigate some of these costs for a small percentage of veteran family caregivers, the potential for these financial stressors to return is enhanced by the ongoing uncertainty of PCAFC’s future eligibility criteria.

Caregivers can face difficulties finding employment that is flexible enough to accommodate their caregiving duties. Many caregivers also place their career ambitions on hold to support their loved ones and face long-term financial uncertainty, particularly into typical retirement age. As caregivers reach retirement age, they also often face the added pressure of not having contributed to Social Security, creating an additional financial hardship. When a caregiver’s duties change or end, the caregiver is then at a disadvantage in re-entering a job market they have taken time away from to provide for their loved one.

Many veterans and caregivers are also not being educated on the benefits they may already be entitled to. At WWP, we often find a lack of awareness within this community of benefits like Special Monthly Compensation, Service-Disabled Veterans Life Insurance, VA Life Insurance, and Survivor Benefits. These are all examples of benefits that would offer veterans and their caregivers additional financial security, often at a difficult time such as when the

⁴⁰ AARP & NAT’L ALLIANCE FOR CAREGIVING, *Caregiving in the U.S., 2020* 53 (May 2020), available at <https://www.caregiving.org/research/caregiving-in-the-us/caregiving-in-the-us-2020/>.

⁴¹ 38 CFR § 71.50.

⁴² Laura Skufca & Chuck Rainville, *Caregiving Can Be Costly – Even Financially*, AARP RESEARCH, June 2021, available at <https://www.aarp.org/research/topics/care/infos-2016/family-caregivers-cost-survey.html>.

veteran passes away. While WWP has found success in working with caregivers on an individual basis to counsel through what benefits and services may be untapped, VA has potential to do so at much larger scale with better alignment across VHA and VBA and with more investment in proactive outreach and review of cases. Congress can assist by providing VA with the resources it needs to do so.

ENHANCED QUALITY OF LIFE

There are challenges ensuring an individual's quality of life remains high as they age. Our Annual Warrior Survey explores how different components of warriors' lives are interdependent and change over time. The holistic approach focuses on the multiple components of well-being – mental, physical, financial, social connection, and spiritual – and how those components are interdependent and impact warriors' quality of life. While the discussions that follow do not necessarily flow from findings in the Annual Warrior Survey, we are confident they address areas that make meaningful improvements in the lives of warriors we service.

Support for Rural Veterans

An estimated 4.7 million Veterans live in rural settings, with approximately 2.8 million who relying on VHA services for health care.⁴³ A growing number of WWP alumni live in rural areas. Our Annual Warrior Survey previously found approximately 5.2% of WWP warriors resided in rural areas, with rural veterans averaging \$100 less in weekly wages and less likely to be in the labor force than veterans who lived in urban areas. Additionally, research has shown rural veterans tend to have poorer health outcomes, are less likely to utilize health care services, and are more likely to experience food insecurity when compared with their civilian counterparts.⁴⁴ This potentially complicates situations when veterans need medical care, as rural veterans have identified transportation as being a top challenge when maintaining their quality of life. Telehealth access has provided a mitigating factor for some medical services, such as for mental health. However, greater access to devices, access to quality broadband or other methods of interconnectivity, and geographically flexible programs such as screenings and brief interventions, especially for substance use and mental health, are still needed in rural areas.⁴⁵

One area where these needs are more pronounced is in dental care. Rural veterans specifically are less likely to visit a dentist routinely and are more likely to have poorer oral health outcomes when compared to veterans who lived in more metropolitan settings.⁴⁶ Gaps were exacerbated by the COVID-19 public health emergency when dental care service utilization rates declined as most services except for emergencies were moved to telehealth services.⁴⁷

⁴³ VA Research on: Rural Health, U.S. Dep't of Vet. Affairs, https://www.research.va.gov/topics/rural_health.cfm (last visited Feb. 22, 2023).

⁴⁴ Yue Qin et al., *Grit But Not Help-Seeking Was Associated with Food Insecurity Among Low Income, At Risk Rural Veterans*, 20(3) INT. J. ENV. RES PUBLIC HEALTH (2023), available at <https://www.mdpi.com/1660-4601/20/3/2500>.

⁴⁵ Justin T. McDaniel et al., *Alcohol Screening and Brief Intervention Among Military Service Members and Veterans: Rural-Urban Disparities*, 168(3) BMJ MIL. HEALTH 186, 186-191 (2022).

⁴⁶ R. Constance Wiener et al., *Rural Veterans' Dental Utilization*, BRFSS, 2014, 77(4) J. PUB. HEALTH DENT. 383, 383-94 (2014).

⁴⁷ Sara Kintle et al., *Satisfaction of the Use of Telehealth and Access to Care for Veterans During the COVID-19 Pandemic*, 28(5) TELEMEDICINE AND E-HEALTH 706, 706-711 (2022).

Telehealth services have remained popular after the height of the pandemic and there are potential opportunities to leverage these services and support an underserved population of veterans through teledentistry. As rural veterans are more likely than non-rural veterans to experience negative oral health indicators, dental screenings can be a method to prevent or provide early intervention before conditions impact overall physical health.⁴⁸ Some remote regions that have implemented teledentistry have engaged with specialists in other areas, providing access to unique and necessary consults for individuals who would otherwise not have the ability. Congress can ensure funding for a pilot program within VA that seeks to develop a teledentistry program built around preventative care screenings, especially for veterans who reside in remote or rural locations.

Gaps in care are certainly not limited to dentistry for rural veterans. Within mental health, WWP was pleased to testify in support of the *Sgt. Ketchum Rural Veterans Mental Health Act* (P.L. 117-21) and would welcome further expansion. This law expanded access to the Rural Access Network for Growth Enhancement (RANGE) Program, which specifically focuses on providing additional mental health care for veterans in rural areas. Efforts like these are vital to implement appropriately, especially if there could be additional value in other rural regions. Similarly, Congress can support state-level funding for developing Collaborative Systems of Care (CSC) programs, which are nurse-led care coordination programs that exist in several states. These programs focus on identifying veterans utilizing Federal Qualified Health Centers and connect them with VA services; they are a great way of building regional understandings to what veterans need.⁴⁹

Healthcare Disparities for Underserved Populations

The military is more racially, ethnically, and culturally diverse today than it has been in prior years.⁵⁰ This translates to similar changes in the veteran population, requiring VSOs, DoD, and VA to work to ensure high quality services are available to address the nuanced needs of the populations. Inequities experienced by veterans may include disparities with claim rejection rates, unequal PTSD services and compensation rates, and variable discipline and discharge processes experienced by underserved veterans.

Academic research suggests using frameworks for services based on the social determinants of health could add perspective and flexibility to aid in reducing health care disparities.^{51,52} This is complementary to the Total Force Fitness model currently used within the DoD to support Service members, which focuses on 8 domains of health and fitness including financial health, physical fitness and health, and social fitness.⁵³ Congress can pass the

⁴⁸ AMERICAN INSTITUTE OF DENTAL PUBLIC HEALTH & CAREQUEST INSTITUTE FOR ORAL HEALTH, *Improving the Oral Health of Rural Veterans Through Policy, Data Collection, and Care Delivery* 6 (2022), available at, https://www.carequest.org/system/files/CareQuest_Institute_AIDPH_Improving-the-Oral-Health-of-Rural-Veterans_11.29.22.pdf.

⁴⁹ M. Bryant Howren et al., *Behavioral Health Screening and Care Coordination for Rural Veterans in a Federally Qualified Health Center*, 49 J. BEHAVIORAL HEALTH SERVS. RESEARCH 50, 50-60 (2022).

⁵⁰ Amanda Barroso, *The Changing Profile of the U.S. Military: Smaller in Size, More Diverse, More Women in Leadership*, PEW RESEARCH CTR., Sept. 2019, available at <https://www.pewresearch.org/fact-tank/2019/09/10/the-changing-profile-of-the-u-s-military/>.

⁵¹ Rachel L.J. Thornton, *Evaluating Strategies for Reducing Health Disparities by Addressing the Social Determinants of Health*, 35(8) HEALTH AFF. 1416, 1416-21 (2016).

⁵² Khushbu Chelak & Swarupa Chakole, *The Role of Social Determinants of Health in Promoting Health Equality: A Narrative Review*, 15(1) CUREUS (2023), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9899154/>.

⁵³ *Total Force Fitness*, DEF. HEALTH AGENCY, <https://www.health.mil/Military-Health-Topics/Total-Force-Fitness> (last visited Mar. 1, 2023).

Improving Social Determinants of Health Act (117th, S. 104, H.R. 379) which would allow the Centers for Disease Control and Prevention (CDC) to develop a program that could improve health outcomes and reduce inequities. This act would also authorize grants for organizations focusing on addressing the social determinants of health.

The VA's Center for Minority Veterans, Center for Women Veterans, and LGBTQ+ program have sought to reduce healthcare disparities for underserved populations of veterans; however, more can be done, especially in regions where there are large groups of unique populations. Congress can pass legislation that promotes equitable care and support, such as the *Serving Our LGBTQ+ Veterans Act* (117th, H.R. 5776) which seeks to establish a Center for LGBTQ+ veterans within VA, similar to other centers that exist for unique populations.

Home Adaptations

For many veterans with disabilities, navigating their homes while performing everyday tasks can be difficult or even dangerous. Home modifications are often necessary for them to live safely and independently. While the VA Specially Adapted Housing (SAH) grant program provides the necessary resources for veterans to buy, build, or modify existing homes to meet their accessibility needs, this program is restricted to veterans with the certain service-connected disabilities such as loss, or loss of use, of certain limbs, blindness in both eyes, or severe burns. Other veterans with disabilities that require home modifications, including elderly veterans, may qualify for grants under the VA Home Improvements and Structural Alterations (HISA) program. These grants are intended to allow those veterans to make modifications such as altering home entrances and counters, or installing wheelchair ramps, handrails, or roll-in showers.

Currently, the maximum allowable amount under the HISA program for veterans to make modifications to address a service-connected disability (or who have a disability rated 50 percent or greater) is \$6,800. For all other veterans, the maximum allowable amount is \$2,000. These amounts have not been increased to keep pace with rising home construction costs since 2009. As a result, HISA grants often do not cover the full cost of the modifications, and veterans who cannot afford additional out-of-pocket costs may be left with partially adapted homes or unfinished projects.

In the 117th Congress, WWP supported the *Autonomy for Disabled Veterans Act* (117th, H.R. 5819, S. 4721), which would have increased maximum amounts under the HISA program to \$10,000 and \$5,000 and would have provided an automatic annual increase to those amounts based on the consumer price index. We believe these improvements are necessary to ensure the HISA program continues to meet disabled veterans needs and we will continue to support similar legislation in the 118th Congress.

Dignified Air Travel

Air travel can be a stressful experience for anyone, but it presents unique challenges for veterans with severe disabilities, especially when negotiating Transportation Security Administration (TSA) checkpoints. The process of having to remove prosthetics or other

assistive devices, vacate wheelchairs, or make other accommodations to go through security can not only take quite a bit of a time but also leave a veteran stressed and frustrated. Furthermore, although *Federal Aviation Administration Act of 2018* (P.L. 115-254) established an advisory committee to identify barriers and recommend improvements for passengers with disabilities, disabled veterans continue to report a lack of awareness by TSA agents about how to handle medical devices, service animals, and other conditions requiring accommodations, sometimes leading to embarrassing or medically compromising searches.

To address these issues, WWP supports legislation that would provide TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. This benefit is already offered to Active Duty, Reserve, and National Guard Service members. This legislation should also include provisions to enhance training for TSA agents on proper screening procedures for people with disabilities, with an additional emphasis on cultural competencies related to disabled veterans. WWP believes this would allow veterans a more dignified travel experience and will also improve efficiency and safety.

Security checkpoints are not the only aspect of air travel where disabled veterans encounter barriers. Boarding and deplaning from aircraft can also present significant challenges, especially for those who use wheelchairs. Since plane aisles are frequently too narrow to accommodate wheelchairs, veterans, and other people with disabilities, must often check them like luggage and be provided loaner chairs that may not be medically suitable. Similar to luggage, wheelchairs may then be damaged in the cargo hold or lost before reaching the final destination. According to the most recent Air Travel Consumer Report, over 900 wheelchairs were mishandled by airlines in November 2022 alone.⁵⁴ In order for a veteran to board the plane, they sometimes must allow an airline employee to lift them, a dangerous practice that can result in people being dropped and injured.

The *Air Carrier Access Amendments Act* would address these issues by requiring the Secretary of Transportation, in direct consultation with the Architectural and Transportation Barriers Compliance Board, to improve airplane accessibility standards for people with disabilities, including boarding and deplaning equipment, proper stowage of assistive devices, access to lavatories, and seating accommodations including in-cabin wheelchair restraints (if technologically feasible). WWP believes this would greatly improve the ability of disabled veterans to travel on airplanes with the safety and dignity to which they are entitled. Although we are aware that this legislation falls outside the jurisdictions of your committees, we encourage Congress to act swiftly to pass this important legislation.

DEPARTMENT OF VETERANS AFFAIRS WORKFORCE AND MODERNIZATION

Workforce

Despite sustained efforts, VA continues to face a workforce shortage and high turnover rates, resulting in longer wait times and disjointed care for veterans. According to its own June

⁵⁴ OFF. OF AVIATION CONSUM. PROT., U.S. DEP'T OF TRANSP., AIR TRAVEL CONSUMER REPORT 38 (Jan. 2023), available at <https://www.transportation.gov/sites/dot.gov/files/2023-02/January%202023%20ATCR.pdf>.

2022 report, VA experienced a 20-year high in its VHA staff turnover rate (9.9%) in FY 2021 partly due to higher wages and bonuses offered by private health care systems, COVID-19 pressures, and burnout.⁵⁵ The VA Office of the Inspector General similarly identified severe staffing shortages in critical health care areas including psychology (73 of 139 VHA facilities), psychiatry (71 of 139), primary care (60 of 139), and social work (44 of 139)⁵⁶. These trends are distressing for a WWP warrior population that is mostly enrolled in VA health care (90.5%) but underutilizing the care that is available (67% rely on VA for primary health care, 54% for mental health care).

Fortunately, Congress has given VA tools to address these problems. The *RAISE Act* (P.L. 117-103, Div. S § 102) increased the pay limitation on salaries for nurses, advanced practice registered nurses, and physician assistants within VA – a key tool to help VA recruit and retain these critical health care workers that assist across all practice areas. The *STRONG Veterans Act* (P.L. 117-328, Div. V) includes provisions that will expand the Vet Center workforce (§ 102), create more paid trainee positions in mental health disciplines (§ 103), and offer more scholarship and loan repayment opportunities for those pursuing degrees or training in mental health fields (§ 104). For the 118th Congress, we encourage exploration into ways to assist VA in addressing the challenge of competing for talent amidst a nationwide shortage of medical personnel. It can start by passing the *VA CAREERS Act* (S. 10) which would notably increase pay caps for physicians (including psychiatrists), lower out-of-pocket costs for licensure exam costs and continuing education for other positions (like psychologists).

We note the impact on the mental health care field above to underscore the importance of addressing the national shortage of mental health care providers. VA is struggling to ramp up its Primary Mental Health Integration (PCMHI) program due to factors including national shortages of mental health providers, provider turnover, salary discrepancies for mental health care positions between VHA and the private sector, provider preferences to deliver care virtually rather than in person, and slow and complicated hiring processes.⁵⁷ These challenges are hardly surprising. The U.S. does not have enough mental health professionals to treat the roughly 1 in 5 U.S. adults with a mental illness.⁵⁸ More than 150 million Americans live in a federally designated mental health professional shortage area.⁵⁹ And the American Association of Medical College recently wrote that “within a few years the country will be short between 14,280 and 31,109 psychiatrists, and psychologists, social workers, and others will be overextended as well, experts say.”⁶⁰

One way for Congress to act outside of the VA system – but nevertheless helping veterans, particularly those in underserved areas – is to pass the *Mental Health Professionals*

⁵⁵ U.S. DEP'T OF VET. AFFAIRS, ANNUAL REPORT ON THE STEPS TAKEN TO ACHIEVE FULL STAFFING CAPACITY 3 (June 2022), available at <https://www.va.gov/EMPLOYEE/docs/Section-505-Annual-Report-2022.pdf>.

⁵⁶ OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FISCAL YEAR 2022 6 (July 2022).

⁵⁷ U.S. GOV'T ACCOUNTABILITY OFF., VETERANS HEALTH CARE STAFFING CHALLENGES PERSIST FOR FULLY INTEGRATING MENTAL HEALTH AND PRIMARY CARE SERVICES 26 (Dec. 2022).

⁵⁸ SUBST. ABUSE AND MENTAL HEALTH SVCS., KEY SUBSTANCE USE AND MENTAL HEALTH INDICATORS IN THE UNITED STATES: RESULTS FROM THE 2019 NATIONAL SURVEY ON DRUG USE AND HEALTH (see Fig. 51) (Sept. 2020), available at <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFHTML/2019NSDUHFFR090120.htm#ami>.

⁵⁹ BUREAU OF HEALTH WORKFORCE, HEALTH RES. AND SERVS. ADMIN., U.S. DEP'T OF HEALTH AND HUMAN SERVS., DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS STATISTICS, FIRST QUARTER OF FISCAL YEAR 2023 (Jan. 2023).

⁶⁰ Stacy Weiner, *A Growing Psychiatrist Shortage and an Enormous Demand for Mental Health Services*, AAMC NEWS (Aug. 19, 2022), available at <https://www.aamc.org/news-insights/growing-psychiatrist-shortage-enormous-demand-mental-health-services>.

Workforce Shortage Loan Repayment Act (S. 462). This bill would authorize the federal government to repay up to \$250,000 in eligible student loan repayment for mental health professionals who work in mental health shortage areas. Even as VA provided mental health treatment to 1.8 million veterans in FY 2021, approximately 60% of veterans lost to suicide in 2020 were not recently seen by VA.⁶¹ An expanded mental health workforce is certainly one of several strategies to help ensure that care will be available when veterans seek it.

Case Coordination Services

Recent research indicates that 1 in 4 veterans who have been hospitalized with TBI will develop long-term disability⁶² and not knowing where to get help is often the biggest barrier to care facing veterans who have sustained moderate to severe TBI⁶³. In the experience of WWP's Independence Program and Complex Case Coordination team, this lack of awareness is not limited to those with brain injury and is often an issue across the spectrum of injury and illness, both visible and invisible.

Establishing treatment and support programs may simply not be enough to solve the challenge of making care more accessible. Overlapping resources and nonuniform availability of federal, state, and local resources require a broad community effort to connect those in need with the services created for them. Even within VA, the word "Geriatric" – in reference to VA's Geriatric and Extended Care program office – can be a source of confusion or deterrence for both the younger veteran and their case manager or social worker to seek services. To overcome even this most basic barrier as well as others, solutions can range from better VA training to veteran-centric avenues like creating a menu of available program options tailored to the veteran/family and based on his or her needs and eligibility.

Such an approach has precedent. Pursuant to the *National Defense Authorization Act for FY 2008* (P.L. 110-181 § 1611), DoD and VA collaborated to launch the Federal Recovery Coordination Program (FRCP) that would assign recovering Service members with recovery care coordinators responsible for overseeing and assisting the Service member in their course through the entire spectrum of care, management, transition, and rehabilitation services available from the federal government. The program also called for assignment of medical care managers and non-medical care managers who were responsible for, among other tasks, helping resolve problems involving financial, administrative, transitional, and other matters that arose during recovery and transition.

In 2018, the FRCP transformed into the Federal Recovery Consultant Office (FRCO) in response to the Presidential Executive Order, "Comprehensive Plan for Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO can serve as a similar hub for veterans seeking more assistance with complex cases years after injury as difficult situations arise in response to

⁶¹ OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, 2022 NATIONAL SUICIDE PREVENTION ANNUAL REPORT 23 (Sept. 2022).

⁶² Yll Agimi et al., *Estimates of Long-Term Disability Among US Service Members With Traumatic Brain Injuries*, 36(1) J. HEAD TRAUMA REHAB 1, 1-9 (2021).

⁶³ R. Jay Schulz-Heik et al., *Service Needs and Barriers to Care Five or More Years After Moderate to Severe TBI Among Veterans*, 31 BRAIN INJURY 1287, 1287-93 (2017).

progressive symptoms or changing care dynamics, like an aging caregiver who can no longer provide as they once did. WWP has and will continue to explore ways to improve the ability of veterans with moderate and severe TBI symptomatology – and other veterans requiring close attention for severe disabilities – to navigate the systems of care available to them. We invite the committees to join those efforts to explore ways to improve the ability of veterans to take advantage of the programs and resources available to them.

Electronic Health Record & Infrastructure Modernization (EHRM)

VA's transition to a new electronic health record (EHR) system is projected to take 10 years and scheduled to end in 2028. The intent of the new system is to connect VA medical facilities with DoD, the U.S. Coast Guard, and participating community care providers, allowing clinicians to easily access a veteran's full medical history in one location. The VA EHRM Integration Office manages deployment of the new system. This effort will create a seamless transition from military to civilian life. We believe a successful deployment of an EHR will provide efficiencies and greater quality in patient and prescription data, all of which will lead to greater quality of care; better identification of high-risk patients related to suicide, toxic exposures, and opioid abuse; and a greater quality of life for all veterans.

While VA is expected to complete the enterprise-wide implementation in several years, on October 3, 2022, VA again delayed the roll-out when it announced a delay of upcoming deployments of the new EHR until June 2023 to address challenges with the system to ensure it is functioning optimally for Veterans and VA health care personnel⁶⁴. Since the initial deployment at the Mann-Grandstaff VA Medical Center in Spokane, Washington in October 2020, VA has successfully deployed the EHR at only four other VA Medical Centers. Additionally, a 2022 Freedom of Information Act (FOIA) request revealed that VA had experienced nearly 500 major incidents and at least 45 days of downtime since the system go-live in 2020⁶⁵.

Wounded Warrior Project shares the communities' concerns with the status of VA's EHRM efforts. However, we believe that a fully interoperable EHR between DoD, VA, and community providers should still be the goal for the community and encourage the Committees to continue this path. WWP is concerned by current efforts to abandon this goal and would suggest Congress play a larger role in oversight to ensure all stakeholders are held accountable. WWP believes Congress needs to exercise vigilant oversight of the implementation process to ensure high levels of interoperability and data accessibility between VA, DoD, and commercial health partners. The committees can provide oversight in the following ways:

Lessons Learned from DoD Implementation

The DoD MHS GENESIS electronic health record will provide DoD's 9.6 million beneficiaries and 205,000 medical providers with a single, interoperable EHR. MHS GENESIS

⁶⁴ Press Release, U.S. Dep't of Vet. Affairs, VA Extends Delay of Upcoming Electronic Health Record Deployments to June 2023 to Address Technical and Other System Performance Issues (Oct. 13, 2022), available at <https://digital.va.gov/ehr-modernization/news-releases/va-extends-delay-of-upcoming-electronic-health-record-deployments-to-june-2023-to-address-technical-and-other-system-performance-issues/>.

⁶⁵ Hannah Nelson, VA Data Shows 498 Major Incidents Since Oracle Cerner HER Go-Live, EHR INTELLIGENCE (Aug. 22, 2022), available at <https://ehrintelligence.com/news/va-data-shows-498-major-incidents-since-oracle-cerner-ehr-go-live>.

is deploying in 23 “waves” across the Military Health System with full deployment anticipated at the end of calendar year 2023 and is currently operational at 103 military hospitals and clinics. While DoD also experienced challenges during the initial deployment phase, it appears to be on track to fully deploy within budget and on time. We encourage Congress to evaluate the differences in implementation efforts, and where applicable, monitor VA’s adherence to those lesson learned and consider different models of governance and system integration approaches.

Individual Longitudinal Exposure Record (ILER)

Among the requirements of the *PACT Act*, DoD and VA are required to coordinate regarding Service members’ and veterans’ ability to update exposure records in the Individual Longitudinal Exposure Record (ILER). This application is used by the DoD and VA to track, record, and assess environmental and occupational exposure to potentially hazardous substances, data that is crucial to health care interventions and treatment for exposed warriors and can help VA better identify high-risk individuals. While it is vital for these exposures to be captured in the ILER record, it is just as critical that this information be migrated into a Service member or Veteran’s EHR. As Congress exercises its oversight powers, we encourage you to also consider integration of critical systems into the EHRM efforts so that VA is not trying to solution for them after the fact.

CONCLUSION

Wounded Warrior Project thanks the Senate and House Committees on Veterans’ Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. Your actions over the next two years will have a significant impact on the next steps VA, and the greater community, takes to better serve veterans while considering questions related to its care, programming, assets and infrastructure, workforce, technology, and more. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.



WOUNDED WARRIOR PROJECT*

★ FISCAL YEAR 2022 IMPACT ★

175,800+ WARRIORS | 44,500+ FAMILY MEMBERS | 58 NEW REGISTRANTS EACH DAY

Wounded Warrior Project® (WWP) is transforming the way America's veterans are empowered, employed, and engaged in our communities. Our direct service programs focused on connection, independence, and mental, physical, and financial wellness create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection, which are known to reduce the risk of veteran suicide. The following statistics represent program activity and impact during the 2022 fiscal year (10.01.21 - 09.30.22).

MENTAL HEALTH	PHYSICAL HEALTH	FINANCIAL WELLNESS	CONNECTION
<p>THE RATE OF WWP WARRIORS EXPERIENCING 2+ MENTAL HEALTH CONDITIONS IS 3X HIGHER THAN EXPERIENCING JUST ONE. WWP ENSURES THEY NEVER HAVE TO FACE THESE CHALLENGES ALONE.*</p> <p>54,700 + hours of treatment for PTSD, traumatic brain injury, substance use disorder, and military sexual trauma</p> <p>PROVIDED TO 1,300 + warriors and family members</p> <hr style="border: 1px dashed #ccc;"/> <p>19,700 + emotional support calls conducted with warriors and family members</p> <p>RESULTING IN 73% experiencing an improvement in their mental and emotional health</p> <p>AND 58% becoming more resilient, a key factor in preventing suicidal ideation</p> <hr style="border: 1px dashed #ccc;"/> <p>2,400 + participants in Project Odyssey™, a WWP mental health program that teaches coping skills to improve resiliency</p>	<p>POOR SLEEP AND CHRONIC PAIN ARE TOP ISSUES AMONG WWP WARRIORS. OUR PROGRAMS ARE DESIGNED TO HELP THEM SLEEP BETTER AND GET BACK TO ENJOYING LIFE.*</p> <p>Among warriors who participated in WWP physical health and wellness coaching:</p> <p>58% experienced an improvement in sleep quality</p> <p>AND 50% experienced a reduction in pain, reducing the interference of physical injuries on daily life</p> <p>AND 73% experienced an improvement in mobility</p> <hr style="border: 1px dashed #ccc;"/> <p>60% experienced an improvement in their mental and emotional health, demonstrating the importance of physical health on mental well-being</p>	<p>WWP WARRIORS FACE HIGHER RATES OF UNEMPLOYMENT AND FINANCIAL DISTRESS THAN THE GENERAL POPULATION. WWP'S FINANCIAL WELLNESS PROGRAMS EMPOWER THEM TO OVERCOME THESE OBSTACLES.*</p> <p>68,000 + career coaching services provided, including resume review, interview prep, and post-placement counseling</p> <p>RESULTING IN 1,700 + warriors and family members achieving employment</p> <hr style="border: 1px dashed #ccc;"/> <p>\$146.6 MILLION economic impact of V.A. benefits claims filed by WWP</p> <p>WITH AN 87% approval rate</p> <hr style="border: 1px dashed #ccc;"/> <p>1,500 + participants in the WWP Financial Education program, which helps warriors build a strong financial foundation through resources like educational seminars and one-on-one counseling</p>	<p>WWP FOUND SOCIAL SUPPORT TO BE A PROTECTIVE FACTOR AGAINST SUICIDAL IDEATION AMONG WWP WARRIORS. OUR PROGRAMS AND EVENTS HELP KEEP WARRIORS CONNECTED AND OUT OF ISOLATION.*</p> <p>6,400 + virtual and in-person events, keeping warriors and their families connected and out of isolation</p> <p>Among those who participated in these events: 97% reported that they feel socially connected to their peers</p> <p>AND 95% said they have people they can depend on</p> <hr style="border: 1px dashed #ccc;"/> <p>1,200 + warrior-only peer-to-peer support group meetings held</p> <hr style="border: 1px dashed #ccc;"/> <p>93% of participants in WWP Soldier Ride events say they have greater self-confidence after participating in the event</p>
<p>INDEPENDENCE</p> <p>200,000 + hours of in-home and local care provided to the most severely injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible</p>			

*WWP 2022 Annual Warrior Survey

WOUNDED WARRIOR PROJECT®
COMMUNITY PARTNERSHIPS



Wounded Warrior Project (WWP) believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. Our Community Partnerships team reinforces our programmatic efforts and expands our impact by investing in like-minded military and veteran support organizations. Please refer to this list of current partners as you seek out resources beyond WWP:



Wondering which of our partners might best suit your current needs?
 The WWP Resource Center can help! Call 888.WWP.ALUM (997.2586)

Current List Of Partner Organizations (R122)



**STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE AND HOUSE OF REPRESENTATIVES**

**JOINT HOUSE AND SENATE
VETERANS SERVICE ORGANIZATION LEGISLATIVE PRESENTATION**

**PRESENTED BY
BONNIE CARROLL
PRESIDENT AND FOUNDER**

MARCH 8, 2023

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all at no cost to military survivors. TAPS offers additional programs including, but not limited to: a 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to other survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 100,000 bereaved military survivors.

In 2022 alone, 8,849 newly bereaved military survivors came to TAPS for care. This is an average of 24 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2022, 30 percent were grieving the death of a loved one to illness, including toxic exposures, and 29 percent were grieving the death of a military loved one to suicide.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other more newly bereaved survivors by working and volunteering for TAPS.

Chairmen Tester and Bost, Ranking Members Moran and Takano, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement on issues and concerns of importance to the 100,000-plus surviving family members of all ages, representing all services, and with losses from all causes that we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DOD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to needed survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on, and supports referrals to, its programs and services that support all those grieving the death of a military loved one.

TAPS President and Founder, Bonnie Carroll serves on the Secretary of Defense Roundtable for Military Service Organizations and the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors*, where she chairs the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the Nation's highest civilian honor.

PASS COMPREHENSIVE REMARRIAGE LEGISLATION, THE LOVE LIVES ON ACT

TAPS is working with Members of Congress to pass the ***Love Lives On Act of 2023***, comprehensive legislation to eliminate the penalty on surviving spouses that can cause them to lose their survivor benefits if they remarry before the age of 55. TAPS is grateful to Senators Raphael Warnock (D-GA) and Jerry Moran (R-KS), and Representatives Dean Phillips (D-MN-3) and Richard Hudson (R-NC-9) for introducing this important legislation in the 118th Congress.

We ask Congress to:

- Remove the arbitrary age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to maintain access to education benefits under the Fry Scholarship and Dependents Education Assistance (DEA).
- Allow remarried surviving spouses to retain Commissary and Exchange benefits.
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to death, divorce, or annulment.
- Remove the "Hold Themselves Out to Be Married" clause from 38 USC, Section 101, paragraph 3.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives. They often have children that they must raise alone. Many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact them, especially those with children. Many choose to cohabitate instead of legally remarrying. A long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is a strong supporter of the ***Love Lives on Act of 2023***.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, absence of the service member, and expensive child care, military spouses face high barriers to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's retirement pay. These barriers to employment

continue when a military spouse becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay for their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE cannot. If a surviving spouse was previously eligible for insurance through CHAMPVA, that benefit can be restored. TAPS is not asking for surviving spouses to maintain TRICARE upon remarriage, only that we provide parity with other federal programs and allow it to be restored if the subsequent marriage ends.

These are punitive restrictions that are imposed on the military surviving family, but not others who put their lives on the line to protect and defend. For example, in 30 states, including in Texas¹, Virginia², and Louisiana³, first responders' survivors are allowed to legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, that spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Choosing to remarry should not impact a surviving spouse's ability to pay bills. They should not have to choose between another chance at love and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice, regardless of their marital status. Being widowed should not penalize them from finding love in the future.

The following personal testimonials from surviving spouses help highlight these important issues.

Kaanan Mackey Fugler, Surviving Spouse of SSG Matthew Mackey, U.S. Army National Guard

"My first husband, SSG Matthew Mackey, on his last deployment, wrote our children each a "what if" letter. In those letters, he tells my children that he wants me to find someone to pick up our broken pieces and would love them when he is unable. Due to an archaic law, Congress has made our futures all about ways that we can lose our

¹ <https://www.firehero.org/resources/family-resources/benefits/local/tx/>

² <https://www.firehero.org/resources/family-resources/benefits/local/va/>

³ <https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf>

earned benefits. When my spouse died, every hope and dream for OUR future was shattered in a moment. Most military widows spent years staying at home to take care of the homefront, while our spouses left for months to a year defending our nation. Our education and job experiences often lacked beyond measures to civilian spouses, due to employment gaps from moving or being unable to afford child care. Those gaps in education and employment will affect our earning potential whether we remarry or not. That gap is where our death benefits are supposed to come in. We are told to find a new "normal," while simultaneously hearing, "don't remarry, you will lose everything." I would have had to wait another 35 years to remarry and be able to keep my survivor benefits that we had earned. That is half of my life that the government believes I should be alone.

Had my deceased husband been a police officer, here in Louisiana, instead of U.S. military personnel, I wouldn't have been in this situation. Their survivors are allowed to keep their benefits and pensions, whether they choose to remarry or not. A piece of paper will never make me less of a military widow. It doesn't take away from the 12 years spent sacrificing my own employment while he served, nor the 12 years after his death spent raising our broken family. I should never be forced to live with someone (in hiding) to ensure that the government doesn't take away my earned benefits because I chose not to wait another 35 years for the government's blessing to be able to remarry and keep them.

Members of both committees, all we ask for is the freedom to choose how we pick up the pieces of our broken lives. To be able to move forward without being told we must spend half our lives alone first!"

Michele Nelson, Surviving Spouse of SMSgt Jeremy Nelson, U.S. Air Force

"Jeremy and I were middle school sweethearts and married right out of high school when he joined the Air Force. We talked about and decided that I would stay home with the kids during his many deployments, and while he pursued his higher education. We actually joked that his career was our retirement plan and, therefore, we should invest in him first before I started school and a career.

We had been married nearly 18 years when he died, and I did not have the resume or education to support our three kids by myself. I truly tried, but my many years as a military spouse and volunteering in spouse groups while serving overseas did very little to help me when interviewing for jobs. I used the education benefits to obtain a degree in business, but my resume remains lacking. I am just entering the workforce at 45 and will never see retirement benefits of my own. I am in a serious relationship and would love to get married to him someday, but cannot afford to lose my benefits."

Tonya Syers, Surviving Spouse of W4 Lowell Syers II, U.S. Army

"My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he eventually decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from UGA and be commissioned into the USAR. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from the burn pits. By the end of July, it took his life.

Eventually, I met a gentleman named James "Jay" Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.

The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died, like most, too early due to military service. We would gladly trade our benefits to have our spouse back. Unfortunately, we do not have that option, but your decision could certainly soften that blow."

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING FAMILIES (S.414, H.R.1083)

TAPS remains committed to improving Dependency and Indemnity Compensation (DIC) and providing equity with other federal benefits. We continue to work with Congress to:

- Pass the ***Caring for Survivors Act of 2023 (S.414, H.R.1083)***.
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran.
- Reduce the timeframe a veteran needs to be rated totally disabled from 10 to five years, allowing more survivors to become eligible for DIC benefits.

More than 450,000 survivors receive DIC from the VA. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of service members whose death was in the line of duty or resulted from a service-related injury or illness.

The current monthly DIC rate for eligible surviving spouses is \$1,562.74, which has only increased due to Cost-of-Living-Adjustments (COLA). TAPS is working to raise DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran; ensure the base rate is increased equally for all DIC recipients; and protect added monthly amounts like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported increasing DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senate Veterans' Affairs Committee Chairman Jon Tester (D-MT), Senator John Boozman (R-AR), Congresswoman Jahana Hayes (D-CT-5), and Congressman Brian Fitzpatrick (R-PA) for introducing the ***Caring for Survivors Act of 2023 (S.414, H.R.1083)***.

Passing this important legislation in the 118th Congress is a top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families.

The following statements from veteran survivors demonstrate that stringent limitations on DIC payments to survivors have financial and widespread impacts on housing, transportation, utilities, clothing, food, medical care, recreation, and employment on all family members, including children who lost a parent.

Sadie Clardy, Surviving Spouse of TSgt Michael Clardy, U.S. Air Force

"Five years ago, my husband died suddenly, leaving me to raise four children — ages 11 and under — on my own. My earning potential is severely limited, due to the years I dedicated to supporting my husband's career, and also the logistics of maintaining a job as a single mother of four. These last few years, especially, have been financially draining with supply-chain issues, inflation, and, more personally, the loss of a vehicle due to an uninsured driver.

It is time to increase DIC, to come to parity with federal death benefits. It is time to give families of the fallen some breathing room. A DIC increase for our family would mean paying back savings, music lessons, school supplies, and cooking omelets for my children with carefree abandon. Moreover, putting us more on the level with other survivor groups is the right thing to do."

Harry McNally, Surviving Spouse of SGT Shanna Golden, U.S. Army

"Increasing the amount of DIC to levels identical to other federal survivor benefits should have been done decades ago. As it stands, the implication is that the death of a veteran or service member is worth less than the death of other federal employees."

Barclay Murphy, Surviving Spouse of MAJ Edward Murphy, U.S. Army

"When my son turned 18 and went to college, a significant amount of income was lost while expenses remained constant — if not higher — due to inflation. I had planned for the income loss; I even sold my house and downsized. I raised two kids solo for almost 18 years. As an empty nester, I thought I'd have enough money for just me, but it has been tough even after the Widow's Tax repeal and cutting out so much."

Melissa Evinger, Surviving Spouse of Sgt Barry Evinger, U.S. Marine Corps

"As a widow and mother of three children, the weight I carry on my shoulders is substantial and often paralyzing as I strategize how to take care of my children. As a Texas public school teacher, my income will never be substantial. I do receive DIC, however, this does not come close to what my husband received in disability compensation. Because of this, I have to supplement my income by working as a tutor before and after school. This all amounts to time I have to be away from my children just to ensure we can afford a basic lifestyle."

My husband, children, and I have paid a huge price for our country. As the nation asked my husband to help defend its interests, I now ask for your help in return. I respectfully ask you to consider the possibility of increasing the amount of DIC for the widows and children of the fallen."

ENSURE IMPLEMENTATION OF THE PACT ACT FOR TOXIC-EXPOSED VETERANS AND SURVIVORS

TAPS will continue to work with Congress and the Department of Veterans' Affairs to:

- Ensure proper implementation of the **PACT Act** for veterans and survivors.
- Improve outreach, messaging, and education to surviving families who may be eligible for **PACT Act**-related benefits and health care.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts to pass the bipartisan **Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (H.R.3967)**. The **PACT Act** is the most significant expansion of benefits and services for veterans in more than 30 years.

TAPS worked with the leadership of the Senate and House of Representatives; Chairmen and Ranking Members of the Senate and House Veterans' Affairs Committees and their professional staff; the Biden Administration; the Department of

Veterans Affairs (VA); veteran and survivor advocates, including Jon Stewart and John Feal; and more than 60 veteran and military organizations who joined together to advocate for this critical legislation. TAPS was proud to witness President Biden sign the **PACT Act** into law on Aug. 10, 2022.

This historic bill ensures 3.5 million veterans of multiple generations who were exposed to burn pits, toxins, and airborne hazards while deployed are eligible to apply for immediate, lifelong access to VA health care, and critical benefits for their families, caregivers, and survivors. The VA estimates there are 382,000 potential survivors who may be eligible for **PACT Act**-related benefits:

- 146,000 potential DIC claims based on previously denied deceased veterans' claims
- 236,000 potential DIC claims based on previously denied survivors' claims

The VA began accepting veteran and survivor **PACT Act**-related claims on Aug. 10, 2022 and began processing claims on Jan. 1, 2023. The VA has received over 300,000 **PACT Act**-related claims to date from veterans, but the number of survivors filing claims has been estimated by the VA to be around 6,600.

TAPS recently renewed our Memorandum of Agreement (MOA) with the VA and is partnering with them to help identify, educate, and encourage survivors who lost their loved ones as a result of toxic exposure to submit **PACT Act**-related claims. We remain committed to working with Congress and the VA to ensure toxic-exposed veterans and their survivors receive their earned benefits and health care.

EXPAND MENTAL HEALTH SERVICES AND SUICIDE PRE/POSTVENTION

In 2023, TAPS will continue to work with Congress to:

- Prioritize mental health as an essential element to overall wellness and readiness for veterans, service members, families, caregivers, and survivors.
- Advance collaborative suicide prevention and postvention efforts to help save lives.

For more than a decade, TAPS has been on the front lines of suicide postvention efforts to support military families grieving deaths by suicide and using gained knowledge to save countless lives through suicide prevention efforts. The TAPS Suicide Postvention team has developed a research-informed, best-practice **TAPS Postvention Model™** for suicide-loss survivors, decreasing the risk of additional suicides and promoting healing.

TAPS has supported over 22,000 individuals whose military and veteran loved ones died by suicide. In 2022, 29 percent of those coming to TAPS for care each day were grieving a death resulting from suicide and a life that included military service. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to prioritize mental health care as an essential element to overall wellness and readiness.

TAPS families grieving a military loved one who died by suicide often cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, post-traumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis occurs among these survivors or let the long-term impact of unsupported grief on the youngest survivors lead to lifelong challenges and suffering.

Leading research and TAPS' extensive experience has validated that these risks can be significantly reduced for survivors of all ages with early and relevant social connections that demonstrate respect, offer understanding, and increase their sense of belonging and social connection — especially when paired with customized assistance to meet the challenges of legal, financial, benefits, and care needs.

Knowing how to reduce risk and support survivors, TAPS works closely with agencies and organizations across the country to not only welcome their referred survivors, but to help build their capacity by providing information and training on loss, including suicide loss. TAPS works with the VA Vet Centers, which provide services to family members of veterans and service members for military-related issues and also offer bereavement counseling for families who experience an active-duty death, as well as family members of Reservists and National Guard. TAPS provides support and care regardless of duty status, especially when related to Guard and Reserve forces who experience PTS that results in suicide.

TAPS supported the *Expanding the Families of Veterans Access to Mental Health Services Act* (S.2817, H.R.5029) in the 117th Congress, which expands Vet Center counseling and mental health services to surviving families of veteran suicide. We thank Congress for including this critical bill within the *Support The Resiliency of Our Nation's Great (STRONG) Veterans Act of 2022* (H.R.6411), which passed within the *Consolidated Appropriations Act of 2023* (H.R.2617), and was signed into law.

TAPS strongly believes that expanding Vet Center usage eligibility to survivors of veteran suicide will save lives by helping: stabilize issues of concern; decrease these survivors risks for suicide, post-traumatic stress, depression, anxiety, and other mental health conditions; and set them on a journey toward healing.

Marcia Tomlinson, Surviving Mother of A1C Patrick Tomlinson, U.S. Air Force

“What saved me was a late-night call I finally made to TAPS and admitting I needed help. It was the dark of winter, and I was alone with even darker thoughts. My life was in danger. That soothing voice on the phone assured me she could and would arrange for me to go ASAP to the local Vet Center for a specific Bereavement Counseling for military-loss survivors. A few hours later, I was called by a Vet Center counselor and saw him every week as he slowly, and with great care, helped me thaw the iceberg encasing my heart.

This specialized military-bereavement counseling through the Vet Center saved my life. I had been plummeting downwards into an unemotional abyss, which could so easily have ended with me taking my own life. Ten years later, I am thriving. Without those two intensive years of Vet Center bereavement counseling, I do not know if I would have survived to arrive where I am now.”

RAISE AWARENESS OF OPIOID DEPENDENCE AND FENTANYL-RELATED DEATHS

TAPS will continue to work with Congress, the VA, and Department of Defense to:

- Raise awareness of the growing rate of opioid dependence and fentanyl-related deaths among veterans, service members, and their families.
- Include family members of veterans and service members in best practice opioid treatment plans, recognizing that opioid dependence is a family disease, wherein the entire family system needs to find a path to recovery.
- Urge swift implementation of the *Mainstream Addiction Treatment (MAT) ACT* (S.445, H.R.1384), included in the *Consolidated Appropriations Act for 2023* (H.R.2617), and signed into law on Dec. 29, 2022.

TAPS has become increasingly alarmed by the growing rate of opioid dependence and opioid-related deaths among veterans, service members, and their families. According to a study published on July 6, 2022 and funded by the National Institute on Drug Abuse (NIDA), “U.S. military veterans have been heavily impacted by the opioid overdose crisis, with drug overdose mortality rates increasing by 53% overall from 2010-2019.” The study also found that drug overdose mortality among veterans increased by **93 percent for opioid overdoses** and **333 percent for stimulant overdoses**.⁴

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/>

At the request of Congress, the Department of Defense (DOD) recently released data confirming that **fentanyl was involved in 52 percent of overdose cases in the military between 2017 and 2021**. Fatal fentanyl overdoses more than doubled during that span, from 36 percent of overdoses in 2017 to 88 percent in 2021.⁵ Synthetic opioids, to include fentanyl, are highly addictive and 50 times stronger than heroin and 100 times stronger than morphine, according to the Centers for Disease Control and Prevention (CDC).⁶

During the State of the Union Address on Feb. 7, 2023, President Biden stated that “Fentanyl is killing more than 70,000 Americans a year.”⁷ The administration plans to launch a major surge to stop fentanyl production, sale, and trafficking, and improve drug detection.

TAPS has heard from veteran and military families who have lost their loved ones to opioid-related overdose to include fentanyl.

Rhonda Canales, Surviving Mother and H. Paul Canales, JD, Surviving Father of SSgt. Cameron A. Canales, U.S. Army

“Our son, Cameron, was born on Dec. 3, 1986 and died on Feb. 23, 2022, at his home in Fort Benning, Georgia. At the time of his death, he was on active duty and in the process of transitioning out of the Army after 12 years of service. The military performed an autopsy at my request, and the results indicated multiple drugs in his system at the time of his death, including fentanyl.

Our son was a Staff Sergeant and a sniper instructor when he was assigned to Fort Benning, Georgia in the fall of 2019. Prior to this assignment, he had served our country for 10 years, including two tours in Afghanistan. Following these deployments, he was diagnosed with PTSD, depression, and insomnia, along with a range of issues related to those returning from war zones.

Cameron was a whole individual when he entered the Army, and was broken mentally at the age of 35. His situation surely was exacerbated by the events surrounding the COVID-19 Pandemic of 2020. The forced isolation from that time kept him from receiving the help he needed from the Army, when he most needed it. In the short period of one year, he was demoted from Staff Sergeant to Private First Class (PFC).

⁵https://www.markey.senate.gov/imo/media/doc/dod_response_to_senator_markey_colleagues_september_2022_letterpdf.pdf

⁶ <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

⁷<https://www.whitehouse.gov/briefing-room/speeches-remarks/2023/02/07/remarks-of-president-joe-biden-state-of-the-union-address-as-prepared-for-delivery/>

What group of officers could fail to see that he was in crisis? Who allowed this downward spiral to continue? My son's death was a result of his leadership failing to intervene with the correct medical tools to save his life. As a Non-Commissioned Officer in Afghanistan, he took care of his men. Who was looking out for him?

As parents we knew little of his troubles. We did not know he had been demoted. We knew something was wrong when he started telling us about his upcoming Medical Evaluation Board and discipline hearing. He died within a week following that hearing."

Gail Simmons, Surviving Mother of PFC Ryan Simmons, U.S. Army

"I lost my only child, my son Ryan Simmons, to suicide on Aug. 12, 2012. Ryan had returned from serving in Operation Iraqi Freedom just two years prior. As a member of the Army Reserves, Ryan was an Engineer Bridge Crew member with the 739th and was deployed to Iraq in 2009. His MRAP was hit with an improvised explosive device (IED) in April 2010, which caused a Traumatic Brain Injury (TBI) for which he later received a Purple Heart. He returned later that year, and despite his physical wounds being healed, Ryan battled severe depression, suicidal ideation, PTSD, and opioid addiction. This led to us all fighting alone to help save Ryan's life, and I believe it was more than he could bear.

Despite the efforts of everyone who loved him, we lost him to suicide when he was only 22 years old. The military's support over those two years felt completely inadequate, particularly in regard to the opioid challenge that Ryan and now so many of our troops still face today.

I don't want another family or service member to ever feel the way we did, and why I am passionate about suicide prevention and addiction recovery. I feel we need a more structured program that supports returning to civilian life that includes mental health assessments, access to proactive counseling resources, as well as proven addiction and recovery programs. I also want to eliminate the shame surrounding mental health and addiction struggles, which I believe will require military and political leaders talking openly about the issues, along with paths to recovery. Finally, I urge the military to assess and rapidly adopt the best practices from the medical community regarding Opioid Use Disorder treatment— specifically, those outlined in the recently passed Mainstream Addiction Treatment (MAT) ACT. This act aims to improve accessibility to medication-assisted treatment for those struggling with this issue.

In closing, Ryan was a beautiful young man with a huge heart and an infectious smile. He always did his best to help care for those in need. Right now, he'd want us to do better. We must do better."

Don Lipstein, Surviving Father of MA2 Joshua Lipstein, U.S. Navy

“Everyday families like mine continue to be torn apart by the US opioid epidemic, and many Americans are not even aware of the level it's happening. Twelve years ago, my oldest son, Joshua, who was serving on active duty in the Navy, died by suicide after struggling with opioid abuse for far too long.

To my knowledge, there have been no positive changes to address this critical issue since his death. In over a decade of working with families who've tragically lost a loved one to suicide as well as overdoses, I have still yet to hear of progress toward improving life-saving outcomes. I've taken personal and professional steps to do what I can as an individual to get on the other side of this tragic issue by dedicating my life's work in the field of recovery. In fact, family recovery is part of the solution that not many are talking about. Any treatment plan of action aligned with best practices should understand that this is a family disease wherein the entire family system needs to find a path to recovery.

Some recommendations would include: Eliminate incarceration for drug use and instead offer treatment options for recovery; for drug use-related crimes, mandate in-patient rehabilitation treatment programs; and consider restructuring former correctional facilities into government-managed treatment centers.

Whether a family has been personally affected or not, this is our entire country's stumbling block. If we are not able to recognize what is happening then we are simply remaining part of the problem. I believe it is time to find solutions and begin to make the treatment of this disease effective enough to prevent future losses.”

HONOR ALL GOLD STAR FAMILIES

TAPS is working with Congress to:

- Use inclusive language for legislation and establish a concrete legal definition of a Gold Star Family, which includes “died while serving or from a service-connected injury or illness.”
- Reintroduce and pass the **Gold Star Families Day Act**.

As the national provider of compassionate care and resources for all those grieving the death of a military loved one, TAPS appreciates the use of inclusive language in all legislation referencing Gold Star Families as families of military service members who “died while serving or from a service-connected injury or illness.” The VA does not distinguish by cause of death. There is no differentiation of military headstones, the folding of the flag, playing of Taps, or distribution of government benefits based on

geography or circumstances of a service member's death, whether they died in combat, by accident, an illness related to their service, or by suicide. A service member's death is honored and remembered based on their life and service.

While there is no legal definition of Gold Star Family anywhere in statute, there are over 30 references to Gold Star Families varying from "killed by hostile action" to "died in the line of duty" to our preferred definition, "died while serving or from a service-connected injury or illness." Congress should establish a definition to ensure all future legislation and programs are consistent, and that all Gold Star Families are honored equally.

Gold Star Wives of America (GSW) and American Gold Star Mothers, Inc. are both Congressionally Chartered Nonprofit Organizations, and use broad inclusive language to define Gold Star for their membership criteria. The current GSW President is not a combat loss survivor, and First Lady, Dr. Jill Biden is eligible to join American Gold Star Mothers, Inc. based on her son, Beau Biden's death being service-connected.

In addition, TAPS fully endorsed the **Gold Star Families Day Act (S.3734 – 117th Congress)** and thanks Senator Elizabeth Warren (D-MA) for her steadfast support on this issue. This important legislation would create a federal holiday on the last Monday in September to recognize families whose loved ones died in service to the nation, regardless of the manner, place, or time of death. While Memorial Day honors all those who have served and died in defense of our freedom, Gold Star Families Day would honor their families' tremendous sacrifice for our nation.

The following testimonials from surviving family members highlight the importance of recognizing *all* Gold Star Families who have lost a loved one to military service.

Kathy Maiorana, Surviving Spouse of TSgt Mark Maiorana, U.S. Air Force

"I was once asked by another widow, while we looked at a memorial for the fallen, why I was so upset. When I told her it was because my husband's name will never be on a memorial, she responded, 'Well, he shouldn't be.'

I've been a suicide widow for 18 years. During those 18 years, I cannot count how many times my family, including my four children, have been left out of different memorials or events because of the way my husband died. Suicide has been seen as a stigma amongst veterans and their families for as long as I have been part of military life. Suicide has made not only my husband invisible in the eyes of military families, but also deemed his family's suffering as lesser than others who have also lost. In the eyes of many, it doesn't matter how long or to what extent someone has served, but simply how they died. Even though my husband's life ended a certain way, that does not make his contributions to this country any less."

Colleen Evans, Surviving Spouse of CW2 Mark Evans Jr., U.S. Army

“Service men and women don’t choose where they’re stationed, they don’t choose when or where they deploy, and they definitely don’t choose where they die. My husband, Mark, was a Blackhawk pilot in the Army. His job was dangerous regardless of where he was doing it, and his sacrifice is just as important and honorable as any other military death. Mark happened to die in the U.S. while preparing to redeploy to Iraq. He was wearing the same uniform he had worn during a deployment just eight months earlier.

We prepare our pilots and soldiers to know what to do in battle, and the preparation to fight for one’s country is dangerous. Some of our service members die overseas and some die stateside, doing the same job. Location doesn’t make his service and death less worthy of honor than someone that dies doing the exact same thing overseas.”

Ashlynn Haycock-Lohmann, Surviving Daughter of SFC Jeffrey Haycock, U.S. Army, U.S. Army National Guard

“My father served 16 years in the Army and Army National Guard. My parents did not get a honeymoon because my father was activated for the Rodney King riots two days after their wedding. He missed most of my siblings’ and my birthdays due to deployments and trainings. My father died while training to deploy in 2002, weeks before he was supposed to deploy to the Middle East.

By not using inclusive language when referencing “Gold Star,” Congress is saying that his 16 years of service do not matter, only the moment of death and where that death occurred. His service was just as honorable as those who died in a combat zone and he deserves to be honored equally to all other fallen service men and women. We, as Gold Star Families, do not choose when, where, or how our loved ones die, and it does not change the fact that we are all grieving someone who signed a blank check to this country up to and including their own life.”

CREATE ONE GI BILL FOR ALL VETERANS, SURVIVORS, AND FAMILIES

TAPS requests Congress:

- Introduce legislation to consolidate all remaining education benefits for survivors under Chapter 33.
- Pass the ***Fry Scholarship Enhancement Act of 2023 (S.350)*** to expand eligibility for those who die in the 120-day Release from Active Duty (REFRAD) period to the Fry Scholarship, which is the second phase in expanding eligibility to all Chapter 35 recipients.

Chapter 35 is an outdated education benefit provided by the VA. It has been around since the Vietnam War and has not had any major improvements since then. The Forever GI Bill increased education benefits by \$200 per month; however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post-9/11 GI Bill and Fry Scholarship.

TAPS recommends sunsetting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale, such as 70 percent as opposed to 100 percent of the benefit. Benefits under the Survivors' and Dependents' Educational Assistance (DEA) program are significantly lower than the Post-9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill. Those using DEA are limited to dependents of a 100 percent disabled veteran, those who died of a service-connected death, and those who died before 9/11.

Not only would sunsetting Chapter 35 simplify the VA approval process, but it would also ensure that all survivors are receiving adequate educational benefits. The following personal testimonials from surviving spouses help highlight these education benefit issues.

Astrid Rushford, Surviving Spouse of TSgt Richard Rushford, U.S. Air Force

"My husband passed away on Dec. 1, 2001, a few short hours after the U.S. Air Force decided to medically retire him while on life support from a successful suicide attempt on active duty. Due to this, even though he was in the 120-day Release from Active Duty (REFRAD) window of being still considered active duty, I was not authorized to utilize the Fry Scholarship. I could not go to school at the time due to the situation and with two young kids; I had to support them through their father's death and life as a single parent.

With the suicide rates in the Air Force, and the Department of Defense as a whole, constantly increasing, I have really wanted to play an active role in suicide prevention. Unfortunately, I have been unable to go to school with the Fry Scholarship benefits due to my husband's status. I have tried twice to apply to the Board of Correction to Military Records to have his death changed to active duty, but was denied both times. They refused because he was medically retired with more than 20 years of active-duty service, but he was not able to sign the paperwork himself while on life support.

The military did not give me proper counseling or support — no access to casualty affairs. My dream is to help others and lower the suicide numbers in the military. The ability to go back to school will give me the education backing I need to fulfill this dream, and be active in the community to help others."

Melissa Evinger, Surviving Spouse of Sgt Barry 'Bear' Evinger, U.S. Marine Corps

"My husband, Bear, was injured while serving on active duty as a United States Marine — he was medically retired from his severe injuries and unfortunately died later from those injuries. While our family is eligible for Chapter 35 benefits, we are not eligible for the Fry Scholarship because he was injured on active duty, medically retired, then died as a result of those injuries.

As a military widow and public school teacher, the reality of my child receiving a quality university education is less than ideal. As my child is currently looking at colleges, I have a sense of panic and sadness knowing that once again we will be faced with disappointment and difficult choices. The financial consideration of public versus private schools, housing and dorm costs, work-study to help pay for school, and so much more are devastating. The reality is Chapter 35 is helpful, but the cost of education is high. Chapter 35 alone is minimal and barely covers basic educational and housing costs. I beg you to consider increasing the eligibility of the Fry Scholarship to all Chapter 35 eligible survivors. Our children's futures are in your hands."

Renee Monczynski, Surviving Spouse of PO2 Matthew Monczynski, U.S. Navy

"The difference for my daughter between 35 and Fry for the next two years is the constant worry of how we are going to pay for the next semester. Waiting to see if she has enough scholarships to cover all expenses and scrambling for loans to cover the rest. Every time we fill out an application we are reminded that the Navy and our country don't care about Matt's sacrifice because it was in June 2001. He died on the wrong day for our country to care. That care is reserved for those that served and died after 9/11.

We were dual active. We were both willing and did serve our country. But according to a document his sacrifice is not worth a college education for our daughter. Nor is my 70 percent VA-rated disability. So I'm not broken enough, and he died on the wrong day for anyone to care about our sacrifices."

PROVIDE CHAMPVA YOUNG ADULT COVERAGE IN PARITY WITH THE ACA

TAPS will work with Congress to:

- Reintroduce and pass the **CHAMPVA Children's Care Protection Act**.
- Ensure surviving families with young adults have access to affordable health care and mental health benefits.

The **Affordable Care Act (ACA)**, signed into law in 2010, allows young adults to remain on their parent's health care plans until age 26 without a premium increase. This rule

applies to all plans in the individual market and to all employer plans. It is not included in the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA) coverage. Young adults using CHAMPVA are currently no longer eligible for coverage when they turn 18, or 23 if they are a full-time student.

TAPS is working to expand CHAMPVA coverage for eligible surviving children up to age 26. We strongly supported the **CHAMPVA Children's Care Protection Act (S.727, H.R.1801)** introduced by Senator Sherrod Brown and Representative Julia Brownley in the 117th Congress. This important legislation was endorsed by 43 veteran and military organizations and stakeholders. TAPS, along with our colleagues in The Military Coalition (TMC), representing 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans — and their families, are working with Congressional Members to reintroduce this critical bill in the 118th Congress.

Allowing young adults to remain eligible for medical care under CHAMPVA until their 26th birthday will bring the program in line with private insurance plans and the Department of Defense TRICARE Program. Those eligible would include adult children under the age of 26 of veterans:

- Who have died from service-connected disabilities
- Were rated permanently and totally disabled for service-connected disabilities
- Were totally disabled from a service-connected disease at the time of their death

Although not under the Veterans' Affairs Committee purview, TAPS is also working to pass the **Health Care Fairness for Military Families Act (H.R.1045)**, which would allow TRICARE young adults to remain on their parent's policy up to age 26 without a premium increase. This legislation, combined with the **CHAMPVA Children's Care Protection Act**, will ensure our surviving military and veteran families have affordable access to critical health care and mental health benefits. Surviving families, who have lost their loved ones as a result of military service, are often at higher risk and in need of behavioral and mental health care.

Many young adults were also impacted by the COVID-19 pandemic and have found it difficult to find full-time employment in a challenging job market. These young adults and their families cannot afford expensive out-of-pocket health care costs and should not be uninsured as we transition from a health care crisis. Surviving families with young adults should be provided the same affordable access to health care as civilian families under the protection of the **Affordable Care Act**.

TAPS will continue to work with Members of Congress to reintroduce and pass the **CHAMPVA Children's Care Protection Act**. Surviving families of our nation's veterans deserve nothing less.

Marlene Vargas, Surviving Spouse of Sgt Germany Vargas Silvestre, U.S. Marine Corps

"My husband, Germany Vargas Silvestre, was in the Marine Corps for 13 years. My daughter was 1 year old when he died from acute myeloid leukemia, an illness he developed from exposure to burn pits. Having CHAMPVA has been helpful, but I worry because the years have passed by so fast, and soon enough, my daughter will start high school.

If surviving children with TRICARE can keep their coverage until 26, so should surviving children with CHAMPVA. Our circumstances are different, but also the same. These are children of the fallen; they did not ask to be in this position. The least we can do to honor their parents is provide affordable health care."

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans' Affairs, their distinguished members, and professional staff for holding this Joint Session of Congress to hear the legislative priorities of veteran and military service organizations. TAPS is honored to testify on behalf of the thousands of surviving families we serve.

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STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

1st SESSION of the 118th CONGRESS

before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

March 8, 2023

Presented by

Cory Titus

Director, Government Relations for Veterans' Benefits

EXECUTIVE SUMMARY

MOAA thanks the committees for always putting veterans first. You remain committed to working hard in a bipartisan and bicameral way for our nation's heroes as their staunchest advocates for health and well-being.

Once again, the committees came through in the 117th Congress, championing a record number of bills to provide health care and economic relief for veterans, their families, survivors, and caregivers. We look forward to working with you and all members of the House and Senate Committees in the 118th Congress.

MOAA is committed to working with the Department of Veterans Affairs (VA), Congress, and stakeholder groups to monitor and assist the VA in meeting the needs of veterans, caregivers, families, and survivors, and ensuring full implementation of major legislation enacted in recent years to modernize the VA across the enterprise.

MOAA's Major 2023 Legislative Veterans' Health Care Priorities

GOAL: Compel Congress and the VA to accelerate delivery of caregiving and whole health care services, and modernize Veterans Health Administration (VHA) workforce and facility infrastructure to improve veterans' access to high quality care. Specifically:

- **Home and Community-Based Services (HCBS), Long-Term Care (LTC), and Caregiver Support:** Secure funding, staff, and other resources to accelerate delivery of VHA HCBS and LTC while sustaining programs and services to meet current and future needs of veterans, their caregivers, and their families.
- **Whole Health:** Fully implement VA's Whole Health initiative and related services across VHA.
- **Women, Minority, and Underserved Veterans:** Eliminate disparities in health care delivery and research programs for women, minority, and underserved veterans. Expand access and services to ensure equitable delivery of health and benefit services among all veteran populations.
- **Workforce and Infrastructure:** Stabilize and modernize VHA's workforce and human resource support systems, and facility infrastructure, to meet current and future needs of veterans and VA staff.
- **Predictable Funding:** Preserve VHA's foundational missions (clinical, research, education, and emergency preparedness) and services through securing annual appropriations to execute at the start of each fiscal year. In February, The Independent Budget (IB) veteran service organizations (IBVSOs) published recommendations for VA's FY 2024 and FY 2025 budget. The IBVSOs, which include Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), and the Veterans of Foreign Wars (VFW), have provided their views and estimates to leaders in Congress and the VA

for decades. MOAA values our partnership with the IBVSOs and their expertise in formulating recommendations and urge Congress to give the report due consideration through the appropriations process.

- **Oversight and Accountability:** Focus on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports. Ensure recent major health care legislation is fully implemented as intended by law.

MOAA's Major 2023 Legislative Veterans' Benefits Priorities

GOAL: To support a Veterans Benefits Administration (VBA) that is effective and transparent for veterans, their families, and survivors. MOAA is focused on:

- **Toxic Exposures:** The PACT Act was an incredible collective effort, but our work is not done: Now is the time to ensure effective implementation. MOAA is focused on getting upstream of the problem and looking at ways DoD and the VA can work together to ensure we don't end up with programmatic challenges two decades from now.
- **Reserve Component and Students:** Veterans' Affairs Committee members play vital roles in ensuring we have servicemembers ready to defend our nation. Our reserve component servicemembers and GI Bill students need our support, and education benefits and consumer protections are two areas under the Veterans' Affairs Committees' jurisdiction.
- **Servicemember Consumer Protections:** SCRA and USERRA should not be subject to pre-dispute forced arbitration agreements. Additionally, Congress should work to streamline the process so activated reservists and Guardsmen receive interest rate reductions from their SCRA benefits.
- **Education:** Congress should ensure GI Bill students have their housing rates adjusted out of cycle in times of high rent prices and create GI Bill parity to ensure a day in service counts for our Reserve and National Guard servicemembers, regardless of the type of orders.
- **Disability Claims:** The practice of allowing non-accredited actors to "assist" veterans with their claims needs to be eliminated. MOAA supports a common accreditation standard for individuals who help veterans through the claims process.
- **Arlington National Cemetery:** Congress should pass legislation to transform a VA-run cemetery into the next Arlington National Cemetery as it reaches capacity in order to maintain the full military honors benefit.
- **Survivors:** Congress should increase the monthly rate of Dependency and Indemnity Compensation (DIC) payable to surviving spouses, making it equal to other federal programs.

CHAIRMEN BOST AND TESTER AND RANKING MEMBERS TAKANO AND MORAN, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present testimony on our major legislative priorities for veterans' health care and benefits. MOAA offers our congratulations to Chairman Bost for assuming leadership of the House Veterans' Affairs Committee.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE PRIORITIES

For some veterans and their families and caregivers, obtaining needed services in the VHA can be quite frustrating if not impossible. The VHA system of care is often difficult to navigate, and programs and services may not be available across the system. Unfortunately, a well-known saying, "If you've seen one VA hospital, you've seen one VA hospital," still resonates with many veterans today.

Veterans' experiences with navigating the VHA medical system, the quality of care, and health outcomes can vary significantly, particularly among vulnerable populations¹. Women, minority, or underserved veteran populations — typically racial/ethnic minority groups, but also other sociodemographic groups — are especially vulnerable.

Additionally, veterans with acute or chronic health conditions, or those in need of caregiving services at home or on a long-term basis, may find it difficult to access life-extending medical care. Program services vary greatly from VA medical center to VA medical center for a variety of reasons, such as insufficient funding or staffing shortages. In some cases, the processes for accessing these services may be too complex for individuals to navigate, or veterans and VA medical staff may be unaware of, or unfamiliar with, programs within their medical facility.

The VA health care system remains relevant and important to MOAA's membership and our nation's uniformed service and veteran communities. While only a select number of health care

¹ National Veteran Health Equity Report 2021 (va.gov): https://www.va.gov/HEALTH/EQUITY/docs/NVHER_2021_Report_508_Conformant.pdf

issues are addressed in this statement, MOAA remains committed to working with the VA and Congress on these and many other important aspects of veterans' health care.

MOAA is particularly focused on ensuring recent legislation such as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act)²; the MISSION Act³; laws addressing women veterans, mental health, suicide prevention, and VA electronic health record modernization; and other key bills and modernization efforts are fully implemented. We want to ensure any additional legislation does not unduly burden the VA or result in unintended consequences for veterans and their families and caregivers.

HOME AND COMMUNITY-BASED SERVICES (HCBS), LONG-TERM CARE (LTC), AND CAREGIVER SUPPORT

HCBS and LTC:

More than half of the 18 million veterans living in the U.S. are 60 years old or older⁴. VA's LTC programs serve about 440,000 veterans — 73% are 65 years and older and 20% are 85 years or older. About 85% of veterans in the program are receiving care at home⁵.

Veterans rely on VA's HCBS or LTC programs for everything from occasional help around the house to around-the-clock care. Eligibility is primarily based on the extent of a service-connected disability. VA delivers 14 different types of LTC programs in both institutional settings (like community living centers or nursing homes) and non-institutional settings (like a veteran's home or through community adult day care services called HCBS). Purchasing or providing the care is placing increased demand on the department's health care system.

² MOAA - Photo Gallery: Celebrating the PACT Act's Passage Act: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/photo-gallery-celebrating-the-pact-acts-passage/>.

³ MOAA - Trump Signs MISSION Act Reforming VA Health Care: <https://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/Trump-Signs-MISSION-Act-Reforming-VA-Health-Care>.

⁴ The aging veteran population: Promoting awareness to influence best practices - PubMed (nih.gov): <https://pubmed.ncbi.nlm.nih.gov/32622557/>.

⁵ MOAA - Can the VA Meet Escalating Demand for Long-Term Care?: <https://www.moaa.org/content/publications-and-media/news-articles/2021-news-articles/advocacy/can-the-va-meet-escalating-demand-for-long-term-care/>.

While the VA projected an overall decrease in enrolled veterans across all age groups in its health care system prior to the PACT Act becoming law, certain groups growing at alarming rates will require care and services.

Additionally, a September 2021 VA report to Congress on LTC projections indicated veterans over age 85 were the fastest growing veteran population in its health care system. Over the next 20 years, the number of veterans in that age group eligible for nursing home care will increase from 61,000 to 387,000, nearly a 535% jump⁶.

The VA acknowledged in the report the value of rebalancing LTC services and support, as well as shifting resources from nursing home care to home and community-based services.

Approximately 5% of veterans in private nursing home care (veterans must be rated with a 70% or greater service-connected disability to be eligible for VA nursing home care) paid for by the VA would qualify for assisted living care if the department had the authority to pay for the services, per the report. Paying for assisted living instead of nursing home care would save the VA more than \$69,000 per veteran per year. Authorizing such a shift of resources would not only decrease reliance on nursing home care, but also free up resources to provide for veterans in need of skilled nursing care in an institutional setting.

MOAA commends VA's continued prioritization of age-friendly care and emphasis on aging in place for veterans, as well as congressional attempts to bolster HCBS and LTC programs in the 117th Congress. However, current efforts continue to lag demand, and programs and services remain significantly limited across VHA.

The VA started its large five-year expansion plan in June 2022 to increase evidenced-based HCBS. The expansion included 203 HCBS programs, with veteran-directed care and medical foster home care to be available across all VA medical centers by Fiscal Year (FY) 2026.

Congress also included provisions in the massive 2023 Omnibus Appropriations bill⁷ to provide funding for long-term care services to homeless veterans, veterans with severe traumatic brain

⁶ MOAA - Act Now: Ask Your Lawmakers to Support Better Long-Term Care for Veterans: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/act-now-ask-your-lawmakers-to-support-better-long-term-care-for-veterans/#~:text=Over%20the%20next%2020%20years%2C%20the%20number%20of,to%20be%20eligible%20for%20VA%20nursing%20home%20care.%29>

⁷ Majority News Release | Majority News Releases | News | United States Senate Committee on Appropriations: <https://www.appropriations.senate.gov/news/majority/chairman-patrick-leahy-d-vt-releases-fiscal-year-2023-omnibus-appropriations-bill>

injuries, and veterans residing in rural areas. While the VA and Congress are clearly focused on supporting older and vulnerable veterans, it is essential for the VA to accelerate and improve upon these and other geriatric and caregiving programs for continuity and consistency of care across the VHA system of care.

Caregiver Support:

Congress directed the VA to expand veterans access to health care and caregiver support programs, including the Program of Comprehensive Assistance for Family Caregivers (PCAFC), in the 2018 MISSION Act⁸. PCAFC is a unique program focused on supporting veteran caregivers. The VA is the only health system in the country that provides comprehensive, wraparound services for caregivers of eligible veterans, to include a monthly stipend; education, financial and legal assistance; health insurance; beneficiary travel; peer support; and other resources to aid the family caregiver in caring for their loved one. Implementation problems and delays have plagued program implementation since expansion began Oct. 1, 2020.

One caregiver of a 46-year-old MOAA member and Army veteran said:

“My wife does not need a caregiver every day but when she does need a caregiver, she absolutely needs a caregiver. I was shocked to learn early last year that we were being disenrolled from the PCAFC due to a change in eligibility criteria. There was no follow on or offer of help from VA to transition to other services that would help improve my wife’s quality of life — we were left on our own to figure out next steps.”

Throughout FY 2022, the PCAFC struggled in reassessing legacy veteran caregivers to determine eligibility under the new program mandated in the MISSION Act, which resulted in high denial rates or discharges from the program. The department also had difficulty implementing program regulations consistently across VHA, and communicating eligibility and requirements to veterans and their caregivers.

⁸ MOAA - Trump Signs MISSION Act Reforming VA Health Care: <http://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/Trump-Signs-MISSION-Act-Reforming-VA-Health-Care.aspx>.

Earlier that year, VA Secretary Denis McDonough committed to reviewing the program and offering recommendations to Congress for improving it, acknowledging PCAFC was not meeting lawmakers' intent as described in the MISSION Act.

The VA has since been working closely and diligently with caregivers, veterans, VSOs, and other stakeholders — including lawmakers — to determine what changes the department is able to make under its current authority and what improvements will require legislative action. The VA conducted several summits and listening sessions in 2022 and continues to engage regularly with MOAA and our VSO partners, working collaboratively to produce recommendations for program improvements.

The department has designated this fiscal year as “The Year of the Caregiver.” Officials will focus on continuing to implement the PCAFC expansion, conducting the overall program review, and making systemwide improvements, to include cases being appealed through the VHA and the VBA.

MOAA is committed to working with the VA, Congress, and stakeholder groups to monitor and assist the department in meeting the needs of caregivers and veterans to ensure the program conforms to congressional intent. Additionally, the VA must expand outreach and support to those not qualified for PCAFC and effectively direct and assist transitioning veterans and their caregivers to access the care services they need.

MOAA recommends:

- The VA and Congress commit to securing funding, staff, and other resources to accelerate delivery of VHA HCBS and LTC, and sustaining programs and services to meet current and future needs of veterans, their caregivers, and their families.
- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:
 - Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act (current House version, H.R. 542⁹; Senate version S. 141¹⁰). The bills would improve HCBS for veterans and their caregivers transitioning between

⁹ Text – H.R.542 – 118th Congress (2023-2024): To amend title 38, United States Code, to improve certain programs of the Department of Veterans Affairs for home and community based services for veterans, and for other purposes. | Congress.gov | Library of Congress: <https://www.congress.gov/bills/118th-congress/house-bill/542>

¹⁰ Text - S.141 - 118th Congress (2023-2024): Elizabeth Dole Home Care Act | Congress.gov | Library of Congress

VA caregiver support programs; establish a needs assessment tool; expand mental health and support services for caregivers; and enhance communication and coordination with veterans and their families and veteran service organizations like MOAA, among other improvements.

- Expanding Veterans' Options for Long-Term Care Act (current Senate version S. 495¹¹ and former House bill H.R. 8750¹²). This bill will require the VA to carry out a pilot program to provide assisted living services to eligible veterans to live more independently and at lower costs to taxpayers. The VA is unable to pay room and board fees at assisted living facilities at present; the department would assess the pilot's effectiveness of paying for assisted living services and veterans' satisfaction with this long-term care option.

WHOLE HEALTH

The Whole Health Initiative¹³ is a redesign of VA's health care delivery that focuses on administering personalized veteran health plans rather than focusing on treating disease. In 2018, the initiative was launched at 36 VA medical facilities throughout the country.

Authors of a 2021 Journal of Veterans study¹⁴ of VA's implementation of the initiative wrote:

"We observed variation in the degree to which each facility was implementing Whole Health. To have cultural transformation, leadership support and resources are needed. In addition, administrative actions such as establishing national policies and procedures for stop codes, supplying templates, standardized position descriptions related to Whole Health, and the allocation of hire details will support national implementation of Whole Health across facilities. Finally, there is a need for measures to be developed nationally

¹¹ Text - S. 495 - 118th Congress (2023-2024): A bill to require the Secretary of Veterans Affairs to carry out a pilot program to provide assisted living services for eligible veterans, and for other purposes. | Congress.gov | Library of Congress: <https://www.congress.gov/bills/118/congress/senate-bill/495/text?s=1&r=1&q=%7B%22search%22%3A%5B%22s495%22%5D%7D>

¹² Text - H.R. 8750 - 117th Congress (2021-2022): Expanding Veterans' Options for Long Term Care Act | Congress.gov | Library of Congress: <https://www.congress.gov/bills/117/congress/house/bill/8750/text?s=1&r=1&q=%7B%22search%22%3A%5B%22s8750%22%5D%7D>

¹³ VA News - Whole Health approach centers around what matters to You - VA News: <https://news.va.gov/71858/whole-health-approach-centers-around-matters-you/>.

¹⁴ Journal of Veterans Studies - Evaluating a Whole Health Approach to Enhance Veteran Care: Exploring the Staff Experience: <https://journal-veterans-studies.org/article/10.21061/jvs.v7i1.201/>.

to systemically measure Whole Health outcomes and prioritize the experience of the Veteran into evaluation efforts.”

Additionally, MOAA believes dental health, like mental health, should be included in the VA’s health system’s whole health model for veterans’ care.

The VA only provides dental care services to a small fraction of veterans enrolled in its health care system. These consist of veterans with a service-connected disability rated at 100%; veterans with a service-connected dental condition; former prisoners of war; and homeless veterans.

It is also widely understood that poor dental hygiene is directly linked to other chronic health care conditions like cardiovascular disease, upper respiratory disease, dementia, and diabetes.

Further, expanding Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) coverage has been a top priority for MOAA, The Military Coalition, and other veterans groups for much of the last decade, with the goal of securing health care for children whose veteran parents are disabled or who have died from a service-connected disability¹⁵.

COVID-19 and economic crises have brought tremendous financial uncertainty to many Americans, including veterans, their families, caregivers, and surviving family members stricken by the fallout of the pandemic.

Employer-sponsored health care plans have been required to cover adult beneficiaries’ children up to age 26 with no separate premium since 2010, when the Patient Protection and Affordable Care Act (ACA) became law. A year later, Congress established the TRICARE Young Adult Program to provide health care coverage for adult children of currently serving and retired servicemembers for a monthly premium that covers all program costs.

Unfortunately, adult children of veterans were not offered a similar option through CHAMPVA, as intended by the ACA. Instead, these young adults remain stuck with outdated CHAMPVA regulations, which provide health care coverage up to the age of 18 (or age 23 for beneficiaries enrolled as full-time students). Coverage ends for these young adults once they marry or are no longer enrolled as a full-time student.

¹⁵ MOAA - MOAA Joins Forces to Ensure Health Care for Children of Disabled Veterans: <https://www.moaa.org/content/publications-and-media/news-articles/2021-news-articles/advocacy/moaa-joins-forces-to-ensure-health-care-for-children-of-disabled-veterans/>.

MOAA recommends:

- Fully implement VA’s Whole Health initiative and related services across VHA by supporting recommendations in the Journal of Veterans Studies report.
- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:
 - Veterans Dental Care Eligibility Expansion and Enhancement Act and the Dental Care for Veterans Act (H.R. 914¹⁶ and S. 3017¹⁷). These bills expand dental coverage and services for veterans currently not eligible for receiving this type of care through the VA.
 - CHAMPVA Children’s Care Protection Act of 2021 (H.R. 1801¹⁸ and S. 727¹⁹). This measure would increase the maximum age for children eligible for medical care under the CHAMPVA program.

WOMEN, MINORITY, AND UNDERSERVED VETERANS

Today, women serve in uniform at record rates, representing more than 16% of the active-duty population. The department expects women health care enrollees to grow from the current 10% to as high as 19% by 2025. The VA has a comprehensive primary care strategy model it has successfully implemented; however, administrative, operational, governance, and organizational gaps prevent women from accessing the quality health care and services they need.

A 66-year-old Air Force veteran told MOAA:

“I’ve seen so many positive changes in VA health care and of the quality of my care in the almost 20 years I’ve used the system. I love my VA provider and the special care my VA medical center provides for women veterans. If I could change one thing, the coordination and delivery

¹⁶ Text - [H.R. 914 - 117th Congress \(2021-2022\): Dental Care for Veterans Act | Congress.gov | Library of Congress.](#)

¹⁷ Text - [S. 3017 - 117th Congress \(2021-2022\): Veterans Dental Care Eligibility Expansion and Enhancement Act | Congress.gov | Library of Congress.](#)

¹⁸ Text - [H.R. 1801 - 117th Congress \(2021-2022\): CHAMPVA Children’s Care Protection Act of 2021 | Congress.gov | Library of Congress.](#)

¹⁹ Text - [S. 727 - 117th Congress \(2021-2022\): CHAMPVA Children’s Care Protection Act of 2021 | Congress.gov | Library of Congress.](#)

of care between VA and community care providers, especially with mammography screening and record keeping, is still very problematic.”

Additionally, according to Government Accountability Office (GAO), the VA has taken steps to reduce disparities in health care outcomes linked to race and ethnicity but lacks the mechanisms to measure progress and ensure accountability²⁰.

Both VHA and VBA continue to break down barriers preventing veterans from accessing their earned services and benefits. The VA also has established a Diversity and Inclusion Strategic Plan²¹ to grow a diverse workforce and cultivate an inclusive work environment more reflective of the veterans it serves.

However, the VA, like many health care systems in the country, struggles to collect quality data on race, ethnicity, and gender. The pandemic has placed a spotlight on the barriers and disparities facing women, minority, and underserved veterans seeking access to VA health care and services. The VA must take immediate corrective action to prioritize data collection across the enterprise to improve health care and patient outcomes for veterans.

MOAA recommends:

- Eliminate health disparities in health care delivery and research programs for women, minority, and underserved veterans, and expand access and services to ensure equitable delivery of health and benefit services among all veteran populations.
- Accelerate initiatives to fully embrace a culture of equity, diversity, and inclusion with respect to all veterans to assure they are valued, respected, and recognized for their service and contributions.
- Establish a joint congressional task force to represent the interest of women, minority, and underserved and vulnerable populations.
- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:

²⁰ Dec. 2019 GAO Report - <https://www.gao.gov/assets/710/703145.pdf>

²¹ VA Diversity and Inclusion Strategic Plan FY21-22 - <https://www.va.gov/ORMD/docs/StrategicPlan.pdf>

- Servicemember and Veterans Empowerment and Support Act (S. 3025²² and H.R. 5666²³). The bill expands health care and benefits from the VA for military sexual trauma.
- Women Veterans TRUST Act (H.R. 344)²⁴. The bill requires the VA conduct an analysis of the need for women-specific programs that treat and rehabilitate women veterans with drug and alcohol dependency and carry out a pilot on such programs.

WORKFORCE AND INFRASTRUCTURE

The signing of the PACT Act means the expansion of benefits and health care for 3.5 million veterans ... and more stress on VA's workforce. The VA has indicated they need expanded authority to raise pay caps for medical center directors, physicians and other health care professionals.

The VA needs timely and predictable funding to implement this historic legislation. Continuing resolutions impede the department's ability to implement this law and other critical legislation passed in recent years — legislation allowing the VA to modernize its health care and benefit systems to deliver the life-saving services and benefits veterans, servicemembers, their families, caregivers, and survivors depend on.

Medical and support staff are the backbone of the VHA system. Surveys continue to show veterans prefer their care from the VA, with trust in the system on the rise. It is essential our country prioritizes its investment in VHA foundational missions.

MOAA is appreciative of the VA secretary's prioritization of human infrastructure²⁵ and the importance and urgency placed on investing in VA's incredible workforce, as well as plans for making the department a model employer where employees will want to work.

²² Text - [S. 3025 - 117th Congress \(2021-2022\): Servicemembers and Veterans Empowerment and Support Act of 2021 | Congress.gov | Library of Congress](#)

²³ Text - [H.R. 5666 - 117th Congress \(2021-2022\): Servicemembers and Veterans Empowerment and Support Act of 2021 | Congress.gov | Library of Congress](#)

²⁴ Text - [H.R.344 - 117th Congress \(2021-2022\): Women Veterans TRUST Act | Congress.gov | Library of Congress](#)

²⁵ February 2022: Secretary McDonough's Human Infrastructure plan - VAntage Point: <https://blogs.va.gov/VAntage/100113/february-2022-secretary-mcdonoughs-human-infrastructure-plan/>

To be successful, the VA must have the necessary funding and resources immediately so the department can set a clear path to stabilization and modernization of its human resource systems.

MOAA urges Congress to monitor and act when necessary to ensure the department can strike the right balance between delivering VA and community care, and to make certain VHA remains the primary coordinator for delivering veterans' health care.

The VA must modernize its infrastructure if it is going to meet the needs of veterans in the coming years and decades. The median VHA facility is nearly 60 years old, per the VA, compared to 8.5 years for a private sector hospital. Nearly 7 in 10 VA hospitals (69%) are over 50 years old²⁶.

Further, the VA's Electronic Health Record Modernization (EHRM) project has been plagued with ongoing problems and setbacks²⁷ dating back to its initial launch in October 2020 at Mann-Grandstaff VA Medical Center in Spokane, Wash. Lingering issues related to patient safety, training, employee morale, and a myriad of other deployment problems still exist, though some progress has been made. Some of these problems are related to VA's outdated facility infrastructure.

The VA Office of Inspector General has released a series of concerning reports, including deficiencies in how the department reports physical infrastructure costs. A May 2021 report²⁸ noted that the VA "did not include cost estimates for upgrading physical infrastructure in the program's life cycle cost estimates in congressionally mandated reports."

Like Congress, MOAA and veterans want the VA to get this project right, but also want to see more visible progress and transparency from the VA going forward. As such, close oversight and ongoing assessment will be required.

MOAA recommends:

²⁶ MOAA - What Does the VA Facility Realignment Plan Mean for Veterans' Health Care?: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/what-does-the-va-facility-realignment-plan-mean-for-veterans-health-care/>.

²⁷ MOAA - Glitches Continue to Plague VA's Electronic Health Record System Rollout: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/glitches-continue-to-plague-vas-electronic-health-record-system-rollout/>.

²⁸ Deficiencies in Reporting Reliable Physical Infrastructure Cost Estimates for the Electronic Health Record Modernization Program: <https://www.va.gov/oig/publications/report-summary.asp?id=4940>.

- Stabilize and modernize VHA's workforce and human resource support systems, along with its facility infrastructure, to meet current and future needs of veterans and VA staff.
- Provide VA the authority to raise pay caps for medical center directors, physicians and other health care professionals as well as the additional tools to implement the secretary's Human Infrastructure Plan.
- Congress and the VA preserve VA's foundational missions (clinical, research, education, and emergency preparedness) and services through the securing of annual appropriations to execute at the start of each fiscal year.
- Congress and the VA focus on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports, and ensuring recent major legislation is fully implemented as intended by law.

VETERANS' BENEFITS PRIORITIES

TOXIC EXPOSURES

We accomplished something incredible with the PACT Act, but our work is not done: Now is the time to ensure effective implementation. MOAA is focused on eliminating remaining challenges for veterans that were not addressed by the PACT Act and getting upstream of future problems by looking at ways DoD and the VA can work together to ensure we don't end up in a similar situation two decades from now.

PACT Act Implementation

Veterans deserve a VA that aggressively responds to toxic exposures, but for far too long, that has not been the case. When in doubt, the needs of veterans should be the ultimate driver of service-connected health conditions and benefits, not the system.

The VA's response and outreach following the passage of the PACT Act highlights a change in tone which leaves MOAA cautiously optimistic. MOAA is closely monitoring how the VA promulgates regulations for the processes to examine future conditions, review pertinent research, and make decisions for new presumptive conditions related to toxic exposures. These regulations will set a standard for how veterans exposed to toxins are treated going forward.

The initial workload increases as reported by the VA show over 260,000 PACT Act-related claims, and projected claims are not expected to stop anytime soon. We applaud VA's outreach efforts to help veterans become aware of the expansion of care and benefits, and now urge Congress to help the department with the infrastructure and workforce needs to support the VBA and VHA side.

GAO Report on Time-Limited Presumptives

While we make strides in some areas, we simultaneously find gaps in others. The core purpose of a presumptive condition is to help fill evidentiary gaps in a veteran's record that are impossible for them to fill on their own. If Congress or the VA has created such a presumption, we must monitor whether it is working as intended. Unfortunately, reports offering oversight of existing presumptives are not required.

One such example came less than a month after the PACT Act was signed into law. On Sept. 1, the GAO released a report examining the claims of three presumptive conditions that cause nerve damage, skin cysts, and blistering²⁹. These conditions must have manifested within one year of service in Vietnam for a connection to be presumed between the veterans' conditions and the exposure. GAO found only 8% of the claims for early-onset peripheral neuropathy (nerve damage), chloracne, and porphyria cutanea tarda (skin blisters) were granted by the VA^{30 31}. The VA has agreed with GAO's recommendation from the report, and Congress should follow up to ensure the department enacts it.

But this example raises a greater question: Is this the intent for Congress when they pass these presumptive conditions? An 8% grant rate? MOAA certainly hopes not and recommends Congress add strict reporting requirements to ensure effective oversight on the grant rates of presumptive conditions. If Congress or the VA adds a presumption, we should check and make sure it is working.

MOAA and DAV Forthcoming Toxic Exposures Report

In 2020, to increase our understanding on presumptions related to toxic exposures, MOAA and Disabled American Veterans (DAV) started a collaborative project taking a bottom-up review of toxic exposure presumptions. The progress, and then ultimate success, of the PACT Act led us to delay the release and refocus the report.

Our report, "A Post-PACT Blueprint – Eliminating the Toxic Exposure Barriers for Veterans" will offer findings and recommendations to build on the PACT Act and focus on how we can

²⁹ Clearer Claims Processing Guidance Needed for Selected Agent Orange Conditions: <https://www.gao.gov/products/gao-22-105191>

³⁰ 38 USC 1112: <https://uscode.house.gov/view.xhtml?req=peripheral+neuropathy&f=treesort&fq=true&num=0&hl=true&edition=prelim&granuleId=USC-prelim-title38-section1112>

³¹ 38 USC 1116: <https://uscode.house.gov/view.xhtml?req=peripheral+neuropathy&f=treesort&fq=true&num=1&hl=true&edition=prelim&granuleId=USC-prelim-title38-section1116>

ensure we never have to pass a bill of this magnitude again. The PACT Act was a resounding legislative success, and while the PACT Act was comprehensive, it was not complete.

Our report will be released in the coming months, and we hope to have the opportunity to brief you, your staff, and our fellow veterans' groups on what we see as the path ahead for toxic exposures.

One of the striking insights from our work was that it takes the VA an average of three decades to acknowledge toxic exposures. This is not a formal concession, which could help veterans in their claims – this is simply saying an exposure *may* have happened. Delaying acknowledgement slows every other aspect of toxic exposure presumptions to the detriment of harmed veterans and their families. There are many exposures conceded by DoD that have yet to be acknowledged by the VA; we look forward to continuing this discussion on how to continue to grow post-PACT.

MOAA recommends:

- Fully fund the PACT Act.
- Ensure the VA implements the recommendations in GAO report 22-105191, “VA Disability: Clearer Claims Processing Guidance Needed for Selected Agent Orange Conditions.”
- Require regular, public reporting on the grant rate for all presumptives related to toxic exposures so Congress can ensure they are working as intended for veterans.

SUPPORTING OUR RESERVE COMPONENT AND STUDENTS

The Veterans' Affairs Committees play a vital role in ensuring we have servicemembers ready to defend our nation. During the peak of the COVID-19 pandemic in 2020, the National Guard saw activation levels not seen since World War II³². While 2022 showed a decrease compared to these record highs, the strain is showing on the reserve component. Recruiting numbers for five of the six reserve component branches fell short of goals in 2022 (only the Marine Corps Reserve hit its recruiting numbers)³³. This is a continuation of a long trend.

In the past seven years, the reserve component on balance met its recruiting goals just half the time: The Marine Corps Reserve has met its goal each year, followed by the Air Reserve (five

³² Federal News Network - Army National Guard once again seeing less demand as COVID enters new phase: <https://federalnewsnetwork.com/defense-main/2022/02/army-national-guard-once-again-seeing-less-demand-as-covid-enters-new-phase/>

³³ Recruiting and Retention Press Releases -- Fiscal Year 2022: <https://prhome.defense.gov/M-RA/Inside-M-RA/MPP/PR/>

times), Air National Guard (four times), Army National Guard and Navy Reserve (twice each), and Army Reserve (once).

Date	Army NG % of Goal	Army Reserve % of Goal	Navy Reserve % of Goal	USMC Reserve % of Goal	Air NG % of Goal	Air Reserve % of Goal
8/31/22 (Sept. not published)	65.0%	61.9%	75.6%	108.0%	68.5%	77.3%
9/30/21	80.7%	73.6%	87.6%	105.0%	104.1%	104.6%
9/30/20	90.1%	86.2%	97.0%	101.1%	103.4%	98.4%
9/30/19	100.2%	98.1%	90.8%	100.0%	112.0%	135.7%
9/30/18	78.1%	72.6%	94.4%	100.0%	91.7%	136.2%
9/30/17	85.7%	92.2%	100.5%	100.0%	97.1%	140.7%
9/30/16	105.2%	101.1%	100.3%	100.8%	105.9%	131.3%

June 30, 2023, will mark the 50-year anniversary of the all-volunteer force, and signs are pointing to the fact that it is in trouble, especially the reserve component. Our reserve component servicemembers need our support, and two essential areas that fall under the Veterans' Affairs Committees' jurisdiction are education benefits and servicemember consumer protections.

Servicemember Consumer Protections

Along with improving education benefits, it is past time to conduct a review of the consumer protections and rights that fall under Title 38. The Servicemembers Civil Relief Act (SCRA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) are vital for all servicemembers, especially those in the reserve component. As we call on our troops more and more, we need to ensure their rights are not being infringed when activated. We see many provisions introduced each year through the National Defense Authorization Act process to help strengthen and modernize SCRA/USERRA, but these provisions ultimately are stripped out. We recommend the committee hold a hearing on SCRA and USERRA as part of a concerted effort to improve these protections and ensure they are working as intended.

There are several areas where MOAA sees specific opportunities to enhance SCRA and USERRA. First, the practice of forced arbitration must end. Troops should not have to sign their rights away with a contract of any kind prior to a dispute arising. If they want to go through the arbitration process after the issue arises, that is their prerogative, but these protections are far too important to have them signed away in the fine print of a contract.

Next, the Consumer Financial Protection Bureau (CFPB) released a report, "Protecting Those Who Protect Us: Evidence of Activated Guard and Reserve Servicemembers' Usage of Credit

Protections Under the Servicemembers Civil Relief Act,” on the effectiveness of SCRA interest rate reductions for activated members of the reserve component³⁴. The report found very few eligible Guard and Reserve members received rate reductions. Only 10% of eligible auto loans and 6% of personal loans received lower rates, costing servicemembers \$100 million between 2007 and 2018.

The cost of service is the personal risk – the time away from family and friends. We should not add unnecessary financial sacrifice on top of this. MOAA recommends Congress work closely with the CFPB, DoD, and relevant stakeholders to implement recommendations from this report.

Whenever possible, we should not be placing the administrative burden on those we are asking to risk their lives on our behalf. When less than 10% of troops are receiving a benefit meant to help them during service, we must reexamine how we implement that benefit.

GI Bill Parity

MOAA supports the principle that every day of service should count toward earned education and other benefits, regardless of a servicemember's type of orders. Unfortunately, that is not the case for our Reserve and National Guard servicemembers. MOAA supports GI Bill parity for the reserve component to ensure recognition of their hard work. We appreciate the work done by lawmakers and staff to try and get this across the finish line last year – let’s pick up where we left off and get this passed into law.

Out-of-Cycle Adjustments to Monthly Housing Allowance

The Post-9/11 GI Bill is a tremendous benefit for recruiting servicemembers, and the Monthly Housing Allowance (MHA) provides essential support to help offset the cost of education. Congress dealt with many pandemic-caused disruptions to students and codified several authorities to give the VA Secretary future flexibility if in-person education is disrupted. These are positive steps for students; now, we must examine the effect of rising housing costs.

The MHA is based on DoD calculations, but MHA adjustment is delayed by eight months after the rates take effect for servicemembers. The most recent timeline:

- Summer 2021: DoD conducts housing survey.
- December 2021: DoD announces housing rates to be effective in January.

³⁴ Protecting Those Who Protect Us: Evidence of activated Guard and Reserve servicemembers' usage of credit protections under the Servicemembers Civil Relief Act: <https://www.consumerfinance.gov/data-research/research-reports/evidence-of-servicemembers-usage-of-credit-protections-under-scra/>

- August 2022: VA MHA rates go into effect for eligible GI Bill student.

This means students are receiving an MHA rate one year behind local housing prices. The delay for servicemembers is extremely challenging and exacerbates the already tough financial constraints faced by students.

To help combat the rise in housing prices, DoD was given the authority by Congress to adjust Basic Allowance for Housing (BAH) rates in markets where rental costs rose more than 20%. DoD executed this authority in 28 Military Housing Areas affected by drastic price increases³⁵. However, no authorities were added for the VA Secretary to assist GI Bill students.

A GI Bill student is paid an MHA at the rate of BAH for an E-5 with dependents. Here's an example: In Helena, Montana, a location where BAH was adjusted by the DoD, GI Bill students did not get additional relief:

- In January 2021, the DoD rate for an E-5 with dependents in Helena was \$1,065/month. GI Bill students began receiving that rate in August of that year. For the spring and summer semesters, they received the 2020 rate of \$951/month.
- In January 2022, DoD's monthly rate for servicemembers rose to \$1,233. GI Bill students received that rate in August 2022. But in October, DoD responded to the spike in rental prices by raising the rate to \$1,524/month. There was no adjustment for GI Bill students.
- The DoD rate for an E-5 with dependents remained flat for 2023, but GI Bill students will go for nearly a year until the \$1,524 rate takes effect.
- When DoD made the changes in October 2022, servicemembers in Helena received a 23.6% increase in their housing allowance to combat the drastic price increases. However, there is not mechanism for the VA to adjust this to help GI Bill students at local universities for another eight months.

MOAA recommends:

- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:

³⁵ Defense Secretary Memo "Taking Care of Our Service Members and Families":
<https://media.defense.gov/2022/Sep/22/2003083398/-1-10/TAKING-CARE-OF-OUR-SERVICE-MEMBERS-AND-FAMILIES.PDF>

- Guard and Reserve GI Bill Parity Act of 2021 (H.R. 1836³⁶). This bill expands eligibility for Post-9/11 GI Bill educational assistance and addresses other VA programs and benefits. Specifically, the bill expands the type of duty that is eligible for such educational assistance.
- Justice for Servicemembers Act (H.R. 2196³⁷). This bill prohibits a pre-dispute arbitration agreement from being valid or enforceable if it requires arbitration of a dispute related to the employment or reemployment rights of a uniformed servicemember.
- Give the VA Secretary the authority to provide out-of-cycle increases for eligible GI Bill students when DoD adjusts housing allowance rates to offer servicemembers relief from rising prices, the VA Secretary must be given the authority to provide out of cycle increases for eligible GI Bill students.
- Hold a committee hearing on SCRA and USERRA to enhance these protections and rights.
- Work with DoD and stakeholders to implement the recommendations in the CFPB's SCRA report.

PREDATORY CLAIMS COMPANIES

The VA has made great strides with its Benefits Delivery at Discharge (BDD) and Solid Start programs. A straightforward path from service to the VA is essential for building trust, and in having those who served recommend the next generation do the same. While bad actors seeking to profit off the service of others may threaten the working model, and there is overall room for improvement, this structure has overwhelmingly benefited veterans and the VA.

The grey area where we see many non-accredited actors “assisting” or “coaching” veterans must be eliminated. The “claims sharks” take advantage of their knowledge and familiarity with search engine optimization, rather than using highly trained staff who will put a veteran’s best interest first. If these organizations truly seek to assist veterans, they should be required to conform their practices to the existing structure and follow existing laws.

³⁶ Text - [H.R. 1836 - 117th Congress \(2021-2022\): Guard and Reserve GI Bill Parity Act of 2021 | Congress.gov | Library of Congress.](#)

³⁷ Text - [H.R. 2196 - 117th Congress \(2021-2022\): Justice for Servicemembers Act | Congress.gov | Library of Congress.](#)

MOAA backs the GUARD VA Benefits Act and the common standard it brings to everyone who helps veterans file claims. We must pass this bill and work together to simplify and streamline the claims process, not turn it into a system where predatory companies are siphoning off veterans hard-earned benefits.

MOAA recommends Congress:

- Reintroduce and pass the GUARD VA Benefits Act from the 117th Congress (H.R. 8736 ³⁸/S. 5089 ³⁹). This bill imposes criminal penalties and/or fines on individuals for directly or indirectly soliciting, contracting for, charging, or receiving any unauthorized fee or compensation with respect to the preparation, presentation, or prosecution of any claim for VA benefits. Attempted commission of such offenses is also punishable by fine or imprisonment.

ARLINGTON NATIONAL CEMETERY

Transformation of a VA National Cemetery into the next Arlington National Cemetery (ANC) that affords full military honors is a MOAA priority.

Older veterans, dependents, and surviving spouses are frustrated with understanding the difference between VA- and DoD-run cemeteries. They struggle to understand proposed eligibility reductions at ANC that will change plans for many elderly veterans and make most woman veterans ineligible.

DoD interpreted the FY 2019 National Defense Authorization Act as a directive to reduce eligibility for ANC in order to keep it operational. Without congressional intervention, the change in eligibility puts the burden of a solution on currently eligible servicemembers and their families — including those who have long had ANC as their plan for final rest.

The proposed eligibility reduction for ANC won't prevent the cemetery from reaching capacity, but it will reduce an important uniformed service benefit. This plan “kicks the can down the road” and leaves the problem for future leaders to solve. With current eligibility standards, ANC is not projected to reach capacity until sometime after 2060, affording time to find an enduring solution.

³⁸ Text - [H.R. 8736 - 117th Congress \(2021-2022\): GUARD VA Benefits Act | Congress.gov | Library of Congress.](#)

³⁹ Text - [S. 5039 - 117th Congress \(2021-2022\): GUARD VA Benefits Act | Congress.gov | Library of Congress.](#)

The eligibility reduction communicates a poor message to those who have served and those who are serving. It will take Congress to preserve this honor for those who are currently eligible. When published, the proposed eligibility changes will limit interment to those with the Purple Heart or Silver Star and above. This change is discriminatory against past, present, and future servicemembers who face danger at sea, in the air, in space, operating strategic nuclear forces, or fighting a pandemic at a medical facility. The proposal also will render countless Vietnam-era veterans and nearly all woman veterans ineligible.

There are 155 VA-run National Cemeteries, with many adjacent to military installations. Transforming an existing National Cemetery into the next ANC that affords full military honors will preserve this benefit and honor the intent for our veterans.

MOAA recommends:

- Congress, with support from the VA and DoD, pass legislation to transform a VA-run cemetery into the next Arlington National Cemetery as it reaches capacity in order to maintain the full military honors benefit.

SURVIVORS

Financial benefits have not kept pace with similar federal programs. The Caring for Survivors Act (H.R. 3402 ⁴⁰/ S. 976 ⁴¹) would raise DIC to the same levels as other federal survivor programs. It would boost DIC to 55% of the compensation of a 100% disabled veteran, up from the current 43%.

The bill also would reform the “10-year rule,” which prohibits survivors from receiving DIC benefits if a 100% disabled servicemember dies of a non-service-connected injury less than 10 years after receiving that rating. The bill would allow beneficiaries to receive a portion of DIC after five years, with that amount gradually rising until full compensation at the 10-year mark.

MOAA recommends:

- Pass The *Caring for Survivors Act* from the 117th Congress. This bill increases the monthly rate of dependency and indemnity compensation payable to surviving spouses through the VA. The bill also adjusts the amount payable to surviving spouses and

⁴⁰ Text - [H.R. 3402 - 117th Congress \(2021-2022\): Caring for Survivors Act of 2021 | Congress.gov | Library of Congress.](#)

⁴¹ Text - [S. 976 - 117th Congress \(2021-2022\): Caring for Survivors Act of 2021 | Congress.gov | Library of Congress.](#)

children of veterans who were rated as totally disabled for a period of less than 10 years before their death.

CONCLUSION

On behalf of our 350,000 members and all veterans, servicemembers, their families, and survivors MOAA represents, we offer our heartfelt appreciation for the leadership and arduous work of each Member of the Committees. You honor their service and sacrifice by passing meaningful legislation. We look forward to working with you and the VA to better the lives of those who serve this country faithfully. Through our collective resolve, we assure those in the veteran and uniformed service communities we will Never Stop Serving them.

Biography of Cory Titus

Director, Government Relations for Veterans' Benefits and Guard/Reserve Affairs

Cory Titus separated from the Army in 2017 after seven years of active duty service. He served as an Infantry and Signal Officer in leadership and staff positions all over the world. His assignments included Fort Benning, Ga.; the Republic of Korea; Fort Knox, Ky.; Afghanistan; Fort Gordon, Ga.; and Fort Detrick, Md.

Titus' final assignment was as a Company Commander for Headquarters and Headquarters Company, 21st Signal Brigade, where he oversaw a communications team that provided signal support to the Secret Service guarding the candidates for the 2016 presidential election.

Titus is a Minnesota native and has a Bachelor of Arts degree in international studies from the University of Saint Thomas in Saint Paul, Minn., and a master's degree in Social Entrepreneurship from George Mason University. He is the co-author of *The Servicemember's Financial Planning Guide*, a book to help servicemember use their military planning skills toward developing their financial future.

He joined MOAA in January 2019 as an intern and joined the Government Relations team full time as an Associate Director for Currently Serving and Retired Affairs in June 2019. He serves as the co-chair for The Military Coalition (TMC) Personnel Committee and the Tax and Social Security Committee.

Joint Hearing to Receive the Legislative Presentation of the American Veterans
Don McLean
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs
March 8, 2023

As the largest veterans service organization representing all of America's veterans, AMVETS is honored to provide our legislative priorities for the 118th Congress.

This past Congress, legislators and veteran service organizations came together to enact significant change for veterans and their families. The PACT Act was no small feat and will result in ensuring that veterans of numerous generations receive the healthcare and benefits that they earned with their blood, sweat, and tears. We are grateful to the Committees for your efforts in getting this legislation across the finish line.

AMVETS was honored to host our VSO brothers and sisters as well as Jon Stewart at our 2nd annual "Rolling to Remember" pro-veterans demonstration ride here in Washington, D.C. This is the nation's largest veterans' event, which brings together tens of thousands of veterans and supporters from across the United States, riding their motorcycles on Memorial Day Weekend to highlight critical issues. First, to demand continued and increased action for the 82,000 service members still missing in action, as well as raise awareness of the many veterans who die by suicide each day, and lastly, of course, to highlight our collective efforts to support the PACT Act. This year's event will take place on May 28, 2023.

We will never forget our POWs and MIAs, and we won't stop fighting for real solutions to the suicide crisis. We will continue this incredible platform until they all come home and all who make it home are well.

The lasting impact of the disastrous withdrawal from Afghanistan continues to plague our veterans and the many Afghani refugees who were fortunate enough to get out of the country, as well as those we abandoned. We owe it to these repatriated men and women to help them get on their feet, and we ask that Congress prioritize them for their sake and the men and women of our uniform struggling with our unconscionable exit.

The 117th Congress can be summed up as providing significant investments in veterans' healthcare and benefits who were exposed to toxic exposures; Senator Gillibrand going on a personal and heroic crusade to ensure substantial and overdue changes were made to ensure sexual predators are held accountable in military service; Congress coming up short for our Afghani brothers and sisters; and Congress altogether dropping the ball, again, as it relates to veterans and servicemembers wellness and a significant reduction in suicide.

AMVETS primary legislative goals for the 118th Congress:

- Encourage hearings, roundtables, and funding focused on new and novel programs to increase veterans' and service members' mental wellness as a form of suicide reduction
- Pass legislation allowing all congressionally chartered 501(c)(19) nonprofit organizations to receive tax-deductible donations
- Increase women veteran's voices in policy and government to address issues disproportionately affecting them
- Support immediate passage of the Major Richard Star Act
- Bolster recruitment and retention at the VA by passing the Careers ACT
- Support the completion of a successful and seamless electronic healthcare record
- Pass legislation that provides a meaningful increase in DIC for survivors while striking arcane and unethical remarriage penalties
- Create a National Veterans Strategy to align care and benefits to focus on outcomes and success

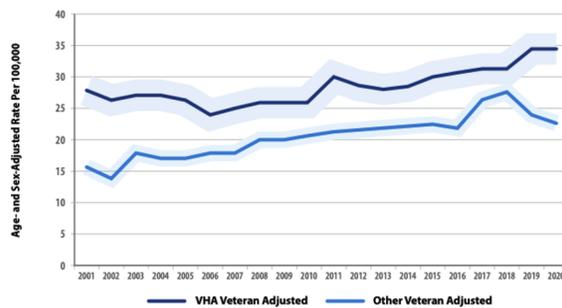
Mental Health & Suicide

AMVETS will continue to highlight our number one priority for our fifth consecutive year: creating and funding effective programs and services that significantly reduce suicide at the VA and within the Department of Defense.

Table 3: Veteran Age- and Sex-Adjusted Suicide Rates Per 100,000, 2001, 2019 and 2020

	2001	2020	Change	2019	2020	Change
Recent Veteran VHA Users	27.8	34.1	+22.6%	34.3	34.1	-0.5%
Other Veterans	15.5	23.8	+54.0%	25.4	23.8	-6.3%

Figure 15: Age- and Sex-Adjusted Suicide Rates Per 100,000, with 95% Confidence Intervals, Veterans, by Recent VHA Care, 2001–2020



For five years, AMVETS has made the painful, challenging, unpopular, but factually supported assertion that we continue to trod down a path resulting in wasteful spending on poorly designed, old, and unproven methodologies intended to reduce suicide and negative symptomology amongst the veteran and military communities.

In that time, more than 30,000 veterans have lost their lives, and the problem is only getting worse at the VA and the Department of Defense.

Despite Congress having invested more than 130 billion dollars since 2006, you would be hard-pressed to find any meaningful data suggesting these investments have resulted in a long-term positive impact on the veteran population.

The data states the opposite - that veterans are less likely to die by suicide if they are not utilizing the VA. The data highlights that the ratio of veterans dying by suicide continues to increase. The data found in the Clay Hunt SAV Act report is seriously concerning yet has garnered little interest from Congress. And to some degree, it is no surprise. We shared this report with some leading psychologists, who highlighted that "sure is a lot of nonsense in these hundreds of pages to find a few pieces of information. I can imagine the work hours that went into these analyses and report preparation!" The report's outcomes regarding PTSD specialty care continue to be damning; something we have highlighted numerous times to Congress without any severe concern or action is that the treatments are "below the threshold for reliable or clinically meaningful change" after three months.

Yet if you listen to many legislators, they still espouse VA as the holy grail of mental health care. AMVETS is not supportive of sending our troops and vets into programs that result in no change after they invest three months of their lives and after our citizens invest their taxes into assisting them. The situation is unacceptable and untenable.

For the past five years, AMVETS has highlighted this and many other concerns. An interesting analogy here is to compare the mental health industry to the pharmaceutical industry. Many on this committee fought hard to highlight the challenges that were faced by a Nation unable to negotiate drug pricing. We have watched as our Nation's healthcare system is, in many ways, held hostage to an industry that has its hooks in every aspect of the medical system, from research to education to pharmaceuticals, treatment, and providers.

Yet struggling American service members and veterans have to contend with a similarly self-interested mental health industry while dealing with everything from severe trauma to everyday human struggles. And many on this committee seem to be completely okay with that, even if it is not resulting in fewer dead servicemembers and veterans.

For years we have led a "destigmatization" pro-traditional mental health campaign. VA has spent billions on these campaigns focused on stigma, outreach, and "access to mental health." And the results could not be more precise. Year over year, almost every year for twenty years, veterans and servicemembers are dying by suicide at increased proportions.²

¹ 2022 *Office of Mental Health and Suicide Prevention*. Department of Veterans Affairs, Sept. 2022, <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf?lv=true>.

² 2022 *Office of Mental Health and Suicide Prevention*. Department of Veterans Affairs, Sept. 2022, <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf?lv=true>.

We have ranted for destigmatization, for veterans to open up and participate in these programs; we know the results are dismal at best, yet we continue to imply they are the best we have to offer. Worse, the industry has fought tooth and nail against any alternatives that might provide better outcomes and have been entirely against outside interventions and approaches.

The Department of Veterans Affairs has also been complicit in failing to sound the alarm and do its due diligence to highlight its program's ineffectiveness. In many ways, this is understandable. The VA has for twenty years given this task to the "experts." Those men and women in the said industry will leave VA to go back to said industry. However, this is like asking Phrma to develop solutions to pharmaceutical issues. They will come up with solutions, but they won't be to the detriment of their industry.

So servicemembers and veterans are faced with a mental health industry-first-driven system of care. The system's bedrocks are:

- All struggles can be ascribed to a diagnosis, which has a corresponding industry-approved treatment protocol.
- The genius remarketing of Randomized Controlled Trials (RCTs) as "Evidence Based Treatments," that are generally manualized treatments that are brief, highly scripted forms of cognitive behavior therapy.
 - It is widely asserted that "evidence-based" therapies are scientifically proven and superior to other forms of psychotherapy. Empirical research does not support these claims.
 - Empirical research shows that "evidence-based" therapies are weak treatments. Their benefits are trivial, few patients get well, and even the trivial benefits do not last. (One clear example can be found in the Clay Hunt SAV Act Evaluation of 2022. PCL 5 drops -25.6% admission to discharge. 3 months later, it is -5%.)³
 - Troubling research practices paint a misleading picture of the actual benefits of "evidence-based" therapies, including sham control groups, cherry-picked patient samples, and suppression of negative findings.⁴
- No treatments or approaches originating outside the industry are to be taken seriously.
- Research should only focus on treatments and approaches that maintain and support the industry.
- The industry has little interest in improving quality of life and is highly focused on the diagnosis and elusive reduction of symptomology.
- The industry has zero interest in any methods or methodologies that could increase the quality of life, proactively improve mental wellness, and for humans to use simple, low-cost interventions that may lead to better outcomes.

³ Clay Hunt SAV Act Evaluation 2022 Report: Volume 1. Page 11, Exhibit 1.1-3

⁴Shedler, Jonathan. Where Is the Evidence for "Evidence-Based" Therapy? - Jonathan Shedler. This Article Is Adapted from Shedler J. Where Is the Evidence for "Evidence-Based" Therapy? Journal of Psychological Therapies in Primary Care 2015;4:47-59. The Material Was Originally Presented as a Keynote Address at the Limbus Critical Psychotherapy Conference, Devon, England, November 1, 2014, <https://jonathanshedler.com/wp-content/uploads/2018/05/Shedler-2018-Where-is-the-evidence-for-evidence-based-therapy.pdf>.

AMVETS started down this road five years ago as veterans were dying by suicide in VA parking lots. The sad truth is not that much has changed. For the most part, VA is leveraging the same unproven methodologies and approaches that have plagued our veterans for twenty years.

Worse, DoD, facing its own existential suicide crisis, is adopting the very same expensive and ineffective playbook. VA has failed to implement various statutory requirements to adopt best practices they have seen outside of VA and traditional mental health. The reality is VA has shown little interest in any outside programs, services, or approaches. This again makes sense when you look at who in the VA, DoD, and the White House has been appointed to these critical positions. They are "experts" that believe only the experts have the answers, despite nearly 150,000 deceased servicemembers and veterans and over 100 billion in expenditures in less than 20 years.

To be clear, we have lost more American servicemembers and veterans to suicide in the last two decades than in any other American Wars other than World War II, and the Civil War.

Further, the VA highlights favorable data while burying or justifying unfavorable data. They have also consistently come up with favorable measurements while avoiding data of significant concern. Some examples include:

- As it relates to suicide, VA continues to define a VHA user as a veteran who has utilized the VA in the past two years. VA has not provided what the suicide data looks like if the definition is redefined as a veteran who has ever utilized VHA. This information is critical for two reasons, the first offers an understanding of the timeline VA lost these patients and what happened after they left VA, and the second speaks to the other major issue VA is working to bury;
- VA has been both extraordinarily coy and mum on the dropout rates of veterans actively utilizing its various mental health programs. Multiple studies suggest this number on the low end is 50% after the first visit and possibly as high as 90% in completing its "evidence-based" manualized treatment protocols. VA should be far more forthright about this information which is critical for Congress to understand the overall effectiveness of its programs.
- The fact that the VA is highlighting that there has been a drop in total suicide numbers as a win when in fact, the proportion of veterans dying by suicide has risen seems to be pretty misleading to us.

There is no more pressing issue at VA than the more than 6,000 servicemembers and veterans that will die by suicide this year.⁵ There is not even another issue in the same stadium of importance. The recent uptick in DoD only further highlights that we need to get more proactive in dealing with the struggles and stress facing these men and women, our brothers and sisters. While we think the mental health industry should have a seat at the table, we also believe Congress needs to reorganize the table drastically. Every struggle does not need a diagnosis. Every diagnosis does not require a pharmaceutical. For too long, the VA and the VSOs, us included, took these industries at their word and left them unchecked. And they failed us. They are failing us currently.

Congress must also stop being scared of stepping up and trying new things. For years the mental health industry has frightened us with the idea that things would only be worse without them. There may be some truth to that. Still, the situation would likely be far better had we invested in finding more effective programs focused on increasing veterans' and servicemembers' quality of life and ability to handle stress and adversity. We are grateful for the minor investment Congress made in the Commander John Scott Hannon Veterans Mental Health Care Improvement Act to invest in community organizations. A small step, but we have a lot of work to do.

Support Immediate Passage of the Major Richard Star Act

AMVETS fully supports the immediate passage of the Major Richard Star Act. For nearly two decades, AMVETS has supported the Bilirakis family in their efforts to end the unfair and antiquated statute preventing veterans from receiving their earned Department of Defense retirement pay and disability compensation from the VA. It is unconscionable that we are reducing retirement pay by every dollar of disability pay received for those who have given so much in defense of our Nation.

Increase Women Veterans Voices in Policy and Government to Address Issues Disproportionately Affecting them

Addressing mental health issues specific to women is a top priority for AMVETS. The rate at which women choose to end their own life is 180 percent higher than members of the same gender who never served. Male veterans, meanwhile, are 140 percent more likely to commit suicide than their peers who have only known civilian life.

AMVETS played a pivotal role in crucial legislation championed by Senator Gillibrand and others to reduce military sexual trauma and expand health care and benefits. We will continue to champion this issue on Capitol Hill.

⁵ Or 31 of 100,000 VHA users of VHA in 2020; 23.8 of 100,000 non VHA users in 2020.

However, AMVETS has also noted the astonishingly low number of veterans working as policy staffers on Capitol Hill and, more specifically, the low number of women and minority veterans working in these positions. As such, we are proud to be teaming up with the HillVets Foundation to work with them to address this shortage of women and minority voices working in these positions.

Bolster Recruitment and Retention at VA

The VA has pledged to serve our veterans' health care needs, but the means to accessing this care is different for every veteran. Millions of rural and highly rural veterans face a unique combination of factors that create disparities in health care not found in urban areas, such as inadequate access to care, limited availability of skilled care providers, and additional stigma in seeking mental health care. There is also the continued challenge of the politicization of VA health care. AMVETS realizes that the best healthcare option for veterans will first provide a strong, well-run, and fully staffed VA! As a support mechanism, VA will utilize private care when it makes sense in order to provide ease of care to veterans, as is often the case for veterans in rural areas.

As such, AMVETS strongly supports Chairman Tester's, and Senator Boozman's legislation, which is aimed at providing the VA with more tools to compete for highly qualified medical personnel, support training for current and future VA clinicians to ensure veterans receive the highest quality of care and provide more oversight and public transparency on VA's efforts to address vacancies. This legislation would also better prepare VA to manage care for the thousands of veterans newly eligible under the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act.

AMVETS has been a long-time leader in working to ensure that our Nation's veterans receive world-class healthcare, and this legislation affords the best option for veterans and VA leadership to ensure that is where we are headed.

A National Veterans Strategy is needed to align care and benefits to focus on outcomes and success

AMVETS is fully aware of the challenges of reorienting a VA system that so many veterans have come to rely on. Sadly had a better system existed, veterans currently existing low-lows would have benefited from a more proactive approach had it existed previously. We must start somewhere because our current policy is misaligned, provides negative incentives, and leads to poor outcomes.

As such, we recommend that Congress create a new office with significant funding; we recommend 1 billion dollars to be achieved by not providing the casual annual increase to the mental health budget. The office should be given the mission of creating the future goals and

vision of a VA that focuses on veterans maintaining their warrior wellness and providing proactive outreach, training, benefits, and services with the intent that they go on to live lives of purpose and meaning while maintaining a state of physical wellness, and understanding the components of living a mentally healthy lifestyle.

Some of our overarching community goals should be: reducing dependency on disability payments and the system that incentivizes veterans to achieve 100% disability (and incentivizes disability to gain access to other hand-up programs like VR&E), reducing healthcare costs related to poor lifestyle choices, reducing suicide, reducing the use of pharmaceuticals, reducing in-patient mental healthcare, and reducing traditional mental healthcare expenditures.

What can a nearly 300-billion-dollar budget accomplish if its primary goal is to help veterans live high-quality, happy, healthy, financially-secure lives? How can we best spend the VA's current budget of \$22,515 per living veteran per year to assist them in living a great life worth living? That is the answer to the suicide epidemic.

Our VA rewards disability, messages suicide, fails to provide tangible leadership and training for veterans upon their separation from service, fails to articulate and encourage meaningful positive goals, and provides no incentive for physical, mental, and financial readiness.

We need our President, congressional leadership, and vision to start articulating a better VA; a VA focused on helping veterans reach their full potential and be the warrior citizens our country deserves.

The Charitable Equity for Veterans Act

AMVETS has asked Congress to support a legislative fix allowing Congressionally-chartered 501(c)(19) non-profit Congressionally-chartered veterans service organizations to receive tax-deductible charitable donations.

The decades-old regulation in Internal Revenue Code section 501(c)(19) harms our veterans' organizations. The 501(c)(19) non-profit designation is explicitly designated for veterans' service organizations. The key benefits of this designation are tax exemption and the ability to accept tax-deductible donations. However, the current regulation requires 501(c)(19) organizations to maintain a membership of at least 90% of wartime veterans to accept tax-deductible contributions.

Forty-five years following the creation of this Vietnam-era regulation, there are 2.4 million veterans who honorably served in our armed forces while our nation was not at war. That means more than 2.4 million veterans (13%) are not welcome in most veteran organizations, in part because of how they would impact the organization's tax status.

AMVETS is one of two "Big 6" Congressionally-chartered veterans service organizations open to all honorably discharged non-wartime veterans. About 38% of our members are not wartime veterans, leaving our 77-year-old organization unable to accept tax-deductible donations. This is especially harmful to our local posts located all over the country. AMVETS is active throughout thousands of communities in every Congressional district. But this antiquated tax code is hampering our efforts and limiting the good we can do in the community.

This year, our 250,000 members call on Congress to modernize the tax code by creating a statute that would allow any Congressionally-chartered 501(c)(19) veterans service organization to be eligible to receive tax-deductible charitable donations. This statutory change would positively affect several veterans' organizations and allow the 13% of veterans who served during peacetime to join those veteran non-profits that open their doors to peacetime veterans.

Supporting this fix would prove that you are committed to leaving no veteran behind - regardless of when or where they served.

VHA National Practice Standards

AMVETS is also closely watching the development of new healthcare national practice standards at the VA. As outlined in a Rule published by the Department, VA intends to establish national standards of practice which will standardize healthcare professionals' practice in all VA medical facilities. The national standards of practice will describe the tasks and duties that a VA health care professional may perform and be permitted to undertake. VA believes that creating national practice standards is critical to the success of the new electronic health record (EHR) system being developed in conjunction with the Department of Defense(DoD). To be effective, VA believes it must standardize clinical processes with DoD and ensure that all who practice in certain healthcare professions can carry out the same duties and tasks irrespective of state requirements. VA has made clear it also believes that agreement upon roles consistent with the most restrictive state scope of practice for its health care professionals is not an acceptable option because it will lead to delayed care and consequently decreased access and level of health care for VA beneficiaries.

AMVETS supports creating national practice standards to aid in implementing the new joint VA-DOD EHR system. AMVETS agrees with VA that basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation's Veterans. AMVETS urges VA to continue working toward utilizing its healthcare professionals to the full scope of their state license. We are concerned, however, that the new standards for some providers may not include some healthcare services Veterans need and deserve simply because those healthcare professional types are only authorized to provide those services in less than a majority of the states. Should VA take the approach of only including health care services in the standards, which are authorized in a significant number of states, AMVETS is

worried that Veterans in some states may needlessly be denied access to needed health care services based on the inaction of other states. AMVETS urges VA to ensure that through these practice standards, Veterans, at the very least, have the same access to the same services that every other citizen of their state now enjoys.

Conclusion

AMVETS is honored to have this opportunity to present our views and opinions to Congress. We understand that we are proposing some significant changes in moving toward a VA of the future. Additionally, we owe an incredible debt of gratitude to the VA for their efforts as it relates to the pandemic. Our veterans are most grateful, and most have indicated what an incredible job the VA did in administering vaccines and treating the tens of thousands of veterans that were infected. Our thoughts are with those veterans who died as a result of the pandemic, and their families. We know that had it not been for the incredible actions of the VA, many more veterans would have lost their lives. We are grateful.

We look forward to continuing our work this Congress and stand at the ready to continue pressing on the many issues facing our veterans. We will always continue our work to create better policies for the veterans we serve.

National Commander, Don McLean

Donald "Don" McLean joined AMVETS Post 51 in Randolph, Mass., in 2000. He held post and district offices before becoming a state officer in 2011. He was elected Department Commander in 2015 and State National Executive Committeeman in 2016. He was elected National 3rd Vice Commander in 2018, National 2nd Vice Commander in 2019, and National 1st Vice Commander in 2021. Commander McLean was elected to AMVETS' highest office in August 2022 at the AMVETS National Convention in New Orleans.

Commander McLean joined the Coast Guard Reserve in 1969 in Boston. After boot camp and a tour of duty on a Coast Guard cutter, he was assigned to the Brockton Reserve Training Center in the "Bay State." He served aboard various small boat stations, Joint Base Cape Cod, and at the Integrated Sciences

Complex Boston. Commander McLean served onboard four different cutters and trained at the U.S. Naval Construction Battalion Center Davisville, R.I.; Yorktown; Va.; and Alameda and Petaluma, Calif. After serving for more than 32 years, he retired in 2011.

Commander McLean joined the Pipefitters union in Boston after his first active-duty tour, working in commercial construction in the New England area. His job sites included computer chip manufacturing, electric power generation stations, both nuclear and fossil fuel, pharmaceuticals manufacturing, and high-rise office buildings. Commander McLean holds many different states licenses including master pipefitter. During that time, MA Master pipefitter attended Wentworth Institute of Technology at night, graduating with a Bachelor of Science degree, Cum Laude, in Construction Management. He retired from this work in 2015.

Before becoming AMVETS National Commander, he was enjoying retirement, relaxing on his deck with his wife Peggy, and caring for their grandchildren.

Commander McLean has chaired several prominent national AMVETS committees that make up the foundational role of the organization. His priorities for his tenure are suicide prevention and advocating for continued expansion of resources focused on women veterans. The measured voice and unique perspective he has provided during his rise to leadership is recognized nationwide by AMVETS members.

About AMVETS

Today, AMVETS is America's most inclusive congressionally-chartered veterans service organization. Our membership is open to all active-duty, reservists, guardsmen and honorably discharged veterans. Accordingly, members of AMVETS have contributed to the defense of our nation in every conflict since World War II.

Our commitment to these men and women can also be traced to the aftermath of the last World War, when waves of former service members began returning stateside in search of the health, education and employment benefits they earned. Because obtaining these benefits proved difficult for many, veterans savvy at navigating the government bureaucracy began forming local groups to help their peers. As the ranks of our nation's veterans swelled into the millions, it became clear a national organization would be needed. Groups established to serve the veterans of previous wars wouldn't do either; the leaders of this new generation wanted an organization of their own.

With that in mind, 18 delegates, representing nine veterans' clubs, gathered in Kansas City, Missouri and founded The American Veterans of World War II on Dec. 10, 1944. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, making AMVETS the first post-World War II organization to be chartered by Congress.

Since then, our congressional charter was amended to admit members from subsequent eras of service. Our organization has also changed over the years, evolving to better serve these more recent generations of veterans and their families. In furtherance of this goal, AMVETS maintains partnerships with other Congressionally chartered veterans' service organizations that round out what's called the "Big Six" coalition. We're also working with newer groups, including Iraq and Afghanistan Veterans of America and The Independence Fund. Moreover, AMVETS recently teamed up with the VA's Office of Suicide Prevention and Mental Health to help stem the epidemic of veterans' suicide. As our organization looks to the future, we do so hand in hand with those who share our commitment to serving the defenders of this nation. We hope the 116th Session of Congress will join in our conviction by casting votes and making policy decisions that protect our veterans.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2021 - None

Fiscal Year 2020 - None

Fiscal Year 2019 - None

Disclosure of Foreign Payments – None

Gold Star Wives of America



JOINT HEARING TO
RECEIVE THE
LEGISLATIVE
PRESENTATION OF THE
GOLD STAR WIVES OF
AMERICA



National President

Tamra Sipes

Joint Hearing to Receive the Legislative Presentation of the Gold Star Wives of America
Tamra Sipes
President
Gold Star Wives of America

Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs
March 8, 2023

Distinguished Chairman and Members of the Joint Senate and House Committee on Veterans Affairs, I am honored to be here today to testify on behalf of Gold Star Wives of America, to share some of the stories and challenges facing our surviving spouses in this great nation.

My name is Tamra Sipes, and I am the widow of Petty Officer 1st Class Robert Sipes and the President of Gold Star Wives of America. I met my husband in California while working at Disneyland as a young waitress. He was a Navy Search and Rescue Corpsman stationed at the El Toro Marine Corps Air Station.

My husband, my hero, our nation's hero, was killed while attempting to rescue children from a house fire. He was 34 years old, and I was 28. The blaze occurred on October 8, 1995, while we were stationed at Naval Air Station Whidbey Island in Washington State. During his years of service, he was called out on over 55 missions while stationed at El Toro Marine Corps Air Station, including one on Christmas Day. A truck had gone over a cliff, with the cab landing on a ledge. The driver was unconscious, and there were high winds. The helicopter hovered over the canyon while my husband repelled down to the driver. He could not get the driver out of the cab with his safety gear on, so he unhooked himself to crawl into it, pulling the driver out onto the ledge to secure him into the basket. Due to the high winds, he took a beating from the canyon walls to keep his patient secure as the helicopter hoisted him back up. His body was black and blue when he got home that night. He said the bruises weren't that bad; we saved a life. Nothing more. He never told me what happened that night. I read about it in a report almost a year after he came home from work with medals pinned to his flight suit. He had been presented with the highest award you can receive during a non-wartime period: the Navy and Marine Corps Medal for Heroism. My husband lived to save lives for our country.

Most importantly, he was my loving husband and father of three children, ages 10, 2, and 6 months.
And then it was just me, and three little ones...
I joined Gold Star Wives in 1996.

Gold Star Wives (GSW) is a national non-profit organization dedicated to supporting surviving spouses of fallen service members. Founded in 1945, GSW is a support and advocacy organization for the surviving spouses of those who sacrificed their lives to serve our country. We work to ensure that the surviving spouses of our fallen heroes receive the benefits they are entitled to and are treated with dignity and respect.

Part of ensuring surviving spouses are treated with dignity and respect is providing benefits and support to help surviving spouses and their families survive financially and emotionally. It is with this mission at the center of our mind that we present our legislative goals.

Legislative Goals for the 118th Congress

1. Increase VA Dependency and Indemnity Compensation
2. Remove remarriage penalties
3. Update the definition of surviving spouse
4. PACT Act implementation

Increase Dependency and Indemnity Compensation

The most critical legislative issue for Gold Star Wives of America is creating equity between survivor benefits and other federal survivor benefits. Specifically, the Department of Veterans Affairs (VA) Dependency and Indemnity Compensation (DIC) benefit, which pays less in survivor benefits than other federal agency employees. DIC is the benefit surviving spouses receive from the VA when a service member dies in the line of duty while serving on active duty, a veteran dies due to a VA

service-connected disability, or a veteran dies who was rated by VA to be 100% disabled for 10 years or more.

Survivors only receive 43% of the compensation a veteran rated 100% disabled receives. However, if someone who works for a federal agency dies because of their job, their surviving spouse is eligible for up to 55% of their compensation. This is a significant disparity that must be corrected.

Many military spouses give up the opportunity for a career; this is primarily due to the constraints presented by numerous relocations required by the military, the endless deployments, and the often single parenting that takes place as a result of those deployments. The ability to have a career or retain work is much more difficult. Additionally, many veterans required caregiving assistance throughout their lives, which stopped the spouses from being able to work outside the home.

Military survivors have made incredible sacrifices on behalf of our Nation, and I am asking Congress to do the right thing by creating an equitable benefit for them.

Gold Star Wives member, Sharri Briley of Arkansas, lost her husband, CWO3 Donovan Briley, the pilot in the first black hawk helicopter that went down in Mogadishu, Somalia. He died on October 3rd, 1993, 8,300 miles away from his daughter and wife. Sharri received a phone call from Donovan before the mission, and he was able to leave her a voice message. That was the last call Sharri would ever receive from her husband. "This is the kind of sacrifice our men and women in the military, and their families, are asked to make every day. I know Donovan loved his fellow Night Stalkers and the Special Forces operators that fought and died that day on a distant shore. Eighteen very brave men were killed and several more severely wounded."

She remembers that "even though they received social security, it was only with the additional income provided by DIC that she could remain a stay-at-home mom." Military families choose to raise their families differently, many deciding to live on one income, for the non-military parent are a stay-at-home parent. Military life, with its constant moves and deployments, is filled with uncertainty. Being able to be a full-time stay-at-home parent is what many military families feel is in the best interests of their families, and clearly, losing your significant spouse immediately changes this dynamic for the family.

DIC on its own is not enough to support the totality of expenses facing surviving spouses.

Sergeant John W. Barbee of the U.S. Marine Corp was a foot soldier for Rev. Dr. Martin Luther King Jr and a minister prior to joining the military. He was stationed aboard the U.S.S. Wasp when he met and married Patricia. In 1968, John was killed in action in Vietnam. He was only 24 years old. Patricia never remarried and currently lives on a fixed social security income, which she shared was a little over \$800 a month, and her DIC benefit. She doesn't qualify for SBP, even with the recent SBP/DIC offset bill, because it only included active duty widows from the post-911 era. However, she counts her blessings for the state of Georgia, where she resides, as it is one of a handful of states in our country that gives a property tax exemption to un-remarried surviving spouses, regardless of income. If she did not have this state tax exemption and based on her current income, she would not be able to sustain herself monthly and live in her home. A large number of our surviving spouses are living with these same conditions.

The DIC amount has not been equitable with any comparable federal survivors' benefits program, which means our surviving spouses have lived on the edge for many years. With the current inflation and cost of living, most of these spouses will be unable to sustain themselves and must find programs to help offset their basic needs. We receive regular calls asking for help, and the situation only becoming more strained.

An increase in DIC is not only the right thing to do, but it will also result in significant assistance to the men and women suddenly thrust into an incredibly traumatic and economically challenging situation.

GSW is grateful for the work of Chairman Tester and Senator Boozman for cosponsoring the Caring for Survivor Act of 2023 which would increase DIC compensation to 55% of the rate of a 100% disabled veteran compensation as well as lower the threshold for DIC eligibility for survivors of 100% permanently and totally disabled veterans. This bill would ensure that surviving military spouses can live with dignity and respect, knowing their sacrifice is not viewed as less than by our country.

Removing the Remarriage Penalty

Shortly after my husband died, I remember walking the halls at the Naval Air Station on Whidbey Island, Washington, in a fog, with my children trying to navigate the health records and appointments. I was next in line at a Tricare help window, and the receptionist looked at my ID, which showed I was an un-remarried widow, then looked at my kids and me and said, “don’t ever remarry.” I looked at her and thought, I’m 28 years old. I have no family. No community and nowhere to go back to. How am I going to get through this... She said, “...if you remarry, you will lose your benefits, and you will never get them back.” She was correct at the time, and I didn’t remarry.

Under current law, if surviving spouses remarry before the arbitrary age of 55, we forfeit lifesaving benefits. If we have children, the amount we receive per child is nowhere near the cost of raising that child.

Please help us eradicate the remarriage limitation, especially the age limit on all benefits, including Dependency and Indemnity Compensation (DIC), home loan, educational benefits, Survivor Benefit Plan (SBP), SSIA, burial benefits, and Tricare.

Even in new relationships, our loyalty to our soldiers and this country remains. We are the ones both advocating for the military and often grieving at the graveside. All surviving spouses, regardless of age, should be entitled to keep their benefits if they remarry. Current law prevents this civil right without penalty, and we request your assistance in changing it. Surviving military spouses have suffered enough.

To us, it seems the primary reason Congress has not acted on this blight on our Nation, is the cost it presents to Congress via the Congressional Budget Office. Asking young men and women who have gone through the worst of tragedies and trauma, to risk their family's livelihood due to a budgeting gimmick seems unconscionable. Do the right thing and fix this.

Updating the VA Definition of Surviving Spouse

The definition of a surviving spouse for VA purposes was last updated in 1962, sixty-plus years ago. Today women can participate in society financially, educationally, and socially. In 1962 things were different; women were not legally allowed to participate fully in the community. They could not have a credit card in their name; women could be discriminated against based on their gender in hiring and during their employment with the federal government. In some states, women did not even have the same property rights as their husbands.

Today the definition holds two outdated phrases that, once removed, will lift a significant burden from the shoulders of surviving spouses. The first references that only marriage to someone of the opposite sex construes marriage. This is legally no longer the case; it should be removed to be congruent with federal law.

The second phrase is “has not held himself or herself out openly to the public to be the spouse of such other person.” This phrase causes great conflict for surviving spouses and is no longer applicable. Holding “oneself out” comes from the definition of common law marriage. Essentially implying that a woman would benefit from seeming to be married to a man and still receive survivor support. With the position women held in society in 1962, the “protection” of a man was beneficial to a woman socially and financially. At the time, 38 states recognized common law marriage; today, only 8 states and Washington D.C. do.

One of the GSW members from Charleston, South Carolina who chooses to remain anonymous because of the current law says, “In today’s world, couples living together is a societal norm, and no surviving spouse should have a fear of retribution for continuing their lives when they’ve sacrificed so much. At nearly the 18th anniversary of losing my husband, I have hesitated to be involved in any meaningful relationship for fear it would be construed as holding myself out to be married. Which has deeply and negatively impacted my children and me.”

Even if VA launches an investigation and clears the spouse, they are still forced to go through the process of the investigation and the threat of lost benefits or owing a debt to the federal

government. Unfortunately, some people threaten survivors to file a report with the VA for fraud, which is done with the express purpose of trying to manipulate or hurt the survivor.

The law should not be ambiguous; many survivors do not understand what “holding oneself out to be married” means. Gold Star Wives believes the definition should only reference a marriage recognized by the laws of the state that issues the marriage certificate. It is time to update the definition to follow federal and state laws.

PACT Act Implementation

GSW was heartened to see the passage of the PACT Act at the end of the last Congress. This legislation’s expansion of presumptive service-connected disabilities for veterans exposed to toxic exposures going back decades has expanded eligibility for DIC for more survivors. Many service members and veterans died from these new presumptive conditions. Their survivors were either verbally told their death was not related to their service or their DIC claim was denied. GSW is grateful that VA will be reviewing previously denied DIC claims. We also are standing by to help in any way that we can to help VA with their outreach to the survivor community. We are grateful to VA for their efforts to provide regular updates and educational events regarding the PACT Act rollout.

Conclusion

Issues facing surviving military spouses garner a significant amount of support from the public. In the 2022 midterm election, the state of Colorado had a ballot initiative on Amendment E, which will extend an existing homestead exemption for disabled veterans to the surviving spouses of military personnel and certain veterans. The initiative was passed with an overwhelming 88% of the vote. The public understands the service and sacrifice of service members, veterans, and their families.

GSW wholeheartedly thanks the House and Senate Veterans Affairs Committees for your time and attention to these issues of vital importance to the survivor community. We look forward to working with the Committees in any way we can to move these priorities forward.

Tamra Sipes

Tamra Sipes joined Gold Star Wives in 1996. Her husband, Robert Sipes, was a Navy Search and Rescue Corpsman and was killed while attempting to rescue children during a house fire while stationed at Naval Air Station Whidbey Island on October 8, 1995, at the young age of 34. During his years of service, he was nationally recognized as first runner-up EMT of the year by the National Association of EMTs; completed over 55 missions while stationed at El Toro Marine Corps Air Station; presented with the Navy Commendation and the Navy and Marine Corps Medal for Heroism. He was meritoriously promoted to E6 while stationed at Kaneohe Bay Marine Corps Base, BUT most importantly he was the loving husband of Tamra age 28 and father of three children ages 10, 2 and 6 months when he was killed.

Tamra currently works in the event industry. She used her Chapter 35 benefits to obtain an Associates Degree, which she received at the age of 49, after her children were out of school. She has continued her education through certifications from FEMA, Intl Live Events Association (ILEA), World Health Org, and the Event Leadership Institute (ELI), plus multiple other trainings throughout the years to stay up to date on event industry changes.

Volunteerism plays an important role in Tamra's life. In addition to Gold Star Wives of America, she has served on the board of the Island County Economic Development Council, board of Big Brothers Big Sisters of Island County, is a member of Soroptimist Intl. of the Americas serving in multiple roles including the Soroptimist International of the Americas (SIA) Federation board, which includes a membership of over 20 countries..

Special Thanks

A special thanks to these incredible survivors who contributed and shared their stories for this document:

Patricia Barbee, Savannah Georgia

Sharri Briley, Little Rock Arkansas

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**THE
MILITARY ORDER OF THE PURPLE HEART
OF THE U.S.A.**



THE ONLY CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION
EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS

**STATEMENT OF
CHRISTOPHER VEDVICK
NATIONAL COMMANDER**

**BEFORE A JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES ON VETERANS AFFAIRS**

MARCH 8, 2023

MILITARY ORDER OF THE PURPLE HEART

**CHRISTOPHER VEDVICK
NATIONAL COMMANDER**

2023 ANNUAL TESTIMONY

**BEFORE A JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES ON VETERANS' AFFAIRS**

MARCH 8, 2023

Chairmen Tester and Bost, Ranking Members Moran and Takano, and esteemed Members of the Committees, on behalf of the approximately 50,000 members of the Military Order of the Purple Heart (MOPH), it is my honor and privilege to appear before this body to offer our testimony.

As I am sure all of you are aware, the MOPH is a unique organization in that our membership is made up entirely of Veterans who were wounded in combat. First organized in 1932 and chartered by Congress in 1958, the MOPH stands today as the original Veterans Service Organization for Combat Wounded Veterans. I am proud to report our exceptional progress this year as an organization to you today.

The MOPH is proud to give back to our fellow veterans through our robust national programs. They range all the way from providing scholarships, to job training, to advocacy, and volunteering. Certainly, this selfless service by MOPH Patriots epitomizes the phrase "veterans helping veterans."

One of our national programs is our software development training. Last year we partnered with the Redding Software Corporation to provide combat wounded veterans software development training. The Purple Heart recipients are given training, an internship, and at the end of this one-year program the veterans are offered job placement. Helping these combat wounded veterans find

employment as full stack web developers affords them the flexibility they need on their long road to recovery.

The MOPH is working diligently along with other Veteran Service Organizations to reduce Veteran suicide throughout our country. One of our key initiatives each year is to improve mental health services for Veterans. Over the last two years, we have provided peer counseling training, access to resources, and support to veterans struggling with mental health issues, including PTSD and depression. We all share the anguish and tragedy of suicide deaths, just as we do those lost on the fields of battle. Many of us took an oath to our fallen brothers and sisters on the battlefield to continue to save those who made it home with these unseen wounds of war.

Finding a way to live with the loss of a comrade under any circumstances is an issue for all times and is not a generational issue. In the MOPH, all members have the common bond of shedding blood for our nation. Our World War II, Korean War, and Vietnam War Veterans have taught Iraq and Afghanistan members how to continue to live their lives after they return from combat. For that we are eternally grateful for their excellent example. As the first National Commander of the MOPH wounded in Afghanistan during Operation ENDURING FREEDOM I can personally attest to how critical it is to have the ability to talk with older combat wounded veterans who have experienced the same trauma and have developed healthy coping skills over the years.

We have a Women Veterans' Issues group that is working with other VSOs and legislators to help our female veterans. We appreciate the support both houses of the legislature have put into this effort. Together, we are able to better address their issues and making lives better for many. What has been exciting for our organization to see is an increase in representation within our own leadership by female Purple Heart recipients. Several states and regions currently have female veterans leading the way.

We continue to serve Veterans and their families through our Scholarship Program. The MOPH grants scholarships to Purple Heart recipients, their spouses, children, and grandchildren each year. This includes surviving family members of Purple Heart recipients who were killed in action. It is incumbent upon us to ensure that an advanced education is made available to them.

This is just a brief overview of the MOPH national programs. It does not even begin to describe the many contributions of what we believe to be the backbone of our organization, our MOPH members.

Organized into 326 Chapters across the nation, they are constantly engaged with their local communities, acting as ambassadors to the general public by participating in civic events and running unique programs. Equally important, they support and encourage one another. MOPH members refer to each other as "Patriot," which is most appropriate, as each of them has shed their blood in defense of our great nation on battlefields around the world.

The Order is making a difference in the lives of young Americans through our example and advocacy for the Constitution while actively supporting the American way of life. Our membership strongly believes in supporting our young leaders and recognizing their demonstrated excellence through our leadership awards that are presented to JROTC and ROTC programs as well as youth programs like the Young Marines, Civil Air Patrol, and the Boy Scouts. There is little doubt that the youth of our great nation benefit from learning the skills of leadership required to serve our country.

The PACT Act and other significant efforts to help veterans in the past year continue to bring all Veteran Service Organizations together. Not one organization can do it all alone. We are thankful for the opportunities to continue to partner with other organizations increasing the collective strength and effect all VSOs are having on the Veteran population.

Speaking for my organization, the MOPH is eternally grateful to both houses of Congress for the recent victory for America's most deserving through the PACT Act. The PACT Act comes at a critical juncture in our history, increasing the throughput of our Vietnam Veterans, as well as Veterans from the Global War on Terror, through our Veterans Affairs facilities.

I am here before you today with a full heart to express our appreciation to Congress for its invaluable assistance with the National Defense Authorization Act (NDAA) of 2023, Section 584, "Enhanced Information Related to Awarding of the Purple Heart."

As you are all aware, the Purple Heart is a highly coveted medal that is awarded to our brave service members who have been wounded or killed in combat, spilling their blood in defense of our great nation. For over two centuries, this distinguished award has been a symbol of courage, sacrifice, and devotion to duty.

However, the process of awarding and tracking the Purple Heart has not always been perfect. There have been cases where service members who deserved the medal did not receive it due to bureaucratic complications or administrative errors, or where the medal was awarded but recipient or their families were not aware.

Thanks to the efforts of Congress, these issues have been addressed in Section 584 of the NDAA. This section requires the Department of Defense to maintain an accurate database of all service members who have been wounded or killed in combat, ensuring that the process of tracking the Purple Heart is transparent and fair.

The Military Order of the Purple Heart recognizes the hard work and dedication that went into drafting and passing this legislation. We extend our heartfelt gratitude to the members of Congress who worked tirelessly to ensure that the brave men and women who have made the ultimate sacrifice for our country receive the recognition they deserve.

We would also like to thank the families of our fallen heroes, whose sacrifices will forever be honored by this important legislation.

As a group, VSOs have collectively supported on-going litigation efforts to bring justice to our Veterans for their injuries. From 1999 through 2015, 3M sold faulty Combat Arms earplugs to the US Military. Service members relied on the company's representations that the earplugs, which were standard issue during the War on Terror, provided them with adequate ear protection in combat settings where they were subjected to noise levels far exceeding those experienced by civilians. 3M knew from its own internal testing that the earplugs were defective but chose not to warn the government or our troops, inflicting

permanent hearing damage on the hundreds of thousands of servicemembers who relied on their product for protection.

Hearing loss and tinnitus degrade the quality of life of those affected. Take, for example, MOPH member First Sergeant Richard Vendl, who suffered near-total hearing loss while using 3M's earplugs during his 25 years of service. Today, First Sergeant Vendl cannot converse without the assistance of hearing aids. Consider Staff Sergeant Marteze Ford, a Purple Heart recipient, whose tinnitus interrupts his work and impacts his personal relationships on a daily basis. Hearing loss and tinnitus also worsen psychological issues many Veterans face, such as insomnia, social isolation, depression, and anxiety. Most significantly for our members, they also exacerbate symptoms of post-traumatic stress disorder, a condition far too many wounded veterans must grapple with.

Currently, more than 260,000 Veterans are suing 3M in federal court. The company has appealed each one of the 13 verdicts. Last July, 3M attempted to shirk its responsibility entirely by having an all-but-defunct subsidiary declare bankruptcy in an attempt to avoid accountability. We will continue to fight for veterans. The dedicated advocacy efforts of the Order extend to all Veterans, servicemembers, their families, and survivors as a part of our unshakable bond of comradeship. Even with all the good we do; we all recognize that there is much more work to be done.

Veterans from the current era continue to return home, often with battle wounds and other disabilities, and veterans from previous eras increasingly face unique challenges associated with their service as they age. While the MOPH has always been, and will continue to be, the first to stand up for our fellow Purple Heart recipients, our priorities are reflective of the fact that we are staunch advocates for all veterans and their families. With that, on behalf of the Order, I am pleased to present the MOPH legislative agenda for 2023.

MAJOR RICHARD STAR ACT

As the National Commander of the Military Order of the Purple Heart, I am honored to speak to you today about a piece of legislation that could have a tremendous impact on the lives of wounded veterans.

S. 344, also known as the Major Richard Star Act, is a bill that aims to address a major injustice in our military retirement system. Currently, Veterans who are medically retired due to combat-related injuries receive only a portion of their earned retirement pay.

The Major Richard Star Act seeks to rectify this situation by changing the way that retirement pay is calculated for wounded veterans. If passed, this bill would ensure that Veterans who are medically retired due to combat-related injuries are given the retirement pay they deserve, based on the highest rank they held during their service.

The bill is named in honor of Major Richard Star, a Marine Corps officer who was medically retired due to combat-related injuries after serving multiple tours in Iraq and Afghanistan. Major Star was severely wounded in an IED blast, but despite his injuries, he continued to serve his country by working to improve the lives of other wounded veterans.

Sadly, Major Star passed away in 2013, but his legacy lives on through this important piece of legislation. The Major Richard Star Act has bipartisan support in Congress and has been endorsed by numerous Veterans organizations, including the Military Order of the Purple Heart.

As an organization that represents the interests of wounded Veterans, we believe that this bill is essential to ensuring that our nation's heroes receive the support and recognition they deserve. We urge Congress to pass this bill and to honor the sacrifices of those who have served our country by providing them with the retirement pay they have earned.

Military Sexual Trauma

Military sexual trauma, or MST, has been an ongoing problem in the United States military for far too long. The women who serve our country have been subjected to unthinkable acts of sexual assault and harassment, and the trauma they face can last a lifetime.

These women have sacrificed for our country, and it is our duty to provide them with the care and benefits they deserve. Unfortunately, many female veterans who have experienced MST have had difficulty accessing the care they need. They

have reported difficulty getting mental health services, seeking help from the VA, and even experiencing homelessness.

The Deborah Sampson Act was the right step forward into ensuring that the VA must address this issue and improved the VA's ability to care for these women. The VA has made strides in recent years to improve care for female Veterans, but there is still much work to be done. We must invest in programs that reduce the stigma of MST and also provide specialized care for female veterans who have experienced MST, especially in rural areas.

Lastly, we must do more to prevent MST from occurring in the first place. We need to continue to strengthen the reporting and investigation processes and ensure that those who commit acts of sexual assault and harassment are held accountable for their actions.

VETS Safe Travel Act

The VETS Safe Travel Act, also known as S. 2280, is a piece of legislation that is currently being considered in Congress, and is vital for the well-being of our nation's Veterans.

As you may know, veterans often face unique challenges when traveling, especially those with service-related disabilities. Despite their sacrifices for our country, they are not always given the same level of care and support that they deserve when they travel. This is where the VETS Safe Travel Act comes in.

This bill would require the Department of Homeland Security to develop and implement a training program for Transportation Security Administration (TSA) personnel to better recognize and understand the needs of Veterans with disabilities. It would also require the TSA to establish a process for expedited screening for Veterans who have a service-connected disability rating. These measures are crucial for ensuring that our Veterans can travel safely and with dignity. We owe it to them to provide the support they need, and the VETS Safe Travel Act is a significant step in the right direction. As the National Commander of the Military Order of the Purple Heart, I have seen firsthand the sacrifices that our veterans have made. Many of them have suffered injuries that have left them with disabilities, and they deserve to be treated with the utmost respect and care.

I urge Congress to pass the VETS Safe Travel Act and show our Veterans that we are committed to supporting them in every way possible. It is the least we can do for those who have given so much for our country.

Chairmen Tester and Bost, Ranking Members Moran and Takano, this concludes my statement. I thank you for the opportunity to testify today on behalf of the MOPH, and I look forward to answering any questions you or other Committee members may have.

Yours in Patriotism,

Christopher Vedvick
National Commander

Disclosure of Federal Grants and Contracts:

The Military Order of the Purple Heart (MILITARY ORDER OF THE PURPLE HEART) does not currently receive, nor has MILITARY ORDER OF THE PURPLE HEART ever received any federal money for grants or contracts.





Christopher Vedvick
National Commander

Christopher J. Vedvick is the National Commander of the Military Order of the Purple Heart, elected in 2022 at the 89th National Convention in Rapid City, SD.

Commander Vedvick was raised in Jacksonville Beach, Florida and joined the Army in 2000, serving as an Airborne Infantryman. On Vedvick's first deployment in 2002 with the 82nd Airborne Division, he was wounded by three hand grenades while engaged in a 4-hour firefight with al-Qaeda in Khowst, Afghanistan. All three of the grenades landed within six feet of Christopher and inflicted major damage to the left side of his body.

After several surgeries and exhaustive rehabilitation Vedvick remained undaunted and was able to remain in the Army deploying another six more times. Through Commander Vedvick's distinguished career he earned several awards to include 2 Bronze Stars, the Purple Heart, and a Meritorious Service Medal. He retired honorably in 2016 and currently resides in Saint Augustine, Florida where he raises his three children Lorelai, Evelyn, and Archer alone after the loss of his beautiful wife Tiffany in 2021.

Christopher began volunteering to assist combat wounded veterans and their families while he was still on active duty through his work with the Military Order of the Purple Heart. While serving within the Military Order of the Purple Heart he became the first post 9/11 veteran to serve as the Department Commander for the state of Florida and is the first veteran wounded in Afghanistan during Operation ENDURING FREEDOM to serve as the National Commander of the MOPH.



TESTIMONY

PRESENTED BY

Joseph D. McNeil, Sr.

BVA NATIONAL PRESIDENT

**BEFORE A JOINT SESSION OF THE
HOUSE AND SENATE COMMITTEES
ON VETERANS AFFAIRS**



MARCH 8, 2023

INTRODUCTION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and distinguished Members of the Committees on Veterans Affairs, on behalf of the Blinded Veterans Association (BVA) and its membership, we appreciate this opportunity to present our legislative priorities for 2023. As the only congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to serving the needs of our nation's blind and low vision veterans, their families, and caregivers, BVA first wishes to highlight "National Blinded Veterans Day," which occurs March 28. The day coincides with the 78th anniversary of the organization's 1945 founding by World War II blinded Army service members at Avon Old Farms Army Convalescent Hospital in Connecticut.

BVA hopes that this first session of the 118th Congress will proactively address the following legislative priorities:

- Safeguarding ocular clinical standards of care
- Establishing caregiver program clinical standards
- Overseeing compliance with transportation services
- Overseeing compliance with accessibility requirements
- Supporting blind rehabilitation service funding
- Improving programs and services for women veterans
- Enacting protections for guide and service dogs
- Supporting vision research funding

SAFEGUARDING OCULAR CLINICAL STANDARDS OF CARE

As the only national VSO chartered by congress exclusively dedicated to assisting veterans and their families coping with blindness and vision loss, ensuring that our nation's veterans have access to the highest quality eye care remains a top priority. Our organization has strong concerns about the Department of Veterans Affairs (VA) initiative to establish national standards of practice for health professionals within the Veterans Health Administration (VHA) that could lower the standard of care, particularly for eye care services, available to veterans. One reason we are so concerned about the future of veterans' surgical eye care is the fact that in September 2022 VA modified its Community Care "Standardized Episode of Care (SEOC): Eye Care Comprehensive" guideline by removing language providing that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." By removing this sentence, VA is implicitly authorizing optometrists to perform ophthalmic surgery on veterans they refer under the Community Care program in the few states where permitted by state licensure laws. VA removed this language without any opportunity for the veteran community and public to comment. BVA is extremely concerned that VA has removed an important patient safeguard posing increased risk to veterans requiring surgical eye care.

Our members know all too well that eye tissue is extremely delicate and, once damaged, it is often impossible to fix. While optometrists play an important role in addressing the eye care needs of veterans, they are not medical doctors who have the training and experience needed to perform invasive surgical procedures. While some procedures are higher risk than others, no invasive procedures are without risk, particularly when attempted by inexperienced providers.

Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because VA has maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery in VA medical facilities to ophthalmologists: medical or osteopathic doctors who specialize in eye and vision care. This policy is consistent with the standard of medical care in the overwhelming majority of states. It also ensures that there is a system-wide quality standard for surgical eye care and that all veterans have access to the eye care provider with the appropriate education, training, and professional experience needed to perform their eye surgery.

We urge congress to mandate that VA immediately reinstate the following language into the SEOC: "Only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." We also urge VA to be mindful of the appropriate roles of optometry and ophthalmology as it seeks to establish national standards of practice within VA health care systems.

ESTABLISHING CAREGIVER PROGRAM CLINICAL STANDARDS

The current method of determining eligibility for the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) is governed by 38 U.S.C. § 1720G and based on a subjective standard that requires a veteran to be unable to perform one or more Activities of Daily Living (ADLs), which are basic self-care tasks like cooking, bathing, toileting, and mobility (such as transferring from a bed to a chair). These ADLs are for sighted people and do not take into account the abilities and limitations of blind or severely visually impaired veterans. BVA calls on the ADL standard to be revised to take into account the unique challenges and limitations of blinded veterans.

BVA has concerns about blinded veterans being able to safely take their correct medication in the correct amount at the correct time. Medication management is NOT an ADL. Rather, it is classified as an instrumental ADL (IADL), which requires more complex planning and thinking. Even though it is not an ADL, an inability to independently handle one's own medication management should be a qualifier for PCAFC benefits (at least at the lower tier level), especially for blinded veterans or veterans with cognitive impairments who are at high risk of committing medication errors.

On March 25, 2022, the U.S. Court of Appeals for the Federal Circuit set aside VA's definition of "need for supervision, protection, or instruction" in 38 C.F.R. § 71.15 because it determined that VA's definition was inconsistent with the statutory language. Veterans and caregivers await VA rulemaking to update 38 C.F.R. § 71.15.

VA's own numbers have shown the denial rate for PCAFC applications to be as high as 90 percent, which most all stakeholders agree is too high. To improve and simplify the PCAFC adjudications process, BVA calls on the creation of an objective clinical standard for PCAFC eligibility for blinded veterans and proposes a "5/200 corrected acuity (or worse) in both eyes, or a field of vision of 5 degrees or less in both eyes," to qualify blinded veterans for the PCAFC benefit. This proposed clinical standard is the same standard for compensation at the 100 percent rate with Special Monthly Compensation (SMC) L and is far more restrictive than the standard for legal blindness, which requires "20/200 or worse in the better eye, or a field of vision of 20 degrees or less."

The total number of potentially eligible veterans under this proposed clinical standard is small. VHA's numbers estimate there are 130,000 veterans who are legally blind or worse. However, VA does not report how many of these 130,000 veterans are "5/200 or 5 degrees or worse."

The number of potential eligible blinded veterans with service-connected eye conditions who would qualify for PCAFC benefits under this proposed "5/200 or 5 degrees or less standard," is exceedingly small. According to FY 2022 statistics from the Veterans Benefits Administration (VBA), out of the 25 million service conditions that exist today, only 366,268 are for eye conditions, and a much smaller number, only 3,368 are eye conditions rated at the 100 percent rate.

OVERSEEING COMPLIANCE WITH TRANSPORTATION SERVICES

A common complaint BVA hears from its membership relates to their transportation challenges to get to and from VA medical appointments. VA transportation is often not available, or when it is available, it is inadequate and unreliable. Many VA Medical Centers (VAMCs) require veterans to schedule their Veterans Transportation Service (VTS) accommodations at least 30 days in advance of their medical appointment, which creates a barrier to accessing timely medical care.

Additionally, Special Mode Transportation (SMT) authorizations for VTS eligibility are limited to VA clinicians, currently defined as: Physicians; Physician Assistants; Nurse Practitioners; Certified Nurse Practitioners; Clinical Nurse Specialists; Certified Nurse Midwives; or Psychologists – rather than Blind Rehabilitation Service VIST Coordinators who are responsible for coordinating care and services for severely disabled, visually impaired veterans and service members receiving VA care. BVA believes VIST Coordinators are the most uniquely qualified professionals overseeing the needs of blind and low vision veterans, and therefore should be afforded the authority to authorize SMT.

Although the VTS program is governed by VHA Instruction 1695(1), VAMC staff interpret eligibility requirements differently, leading to a wide variance in eligibility decisions. For example, although the directive authorizes travel due to vision impairment, some VAMC staff require that the blinded veteran also be in a wheelchair or a gurney in order to qualify for VTS

travel. These VAMC staff appear to be interpreting the directive too broadly in an effort to disenfranchise blinded veterans.

BVA hears from its members that their VTS travel, which they booked 30 days in advance, is often cancelled the day before their medical appointment due to a shortage of drivers. These veterans are then forced to scramble to find a friend or family member to drive them, or pay for a taxi or Uber, or reschedule or miss their appointment.

Blinded veterans also face inadequate reimbursement for travel to their VA medical care. VA is obligated to reimburse the full cost of travel, but often blinded veterans are only reimbursed the IRS standard of 41.5 cents per mile. Recently, BVA heard from a member who was only reimbursed \$15 for his \$50 Uber ride to his VAMC. VAMCs should be held accountable for providing the proper reimbursement amount for travel reimbursement claims.

Unfortunately, recent changes to the travel reimbursement process have created additional barriers to blinded veterans. Previously, veterans could receive cash reimbursement at their VAMC cashier's window while at the VAMC. VA now requires all veterans to submit their travel reimbursement online, but the website is not accessible, meaning that blinded and visually impaired veterans are often unable to file for their travel reimbursement claims within the 30-day deadline. When asking for help at their local VAMC cashier's window, blinded veterans are told by staff. "You have to use the website; we can't help you."

To address the travel challenges facing blinded veterans, BVA calls on congressional oversight of the VTS program to identify and document these and other challenges blinded veterans are dealing with when trying to get to and from their VA medical appointments. Additionally, we call for an immediate return to veterans being able to receive their travel reimbursement at their VA facility, and for the 30-day time limit to file VA travel reimbursement claims to be suspended until the travel reimbursement website is brought into full accessibility compliance.

OVERSEEING COMPLIANCE WITH ACCESSIBILITY REQUIREMENTS

BVA thanks congress for its continued support of our nation's blind and low vision veterans, demonstrated by the passage of "S. 3587, the VA Website Accessibility Act of 2019." This bipartisan legislation directed VA to report to congress on the accessibility of VA websites (including attached files and web-based applications) to individuals with disabilities. BVA requests that there continue to be strong oversight and transparency on VA's progress of updating websites, files, and applications that are still inaccessible to such individuals. We remain discouraged by learning that platforms such as SharePoint, used throughout VA enterprise, and other similar platforms, will not be addressed by these reviews, as VA believes they are not websites. Interestingly, Microsoft, the maker of SharePoint, defines it as "a secure 'site' to store, organize, share, and access information from any device enabling 'websites' to function via a web-browser." To the blind and low vision user, SharePoint looks and acts just like a website. Thus, the Department appears to be departing from its alleged goal of becoming

world-class promoters of diversity, equity, and inclusion as it intentionally excludes blind and low vision persons.

The Department of Veterans Affairs Office of Inspector General (VA OIG) recently issued the report “VBA’s Compensation Service Did Not Fully Accommodate Veterans with Visual Impairments (Report No. 21-03063-04).” VA OIG conducted this review to determine whether the Compensation Service complied with accessibility requirements for communicating benefits-related information to veterans with visual impairments. VA OIG found that VBA’s Compensation Service did not fully comply with Section 504 of the Rehabilitation Act of 1973. The review team determined that visually impaired veterans could be excluded from accommodations by the Compensation Service’s criteria, and even the legally blind veterans who meet the criteria are not accommodated through the entire claims process. Although VBA’s Adjudication Procedures Manual instructs claims processors to contact visually impaired veterans by telephone to discuss the contents of decision notices, 87 of 100 claims reviewed showed no documentation of processors making such calls. Consequently, some veterans may not have been made aware of adverse claims decisions or their rights to challenge such decisions.

VA OIG concluded that the Compensation Service’s continued failure to coordinate with relevant agencies, along with its failure to comply with VA-wide accessibility implementation requirements, will continue to make it more difficult for veterans with visual impairments to participate fully in the disability compensation program.

VA OIG made five recommendations to the undersecretary for benefits: (1) update the process for developing, approving, and issuing guidance for accommodating visually impaired veterans to include steps for consulting with the Office of General Counsel; Office of Resolution Management, Diversity, and Inclusion; and previously, the Department of Justice Civil Rights Division; (2) update the adjudication procedures to comply with federal regulations and VA policies; (3) develop and implement a quality assurance mechanism to ensure compliance with accessibility requirements; (4) assign accessibility coordinators, publicize their names, and conduct a self-evaluation of policies outlined in VA accessibility requirements; and (5) coordinate a process to ensure visually impaired veterans are informed of the availability of accommodations.

While we truly appreciate the efforts of VA OIG, we are tremendously disheartened to learn that VA senior leadership continually resist FY23 MilCon/VA appropriations language encouraging “the Department to explore options, such as a VA Accessibility Office led by a Chief Accessibility Officer, to ensure the accessibility needs of disabled veterans and employees are met.” Blind, low vision, and other disabled veterans will continue to face barriers until accessibility becomes a top priority for VA’s entire enterprise. The Department’s most recent congressional report demonstrated that only 7.8 percent of all 812 VA websites are fully compliant with Section 508 of the same Rehabilitation Act of 1973, uncovering a significant barrier that blind and low vision persons—including veterans and VA employees—have known

for decades, having been systematically disenfranchised. These intentional barriers faced by blind and low vision individuals are illegal and must come down.

The 2019 VA Website Accessibility law required that all VA websites, medical center check-in kiosks, and the new Cerner Electronic Health Record, be fully Section 508 compliant. BVA humbly requests stronger congressional oversight and agency transparency on VA's progress of updating websites, files, and applications that are still inaccessible to blind and low vision individuals, as well as mandating the designation of a Chief Accessibility Officer for accountability purposes.

SUPPORTING BLIND REHABILITATION SERVICE FUNDING

In October 2020, VHA implemented a new Continuum of Care for visually impaired veterans resulting in 81,583 low vision and legally blinded veterans comprising Visual Impairment Service Team (VIST) Coordinator case management rosters. VHA research studies estimate that there are 130,000 legally blinded veterans living in the US. VHA projections indicate that there are another 1.1 million low vision veterans in the US with visual acuity of 20/70 or worse.

VA currently operates 13 residential Blind Rehabilitation Centers (BRCs) across the country. These BRCs provide the ideal environment in which to maximize the rehabilitation of our nation's blinded veterans. Unfortunately, Veterans Integrated Service Network (VISN) and VAMC Directors at some sites housing BRCs are failing to replace BRC staff who retire or transfer to other facilities, thus failing to support the congressionally mandated maintenance of staffing at previous levels. During the COVID-19 surge, all 13 BRCs were closed as beds were reallocated for alternative needs. As a result, rehabilitation training for blinded veterans went entirely virtual, accompanied by telehealth care. Consequently, many BRCs lack the staffing needed to help blinded veterans obtain the essential adaptive skills they require to overcome the many social and physical challenges of blindness. Without intervention, we fear that the number of BRCs in this situation will grow. Spinal Cord Rehabilitation has dedicated funding for this express purpose. Modeling BRS funding after this manner would ensure such excellence in care. VAMC Directors should not be allowed to divert BRC Full-Time Equivalent (FTEs) or funds designated by the Veterans Equitable Resource Allocation (VERA) System for these rehabilitation admissions from the blind centers to other general medical operations.

BVA is also concerned about the caseloads of VIST Coordinators and Blind Rehabilitation Outpatient Specialists (BROS). Now that the national caseload has doubled from approximately 40,000 to more than 80,000 visually impaired veterans, their capacity to meet the needs of assigned caseloads is now in doubt. BVA requests that VHA conduct a resource/demand gap analysis to identify VISTs and BROS whose caseloads are now over-capacity. The creation and staffing of additional VIST and BROS positions may be necessary to adequately address the needs of these additional 40,000 visually impaired veterans.

BVA is further concerned that community care funding contracted under the auspices of the VA MISSION Act will take funds away from VA BRCs. BVA holds that VHA must maintain the current

bed capacity and full staffing levels in the BRCs that existed at the time of passage of the “Veterans’ Health Care Reform Act of 1996” (Public Law 104-262).

BVA calls on congress to conduct oversight ensuring that VHA is meeting capacity requirements within the recognized systems of specialized care in accordance with Public Law 104-262 and the “Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act of 2017,” (Public Law 114-223). Despite repeated warnings about these capacity problems, congress has conducted minimal oversight on VA’s ability to deliver specialized health care services.

BVA requests that if VA does contract with private agencies to provide rehabilitation training to blinded veterans, VA should ensure that the private agencies with which it contracts have a demonstrated capacity to meet the peer-reviewed quality outcome measurements that are a standard part of VHA BRS. We further recommend that VA require private agencies with which it contracts to be accredited by either the National Accreditation Council for Agencies Serving the Blind and Visually Impaired (NAC) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Additionally, VA should require those agencies to provide veterans with instructors certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP).

An agency should not be used to train newly blinded combat veterans unless it can provide clinical outcome studies, evidence-based practice guidelines, mental health care counseling, and joint peer reviewed vision research. BVA also supports the Independent Budget Veterans Service Organizations (IBVSO) recommendation mandating that competency standards for non-VA community providers be equivalent to standards expected of VA providers, and that non-VA providers meet continuing education requirements to fill gaps in knowledge about veteran-specific conditions and military culture.

Private agencies for the blind lack the necessary specialized nursing, physical therapy, pain management, audiology, speech pathology, pharmacy, and radiology support services that are available at VA BRCs because they are not located adjacent to VAMCs. In addition, most private agencies are outpatient centers located in major cities, making access for blinded veterans from rural areas difficult, if not impossible. In many rural states, there are no private inpatient blind training centers at all. Therefore, the availability of an adequately funded and staffed VA BRC is the only option. Veterans from rural areas should not be compelled to utilize alternative facilities when VHA BRS has the capacity to ensure that they have access to a program at a facility that is adequately staffed and funded.

IMPROVING PROGRAMS AND SERVICES FOR WOMEN VETERANS

BVA calls on congress to fully fund and support gender specific health care for women veterans. VA must continue creating and fully staffing high quality, clinically relevant services for women veterans. COVID-19 has made hiring and training challenging, particularly the hands-on training offered through women’s health mini-residencies. While training and hiring initiatives continue,

the growth in women veterans who use VA is outstripping VA's ability to hire and train providers to meet women's specialized gender specific clinical needs. Women are the fastest-growing subpopulation in VA (+32 percent by 2030), and there does not appear to be a strategic plan to ensure that all service lines in the VHA are focused on adjusting programs to meet women veterans' unique clinical and supportive services needs. VHA must develop plans for women veterans' health programming that respond to changes in health care delivery made since the ongoing COVID-19 pandemic and evaluate other program offices to ensure that appropriate services are available to meet the unique needs of the women veterans it serves.

Peer support specialists have been very useful in helping veterans with mental health challenges, including those dealing with the aftermath of military sexual trauma, post-traumatic stress disorder, and substance-use disorders. Similarly, care navigators and doulas can assist women veterans with highly complex medical conditions such as cancer, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), post-partum maternal care, and chronic pain management. VA must consider increasing funding for these critically relevant specialists.

Additionally, creating and maintaining a dedicated consultative team to assist with managing the care of veterans throughout the maternity cycle would support VA's efforts to provide women veterans with access to comprehensive wrap-around services, including help with housing, employment, food insecurity, interpersonal violence, mental health, and prosthetic support. Reproductive mental health issues are prevalent for many service-disabled women veterans and require specialized clinical support. VA is wholly dependent upon its community care network providers to render quality care and data on outcomes of maternity care. Still, specialized program managers can monitor and influence better results by enhancing services for women and improving coordination and communication between these programs.

ENACTING PROTECTIONS FOR GUIDE AND SERVICE DOGS

Guide and service dogs are critical to blind, visually impaired, and other disabled veterans working toward regaining lost independence. Guide and service dogs assist blind or disabled veterans with mobility, retrieving objects, balance, and several other vital tasks. Training guide and service dogs to perform their jobs costs upwards of \$50,000 and can take up to two years to complete. Many prospective guide and service dogs do not complete the training, making successful guide and service dogs (approximately one in ten) incredibly valuable. BVA is concerned about the safety of these guide and service dogs while on federal properties. Uncertified and often untrained support animals pose a direct threat to guide and service dogs, as well as to disabled veterans who depend on their dog for assistance. Since 2016, there has been an 84 percent spike in reported support animal incidents to include urination, defecation, and biting. This additional threat to both veteran and service animal poses health and financial risks as the costly, lengthy, and rigorous training that the animals undergo becomes less apparent to the uninformed public, which perceives as the same the rigorously trained service animal and the poorly trained support animal.

The Department of Transportation (DOT) issued rules regarding service animals on airplanes. According to the rule, emotional support animals are no longer considered to be a service animal. Airlines may require travelers with service animals to provide forms developed by DOT attesting to the dog's training, health, and behavior. Implementing policies such as DOT's at VA facilities would offer a greater level of protection for guide and service dogs, as well as for their handlers and other veterans.

BVA strongly urges VA to implement stricter guidelines for animals eligible for entrance onto VA properties and to ensure standardization across all facilities. BVA also suggests implementing training policies for VA employees on guide and service dog etiquette to increase the safety of the dogs and their handlers while also raising awareness. BVA also requests a dedicated guide dog champion at the Veterans Affairs Central Office (VACO) and at each VAMC. The addition of these champions can ensure proper training and understanding through Standard Operating Procedures (SOPs) as to the expectations, roles, and responsibilities of a service animal as well as to ensure uniformity and equal treatment across locations.

SUPPORTING VISION RESEARCH FUNDING

The Vision Research Program (VRP) was established by congress in FY09 to fund impactful, military-relevant vision research with the potential to significantly improve the health care and well-being of service members, veterans, caregivers, and the American public. The VRP's program area had previously aligned with the sensory systems task area of the JPC-8 Clinical and Rehabilitative Medicine Research Program (CRM RP), a core research program of the Defense Health Agency (DHA), but this program was merged into the JPC-5/MOMRP resulting in less funding for deployment related injuries.

Eye injury and visual dysfunction resulting from battlefield trauma affect many service members and veterans. Surveillance data from DoD indicate that eye injuries account for approximately 14.9 percent of all injuries from battlefield trauma sustained during the wars in Afghanistan and Iraq, resulting in more than 182,000 ambulatory patients and 4,000 hospitalizations. In addition, Traumatic Brain Injuries (TBIs), which have affected more than 413,898 service members between 2000 and 2019, can have significant impact on vision, even when there is no injury to the eye.

Research sponsored by VA showed that as many as 75 percent of service members who sustained a TBI had visual dysfunction. The VA Office of Public Health has reported that, for the period October 2001 through June 30, 2015, the total number of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans with vision problems who were enrolled in VA totaled 211,350. This number included 21,513 retinal and choroidal hemorrhage injuries (retinal detachments are part of this category); 5,293 optic nerve pathway disorders; 12,717 corneal conditions; and 27,880 with traumatic cataracts. VA continues to see increased enrollment of this generation with various eye and vision disorders resulting from complications of frequent blast-related injuries.

VA data also revealed a rising number of total post-9/11 veterans with TBI visually impaired “ICD-10 Codes” enrolled in the VHA system. In FY13, there were 39,908 enrollees identifying with symptoms of visual disturbances, and by FY15 those numbers increased to 66,968. Based on recent data (2000-2017) compiled by the TBI Defense Veterans Brain Injury Center (DVBIC), the reported incidence of TBI without eye injury but with clinical visual impairment is estimated to be 76,900.

A January 2019 *Military Medicine* journal article, based on a 2018 study by the Alliance for Eye and Vision Research that used prior published data during 2000-2017, has estimated that deployment-related eye injuries and blindness have cost the US \$41.5 billion during that time frame. Some \$40.2 billion of that cost reflects present value of a lifetime of long-term benefits, lost wages, and family care.

DHA leadership have consistently testified before congress stressing the need for “specific research programs supporting efforts in combat casualty care, TBI, psychological health, extremity injuries, burns, vision, hearing, and other medical challenges that are militarily relevant and support the warfighter.”

Of note, CDMRP appropriations that fund this critical extramural vision research into deployment-related vision trauma is not currently conducted by VA, or elsewhere within DoD, including within the Joint DoD/VA Vision Center of Excellence (VCE). To meet the shortage of VRP funding, the National Eye Institute (NEI) within the National Institutes of Health (NIH) funds only two VRP grants each year. Additionally, DoD continues to identify gaps in its ability to treat various ocular blast injuries.

Previously, the US Army Medical Research and Materiel Command (USAMRMC) maintained an ocular health research portfolio, the goal of which was to “improve the health and readiness of military personnel affected by ocular injuries and vision dysfunction by identifying clinical needs and addressing them through directed joint medical research.” For more than two decades, the USAMRMC has held the only DoD J-09 internally funded active military Ocular Trauma Research Lab, located in San Antonio, Texas. BVA is alarmed that core internal funding is being shifted to other DoD research, leaving a larger gap in funding deployment-related vision injury research for our wounded service members.

In its history, the VRP has funded two types of awards: hypothesis-generating, which investigates the mechanisms of corneal and retinal protection, corneal healing, and visual dysfunction resulting from TBIs; and translational/clinical research, which facilitates development of diagnostics, treatments, and therapies especially designed for rapid battlefield application.

BVA believes the priority in DoD research is to “save life, limb, and eyesight,” which has been the motto of military medicine for decades. Therefore, along with other VSOs and Military Service Organizations (MSOs), BVA respectfully requests that congress support funding of the

DoD/VRP Peer Reviewed Medical Research Program for extramural translational battlefield vision research in the amount of \$30 million.

CONCLUSION

Blinded veterans' rights to quality care, access to care, dignity, and self-worth are under assault by the very agency charged with providing and protecting those rights. The needs of blinded veterans are not being addressed nor prioritized. Changes in standard episodes of care and national standards of practice threaten to once again compromise eye health. Inadequate caregiver standards leave blinded veterans lost in the shuffle, as do inaccessible communications platforms and poorly managed transportation programs. Limitations in gender specific care and protections for guide and service dog handlers compromise diversity, equity, and inclusion initiatives, initiatives that should be inclusive of all, not a politically motivated chosen few.

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and all Committee members, thank you for the opportunity to present to you today the legislative priorities of the Blinded Veterans Association. We look forward to furthering our relationships and working with you productively during these challenging times and look forward to answering any questions you may have.

JOSEPH D. MCNEIL, SR. BIOGRAPHY

BVA National President

Joseph D. McNeil, Sr., Georgia Regional Group, was born in 1958 in Westside Philadelphia, Pennsylvania. Joe is the oldest of seven brothers and sisters and the first in his family to graduate from college. He earned a Bachelor of Science in Business and a Master's Degree in Human Resources. After graduating from high school, Joe joined the Army National Guard and worked his way through college, joining the Army ROTC program. Upon graduation, he received his commission as a 2nd Lt U.S. Army, Field Artillery. His duty assignments included 2nd Infantry Division Korea, 42nd FA Brigade, V Corps G3 Operations Germany, 197th Infantry Brigade Fort Benning, and 18th Airborne Corps Fort Bragg. He held numerous Staff jobs during his tenure. Upon his diagnosis in October 1989 of Retinitis Pigmentosa (RP), he was processed off active duty as a Captain, after which he re-enlisted in the Georgia Army National Guard and served four years before his vision prevented him from doing his assigned duties as Personnel Staff Noncommissioned Officer (PSNCO).

Joe is a multi-graduate of three different VA Blind Rehabilitation Centers. He joined BVA in 2005 and has held positions as Georgia Regional Group's Columbus Chapter Vice President from 2005–2007 while simultaneously serving as Georgia Regional Group's Secretary during the same period. He was the Georgia Regional Group President from 2007-2015, BVA National Treasurer from 2015-2017, BVA National Secretary from 2017-2019, BVA National Vice President from 2019-2021, and BVA National President from August 2021 to the present.

Since the time of his retirement, Joe has worked as an accomplished entrepreneur, in addition to being the father of six and grandfather of four. He serves his community by sitting on numerous boards representing the blind community as an ambassador to the capabilities of the blind and visually impaired. He holds membership in multiple service and civic organizations. He is a certified National Veterans Service Officer (NVSO) for BVA. Joe also speaks before civic groups and churches about blindness and the help that is available to all who experience sight loss.

**NATIONAL ASSOCIATION OF
COUNTY VETERANS SERVICE OFFICERS**



Joint Hearing of the House and Senate Veterans' Affairs Committees

Hearing on Pending Legislation

March 8, 2023

Presented by

Mr. Michael McLaughlin

Legislative Director, National Association of County Veterans Service Officers

CVSO Blue Earth County, Minnesota

Chairman Bost, Chairman Tester, Ranking Member Takano, Ranking Member Moran, and distinguished members of the committees, my name is Michael McLaughlin. I currently serve as a County Veterans Service Officer in Blue Earth County, Minnesota, and I am the Legislative Director for the National Association of County Veterans Service Officers, or NACVSO. On behalf of NACVSO and its members it is my honor to share our legislative priorities for ensuring that veterans and their families have access to all the benefits and services they have earned.

“Improve Support for County and Local Governmental VSO”

Governmental veterans service officers (GVSOs) work at the State, County, Tribal and Municipal levels and are the frontline workforce in their communities assisting and advocating for veterans every day. County Veterans Service Officers (CVSO) and their local equivalents comprise over two-thirds of all of VA’s accredited service officers and undertake a significant workload on behalf of the federal government in implementing VA policies and programs. This workload includes assisting veterans and their family members to file disability claims, enroll in VA healthcare, coordinate community care, access educational benefits, death benefits, homeless services, transportation services and everything in-between. CVSOs are also uniquely positioned to help policy and decision makers in VA understand both the issues veterans face and how well VA programs are working to address these issues. Although CVSOs are not employees of VA, they are the frequently the first and sometimes the only interface a veteran has with VA.

Despite the fact that total Federal grant spending to State and local governments is estimated to be over \$1 trillion or approximately 4.1 percent of GDP in 2023¹, none of this funding is designated to support CVSOs or their local equivalents carry out their duties on behalf of VA. County Sheriffs and local law enforcement agencies receive funding support from the Department of Justice for hiring, training, and carrying out community policing programs. Local Social Services programs receive funding from the Department of Health and Human Services to support a variety of frontline economic and social well-being programs. These are just a few examples of how the federal government partners with local governments, except when it comes to helping our nation’s veterans get access to the benefits and services they need.

Veteran service offices are among the lowest funded in local government and across the nation. CVSOs face disparities in staffing levels, technology, education, and outreach due to a complete reliance on local funding. These challenges have become even more acute in recent years with the passing of historic legislation like the Blue Water Navy Vietnam Veterans Act, MISSION Act, and the PACT Act. NACVSO is truly grateful for Congress’s action to pass these laws and the life changing impact they have on veterans and their families. However, these acts did not consider the additional infrastructure and support required at the local government level to meet the increased

¹ https://www.whitehouse.gov/wp-content/uploads/2022/03/ap_14_state_and_local_fy2023.pdf

demand for veteran support services. The expansion of benefits under new legislation has created a de facto unfunded mandate for local governments across the country who are scrambling to meet an influx of requests from veterans for support.

A few examples of that increased demand are:

- El Paso County Colorado, where wait times for veterans seeking appointments with veteran service officers has increased by over three weeks
- Lake County, Illinois, where there has been a 400% increase in VA benefit inquiry calls received by staff
- The Town of Wilbraham, Massachusetts, where 62% of the disability claims filed since 8/10/2022 have been PACT Act related claims
- Medina County, Ohio, which has experienced a 67% increase in month to month claims and a 300% increase in office contacts.

These examples represent just a few of the thousands of similar scenarios playing out in counties and local government offices across the country today. And this is why NACVSO supports the bi-partisan Commitment to Veteran Support and Outreach Act (CVSO Act) and encourages the committees to support it too. This Act would, for the first time, provide supportive grants from VA to County and local government equivalent veteran service offices to improve community support and outreach services for veterans and their families. Support to local governments is something that will ensure all veterans have access to an accredited veteran service officer, and ultimately access to the benefits and services they have earned and deserved.

Chairmen, Ranking Members, and members of the committees, on behalf of NACVSO and its members, I appreciate the important work you are doing here. State, County, Tribal and Municipal veterans' service offices are force multipliers for the federal government, and if we can bolster support to local veterans' advocates, we will be able to better support the needs of our nation's veterans and their families.

Thank you.



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NACVSO Priorities for the 118th Congress

Improve support for County and Governmental VSOs:

Governmental veterans service offices (GVSOs) at the State, County, Tribal and Municipal levels are on the frontline of assisting veterans who have “borne the battle”. County Veterans Service Officers (CVSO) and their local equivalents carry a significant workload for the federal government in implementing VA policies and programs. That workload includes, but is not limited to, the filing of disability claims, advocacy, healthcare enrollment, community care coordination, utilization of educational benefits, death benefits, and everything in-between. Currently, the federal government provides no fiscal support to CVSOs or their local equivalent to carry out these duties. CVSO offices are consistently one of the lowest funded offices in county government with no unified funding support to bolster efforts. Across the nation, CVSOs face disparities in staffing levels, technology, education, and outreach occur due to the complete reliance on local funding means.

Support the Commitment to Veteran Support and Outreach Act (CVSO Act) H.R. 984 and S. 106

The CVSO Act would:

- Provide grant funding for CVSOs and their local equivalents to carry out programs/services to improve outreach and assistance to veterans and eligible dependents.
- Funding may be used to hire new or additional CVSO/GVSOs and provide technical/accreditation training for existing staff to serve veterans more effectively.
- Support would aid in implementation of recent historical legislation which acts as unfunded mandates for CVSO/GVSOs.
- Funding must be used to supplement and not supplant local funding that is otherwise available.

NACVSO encourages members of Congress or VA to take the following actions:

- Provide enhanced VBA systems access to CVSO/GVSOs based on Government-to-Government partnership like what the Department of Justice and the Department of Health and Human Services provide to local Police and Human Services.
 - Currently, CVSO/GVSOs cannot access VBMS or other VA systems needed to assist veterans without the veteran having a POA with a Veterans Service Organization. This leads to blind spots or delays when a veteran requests assistance from a CVSO/GVSO.
- Arrange for intergovernmental liaisons for CVSO/GVSOs (like Congressional liaisons) at the VHA Medical Centers and VBA Regional Offices.
- Require VA contractors to communicate with the veteran’s representative when scheduling a medical disability exam

“A Veterans Service Organization, Focused on Your Benefits”



Improve/Streamline benefit processes:

CVSOs/GVSOs account for the largest share of VA's accredited veteran service officer representatives, and they understand the bottlenecks and challenges within the VA benefit application process and areas that need modernization.

NACVSO encourages members of Congress or VA to take the following actions:

- Re-instate pre-decision review authority (historical 48-hr review) for claims representatives.
 - Helps to reduce the volume of Higher-Level Reviews.
 - Mitigates the possibility of a Duty to Assist Error.
 - Ensures a proactive (vs reactive) approach to procedural mistakes in the claims process.
- Remove exams that are deemed to be inadequate or were unnecessary from veterans' VA records.
 - Currently when an exam is deemed inadequate via the Supplemental or Higher-level review processes, it remains in the veteran's claim's file.
 - Removing these exams reduces the likelihood that a future disability examiner will review or cite an exam deemed inadequate in their opinion.
- Address the VBA systematic issue of overdevelopment of disability claims by adhering to 38 CFR 3.326.
 - Veterans that submit claims with a clearly documented in-service event, current diagnosis, and a competently completed VA Disability Benefit Questionnaire with a nexus opinion, are often being scheduled for unnecessary VA disability exams.
 - This is a waste of VA staffing resources and funding and puts unnecessary burden on the veteran to attend an exam that is not needed.
 - Overdeveloping causes delays in claim adjudication but also delays some veterans access to health care.
- Overhaul Pension Survivors Pension.
 - Establish a process to determine pre-need eligibility to help expedite Pension processing.
 - Allow veterans and surviving spouses to apply before they meet the asset/income threshold.
 - Hold eligibility for 1-year in order for an applicant to provide verification to confirm they meet the asset/income threshold.
- Provide VHA and contracted providers with better access to Disability Questionnaires (DBQs) and relevant fact sheets.
 - Veterans' treating providers have more intimate knowledge of a veteran's health conditions and disabilities than Compensation Examiners.
 - Ensure VHA personnel understand their responsibility to assist veterans with DBQs.
 - Veterans should not be penalized for choosing VHA for their health care needs.



Improve Access to Care:

Ensuring veterans and their families have access to medical and mental health care is one of the most impactful services offered by VA. CVSO/GVSOs are a community point of contact for assisting veterans with VA healthcare enrollment and their dependents with CHAMPVA applications. Although VA health care is impactful, accessing it can be difficult and utilizing it can be cumbersome and stressful for the veteran. NACVSO has identified areas that would improve access to care, reduce user confusion, and reduce debt-occurring incidents of care for the veteran.

NACVSO encourages members of Congress or VA to take the following actions:

- Improve CHAMPVA enrollment processing.
 - Reduce processing time, which currently takes six months or longer.
 - Provide applicants with proof of application receipt.
- Reduce barriers to enrollment and streamline enrollment at discharge.
 - Automatically enroll discharging service members in VA health care.
 - Current enrollment is self-initiated after the veteran has been discharged.
- Allow, when feasible, transitioning service members to have a pre-discharge consult with their incoming VHA Primary Care and Mental Health Provider (can be done via tele-health consult).
 - Veterans can currently apply for disability benefits prior to discharge
- Cover costs of emergency care for veterans 60 days following VHA enrollment regardless of if they have been seen by a VHA provider before H.R. 815.
 - After initial enrollment it is not always possible for veterans to get “established” in VA health care.
 - Provide emergency medical transportation for all VHA enrolled veterans regardless of their “travel pay eligibility” status.
 - Leads to unexpected debts and hardships for veterans experiencing a medical emergency.



Statements for the Record



American Defenders of Bataan and Corregidor Memorial Society

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**STATEMENT FOR THE RECORD
to the
Senate Veterans' Affairs Committee and House Veterans' Affairs Committee**

Joint Hearing

To Receive Legislative Presentations of Veterans Service Organizations

By

**Jan Thompson
President**

American Defenders of Bataan and Corregidor Memorial Society

8 March 2023

***AMERICAN DEFENDERS OF THE PACIFIC
THE YEAR FOR A CONGRESSIONAL GOLD MEDAL***

Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Senate and House Veterans Affairs Committees, thank you for allowing us to describe how Congress can meet the concerns of veterans of World War II in the Pacific.

The American Defenders of Bataan and Corregidor (ADBC) was founded in January 1946 at the Fort Devens, Massachusetts hospital by former POWs of Imperial Japan. The ADBC represented the men and women of the U.S. Armed Forces in the Pacific who participated in the early resistance to, and defensive battles against, the armed forces of Imperial Japan from December 8, 1941 to June 9, 1942. Nearly all the survivors endured nearly four years of merciless imprisonment by Imperial Japan.

Our subsequent Memorial Society now represents their families and descendants, as well as scholars, researchers, and archivists. Our goal is to preserve the history of the American POW experience in the Pacific and to teach future generations of the POWs' sacrifice, courage, determination, and faith—the essence of the American spirit.

Background

Eighty-one years ago, today marks the fall of the Dutch East Indies (today's Indonesia) to Imperial Japan and the capture on Java of a West Texas National Guard Battalion as well as two American aviators and one sailor too seriously wounded to be moved. Barely a week before, the heavy cruiser USS *Houston* (CA-30) went down in the Battle of Sunda Strait marking the

decimation of the United States Asiatic Fleet that had commanded the United States Navy and Marines in the region since 1902. American forces on Wake Island and Guam had surrendered in December 1941.

In April, after 99 days of constant warfare and no hope of resupply, the Bataan Peninsula in the Philippines was surrendered and the infamous Bataan Death March began. Less than one month later, on May 6th, the Fortress Island of Corregidor and its associated commands defending Manila were surrendered. The rest of American and Filipino units throughout the Philippines were surrendered on June 9th. And on June 7th, Japan invaded Alaska's Kiska and Attu islands in the Aleutians, imprisoning 42 Native Americans, 8 Navy weathermen, one female schoolteacher, and killing three men.

I testify today to encourage your efforts to remember these American men and women who gave their all under desperate conditions to demonstrate determination and resourcefulness against a ruthless enemy and a long-decided U.S. and British policy of prioritizing the war in Europe. The result was that most of these soldiers became POWs of Japan who suffered some of the War's worst consequences. One-third did not return home.

For all, the home front was their third battle--after surviving warfare in the Pacific and enduring atrocities as a POW. Forced to sign gag orders about the horrors they witnessed and unable to explain the after-effects of torture, abuse, starvation, and trauma, the POWs of Japan first focused, as do today's veterans, on obtaining healthcare, disability benefits, survivor benefits, caregiver support, mental health access, and education.

The fourth and final battle for the American POWs of Japan is for them not to be forgotten: both by their country and the Japanese. Current and future generations can be inspired by their "victory from within." As President Franklin D. Roosevelt said in August 1943, when the outcome of WWII was still uncertain, "The story of the fighting on Bataan and Corregidor—and, indeed, everywhere in the Philippines—will be remembered so long as men continue to respect bravery, and devotion, and determination."

Our asks

To ensure that the sacrifices and unique history of our fighting men and women in the Pacific during 1941 and 1942 are not forgotten I ask Congress to:

- 1. Award, collectively to the American defenders of Bataan and Corregidor, as defined in U.S. Senator Martin Heinrich's and Representative Teresa Leger Fernandez's forthcoming Congressional Gold Medal bill.** This group represents every U.S. state, territory, tribe, and military service. It is the most diverse World War II Congressional Gold Medal cohort.
- 2. Ask the Government of Japan, to create a central government-funded memorial in Japan, as none exist, for the Allied POWs of WWII at the Port of Moji on Kyushu, Japan**

where most of the “hellships”—floating dungeons where POWs were denied air, space, light, sanitation, and food—first arrived in Japan to unload their sick and dying human cargo. This memorial should be selected from a world competition. Currently, the only monuments at Moji are to Japanese war horses, Japanese soldiers, and bananas.

3. Instruct the U.S. Department of State to prepare a report for Congress on the history and funding of the “Japan/POW Friendship Program.” This visitation program began in 2010. The report should include (i) how other Allied POW reconciliation programs initiated by the Government of Japan in 1995 compare both in funding and programming and (ii) how the U.S. program compares with other “Kakehashi” people exchange programs in the United States funded by the Government of Japan starting in 2015.

4. Ask the Government of Japan to continue and institutionalize the “Japan/POW Friendship Program” established in 2010. Initially established as a reconciliation visit to Japan for former POWs modeled after ones established in 1995 for British, Dutch, and Australian POWs, the program has included widows and the elderly children of POWs. The program needs to transform into a permanent educational, remembrance, and exchange initiative encompassing history, justice, and democracy. It needs to be permanent, not merely a yearly, diplomatic “deliverable” subject to Japan’s budget whims.

Thus far, there have been 12 trips, one each in the fall of 2010 through 2019. In 2015, there were two trips. In 2016, 2018, and 2019, due to the advanced age of surviving POWs, only widows and children participated in the program. No trips were held in 2020, 2021, or 2022. A four-day trip for 7 children of POWs was held in February this year. In all, 46 former POWs, all in their late 80s or 90s, as well as nine widows and 25 children in their 60s and 70s have made the trip to Japan. Several the caregiver companions were wives, children, and grandchildren.

5. Ask the Government of Japan to publish in Japanese, English and other languages on the website of the Foreign Ministry of Japan the 2009 Cabinet Decision offering a formal apology to all the prisoners of war of Japan and the text of Ambassador Ichiro Fujisaki’s May 30, 2009 speech to the convention of the ADBC offering an apology to the POWs:

I would like to convey to you the position of the government of Japan on this issue. As former Prime Ministers of Japan have repeatedly stated, the Japanese people should bear in mind that we must look into the past and to learn from the lessons of history. We extend a heartfelt apology for our country having caused tremendous damage and suffering to many people, including prisoners of wars, those who have undergone tragic experiences in the Bataan Peninsula, Corregidor Island, in the Philippines, and other places.

6. Ask the Government of Japan to honor its 2015 written promise to include the “full history” of Japan’s UNESCO World Industrial Heritage properties of the Meiji Industrial Revolution: Iron and Steel, Shipbuilding and Coal Mining. The history of POW slave labor at many of the Heritage sites is not included at those locations or at the Tokyo Information Center.

7. Amend title 36, United States Code to include National Former POW Recognition Day among the days the POW/MIA flag is required to be displayed. This is April 9th, which is the anniversary of the Bataan Death March. The President is already required to issue a proclamation for this remembrance day.

High price of freedom

By June 1942, most of the estimated 27,000 Americans ultimately held as military POWs of Imperial Japan had been surrendered—they did *not* surrender. By the War’s end, roughly one-third or more than 12,000 Americans had died in squalid POW camps, in the fetid holds of “hellships,” or in slave labor camps owned by Japanese companies. Almost one-third (or 4,000) died from friendly fire in unmarked hellships sunk by American planes and submarines.

Surviving as a POW of Japan and returning home was the beginning of new battles: finding acceptance in society and living with serious mental and physical ailments. In the first six years after the war, deaths of American POWs of Japan were more than twice those of the comparably aged white male population. These deaths were disproportionately due to tuberculosis, suicides, accidents, and cirrhosis. In contrast, 1.5 percent of Americans in Nazi POW camps died (the mortality rate for POWs of Japan was 20 times greater). In the first six years after liberation, the mortality rate of those who survived the Japanese POW camps was three times the rate of the Nazi POW camp survivors.

Eighty-two years after the start of the War in the Pacific, it is time to recognize the Americans who fought the impossible and endured the unimaginable in the war against tyranny in the Asia. The American men and women in the early months of the war in the Pacific fought with limited and outdated weapons and no hope of reinforcement or resupply.

In return for their sacrifices and service, they ask that their government keep its moral obligation to them. They do not want their history ignored or exploited. What they want most is to have their government stand by them to ensure they will be remembered, that our allies respect them, and that their American history is preserved accurately for future generations.

Ms. Jan Thompson

President, American Defenders of Bataan & Corregidor Memorial Society
 Daughter of PhM2c Robert E. Thompson USN, USS *Canopus* (AS-9)
 Survivor of the hellships *Oryoku Maru*, *Enoura Maru*, and the *Brazil Maru*
 Survivor of the POW Camps Bilibid (Philippines), Fukuoka 3B (Japan), & Mukden (China)
<https://www.adbcmemorialsociety.org/>

See previous testimony to the Veterans’ Affairs Committees for a fuller background on the history and efforts of the ADBC-MS.

Military-Veterans Advocacy

Written Testimony/Statement for the Record in Support of
Legislative Priorities:

Submitted to the Joint Session of the
United States Senate Veterans Affairs Committee
United States House Veterans Affairs Committee
March 8, 2023



Commander John B. Wells, USN (Ret)
Chairman

Introduction

Distinguished Chairmen Jon Tester and Mark Takano and Ranking Members Jerry Moran, Mike Bost, and other members of the Committee, thank you for the opportunity to present the views of Military-Veterans Advocacy® (MVA™) on our legislative priorities.

As a threshold matter, MVA™ wishes to thank the Congress for enacting the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, (PACT Act) Pub. L. 117-168. This was a fine start to addressing the problems of toxic exposure. But it is not the end of the problem. Many areas of military toxic exposure remain to be addressed.

We also recognize that fiscal and political realities which, as applied, harm our nation's veterans. The Pay As You Go Act of 2010 (Title I of Pub. L. 111-139) (PAYGO) requires costing by the Congressional Budget Office and the identification of offsets, colloquially known as "Payfors." Historically this fiscal process has delayed or blocked important veterans legislation.

MVA™ believes that veterans benefits should be exempted from the requirements of PAYGO. Veterans benefits are a legitimate cost of war. Overseas Contingency Operations (OCO OPS) are not subject to PAYGO. An Armored Cavalry Regiment is not required to mothball two Abrams and three Bradleys to offset the cost of sending the unit overseas. Nor is a fleet required to inactivate ships or aircraft to offset the cost of the deployment. Yet when injured and/or disabled veterans return, the law requires any increase in benefits to be offset.

The ineffectiveness of PAYGO is demonstrated by the increase in the debt from \$14.8 trillion in 2011 to \$31.2 trillion in 2022. Often programs are enacted with budgetary illusions akin to "smoke and mirrors" that have no effect on the actual deficit. Unfortunately, this legerdemain does not seem to be utilized for veterans legislation. While budgetary neutrality is beyond the scope of this testimony, I mention it to underline the feeling of many veterans that they are used as cannon fodder and then discarded - except on Memorial Day, Veterans Day and the Fourth of July. Veterans service benefits everyone and veterans must pay their fair share. Accordingly, at the end of this testimony, I have included some proposals to pay for mandatory spending in veterans programs.

About Military-Veterans Advocacy®

Military-Veterans Advocacy Inc.® (MVA™) is a tax-exempt IRC 501(c)(3) organization based in Slidell, Louisiana that works for the benefit of the armed forces and military veterans. Through litigation, legislation, and education, MVA™ seeks to obtain benefits for those who are serving or have served in the military. In support of this, MVA™ provides support for various legislation at the State and Federal levels as well as engaging in targeted litigation to assist those who have served. We currently have over 1090 proud

members. In 2022, our volunteer board of directors donated almost 9500 hours in support of veterans. MVA™ analyzes and supports/opposes legislation, assists Congressional staffs with the drafting of legislation and initiates rule making requests to the Department of Veterans Affairs. MVA™ also files suits under the Administrative Procedures Act to obtain judicial review of veterans' legislation and regulations as well as *amicus curiae* briefs in the Courts of Appeal and the Supreme Court of the United States. MVA™ is also certified as a Continuing Legal Education provider by the State of Louisiana to train attorneys in veterans' law.

MVA™ is composed of six sections: At-Risk Veterans, Blue Water Navy, Agent Orange Survivors of Guam, Veterans of Southeast Asia, Veterans of the Panama Canal Zone and Veterans of Okinawa. We are a member of the TEAMS Coalition and other working groups. MVA™ works closely with Veterans Service Organizations including the United States Submarine Veterans, Inc., the National Association of Atomic Veterans, the Association of the United States Navy, Veterans Warriors, and other groups working to secure benefits for veterans.

Military-Veterans Advocacy's® Chairman,
Commander John B. Wells USN (Ret.)

MVA™'s Chairman, Commander John B. Wells, USN (Retired) has long been viewed as the technical expert on herbicide exposure. A 22-year veteran of the Navy, Commander Wells served as a Surface Warfare Officer on six different ships, with over ten years at sea. He possessed a mechanical engineering subspecialty, was qualified as a Navigator and for command at sea and served as the Chief Engineer on several Navy ships.

Since retirement, Commander Wells has become a practicing attorney with an emphasis on military and veteran's law. He is counsel on several pending cases concerning herbicide and other toxic exposures. Commander Wells was the attorney on the *Procopio v. Wilkie* 913 F. 3d 1371 (Fed. Cir. 2019) case that extended the presumption of herbicide exposure to the territorial sea of the Republic of Vietnam, which laid the groundwork for the Blue Water Navy Vietnam Veterans Act. He strongly supported, both in Congress and the courts, the extension of the herbicide presumption and to cover veterans in Thailand, Guam, American Samoa, and Johnston Island. He also initiated successful judicial review of the Appeals Modernization Act with a favorable outcome. *MVA v. Secretary of Veterans Affairs*, 7 F.4th (Fed. Cor. 2021). Since 2010 he has visited virtually every Congressional and Senatorial office to discuss the importance of enacting veterans' benefits legislation. With the onset of covid, Commander Wells has conducted virtual briefings for new Members of Congress and their staffs. His curriculum-vitae is attached.

HR 1191

Section 403(d)(5) of the PACT Act grants the presumption of herbicide exposure to service members who performed service on Guam beginning on January 9, 1962, and ending on July 31, 1980. Evidence compiled by Military-Veterans Advocacy shows that the spraying on Guam commenced on August 15, 1958. See, Area Public Works Office *Guam Soils Conservation Series No. 2, Herbicides*, August 15 1958 which can be found [1958 Herbicides Navy \(1\).pdf \(militaryveteransadvocacy.org\)](#)

HR 1191 is a technical correction to modify the commencement date of herbicide exposure on Guam until August 15, 1958. MVA estimates that only a couple of dozen veterans would be affected at negligible cost.

Panama Canal Zone.

Last Congress then Representative Marie Newman introduced HR 5026 to grant presumptive herbicide exposure status to veterans who served in or near the Panama Canal Zone (PCZ) between January 1, 1958 and December 31, 1999, or when the last military personnel departed from their official duty in the Panama Canal Zone. The bill would enable eligible veterans to receive benefits if they suffer from any of the diseases the VA has linked to herbicide exposure. This bill will be re-introduced this Spring.

The U.S. Census Bureau Commodities by Country show 2,4-D & 2,4,5-T shipped, stored and used in Panama from 1958 until at least December 1977. This chemical, produced and shipped from 1958-1964, was code named "Agent Purple" with a higher dioxin content (30-50 PPM TCDD), whereas shipments from 1965-1977 were to have a lower dioxin content closer to 0.5 code named "Agent Orange."

As outlined in the DOD Herbicide Manual, TM 5-629, these herbicides were used routinely as needed on base. 2,4-D & 2,4,5-T was used to kill poison ivy, poison oak and sumac where troops were deployed. See page 34, 3-7. Silvex was used on golf courses, parade fields and gun ranges. See page 41, 3-6. As well as many other persistent pesticides harmful to man as listed in this Tri-service manual to be used on every base as needed. Silvex also contains 2,4,5-T and the by-product Dioxin (TCDD).

The bill allows for presumptive coverage similar to the coverage for those who served in Vietnam, along the Korean DMZ and on the base perimeters in Thailand. Unfortunately, proving exposure is nearly impossible due to a lack of record keeping and the inability to know the precise location of spraying. What records exist corroborate the presence of herbicide in the PCZ during the 1950's, 1960's and 1970's.

The Panama Canal Zone was not included in the PACT Act.

Documents supporting the MVA™ position are available online on our website at: <https://www.militaryveteransadvocacy.org/vets-of-panama.html>

Okinawa

Between January 9, 1962 (and possibly earlier) the herbicide Agent Orange was shipped to, stored upon and used on United States military installations on Okinawa. Agent Orange Barrels were actually discovered on Marine Corps Air Station Futenma in August of 1981 and at a soccer pitch in Okinawa City (previously part of Kadena Air Force Base) in June of 2013.

The VA has conditionally approved a rule making request filed by Military-Veterans Advocacy but has yet to issue any rules. The extensive rule making request is shown https://www.militaryveteransadvocacy.org/uploads/3/4/1/0/3410338/va_approval_of_mva_rulemaking_request.pdf. Evidence in the request included a form DD 250, clearly showing that 2,4,5-T was shipped to Okinawa in July of 1966. It further includes excerpts from Jon Mitchell's excellent analysis, *Poisoning the Pacific*. This book provides documentary and photographic evidence of the presence of herbicide on Okinawa during the Cold War. It also contains the later excavations of Agent Orange herbicide at MCAS Futenma and Kadena Air Force Base.

The investigation of the former Kadena discovery is memorialized in a survey by the Okinawa Defense Bureau, entitled *Former Kadena Airfield (2 5) Soi; Investigation Survey (Part 2)* which is also included in the rule making request along with a news article in *Stars and Stripes*, confirms toxic levels of 2,4,5-T, 2,4-D and its by-product 2,3,7,8-TCDD (dioxin).

Additionally, MVA™ holds sworn affidavits from a Marine who sprayed the herbicide and from an Air Force NCO who inventoried 25,000 barrels of Agent Orange at Kadena Air Force Base.

MVA™ proposes legislation to provide a presumption of herbicide exposure to those veterans who between January 9, 1962 and May 7, 1975, individually or in a unit that, as determined by the Department of Defense, operated on Okinawa or within the territorial sea of that island. To cover more recent excavations, for purposes of service on Marine Corps Air Station Futenma, the presumption is extended until the discovery of barrels of herbicide in August of 1981. For purposes of service on Kadena Air Force Base, the presumption is extended until the discovery of herbicide on the soccer pitch in Okinawa City (previously part of Kadena AFB) in June of 2013.

The VA is empowered under 38 U.S.C. § 501 to issue regulations that are not encumbered by PAYGO requirements. They have successfully issued regulations to cover portions of Korea, portions of Thailand, and the C-123 aircraft among others. Under the provisions of the Administrative Procedures Act, an entity such as MVA™ can request the Secretary to issue regulations. Should the Secretary decline to do so, or should the regulations

be inadequate, judicial review is available.

There is no time line required for Secretarial action.

Currently, MVA™ has outstanding rule making requests on herbicide exposure in Thailand, Okinawa and the Panama Canal Zone. Although the rule making requests have been approved, there is no indication that the Secretary is prepared to issue the notice of proposed regulation or for that matter, to even respond to the rule making request.

Request legislation to include the following time line:

- Response/decision to approve/disapprove rule making due to requester 270 days after receipt.
- Provision for one time extension of response date with notice to requester 180 days after original due date.
- Publication of Notice of Proposed Rule making 180 days from response.
- Receive comments on Proposed Rule 60 days after publication.
- Publish Final Rule 180 days after comments

Codification of this time line will prevent the VA from merely ignoring rule making requests or delegating them to a “pending” status with no action. MVA™ strongly recommends that this time line be made applicable to all pending Rulemakings.

Appellate Reform

MVA™ was one of the few veterans groups to oppose the Appeals Modernization Act. The AMA has been less than successful. The VA appellate system remains archaic and does not conform with the procedures used by other federal adjudication systems such as the Merit Systems Protection Board, Social Security or the Equal Employment Opportunity Commission. Special rules limit the ability of the veteran to pursue a substantive appeal or to obtain judicial review in the Court of Appeals for the Veterans Claims. Jurisdictional statutes limit the ability of the Court and its supervisory court to review factual errors. Additionally, the intermediate level review authority, the Board of Veterans Appeals, is hampered by unqualified decision makers, disjointed scheduling and excessive remands. The backlog at the Board, currently about 209,000 is unconscionable. MVA estimate, based on the current backlog, that over 14,000 veterans will die awaiting adjudication.

Scheduling remains a serious problem. In 2021 30% of hearings had to be rescheduled. 10% were cancelled (sometimes due to the veterans death) and 3% were no show. Bottom line: Only 57% of hearings were held as scheduled. This is an increase of 42% over 2020.

In 2021 82.8% of the cases appealed from the Board to the Court of Appeals for Veterans Claims were partially or totally remanded. Only 6.1% of the appeals were affirmed in whole <https://www.uscourts.cavc.gov/documents/FY2021AnnualReport.pdf>. The so-called Veterans Law Judges are never disciplined for excessive remands.

MVA proposes legislation to:

- Require the board members to be qualified as Administrative Law Judges.
- Require a scheduling conference and scheduling order.
- Provide for the review and sanction of board members who have more than 30% of their decisions remanded for reasons within the control of the board member.
- Provide for a discovery process to streamline the preparation of the appeal.
- Allow for retroactive effect of a decision in the event of Clear and Unmistakable Error Overruling *George v. McDonough*.
- Revise § 7261(a)(4) of Title 38 to change the standard of review for factual findings from “clearly erroneous” to “abuse of discretion.”
- Revise § 7261(d) of Title 38 to allow a de novo trial on the record, similar to the provisions in federal district courts and the Court of Federal Claims.
- Revise § 502 of Title 38 to vest jurisdiction in the Court of Appeals for Veterans Claims instead of the Court of Appeals for the Federal Circuit.
- Strike § 7292 and add the Court of Appeals for Veterans Claims to the general Jurisdictional statute of the Court of Appeals for the Federal Circuit.
- Modifies 38 U.S.C. § 7332[b][2] to allow the VA to release the record to the Court of Appeals for Veterans Claims & the veteran’s representative when a notice of appeal is filed.

Extend Blue Water Navy Line to the Entire Theater of Combat

The Blue Water Navy Vietnam Veterans Act, Pub. L. 116-23 granted presumptive herbicide exposure status to US service members who served in a geographic area which closely parallels the territorial sea.

Section 2(d) of the Act grants the presumption of herbicide exposure to service members who performed in an area 12-nautical miles seaward of a line drawn between certain geographic points off the coast of the Republic of Vietnam. Prior to 2002, the VA by regulation and policy, recognized the presumption of exposure in the entire area of the South China Sea covered by Executive Orders No. 11,216, (Designation of Vietnam and Waters Adjacent Thereto as a Combat Zone for the Purposes of Section 112 of the Internal Revenue Code of 1954, 30 Fed. Reg. 5817 (1965) and Exec. Order No. 11,231, Establishing the Vietnam Service Medal, 30 Fed. Reg. 8665 (1965).

In early 2002, the VA implemented a General Counsel Opinion that held veterans qualifying for the presumption of the herbicide exposure must have touched land or the internal rivers of the Republic of Vietnam. The Court of Appeals for the Federal Circuit held in a case brought by Military-Veterans Advocacy called *Procopio v. Wilkie*, 913 F.3d 1371 that the herbicide presumption must be extended to include the bays harbor and territorial sea of Vietnam. Ships, especially aircraft carriers, outside the line are not covered. Unfortunately, the Agent Orange within the river discharge could be found several hundred kilometers from the mouth of the river within a couple of weeks. This contaminated seawater would be ingested into the distillation intake. Additionally, planes and helicopters would fly through clouds of Agent Orange. The Carrier Onboard Delivery planes would deliver,

personnel, supplies, equipment and mail that was staged in and around Da Nang or other Vietnamese airfields. Cross-contamination would soon occur throughout the ship.

MVA™ is seeking legislation to amend 38 U.S.C. § 1116A(d) to substitute the coordinates delineated in Executive Order 11,216 and 11,231.

According to the Congressional Research Service, 174-thousand of 229-thousand Navy personnel who deployed to Southeast Asia were within the territorial limits of South Vietnam. This leaves approximately 55-thousand Navy personnel outside of the territorial sea, mostly on Carriers. Military-Veterans Advocacy® estimates that 20-25-thousand personnel are covered under the PACT Act due to port calls in Guam, American Samoa and Thailand. Accordingly we estimate about 30-35-thousand personnel will be covered by this extension at a cost of approximately \$600 million over ten years in mandatory spending.

Military Dependents Exposed to Toxic Exposure

The PACT Act has added several new areas of presumptions for toxic exposure. More areas such as Panama and Okinawa may be added. In some of these areas, dependents accompanied veterans to the toxic area.

Military dependents accompanied their veteran spouses to many areas throughout the globe. In areas where toxic exposure has been confirmed, the veteran receives a presumption of exposure resulting in compensation and medical care. The accompanying dependents drank the same water and breathed the same air as their military sponsor. Currently there is no provision for medical assistance for those dependents who have developed illnesses due to toxic exposure.

In a report on illnesses among the civilian population of Guam, Dr. Luis Szyfres, M.D., M.P.H. compared cancer rates among civilians on Guam with the continental United States. He found Nasopharyngeal cancer 1,999 % higher in Guam than in Continental US, Cervical Cancer 65 % higher in Guam than in Continental US, Uterine Cancer 55 % higher in Guam than in Continental US, Liver Cancer 41 % higher in Guam than in Continental US. his included Amiotrophic Lateral Sclerosis 10,000 % higher than the rest of the world and Parkinson-Dementia Complex.25-50 fold higher than in the rest of the world, Diabetes 150 % higher in Guam than in Continental US, Ischemic Heart Disease 15 % higher in Guam than in Continental US, Kidney Failure, 12 % higher in Guam than in Continental US. *See* https://www.militaryveteransadvocacy.org/uploads/3/4/1/0/3410338/guam_report.pdf.

MVA™ is seeking legislation to amend Subchapter II of chapter 11 of title 38, United States Code, by adding at the end the following new section: "A family member of a veteran described in section 1110, 1116, 1117, 1118, 1119 and 1120 or any other pertinent Section of chapter 11 of this title, who accompanied a military sponsor for at least thirty days in a location determined by Congress or the Secretary, to any area to have been the site of a presumption of herbicide or other toxic exposure contaminant, during the period described in such section, or who was in utero during such period while the mother of such family member resided at such location, shall be eligible for hospital care, medical services, and nursing home

care furnished by the Secretary pursuant to Chapter 17 for any covered condition, or any covered disability that is associated with a condition, that is associated with toxic exposure during such period.”

This is similar to the provisions of the Janey Ensminger Act passed in 2011. We are looking for medical coverage only for those non-military personnel exposed to toxic chemicals.

o2 Project - Get Outside Day

Veteran’s suicide is a continuing problem. Our nation’s heroes, racked with post-traumatic stress, traumatic brain injury, depression and anxiety become mired in hopelessness. Struggles with the VA and society at large all too often result in the veteran turning to substance abuse or taking his or her own life. Estimates are that tens of thousand of veterans died by their own hand - far exceeding the combat deaths of this century.

Military-Veterans Advocacy® has joined with the Benjamin Ware Legacy Fund, a Canadian charity promoting wilderness therapy for mental health. Rather than providing a specific therapy, the program promotes a “Get Outside Day” to encourage participation in outdoor activities. Scheduled for the second Saturday in June, the event embraces “wilderness therapy” through sponsorship of the “The o2 Project - Get Outside Day” to get people, worldwide, outside and enjoying the natural benefits of Mother Nature. The concept is to get folks especially those suffering from depression, anxiety, TBI or PTS to walk, run, hike, bike ride, or simply to sit in a chair and soak in the sun. www.o2Project.org. A goal of the program is to encourage follow-on therapy available through various non-profits who specialize in various therapies and we will make links available to different outside activities.

MVA™ is seeking a Congressional resolution along with a companion resolution from the Canadian Parliament, designating the second Saturday in June as “Get Outside Day.” The resolution should encourage people, especially those suffering from PTS, TBI, Anxiety and Depression to participate in the outdoor activity of their choice. The resolution should also encourage follow up through the same or other activity. Finally, the resolution should call on the Department of Veterans Affairs and the Department of the Interior to collaborate in providing public support for the event.

Any promotional cost should be absorbed by current budget outlays.

Fort McClellan

It is commonly known that Fort McClellan, Alabama and its surrounding area contains a toxic cocktail of dioxin and other carcinogens. Section 801 of the PACT Act calls for an epidemiological study on Fort McClellan veterans. MVA™ would like to modify this provision by requiring the initial and follow on reports by a date certain. Upon receipt of the initial report MVA will propose legislation to codify a presumptive protocol.

HR 105 - Hyperbaric Oxygen Treatment (HBOT)

MVA™ has long supported the use of HBOT to treat Traumatic Brain Injury. There is an increasing body of evidence that show HBOT is an effective treatment for TBI and other neurological injuries. <https://pubmed.ncbi.nlm.nih.gov/33050752/>. HR 105, TBI and PTSD Treatment Act, will direct the Secretary of Veterans Affairs to establish a pilot program to furnish hyperbaric oxygen therapy (HBOT) to a veteran who has a traumatic brain injury (TBI) or post-traumatic stress disorder (PTS). MVA™ has reviewed several studies concerning HBOT treatment for PTS and TBI and there are positive indications associated with this treatment. Our interviews with MVA™ members who served in combat or in Special Operations also point to an affirmative correlation between HBOT and PTS/TBI. We believe that HBOT could potentially allow for a more successful treatment pathway for these invisible wounds.

Funding Proposals.

Military-Veterans Advocacy® is cognizant of the statues and Congressional rules that require an offset for any additional mandatory spending. Although we disagree with those requirements, we recognize the reality of them. MVA strongly supports HR 710 to establish a commission on fiscal responsibility and reform. As part of this initiative, we propose that Congress enact a trust fund to be used for mandatory spending for these veteran benefits. Any excess could be used to fund Medicare and Medicaid and any other mandatory spending. The fund should be administered by a Commission appointed by the Speaker, the House Majority and Minority Leaders, the Senate Majority and Minority Leaders, the Secretaries of Veterans Affairs, the Social Security Commissioner and Secretary of Health and Human Services. Excess funds, if any, should be carried over to the next fiscal year. Use of the fund for anything other than mandatory benefits, should require a Presidential finding of necessity and 2/3 vote of both Houses of Congress. First priority for disbursements should be to veterans programs.

Freedom Fee.

In 2021, 260 million tax returns were filed with the Internal Revenue Service. This included both individual and corporate forms. This actually represented a decrease in the number of forms filed in 2019. The economic problems caused by the pandemic naturally had an impact on the number of tax returns filed. As the pandemic wanes down, the resultant economic expansion has returned the number of tax filings to pre-2019 level.

MVA™ proposes the following fee structure for filing:

Individual forms	\$ 10.00
Corporate forms (Commercial)	\$100.00
Corporate Forms (S)	\$ 75.00
Partnerships	\$ 75.00
All Others	\$ 50.00

This "Freedom Fee" would raise sufficient funds to meet PAYGO requirements for a number of bills discussed herein.

The defense of the nation is important for every American to survive and hopefully flourish. It is not fair for veterans to bear the burden of finding a "pay for" to offset the cost of their earned benefits. Apportioning this cost among the population is only fair. The \$10.00 individual cost should not be an extreme burden on any taxpayer. Those who do not make sufficient money to file a tax return would be exempt from the fee.

Control of the End of the Year "Spend-o-rama."

Throughout the federal bureaucracy, budgetary personnel tend to withhold money appropriated by Congress to fund unplanned events or cost overruns. Approximately 6 weeks before the end of the year, these retained funds are dumped on the agencies with orders to "spend it or lose it." Faced with the fear of budget cuts if not all money is expended, massive waste occurs across the federal government. Recoupment of this money into a dedicated trust fund could provide funding for veterans, senior citizens and still make a substantial payment on the deficit.

Certainly some agencies offices and units plan for the end of the year windfall and use it for large expenditures. Unfortunately, some of it is wasted on items that are not even relevant to the mission. MVA™ estimates as much as 5-10% of expenditures in the last six weeks of the fiscal year are wasted.

In order to better estimate the effect of this program, MVA™ recommends that the Committees ask GAO to inquire into the financial allocation process by the Executive Branch in the last two months of the fiscal year. This inquiry should be federal government wide. The inquiry should include an evaluation to determine what allocations are for mission essential, mission related and mission irrelevant and provide, by budget line item, a breakdown of allocations into these categories. The inquiry should secure and review any funding documents or supplemental budget documents issued in the last two months of the fiscal year.

Once the problem has been defined and quantified, use incentives to induce the SES members of the Executive Branch to return money not utilized rather than wasting it. Incentives would include assurances budgets will not normally be reduced, establishment of Congressional, Presidential and Departmental awards for recoupment and recognition of efficient operations and cost-savings.

Combined with or in place of the "Freedom Fee," reduction or elimination of the Spend-o-Rama should reprogram sufficient monies to support mandatory spending.

Conclusion

On behalf of our membership, we would like to extend our thanks to the Chairmen,

Ranking Members, and remaining Committee members for the opportunity to discuss our legislative priorities.

Respectfully Submitted,

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "John B. Wells".

John B. Wells
Commander USN (retired)
Chairman