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# LEGISLATIVE PRESENTATION OF VETERANS OF FOREIGN WARS OF THE UNITED STATES AND MULTIPLE VSOs: PVA, WWP, NASDVA, MRC, BSF, IAVA, BVA, SWAN, SVA, AMVETS

## JOINT HEARING

BEFORE THE

## COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

AND THE

## COMMITTEE ON VETERANS' AFFAIRS U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

MARCH 6, 2024

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# LEGISLATIVE PRESENTATION OF VETERANS OF FOREIGN WARS OF THE UNITED STATES AND MULTIPLE VSOs: PVA, WWP, NASDVA, MRC, BSF, IAVA, BVA, SWAN, SVA, AMVETS

**WEDNESDAY, MARCH 6, 2024**

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

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

**Present**:

Senators Tester, Brown, Blumenthal, Hirono, Hassan, King, Moran, Boozman, Cassidy, Tillis, Sullivan, and Tuberville.

Representatives Bost, Bergman, Mace, Rosendale, Miller-Meeks, Takano, Brownley, Levin, Pappas, Mrvan, Deluzio, McGarvey, Ramirez, Landsman, and Budzinski.

**Also Present**: The Honorable Elizabeth Dole.

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

Chairman TESTER. I want to welcome everybody to today's joint Senate and House Veterans' Affairs Committee hearing with the veteran service organizations. We are going to first kick things off hearing from the Veterans of Foreign Wars. A special thank you to the VFW members who have traveled from every corner of our country to be here, particularly the Montanans in attendance, which include Joe Fletcher, Tim Peters, Jack Hawley, James Layton, and Fred Hamilton. Thanks for being here, fellas.

I am proud to have recently introduced the Fred Hamilton Lost Military Records Act, based on Fred's own experiences, as a Montana vet trying to get access to his earned benefits. When military treatment records are lost after being transmitted to the VA by the Department of Defense this bill would allow the VA to consider other documentation when determining compensation and pension benefits.

This is a great example of how Congress relies on the VFW to keep us updated on the needs of our veterans and their families and how we best support these folks. Historic achievements like the PACT Act simply would not have been possible without your vision, your leadership, and your passion. Thank you.

[Applause.]

Chairman TESTER. And make no mistake about this: it was the VSOs and the veterans who put pressure on Congress to do the right thing for our toxic-exposed veterans and their survivors. You made democracy work, you held us accountable, and you flipped the votes to get the job done.

We now are focused on getting the Major Richard Star Act across the finish line, to finally deliver combat-injured veterans their full DoD and VA benefits, and passing the Elizabeth Dole 21st Century Health Care and Benefits Improvement Act to bolster veterans' access to health care benefits and services for which they are entitled and for which they deserve. We also need to hold claim sharks accountable for preying on veterans' hard-earned benefits through the Guard VA Benefits Act.

But just like with the PACT Act, we need your continued partnership to be successful. Your advocacy is democracy at work, and we are here today to continue taking our cues from you on the work ahead. So thank you for being here.

With that I will turn it over to Chairman Bost.

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

Chairman BOST. Thank you, Chairman Tester. Good morning. I want to say a special hello to all of you and a special hello to all those from Illinois. And if you are from Illinois you know my part of Illinois is way south. But we want to thank you for being here. And thank you to our friends on the other side of the Capitol for hosting this first joint hearing during the second session of the 118th Congress. It is an honor to join my friends Chairman Tester, Ranking Member Moran, and Ranking Member Takano, in welcoming you to the VSO hearing.

I would also like to thank VFW's National Commander in Chief, Duane Sarmiento—I want to get that right—and his wife, Ellen, for being here today.

[Applause.]

Chairman BOST. I would also like to give a shoutout to the Illinois State Commander, Mr. Brett Nila.

If you are joining us from Illinois, if you would just wave, will you. Fantastic. A few in the back there. All right.

[Applause.]

Chairman BOST. Welcome to Washington, DC, and thank you for traveling here from the best state in the union. We knew we would get a response.

As most of you know by now, being a Chairman is not a responsibility I take lightly. It is very personal for me and my family. Many of you know I am a Marine—oohrah, yes. As a third-generation Marine, and my son is a lieutenant colonel at this time, and a grandson who is a corporal at this time in the Marine Corps. So you can see it is a family thing.

[Applause.]

Chairman BOST. With that, our family knows, and each one of us up here know the sacrifices you have made. And I know that at the end of the day, you just want access to the health care, benefits, and services you have earned, without a headache.

The Veterans of Foreign Wars are great advocates for both here in DC. and across the country, in every community. You have my commitment that we will continue to fight for you and the voices you represent, just as hard as you fought for us. That is why we want to make sure we do that.

I am proud of all that we have accomplished together in the last few years, as mentioned by the Chairman, including the President signing the bipartisan PACT Act into law. This legislation is the largest expansion of health care and benefits for veterans and their families in recent history, and we are going to make sure VA gets it right. And when they make mistakes, I will be the first to hold them accountable and get answers for you if they have made those mistakes.

We need all of you to continue to let us know what is happening out in the field when it comes to wait times for toxic-exposed veterans' health care and other claims decisions. As Chairman, a top priority of mine is to hold VA accountable for you, the men and women who serve, no matter what. So please call or visit our website, or call us to report any waste, fraud, or abuse. We need your help in making VA what you deserve.

Looking ahead, I am focused on making improvements where we can to modernize the delivery of care and services at the VA. We have made great progress in identifying improvements that could be made to the Transition Assistance Program, or the TAP, through our oversight efforts. The TAP program, I always tell people that whenever I got out of the Corps we had a TAP program. The colonel tapped me on the shoulder and said, "Hey, I'll see you later," and that was it. So we have actually improved quite a bit by having it, and we are working on legislation to increase accountability at DoD, as well as adding separate TAP courses for National Guard, Reservists, and military spouses. We will make sure TAP is a worthwhile experience for every single servicemember.

I am also proud to have led the effort to safeguard veterans' Second Amendment rights. As Chairman, a veteran, and a sportsman, fixing the VA's discriminatory process toward veterans was a challenge—and I am going off script here. But I am going to tell you, the frustration I felt when I found out that a veteran, all they have to do is seek from the VA—and having done this for 30 years—all they do is ask for a fiduciary, and if they get a fiduciary, they lose their Second Amendment rights, without due process. That is ridiculous. It has gone on too long. It has discouraged veterans from going to seek the VA, and we are hoping we are getting that problem fixed now.

[Applause.]

Chairman BOST. We will be working on that through a budget that is hopefully passing today.

I am proud to say that our efforts have drawn attention to this injustice, and they have paid off. The language of my bill is currently included in the VA appropriations bill and will soon become law. As the VFW knows, fixing this is long overdue. I thank Senators Moran and Tester for helping us get this provision across the finish line, and I believe that Senator Moran introduced that bill the first time back in 2009. So it is finally coming to fruition.

Right now, we are in bipartisan negotiation to get a package of veterans' bills to the President's desk, as well. This comprehensive package includes many of VFW's priorities, like expansions to VA's long-term care services to put veterans in control of where they want to live out their days; strengthening the Community Care Program; expansions to the VET TEC education program; support for homelessness programs to ensure VA can continue to lift veterans out of homelessness and get them back on track; and so much more. I would like to, with my colleagues, get this package done as soon as possible.

But make no mistake. Our work is nowhere close to being finished. On my side of the Capitol, we have held over 50 oversight hearings, brought in more than 100 VA officials to answer to the veterans and taxpayers they serve, and connected with over 10,000 veterans and their families through in-person and telephone town halls.

My door is always open and will continue to be always open to you, because veterans are still fighting a VA bureaucracy to access the benefits they want, when and where they need them, dealing with underperforming VA employees who do not have the veterans' best interests in mind, and reeling with the impacts of Bidenomics and rising costs of living which is, in return, causing an increase in homelessness across the country, including with our veterans. These might seem like small things, but when it comes down to it, they impact veterans every single day. And I will ensure that VA gets the budget it needs to complete its goals.

I look forward to meeting that mission alongside all of you, and I thank you again for being here today. With that, I yield back.

Chairman TESTER. I will now recognize Ranking Member Moran.

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

Senator MORAN. Chairman Tester, thank you, and I thank you and Chairman Bost for hosting us, and it is good to be here with both of you and Ranking Member Takano once again as we do our oversight and hear our instructions and suggestions from the VFW and many VSO organizations today and tomorrow. I thank all of our witnesses for being here, for the members who traveled to join us here today, for servicemembers and their family members, for veterans, for caregivers, all who are here to care and love and see that we do the right thing when it comes to those who served our country.

I highlight the Kansans who are in the office and I appreciate the strong relationship and friendship we have. It was good to see the VFW in our office yesterday, and DAV tomorrow, and others throughout this week.

None of the work we do here is at all possible without the contributions and support, the efforts that are made by the VSO community, including those present today. We, in my view, have accomplished some major things in recent years. None are insignificant, and all are important, but there is more, much more, to be done, particularly in making certain that when we pass legislation it is not just a high-five and a press release. It actually results in the increased well-being and welfare of those veterans that we are

committed to serving. We need to make sure that DC, the Department of Veterans Affairs, is implementing correctly, and when we have made errors in our legislation we need to make sure those errors are corrected.

I know that many in this room share priorities together in this second session of Congress, including protecting and expanding and reinsuring timely access to quality health care, both at the VA medical facilities and in the community; ensuring proper implementation of the PACT Act to avoid further backlog of disability claims; engaging with VA to make certain that the PACT Act's presumptive decision process is responsive to veterans; increasing and updating benefits for survivors; assisting veterans in rural areas with unique challenges they face; continuing efforts to prevent veteran suicide; strengthening and supporting for transitioning members, servicemembers, student veterans, and homeless veterans as well as individuals within the caregiver, survivor, Guard, and Reserve communities.

This is a great Committee to serve on. I have served on it since my original days in the House, 14 years in the House, 14 years in the Senate. I have asked for this Committee assignment in all of my time in Congress. And I want to take this opportunity to continue to express my gratitude for the help by those in this room and my commitment to work together this year and into the future.

Thank you all for your tireless advocacy on behalf of veterans and survivors across the country. Your efforts are critical. They do make a difference, and every American should know the value of the veteran service organization, and every veteran should see the opportunities to serve other veterans through a VSO.

I look forward to your testimony, and I yield back. Thank you, Mr. Chairman.

Chairman TESTER. Thank you, Senator Moran. I will now recognize Ranking Member Takano.

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

Mr. TAKANO. Thank you, Mr. Chairman, Chairman Tester. Before I begin my comments I would like to just take a moment to send well wishes to Rick Weidman. Many of us know and have worked with Mr. Weidman over the years, and he has been a forceful advocate for veterans on behalf of Vietnam Veterans of America. Rick, you are in our thoughts, and I look forward to your returning to hold us accountable and ensuring that Congress properly supports the next generation of servicemembers and veterans.

Mr. Chairman and Ranking Member Moran, thank you for hosting us here on the Senate side. It is a pleasure to be here with my colleague, Chairman Bost, and it is great to see all the VSO members and veteran advocates here for our annual discussion of priorities.

The first and most important question, are there any Californians in the room? California, in my opinion, is the best state. So welcome, and I thank all of you who could not be with us in person and who are watching us at home.

So it is an honor to join all the members of the House and Senate Committees on Veterans' Affairs to hear directly from the com-

mander in chief and representatives of Veterans of Foreign Wars. I would also like to welcome the organizations we will be hearing from on the second panel. It is great to have all of you here, as well, and I look forward to hearing about your priorities, and I thank you all for your continued advocacy and support for the veteran community.

As we approach the 2-year anniversary of the Honoring our PACT Act, the implementation of that historic legislation remains a high priority for both me, personally, and the House Veterans' Affairs Committee Democrats at large. We remain committed to ensuring that VA has the resources it needs to do the job we asked it to do, and that it does that job to the best of its ability.

And I will resist vigorously any attempts to undermine the law and shift back to the old funding paradigm of pitting one veterans' program against another or against other domestic spending priorities by undermining the Toxic Exposure Fund, which is used to pay for PACT Act health care and benefits, as some have proposed to undermine. Veterans and their families deserve better than that, and so I hope VFW and other VSOs will join me in opposing any efforts to pull back from the promise of the PACT Act.

[Applause.]

Mr. TAKANO. Today VA is receiving and processing more claims for disability compensation than ever before. The VA has opened its doors in extraordinary ways to more toxic-exposed veterans so they can get the care they need. The last I looked at the dashboard, 720,000 claims have been approved for the PACT Act.

[Applause.]

Mr. TAKANO. And while the PACT Act continues to be a good-news story, the law is not without its challenges, particularly with respect to hiring and training of new staff, modernizing the aging medical facilities, and enacting information technology updates. So as I said, we will continue to monitor VA's progress with this law and push the Department harder when necessary. And I will work to build on the success of the PACT Act to expand coverage for veterans exposed to toxins, both abroad and here at home.

[Applause.]

Mr. TAKANO. But beyond the PACT Act, however, a great deal remains to be done on behalf of veterans during this Congress, and among my principal priorities are preserving women veterans' health care freedoms, including by ensuring that they have access to the full range of reproductive care and counseling, including IVF, which Julia Brownley has an excellent bill on the Veteran Infertility Treatment Act, which would codify access to IVF and remove the service connection requirement. So reproductive health care is veterans' health care, and we must make it the law.

[Applause.]

Mr. TAKANO. Delivering VA for all veterans, irrespective of their age, gender, sexual orientation, or race; working to end veteran homelessness and food insecurity; ensuring benefits parity for America's veterans, whether they be active duty, Guard, or Reserve; and rejecting efforts to privatize VA by siphoning off more of VHA's budget for private health care.

Now unfortunately, we have yet to make much progress on those issues in the Congress. In fact, we have seen a noticeable backslide

on a number of key veteran priorities over the last year, like veteran homelessness and suicide. We have seen issues related to caregivers and survivors get nothing but lip service, and we have seen an exponential growth in the number and scale of claim sharks, which my colleague, Chris Pappas, has been trying to crack down on with his excellent GUARD Act.

[Applause.]

Mr. TAKANO. But sadly, the legislative response to those issues from this Congress has largely been nonexistent. Instead, we have spent time chasing scandals where they do not exist, complaining about flags and mottos, and arguing about whether it is a good thing that VA is open and welcoming to veterans from all walks of life. At best, it has been a distraction from the more pressing issues at hand, and at worse it has been a case of severely misplaced legislative priorities.

However, I commit to those who are watching today that I will continue to fight for real, concrete, actionable solutions to the problems veterans currently face. Now I trust that I will continue to have the VSOs as a partner in that effort. You all have been a tremendous force for good, especially when that voice is unified toward the same policy goal. We saw that with your collective advocacy for the PACT Act, which was instrumental in getting that bill over the hump.

And so I applaud your past efforts, and I encourage your future ones, and I will always be your champion. I will add, though, that I am less optimistic, albeit still hopeful about the willingness or ability of the House majority to do what is right and necessary to address key veterans priorities.

Case in point, I think everyone in this room, probably in this country, views ending veteran homelessness as a key priority, and I would posit that this is indeed an eminently achievable goal. There are policy tools that we know work, know work well, and quickly, to reduce homelessness among veterans. Yet we have allowed VA's authority to use those tools to expire. And in our efforts to renew them through the HOME Act, we have continually heard complaints about cost and complexity, not to mention that we have seen the cynical ploy of pushing through knowingly flawed legislation, that the Senate cannot do anything with, to pretend that the issue has been addressed, as was the case with both the HOME Act and the Elizabeth Dole Home Care Act. And on top of that, the improved versions of both of these bills are now being held hostage to the majority's desire to privatize more VA health care.

So I implore my colleagues to reject the politics of scandal and the culture war and focus on the real and actual problems that veterans face on a daily basis so that we can make real, lasting progress. Veterans deserve better than what this Congress is currently delivering, and we can do better, and we have to muster up the courage to deliver.

So thank you, Mr. Chairman, for yielding, and I will conclude by simply saying, don't feed the sharks.

[Applause.]

Chairman TESTER. I do not know if the VFW knows this but you have got some fine people back here working in Washington, DC, and I want to introduce one of them, Executive Director of the

VFW Washington Office, Ryan Gallucci, to introduce the VFW national officers.

**INTRODUCTION BY RYAN GALLUCCI**

Mr. GALLUCCI. Thank you, Chairman Tester. Members of the Senate House Veterans' Affairs Committees, I am honored to have the privilege of introducing the national officers of the Veterans of Foreign Wars of the United States and our Auxiliary.

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

From the VFW Auxiliary, our National VFW Auxiliary President, Carla Martinez, from Utah; Senior Vice President of our Auxiliary, Brenda Bryant, of Missouri; Junior Vice President, Lois Callahan, from Arkansas; and the National Auxiliary Secretary-Treasurer, Ann Panteleakos, from Connecticut; and Commander in Chief's wife, Ellen Sarmiento, from New Jersey.

And VFW national officers, Senior Vice Commander in Chief Alfred J. "Al" Lipphardt, and his wife Carol, from Georgia; Junior Vice Commander in Chief, Carol Whitmore, and her husband Brad, from Iowa; Junior Vice Commander in Chief Designee, Tim Peters, from Montana; Adjutant General Dan West, from Texas; Quartermaster General Marc Garduno, from Delaware; Assistant Adjutant General Brian Walker, from Tennessee; Chaplain David Frei, from Idaho; Judge Advocate General J. Douglas Whitaker, from Mississippi; Chief of Staff Carey Pritchett, from New Jersey; Inspector General Peter J. Mascetti, from Germany; Surgeon General Curtis "Doc" Bohlman, from Oklahoma.

Now joining the VFW Commander in Chief here on the dais, Chairman of the VFW National Legislative Committee Stanley Borusiewicz, from Connecticut; Director, VFW National Legislative Service, Patrick D. Murray, from Rhode Island; I will skip over Representative Van Drew and our Commander in Chief; Director of VFW National Veteran Service, Michael Figlioli, from Massachusetts.

Finally, I would like to recognize the tenth class of VFW SVA legislative fellows, our past Auxiliary Presidents and past VFW Commanders in Chief who are with us, as well as, I do not know if they came in, but Tonya Star, the widow of Major Richard Star, and Senator Elizabeth Dole, a champion for our nation's caregivers.

Thank you, Mr. Chairman.

Chairman TESTER. Thank you all for being here.

[Applause.]

Chairman TESTER. Now I want to recognize Representative Jeff Van Drew to introduce VFW Commander Sarmiento.

**INTRODUCTION BY THE HON. JEFF VAN DREW**

Mr. VAN DREW. Thank you, Chairman. Chairmen, Senators, my colleagues in the House of Representatives, it is an honor to be here, and it is my honor to introduce Duane Sarmiento, a good New Jersey name, right?

Mr. SARMIENTO. Absolutely. Yes, sir.

Mr. VAN DREW. He is a distinguished man, a distinguished individual, a man who has spent most of his life dedicated to serving

his nation, a fellow native of my South Jersey, a Commander in Chief of the Veterans of Foreign Wars. Mr. Duane Sarmiento is a great man.

He was born and raised in New Jersey. Duane enlisted in the United States Navy in 1988. He served on active duty from 1988 to 1997, and in the United States Reserve from 2002 to 2006. During his time on active duty, Duane deployed in support of Operations Desert Storm and Desert Shield, where he earned his VFW eligibility. In recognition of his service, he received that Navy Achievement Medal, the Navy Combat Action Ribbon, the Navy Good Contact Medal, the Southwest Asia Service Medal with three campaign stars, Saudi Arabian Medal for the liberation of Kuwait, and the Kuwaiti Medal for the liberation of Kuwait again, and numerous other medals and ribbons, too many to name here today.

Following his military service, Duane chose to continue serving his community of Gloucester County in the State of New Jersey. He served as a police officer with the Greenwich Township Police Department, and later the Gloucester County Sheriff's Department. Yes, he has done a lot of stuff.

Upon his retirement from law enforcement, Duane served his fellow veterans in Gloucester County as the County Director of Veterans Affairs. He held that position until his election as a VFW national officer. Duane joined the VFW in 1990, at Post 5579, in Gibbstown, New Jersey, where he maintains his gold legacy life membership. He has served in elected and appointed positions in the post, district, department, and national levels, to include his election as a State Commander of VFW Department of New Jersey from 2018 to 2019.

On July 27, 2023, Duane was elected as the 115th Commander in Chief of our nation's most established combat veterans organization, the VFW. Since his election, Duane has continued connecting with and understanding the experiences of veterans, active servicemembers, and their families. Not only has he traveled across the country, visiting their families in almost all of the 50 states, but has also visited veterans and our men and women in uniform living and serving overseas in Europe, Central America, and Southeast Asia.

Duane has made it his mission to advance the VFW's three pillars of advocacy, assistance, and camaraderie. He is committed to serving those who serve and embrace them, and advocating for them wherever he travels. That is why he is here to testify on their behalf today.

You know, just a few brief words on veterans. I served in the VA as a dentist, and I saw broken hearts, broken bodies, broken minds, and broken souls. There are no words, there are no proclamations, there are no resolutions, there are no awards that we can give them to suffice for what they have done and what they are willing to do.

I will be happy one day when we do not hear the words unemployed veterans, homeless veterans, veterans without health care, veterans that do not have educational opportunities, veterans with a higher suicide rate than anybody else in the United States of America, and veterans and active military that do not have to have

woke policies forced upon them. We need a strong military and strong support for our veterans, period.

Duane represents that. I am proud to introduce him. God bless you, Duane, God bless this VFW, God bless this Committee for the work it does. Thank you.

Chairman TESTER. Thank you, Congressman, for that introduction.

[Applause.]

Chairman TESTER. Congressman Sarmiento, I will now turn it over to you for the VFW's——

UNIDENTIFIED VOICE. You called him Congressman.

Mr. VAN DREW. He would be in my district. He would be me. He probably could.

Chairman TESTER. He has not told you that he just filed yesterday?

[Laughter.]

Mr. VAN DREW. I have got to check. Come on, Duane. You did not tell me.

Chairman TESTER. I will tell you one thing, when I called you Congressman I got Bost's attention, I will tell you that.

[Laughter.]

Chairman TESTER. Commander Sarmiento, I will now turn it over to you for VFW's opening statement. Thank you all for being here, and we look forward to your statement.

## PANEL I

### STATEMENT OF DUANE SARMIENTO ACCOMPANIED BY RYAN GALLUCCI, PATRICK MURRAY, MICHAEL FIGLIOLI, AND STANLEY BORUSIEWICZ; VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. SARMIENTO. Chairmen Tester and Bost, Ranking Members Moran and Takano, thank you for the opportunity to represent the 1.4 million members of the VFW and our Auxiliary here today.

The 117th Congress passed the PACT Act, which was a generational bill that provided care and benefits for veterans of all eras. I would like to take this moment to show you just who the VFW represents and why the PACT Act was so important to us. It provided expanded care for Vietnam veterans exposed to Agent Orange. Could my Vietnam veterans please stand.

[Applause.]

Mr. SARMIENTO. It provided expanded care for Gulf War veterans exposed to Sarin and other unknown chemicals and toxins. Could my Gulf War veterans please stand.

[Applause.]

Mr. SARMIENTO. And it provided new presumptive conditions and care for veterans who served in Iraq, Afghanistan, Africa, Eastern Europe, and other areas where they were exposed to burn pits and other airborne hazards. Could my Post-9/11 veterans please stand.

[Applause.]

Mr. SARMIENTO. Thank you. This is who the VFW is and who your work is helping today.

[Applause.]

Mr. SARMIENTO. The men and women in this room are a cross-section of the VFW, a cross-section of our veteran population, and a cross-section of America. This is why I call upon you as our leaders in Washington, DC, to continue fighting for those who served, are still serving, and to every day meet the challenge.

[Applause.]

Mr. SARMIENTO. Now let's talk about claim sharks.

[Chorus of boos.]

Mr. SARMIENTO. With the passage of the PACT Act, the VFW saw an increase in online advertisements from predatory claim sharks that targets veterans' earned VA benefits. They argue that the high fees they charge make them more effective in assisting veterans than the free services offered by VA-accredited veteran service organizations. That is false. They say that there is no way for them to seek VA accreditation. That is also false. Anyone can seek accreditation. But they refuse to do so because they would no longer be able to charge exorbitant fees, especially for work they did not do.

Companies that prey upon veterans and disregard the law must be held accountable, not rewarded with legislation and legalize their predatory behavior.

[Applause.]

Mr. SARMIENTO. It is distasteful that these claim sharks take money from veterans, but it is absolutely disgusting that they take money from survivors.

[Applause.]

Mr. SARMIENTO. The VFW strongly supports the GUARD VA Benefit Act, which would only reinstate penalties for charging veterans unauthorized fees for VA claims. Claim sharks are spending millions of dollars to lobby against the GUARD Act here in DC, stalling a Federal fix. So instead, we are working in the states to enforce the law. New Jersey and New York have already made claim sharks illegal, and bills are moving forward through legislatures all around the country. The claim sharks have fought our bills in every state and continue to try to buy influence. But we will never give up because we have the law and the moral high ground on our side.

[Applause.]

Mr. SARMIENTO. This is why it is so important to the VFW because VA claims are the gateway to lifesaving care and benefits. We invest heavily in our professional service program at two dozen military bases. Every year, VFW-accredited representatives assist approximately 20,000 servicemembers with their benefits delivery at discharge or BDD claims before they leave the military, meaning they can receive benefits almost immediately upon separation for free.

Unfortunately, access to accredited representatives for BDD is inconsistent. That is why the VFW highly recommends the passage of the TAP Promotion Act, which would ensure all servicemembers have direct access to accredited representatives during TAP classes. The VFW commends the VA for starting down this path in January, but this only reinforces the need to make this the law.

[Applause.]

Mr. SARMIENTO. Transition is an important milestone in a servicemember's life, and the VFW believes we need to do everything we can to support that journey. That is why the VFW works with like-minded organizations like Onward Ops, USO Pathfinder, and Wounded Warrior Project to offer data-driven resources for transitioning servicemembers. We have also partnered with Columbia University to produce a report on transition that will come from real-time experiences from those exiting the military.

Recently transitioned former junior enlisted veterans have higher rates of homelessness, unemployment, and suicide than other veterans. We must do everything we can to help ease that transition, especially for those who are at higher risk. Trying to stop suicide or homelessness is meaningless if we ignore the root causes. The VFW urges Congress to pass the Not Just a Number Act to direct VA to report on all its programs and veterans in crisis. Preventing crisis requires looking at more than, "When was your last mental health appointment?"

We need to look at all VA benefits to know what actually works instead of fumbling to react when it is too late. VA's own research shows that factors like financial stability, housing, and jobs protect against crisis. But if veterans have problems accessing benefits like the GI Bill, why would they trust the VA with their health care? After years of sounding this alarm, VFW is optimistic that VA may finally be listening, but we can do more.

After the Navy I spent 20 years as a police officer. If you have got the gun in your mouth, it is too late. We need to understand what happens before a veteran gets to that point.

[Applause.]

Mr. SARMIENTO. Next, we need to make sure our veterans receive the full benefits they have earned. Year after year, and Congress after Congress, the VFW has advocated to fix concurrent receipt, and this year is no different, because Congress has yet to finish the work it started and promised to finish 20 years ago. Our government says it holds veterans in high regard, yet we keep using them as a way to save money.

Military retirement and VA disability are two fundamentally different benefits, earned for two entirely different reasons, yet the law calls this double-dipping. The Major Richard Star Act gained overwhelming bipartisan and bicameral support from the 117th Congress, yet not enough to send it to the President's desk. The VFW fears the 118th Congress will end up with the same result.

We must pass the Richard Star Act so veterans receive the full benefits they have earned through their blood and sweat and service to our country.

[Applause.]

Mr. SARMIENTO. Another inequity that demands the attention of Congress is how we treat our veterans living overseas. I am Filipino-Italian American from New Jersey. I know it is an odd mix.

[Laughter.]

Mr. SARMIENTO. I still have many friends and family who live overseas. Many are veterans who have earned care and benefits through their service. We know there will never be the same level of care outside the U.S., but what many overseas veterans face is indifference and apathy. Common services like direct deposit are

not available to overseas veterans. In many countries, services like medical care and postal service for veterans are being reduced. These are not just veterans who retired for a better beach. Many of these veterans are still employees who work for the Department of Defense or State, supporting interests in the military mission. Cutting off service for overseas veterans should be viewed as a national security risk, which is why we need to enact common sense reforms for veterans living outside the U.S.

This is why the VFW calls on Congress to undertake substantial reform to the VA Foreign Medical Program. I want to thank my Congressman, Jeff Van Drew, for his interest in our efforts.

The current foreign medical program is literally a riddle wrapped in a puzzle because experiences vary widely depending on where you are and who you know. We have to provide consistent access to care and support to veterans overseas. VFW welcomes the opportunity to discuss these issues with you.

Lastly, I close my remarks. I feel it is necessary to remind everyone of our sacred obligation to make sure we never leave a fallen comrade behind. Former President Calvin Coolidge stated, "The nation which forgets its defenders will itself be forgotten." That not only applies to the men and women who made it back home from the fighting overseas but also those who never made it home. We must continue to fully fund and prioritize DoD's critical mission to make sure all servicemembers who went missing or prisoners of war are recovered and returned with honor, in their final resting place on U.S. soil.

[Applause.]

Mr. SARMIENTO. Moreover, it is imperative that DoD properly recognize the dangerous service of all Americans overseas. I have had the chance to visit with servicemembers around the world over this last year, whether it is alongside DPAA on a mountain in Laos, or alongside decision-makers and care providers at SHAPE or Landstuhl. I have heard firsthand about the needs of today's force, which is why those who are fighting terrorism in the Middle East or deterring aggression on the eastern flank of NATO deserve proper recognition for their service on behalf of a grateful nation.

[Applause.]

Mr. SARMIENTO. Chairmen Tester and Bost, Ranking Members Moran and Takano, your Committees have done so much over recent years to serve our veterans, culminating with the PACT Act. The VFW thanks you for all your hard work and work yet to come. Thank you for the opportunity to share the VFW's priorities as we enter our next 125 years in service to our veterans. We are eager to answer any questions you may have.

[Cheers and applause.]

[The prepared statement of Mr. Sarmiento appears on page 61 of the Appendix.]

Chairman TESTER. Look what you have started. So for the information of the folks on the dais, there will be 3-minute rounds, and there are going to be a lot of questions to be asked, so try to keep it to that.

I am going to start out, Commander, asking you about mental health. Look, Senator Boozman and I introduced the Not Just a

Number Act. It requires the VA, as you pointed out in your opening statement, to more closely examine the association between veterans and their benefits and suicide. This bill would have the VA look at the veterans' use of disability compensation, education, employment benefits, home loans, foreclosure assistance, and housing assistance programs.

So my question to you is this. How could this analysis of veterans' use of VBA programs improve VA suicide prevention efforts?

Mr. SARMIENTO. Chairman, we fully support this. You know, what happens is, and just like I said, when a veteran commits suicide it is like when was his last appointment. We need to look at the total package with VHA and VBA, what benefits were they receiving. Because when it is too late, if we are worrying about when their last mental appointment was, it is too late. We have to say what is the root causes here.

You know, suicide and homelessness, I have got to be quite honest, Mr. Chairman. A lot of the root causes are the same. You know, when you say we would like to have zero veteran homelessness, zero veteran suicide, you know, I think in a perfect world you are right, that is going to happen. I can tell you, as a police officer, if we can save one, if we can look in and help out with their transition, because what causes the transition? Financial stability, jobs. That is the stat we will never know because if they have that they never get to the endpoint.

But when we look back on the data and see what they received, that is when we can start making a change. And if we can save one out of five, two out of five, that is a home run. That is a home run. And that goes the same for homelessness. It is the sustained root causes. Because—and I will be done, but now you have got me rattled, and I apologize.

Chairman TESTER. It is Okay. You did good. Thank you.

Look, my friend, Tim Peters, who is sitting right over there, who is the VFW's Junior Vice Designee, informed me some time ago that veterans are being denied earned VA benefits because the Federal Government lost their military records, through no fault of their own. We recently introduced legislation to address this, named after a Montana veteran by the name of Fred Hamilton, who I believe is here today.

Could you tell me, I know the VA supports this bill, could you please discuss how this Fred Hamilton Lost Records Act would improve the claims process for veterans?

Mr. SARMIENTO. Absolutely. I would love to. And Fred is in the room. I truly believe that, or I know that.

So the Fred Hamilton which you bring up, I mean, veterans are being denied a claim because the VA lost their records. This is a no-brainer. I mean, I get it. The government is big and bureaucratic. The bureaucracy of the government, I understand, and I understand there has got to be tweaks to be made. And I appreciate you putting this in, and I hope this Committee forwards this out. Because when you get down to the bottom line of this, a veteran puts a claim in, they get their medical record and service record, and they deny it because they lost it. That does not even make sense to me.

But thank you for taking the initiative on this, and I know this is a no-brainer for the Committee, sir.

Chairman TESTER. Thank you, Commander. Chairman Bost.

Chairman BOST. First off, let me say that there are some times that each one of us, when we deal with government, a lot of things do not make sense to us, okay. That being said, we know the VFW is a staunch supporter of VA's Community Care Network, but we know some veterans are still waiting too long to get the care they want. What do you think the VA needs to do to improve Community Care access?

Mr. SARMIENTO. That is an excellent question, Chairman. It is a balancing act with the VA. I use all VA health care. I truly do. Everything I do, I use the VA, and there are some times I get farmed out to Community Care. But it is balancing act. You cannot have too much of one. The VA Secretary was just briefing us, saying it is, in some places, up to 40 percent are getting sent out, and even he agrees that is not right. It is more of a balancing act.

Because what happens is—and I talk to veterans all the time—you get sent out to Community Care, you are on the hook to pay the bill, even though the VA sent you, because you are the one getting the late notices—where is my money, where is my money—and you are being drug into court because the VA sent you out.

There is a fine line here. We have to find it, do this balancing act with it. I mean Community Care, we are supportive of it. It does help care, especially in rural areas, sir. But for the veterans that sit there and be billed, with late notices, time after time after time, it creates undue stress. And I am hoping that we can find this balancing act.

Chairman BOST. You know, I was pleased to be working with Senator Moran, Senator Tester, Speaker Johnson, and we were able to get the language of my bill, H.R. 705, to protect Second Amendment rights for veterans, included in the appropriations bill, which we will consider this week. And I am grateful the VFW passed support of this issue. Is this something that the VFW will continue to support?

Mr. SARMIENTO. I absolutely guarantee the VFW will continue to support this. What it does—and you know, and sir, you brought it up in the beginning—veterans are not asking for anything special. All we are asking for is due process, that every other agency or any other person that goes to any other service in the Federal Government gets, not a VA administrator deciding we are taking your guns. All we want is due process. However that plays out, then so be it. But that is all we are asking for, and thank you for spearheading this.

Chairman BOST [presiding]. Well, thank you, and my time is running short, and there are a lot of others. Senator Sullivan, I think you are recognized. There you are.

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

Senator SULLIVAN. Thank you, Mr. Chairman. I want to ask my fellow Alaskans, if they are in the audience, if you can stand and be recognized. Here we go. And I think they get the award for traveling the furthest. Maybe a little bit of a dispute with the Hawai-

ians. But we also get the award—no offense on Alaska—more veterans per capita. That is a fact. So how about a round of applause.

[Applause.]

Senator SULLIVAN. All right. And then I was just going to mention, I retired from the Marine Corps last month after 30 years, and so now I take one title, U.S. Marine, which I am very proud of, and now another very distinguished title, an American veteran. So I am very excited about that.

[Applause.]

Senator SULLIVAN. Commander, I want to thank you and your team and all the other VSOs. Last year you might remember I really, really focused on this Camp Lejeune issue. It was a priority of so many of our VSOs. We had sick families at Camp Lejeune. We gave them the legislation to get funded, to get better. Unfortunately, we had some law firms that wanted to make sure they got the money and not the sick Marines. Everybody came out against that. We finally got an Executive order saying that there is a cap on attorney's fees, 20 to 25 percent, period. The Attorney General of the United States has said if a law firm charges sick Marines more than that they will be civilly or criminally liable. Okay?

[Applause.]

Senator SULLIVAN. Really important. Some of these law firms are charging 60 and 70 percent contingency fees. It is disgusting.

So can I ask you very quickly, and I know when the other VSOs come up, can you make sure that we are still getting the word out to our veterans that there is now a cap, and this is really important. Even if they have already signed a contract with a law firm, 70 percent, I have asked the Attorney General, that is null and void. And if that law firm tries to charge a family of sick Marines, they could be criminally liable.

So can you, and are you getting the word out so none of our Marines and their families are getting ripped off by these unscrupulous law firms?

Mr. SARMIENTO. Sir, we are absolutely getting the word out. We raised the alarm on this last year.

Senator SULLIVAN. I know you did.

Mr. SARMIENTO. I want to thank you for spearheading this. We put out to our people, our VFW actually partnered with some law firms that already gave us the reduced rate, because before this was passed, you are right, 60, 70 percent. It is insanity.

Senator SULLIVAN. Crazy.

Mr. SARMIENTO. Absolute insanity. And we are glad this has been codified into law. And sir, thank you for being a member of the Veterans of Foreign Wars.

Senator SULLIVAN. I am, yes.

[Applause.]

Senator SULLIVAN. Well, Commander, I have a reputation on this Committee of going way over my time, and I think it ticks off a lot of my Senate colleagues. I do not want to tick off the House colleagues. So with one second left I am going to yield back, Mr. Chairman.

Chairman BOST. Thank you. Ranking Member Takano, you are recognized.

Mr. TAKANO. Well, thank you, Mr. Chairman. Commander Sarmiento, I know you are not a Member of Congress, but in the event you become one I know you are going to join the Congressional Asian Pacific American Caucus.

So with that let me just say, I want to thank the VFW for your support for the Guard and Reserve GI Bill Parity Act, and I am happy to report that Mr. Levin introduced the bill yesterday with Senators Moran and Tester, and I am happy to support it again this Congress. And I absolutely echo your written testimony—your written testimony—that it is beyond time that the National Guard and Reserve servicemembers receive GI Bill eligibility for the entirety of their time in uniform.

So my question to you is this. To be absolutely clear and blunt to the other members of these two Committees, when you say in your written testimony that the time is now for parity, are you calling for Guard and Reserve GI Bill Parity to be passed in this Congress?

Mr. SARMIENTO. Chairman Takano, yes, we are.

Mr. TAKANO. Well, let's get it done.

Mr. SARMIENTO. Absolutely.

[Applause.]

Mr. TAKANO. Now let me go on. Your testimony discusses how the social determinants of health are intertwined with veteran suicide prevention work, and you highlight homelessness and financial instability, unemployment, and justice involvement. And I agree with your push to see better data transparency out of VA to address these issues.

And I guess what I would ask is how you would respond to politicians who drag their feet in paying for programs in this space or try to cut and defund social safety nets. What are they doing to veterans?

Now, as a follow-up, well, let me just ask you about that. What do you think about politicians trying to cut or defund social safety net programs?

Mr. SARMIENTO. Mr. Chairman, I am going to turn that over to our subject matter expert, Pat Murray.

Mr. MURRAY. Mr. Chairman, sorry, Ranking Member, a lot of these issues require funding, upfront funding and full funding, so that these programs can continue all year long without interruptions. The start, stop, start, stop of funding affects them, which ultimately trickles down and affects veterans. We need to make sure that these programs continue to be fully funded all year round, going forward.

Mr. TAKANO. And that includes the social safety net programs like SNAP.

Mr. MURRAY. Yes, sir.

Mr. TAKANO. Thank you. Now, as a follow-up, talking about homelessness programs, Congress, these two committees that are sitting in front of you here today, have failed to extend much-needed pandemic-era authorities that were proven to be effective in reducing housing insecurity while also connecting homeless veterans to health care appointments and job interviews.

Your testimony mentions H.R. 3848, the HOME Act, which would address these problems. Do you have any thoughts on how

Congress should proceed and the effects of the delays in getting this bill to the President's desk on having housing-insecure veterans?

Mr. SARMIENTO. Congressman, we are hoping that this moves forward. As you know, the HOME Act increases the maximum rate of per diem to VA providers. It creates services for shelters, food, clothing, I mean, basic necessities of Americans, and especially those that are vulnerable.

We fully support this, and we want to get this passed, get it signed, do whatever it is we have to do. And we talked about the steps of where do we stop homelessness, this is the beginning steps. These are root causes of all those issues. We are fully behind this.

Mr. TAKANO. Well, thank you very much. Let's get it done this Congress. Thank you.

[Applause.]

Chairman BOST. Senator Hassan is now recognized.

**HON. MARGARET WOOD HASSAN,**
**U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASSAN. Thank you very much, Mr. Chairman, and to you and Chairman Tester and our Ranking Members, thank you for this hearing. Commander, thank you for your testimony. To all the Granite State VFW and Auxiliary members here, thank you for your service. I am very proud of our veterans in New Hampshire. And to all the veterans who are here today, regardless of what state you are from, thank you for being here. And to our Vietnam vets in particular, welcome home. I cannot say that enough.

[Applause.]

Senator HASSAN. Commander, in your testimony you mentioned claim sharks, people who are not accredited benefits agents but who nonetheless offer to, quote, "help veterans file their benefits claims," and then they charge enormous fees. I am a strong supporter of the GUARD VA Benefits Act that would help crack down on claim sharks who target veterans. But can you just please discuss a little bit more the important role that accredited agents play in helping veterans access benefits and how these claim sharks undermine this important work?

Mr. SARMIENTO. I would absolutely love to. The importance of the VSOs, any veteran service organizations, number one, it is free. The claim sharks are breaking the law. Ever since the PACT Act was signed, we never even heard of a claim shark. There have been hustlers and grifters ever since currency was invented, and as soon as the PACT Act came out all of a sudden we have got attorneys that want to get involved, to sit there and prey upon family members that just lost a veteran, to sit there and prey on a vulnerable veteran. That is a shark. That is why we call them a shark. And it is against the law.

All we are asking is to reinstitute penalties, put the penalties back. Look, I am from New Jersey. I get it. We have got the crime in DC—I have got the same in New Jersey. If they said carjacking is illegal but there is no penalty, I would have to walk everywhere I go in the State of New Jersey. That is what I mean. I mean, I

hate to use an oxymoron like that, but truly, all we are asking is put the penalty back. They prey upon us.

It was totally amazing that before the PACT Act was signed you never heard about this.

Senator HASSAN. Right. Right.

Mr. SARMIENTO. They saw the money. They smelled the blood, and that is why we are against this, ma'am.

Senator HASSAN. All right. Well, thank you very much for that very clear explanation.

[Laughter.]

Senator HASSAN. Very, very clear. I want to move on to one quick topic before my time is up. You mentioned also, Commander, the need for the VA to provide easily accessible health care and counseling for women veterans at all VA locations. To help address issues faced by women veterans this Committee has worked on a bipartisan basis to pass into law several key pieces of legislation—the Deborah Sampson Act that eliminated some of the barriers to care that women veterans encounter, and the Dr. Kate Hendricks Thomas SERVICE Act that expanded eligibility for breast cancer screening. We need to continue building on this work.

I am out of time, but I would love it if, in the course of this discussion this morning, if you can just touch on how we can increase access to care for women veterans and fully integrate them into the VA care.

Mr. SARMIENTO. Ma'am, Pat Murray has testified in front of several subcommittees and committees. I am going to pass this on to him to make sure you get exactly the answer you want.

Senator HASSAN. With the Chair's indulgence.

Mr. SARMIENTO. Oh, I am sorry. Is that how it works, sir?

Senator HASSAN. Yes. Thank you. That would be great.

Chairman BOST. Yes, go ahead.

Senator HASSAN. Yes, go ahead.

Mr. MURRAY. Ma'am, one of the things that we are seeing is preventive care. It is critically important. Things like prenatal vitamins. Veterans who are pregnant are not treated that they are pregnant until they actually are positive. Having access to prenatal vitamins is incredibly important to prepare healthy bodies for that future next step.

Senator HASSAN. Right. Thank you very much. Thanks, Mr. Chair.

Chairman BOST. Senator Tuberville.

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

Senator TUBERVILLE. Thank you, Mr. Chairman. Thanks for being here today. My State of Alabama, do we have anybody here? We have got a few. Thank you very much.

Real quickly, under the Trump administration there was an evaluation of a lot of people in the VA. It is not just about money. It is not about buildings. It is about people who work in those buildings. Four thousand people were fired for cause. This Administration has allowed them to come back, with back pay, and work in the VA. It is a disgrace. Do your job or you do not work in the VA. You deserve great care, great care, not average care.

[Applause.]

Senator TUBERVILLE. Now, unfortunately, the VA has lost its way under this Administration. They have gotten caught up in the border crisis caused by President Biden and his open border policies. While the VA should be leveraging every available resource to ensure timely and quality care to veterans, a section of the VA Financial Service Center helps process health care claims for illegal aliens. VA Community Care providers are used by the DHS to provide care for illegal aliens.

Do you approve, Mr. Chairman, of the Biden administration using the VA and our taxpayer dollars to assist with health care claims, processing illegal aliens at ICE detention centers?

Mr. SARMIENTO. Senator, it is our understanding, from even going to Chairman Bost's committee, and speaking to the VA Secretary, that there are 10 VA employees on the border processing ICE financial claims. They have been doing this since 2002. Obviously, we are against any—if VA is using resources, medical resources on undocumented immigrants, we are against that. But from our understating, and if I am answering your question, Senator—I want to make sure I am understanding—that we have 10 people—I should not say "we,"—the VA has 10 people down on the border doing medical billing process, and it is not taking away anything from veterans in the VA, sir.

Senator TUBERVILLE. So that being said, my bill, 3490, the No VA Resources for Illegal Aliens Act, would stop any of this from happening. Would you support that?

Mr. SARMIENTO. I do not believe we have seen that. We have? It is something that, if you would like to speak to our staff here in DC, sir, we sure would be willing.

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

Chairman BOST. Representative Brownley.

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

Ms. BROWNLEY. Thank you, Mr. Chairman, and thank you, VFW, for being here. I love the energy in this room and your determination and commitment and advocacy for getting all of this legislation done for our nation's veterans. So thank you very, very much.

Mr. Commander, I wanted to thank you for your support for the Elizabeth Dole Home Care Act, and I know that your people testified, or sent a statement for the record, in front of the House VA Committee, and you wrote about how important this bill is, particularly for our veterans who are experiencing early onset of dementia, which I think is extremely important. I think the Elizabeth Dole bill is very important for our aging veterans. I think the Elizabeth Dole bill is very important for our disabled veterans.

So if you could just speak a little bit about why this bill is important and why veterans cannot afford to wait any longer for its enactment.

Mr. SARMIENTO. Thank you, ma'am. The VFW believes it is imperative that we pass this piece of legislation on the caregivers, because it is so important. Look around at all the blue hats out here, whether they are male or female. They are family members. They were caregivers before that term even came about.

So we support this legislation. We want this to pass. We are hoping that nobody—sometimes what happens, as you know better than I do, when we change regulations or we change the law those already on it are getting kicked off, that we be mindful of that, and we are more than willing to work with you to be sure that does not happen. But we are on board with this.

Ms. BROWNLEY. Well, thank you very much. I think Ms. Dole is going to be here later in this meeting. You know, this is an important bill, and at the end of the day it is what veterans, I believe, want. And we know that the health outcomes are far better with veterans being taken care of in their homes versus in institutionalized care. So I really, really do appreciate your advocacy around this.

I have very little time left, but I just wanted to address the issues around the challenges, really, that all veterans are experiencing in terms of accessing survivor benefits. And VFW talked about where Congress should be practicing better oversight around this issue.

I just wanted to say that after we had a hearing in the House I followed up with Under Secretary Jacob and his team regarding this issue, and the DIC application and the fact that it is 20 pages long, very onerous. I looked at it. I mean, I cannot do my taxes by myself. God forbid that I could fill out this form by myself.

So I think there are a lot of changes that need to be made, and again, I am running out of time but appreciate your advocacy around this and really working and engaging with VBA to make sure that they follow suit on this. The Under Secretary has promised me that they are looking at regulatory or statutory changes in this area.

So thank you.

Chairman BOST. Senator Blumenthal, you are recognized.

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

Senator BLUMENTHAL. Thank you, Mr. Chairman. Thank you all for being here.

As a law enforcement commander, as a law enforcement officer for many years, I appreciated your very direct comments on the need for effective enforcement. And let me talk about the PACT Act in that regard. Too often there is exploitation of our veterans. I have introduced a measure called the GUARD VA Benefits Act. It is bipartisan, with Senator Graham and Senator Tester. I wonder if I could ask for the VFW's support for that measure, to make sure that individuals accredited by the VA and supported by VSOs are not exploited by individuals promising them that they will get them benefits when all they need to do is apply for those benefits directly.

Mr. SARMIENTO. Sir, we stand behind you about a billion percent. As a matter of fact, we would love to give you one of our claim shark pins if you would like to wear it, that says "Don't Feed the Sharks." We are behind that 1000 percent.

[Applause.]

Mr. SARMIENTO. I was speaking earlier about we have always got hustlers and grifters, always. That is why we are against this. We

provide free—not just us but all the VSOs—provide free. Those people sit there and they will tell you they have a magic wand, "I will guarantee you benefits. You are going to get X amount of dollars." But when the magic don't happen, pay me. That is what they want. "Pay me. We have got a contract."

Senator BLUMENTHAL. I would be happy to wear the pin, and I also want to thank the VFW and other VSOs for their support for the Afghan Adjustment Act. I have been helping to lead that effort. Two of my sons, one a Marine and the other a Navy SEAL, know firsthand how our at-risk Afghan allies remain in jeopardy, and our veterans have been at the tip of the spear in championing measures that will enable us to give those Afghan at-risk allies a path forward in this country. I am going to give you a chance to comment in the time that I have left.

Mr. SARMIENTO. You know, we have been supporting this for several years, since it was brought to the forefront. Earlier on, when the OIF and OEF vets brought it up, there plenty of Afghanistan veterans in this room. They know. They worked alongside our allies. Of course we want to support them the best way we can. You know, right or wrong how we left, we ain't here to debate that. But they were our allies, and we are behind this.

Senator BLUMENTHAL. Thank you. I want to thank the VFW for all of its service, very often underappreciated by our veterans, but just absolutely vital. And to everyone in this room and to the many who are not here today, thank you for your continuing service. After you wear the uniform you continue to make this country the greatest in the world. Thank you to all of you. And I do not know if we have anyone from Connecticut here, but thank you all.

[Applause.]

Senator BLUMENTHAL. Thanks, Mr. Chairman.

Chairman BOST. Representative Pappas.

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

Mr. PAPPAS. Thank you very much, Chairman Bost. I just want to recognize all the veterans from the "Live Free or Die" State of New Hampshire who are joining us here today. I met with them last night in my office. I am really appreciative of the priorities that you bring to me each and every time. Also I am also appreciative of the Claim Shark pin that you gave me last night. So thanks very much for all of your work. I wear it proudly.

And Commander, I do not want to beat a dead shark here, but I do want to continue to highlight the need for the GUARD VA Benefits Act. And no one could say it better than you did in your opening testimony, and I just applaud VFW for your continued work here in going after these unaccredited representatives that are engaging in predatory practices and are taking advantage of our veterans.

It is really important, especially as we sit in this big room, with so many folks that have served our country in a variety of different ways, to understand that we work for you, that VA works for you, and that it is so critical that we have protections and teeth to the law to make sure that no one is ripping off our veterans. We have got to make sure that we strengthen the accreditation process and

ensure that everyone is going through it who is assisting veterans with their claims.

I have talked to a number of constituents that have been caught up in this. They have reported that they have been paying an arm and a leg to these claim sharks companies for things and services that are offered for free by VSOs, including VFW.

It is one of the reasons why I am continuing to push, in a bipartisan, bicameral fashion, for this GUARD VA Benefits Act. As you said, Commander, this would just reinstate the criminal penalties, which were taken away somehow a few years back, and would make sure that anyone who is assisting veterans with claims has to go through this accreditation process and abide by the law.

And it is really important that there is some enforcement capability here, because right now when a claim shark company is charging veterans whatever they want, there is no recourse. This can be reported and flagged for VA, but there is no way that the government can go after these bad actors. So that is what this is all about.

Commander, maybe I could get at this from a different way. There is a competing proposal that is on the table, a bill called the PLUS Act, and it has support from a lot of these claim shark companies and lobbyists who have been having a flurry of meetings here on the Hill. Could you talk a little bit about concern that the VFW has for that legislation? Because I see this as legitimizing predatory practices and opening the tent to those who are currently violating the law. But maybe I could get your take on that bill.

Mr. SARMIENTO. So the PLUS Act that you mentioned, you know, the major competing companies that are the sharks wrote the bill, and what is pretty offending, at least not from a veteran, not for you but that read this, is they wrote it in a way that, yes, we will make it illegal for the other people but it is okay for us, but if anybody comes behind us, we are good. And they put in a law for those that have not jumped on board yet, and you get grandfathered in, that it is illegal for them, and yes, put them in jail, or whatever you do to them.

Everybody here knows. I am preaching to the choir. Everybody has got their pins on and we love it. We know how important this is. We know the money they are throwing at this. Look, we are veterans. We do not have no money to do that. We are thankful you allow us to come here and speak and give us our feeling and give us what our beliefs are. You allow us to come into your offices and talk to you and your staff personally. That is what we do. But we do not have money to throw at this like they have got.

And I want to thank you for holding the line. Thank you so much for that.

[Applause.]

Mr. PAPPAS. Well, thank you. I appreciate your advocacy on the state level, but we cannot let Congress off the hook. We need to pass this at the Federal level.

I yield back, Mr. Chair.

[Applause.]

Chairman BOST. Senator Hirono, you are recognized.

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

Senator HIRONO. Thank you, Mr. Chairman. Aloha to all of you who are here, all the veteran organizations. Thank you very much for all that you do for our country and what you have done.

I particularly, of course, want to give a big shoutout to the veterans who have come all the way from Hawaii. They probably came before this, from Hawaii. Where are you guys? All right. A big shoutout to you.

And I know that we cover a lot of issues for the veterans, but I have to say that I sit on five committees in the Senate, and the Veterans Committee is one that really is characterized by bipartisanship. And that is why we are able to get a lot done that reflects our support for the veterans. And especially as we see more women who are serving now and more female veterans, and the particular, I think, needs of the women veterans are being met by all of you. And I know that all of you—by the way, where are the women who are going to be testifying? A big shoutout to you folks—that there is support all around to make sure that we are meeting the particular health care and other needs of the women veterans.

So thank you very much for all of you being here, and thank you, Mr. Chairman.

Chairman BOST. Thank you. Representative Deluzio.

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

Mr. DELUZIO. Mr. Chairman, thank you. Well, I am excited to see some fellow VFW members in the crowd. I suspect I have got some Pennsylvanians in the House. Anybody here? Okay. There we go.

We can beat the dead shark. I am game with that. Commander, I am surprised you are able to keep from swearing, talking about these guys. I heard "hustlers" and "grifters."

I will ask an easy question, and I know the answer because I used a VSO when I did my claims with the VA. What do you charge?

[Applause.]

Mr. SARMIENTO. Sir, free.

Mr. DELUZIO. Exactly right. And look, I think that is an important message that my fellow veterans maybe do not know. There are folks that will help you do this for free. It is not just the VFW. There are plenty of VSOs who will serve veterans and will help them navigate benefits they have earned. That is what we are talking about. That is part of the obligation this country has to everyone who wears the uniform, peace, war, whatever. You have earned those benefits. It comes from your service. No one should hesitate coming to the VA to get it.

So that is all I wanted to say. I am with you in this fight. We have got to take on these sharks. We have got bipartisan buy-in, and I hope to get this done, and we are with you as long as it takes.

Thank you. Mr. Chairman, I yield back.

[Applause.]

Chairman BOST. Senator Tillis.

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

Senator TILLIS. Thank you, Mr. Chairman. Thanks to everybody here. I have to do the obligatory. If you live in or have spent some time in North Carolina, can you raise your hand? Thank you.

Thank you all for being here. Just very brief. Commander, in your opening statement, I was here for that, we were talking about veteran suicide, and I think you are right. You were saying if you could reduce one out of five, that is four a day, two out of five is 10 a day. It is a big number over time.

The concern that I have is that the majority of them are not connected to the VA. More than half of them are not connected to the VA today. And one of the things that I have been trying to preach, and hopefully, I think that you all have reviewed it and you are okay with it, the Veterans Bill of Rights, which is for these people who are going out there and convincing them, these attorneys basically taking exorbitant fees to actually represent them for Camp Lejeune Toxics Act.

I want them to read a statement to them, or give them a statement that says do you realize that you do not have to pay a dime to apply for this? Do you realize that there are VSOs out there that will do it for free? Do you realize that you have congressional offices that are also tasked with doing this every day? Until you have exhausted all these possibilities, which will not cost you a dime and net you more benefits, do you really want to sign this agreement with an attorney?

I am going to try to do my best to get that done quickly. I want to do it to protect the veteran and not to have these people rip off qualified veterans. But I also want to do it because I believe, in my heart of hearts, with all of this advertising—these damn ads are driving me crazy—but with all this advertising that is going on right now, maybe it is a way to actually get some of those people who are not connected to the VA connected. If they see that they have these rights, if they see that they can call a congressional office, what do you think about a Veterans Bill of Rights, and what do you all think we should do just to get it done?

Mr. SARMIENTO. Sir, I am going to pass this off to Pat Murray, our Legislative Director.

Mr. MURRAY. Senator, we support this proposal fully. I think what we can it done, bring it down to the floor, hotline it, I don't know, after lunch. But what we want to do is continue banging that drum, that it is not just "the" free option. There is an entire network out there.

Senator TILLIS. A hundred percent.

Mr. MURRAY. It is VSOs. It is county, state, it is everybody.

Senator TILLIS. Well, that is why—and a Bill of Rights, that is what I am saying. You know, we can work on the wording, but here are all the resources you have as a veteran, that you should exhaust before you sign a retainer for a law firm that is more interested in what they get at the end of the day than doing right by the veterans.

Mr. MURRAY. Sir, you are absolutely right. There is an abundance of choice already out there, and we want veterans to go to that first.

Senator TILLIS. Well, we would like you all's feedback on maybe some of the details of the Bill of Rights, but I think it helps us, I think it puts these folks in their place, and I think it gets more veterans connected, which gets to a key problem that I want, is fewer men and women taking their lives every day. We need to help them. Thank you all.

[Applause.]

Chairman BOST. Representative McGarvey.

**HON. MORGAN MCGARVEY,**
**U.S. REPRESENTATIVE FROM KENTUCKY**

Mr. MCGARVEY. Thank you, Mr. Chairman. If we have any veterans here who were ever stationed in or live in Kentucky, we are glad to have you all here, so thank you for being here.

Commander Sarmiento, thank you so much. People sometimes tell me they have a hard time understanding what is going on in Washington. I hope they listen to your testimony because there is no doubt. We appreciate both your thoughtfulness and your candor in that regard.

I am truly inspired listening to so many of these stories, observing the strength and the passion with which you all advocate for our nation's veterans, the men and women who are willing to put on a uniform and sacrifice everything to keep this country safe. Your expertise empowers us and the Committee members to work together and to do all we can to ensure access to the benefits and the services that veterans and their families have earned. So again, I thank you guys for being here.

You mentioned in your testimony today several quality-of-life issues which I like to call social determinants of health, that affect veterans and their families. It is issues like transitioning out of the military, food security, housing, employment, transportation, childcare—the list goes on and on and on. I believe this Committee and the VA can and must do better to address social determinants, which we know are significantly tied to health outcomes. These issues do not exist in silos. They all affect veterans' health. So I think we have got to start treating them that way.

Commander Sarmiento, I am getting to my question here. The existing benefits and approaches are often disparate and require veterans or spouses to navigate several separate and unconnected programs, which can be confusing and overwhelming. It seems our current system does not approach health from a holistic perspective. Do you think it would improve veteran health if the VA treated resources like transportation, childcare, employment, and stable access to food and housing as part of a holistic approach to veterans' health?

Mr. SARMIENTO. Yes. Sir, the simple answer is absolutely yes. And we talked about the TAP Promotion Act. When you do the transition, once that Act is in, now you are exiting the military. It starts there. Then it transfers off to a handoff to the VA. And if we can get everybody talking and on the same page, it is a win-win. Sometimes you are right and government gets siloed. The VA is here, the DoD is here, other people are here, and I do not work for you, you do not work for me. If we can just get people talking and ease the transition of everything you said, it is simple. It

sounds simple, I know, though you know better than me. It sounds simpler than it is, but we are willing to work on this, and we believe starting with the TAP Promotion Act, when you are exiting the military, to do the handoff to the VA.

Mr. MCGARVEY. Thank you, sir. I appreciate all your all's service, and Mr. Chairman, I yield back.

Chairman BOST. Thank you. Representative Rosendale, you are recognized for 3 minutes.

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

Mr. ROSENDALE. Thank you very much, Mr. Chairman. Thank you, everyone, for coming in and attending today, Commander Sarmiento and the rest of the Veterans of Foreign Wars of the United States for coming to Washington, DC, to testify today. I look forward to having representatives from the Montana chapter of the VFW in my office later today, and I always appreciate your perspectives and insight on all the veterans' issues.

In your written testimony today you stated, "Adapting a value-based health care model would allow for a patient-centered system that aligns with the VA's whole health care approach." I am helping lead the charge on a bill that I would establish a pilot program to allow veterans to receive a health savings account and use the money to obtain medical services through a direct primary care arrangement. The legislation would make it easier for veterans to see their doctor and spend money on preventative measures to improve their health before getting sick.

I was the insurance commissioner in Montana from 2016 until 2020, and I am proud to say that I was able to get authorized direct primary care agreements between private individuals and doctors, physicians, for a very low cost. And not only have we received incredible response from the patients themselves but from the doctors that are delivering that care. They have a much more close and intimate relationship with the physicians. So it has been working out extremely well for everyone involved and has been able to address some of these issues that are chronic conditions, like high blood pressure and diabetes, so that we make sure that we have a good maintenance program in place.

What I would like to ask, Commander Sarmiento, is what ideas do you have to make the care at the VA more patient-centric?

Mr. SARMIENTO. Our Executive Director is definitely a little better at this than I am. I am going to pass it off to Ryan so I do not sit here with an answer and try to dance around you. Obviously, you want your question answered.

Mr. ROSENDALE. Perfect.

Mr. GALLUCCI. Well, thank you, commander in chief, and thank you, Mr. Rosendale, for the question. The VFW has had a lot of discussion on this very issue. Now first, to be perfectly frank, when Phoenix happened almost a decade ago we were out there saying, look, community care is part of VA care, and that is very important.

What we have seen over the last 10 years is we have had the CHOICE Program, and now you have the MISSION Act, you have had other programs here or there.

Here is what I am concerned about. The Secretary talks about how much VA is spending on community care, but you look at how much of that is emergency room care. That is the most expensive and most fractured care that a veteran can receive. Some of the things that we have talked about with Dr. Elnahal and VHA and even the Secretary is you need to lean on your third-party administrators. You need to lean on your third-party administrators heavily so that you are integrating this community care into VA care when a veteran has chosen VA as their care provider.

We are pushing that very hard because the last thing we need is veterans showing up at emergency room receiving that fractured care. We think there are ways to do this, and would be eager to work with you and the Committees to address that.

Mr. ROSENDALE. Thank you very much, and again, I think we can establish this relationship. We have a maintenance program that we can avoid crisis situations for our veterans in the future.

Thank you, Mr. Chair. I yield back.

Chairman BOST. Senator King.

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

Senator KING. Commander, I wish you would quit beating around the bush, man.

[Laughter.]

Senator KING. We have gotten less bullshit from you today than any witnesses I have ever heard.

[Applause.]

Senator KING. And, man, we see a lot of that.

Anyway, it seems to me one of the themes here is common sense. Richard Star Act. You earn two separate benefits, you should get them, period. Richard Star, common sense.

[Applause.]

Senator KING. Here is the other one. I am on Armed Services and Veterans' Affairs, so I see this from both sides. One of the first hearings I was in in Armed Services 10 years ago, I made the statement, I said, "Why don't we spend as much money on transition as we do on recruiting?" In other words, let's take care of those veterans when they are coming out.

And, of course, the third common sense is the GUARD Act. Why are we allowing people to take money out of the pockets of veterans when you guys can do it more effectively for free?

So let me talk about transition for a minute. Transition is statistically one of the most dangerous moments for veterans. That is where there is a high level of suicide, a high level of homelessness. It is a real problem. So a couple of bills. The Welcome Home Veterans Act. One of the problems is when you sign all that paperwork at the TAP there is one little box about opting in to notify the state veteran agency. I want to change that to an opt out, because right now only 13 percent of veterans are known to their state agency. My vision is let's get the names to the state agency, they get the names to the VA. I want a couple of you guys or women meeting the veteran at the airport when they arrive home.

[Applause.]

Senator KING. So do you support the Welcome Home Veterans Act?

Mr. SARMIENTO. Yes, we do, sir. That is a common sense approach to a problem that probably got incurred by just, not oversight, but overlooked. It was just overlooked. To opt out. That is a no-brainer.

Senator KING. And then we will get people's names so they can be met and get the services they need right away.

The second one is the TAP Promotion Act. You have already mentioned that. Make VA-accredited representatives like yourself at the TAP Day before people leave. You are for that, I take it.

Mr. SARMIENTO. We are all in on the TAP Promotion Act.

Senator KING. That is good. All right. The third one is the Combat Veterans Pre-Enrollment Act, so a combat veteran can enroll in the VA health care before they leave their service, so they could get the care they need from the VA on day one. Are you in on that one?

Mr. SARMIENTO. Yes, sir, we are in on that one, as well.

Senator KING. Well, you have got it, man. Let's get this done. Thank you, Mr. Chairman.

[Applause.]

Chairman BOST. I want to thank Senator King for saying what we all feel. Of course, there is a statement in deep southern Illinois. We appreciate you putting the cabbage down where the hogs can eat it.

[Laughter.]

Mr. SARMIENTO. What does that make us, Mr. Chairman?

Chairman BOST. Well, I thought Chairman Tester demoted you by calling you Member of Congress.

But we do want to say thank you to the VFW for sharing this 2024 legislative priorities, and to all the veterans and families and caregivers and survivors that are in attendance here today.

Now we are going to switch over to our next panel, which will be Elizabeth Dole, and Senator Dole is going to address us. But we are going to take a 15-minute break, and then we will reconvene.

[Recess.]

Chairman BOST. Well, we would like to welcome everybody back, and before we begin the second panel I would like to take a moment, if we can, to recognize a very special guest, and allow her to give a few remarks. Senator Elizabeth Dole, welcome. Thank you.

[Applause.]

Chairman BOST. We want to thank you for being with us today, for your tireless work to provide veterans and their caregivers the support they deserve. And the floor is yours.

## REMARKS BY THE HON. ELIZABETH DOLE

Ms. DOLE. Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, Congressman Brownley, thank you for that wonderful, warm welcome, and thank you for inviting me to speak in support of legislation that I believe to be a lifeline for America's veterans and their caregivers.

I am grateful to our many partners here today showing their support for this important legislation, particularly my good friend,

General Mike Linnington. Mike, I know this is your last hearing as CEO of the Wounded Warrior Project. Thank you for being a transformative leader and advocate, a true partner, and for the immeasurable difference you have made in the lives of so many veterans and caregivers.

[Applause.]

Ms. DOLE. Serving as a United States Senator was one of the greatest honors of my life, and my beloved husband Bob served in these chambers for 35 years. While we never thought Washington should attempt to fix all the nation's problems, we firmly believed that some of America's greatest challenges could only be solved with the leadership, power, and resources entrusted to you, our elected representatives.

I am truly honored that the omnibus of veterans bills and the Act for Veteran Caregivers are named for me, though I certainly do not feel worthy. I am even more grateful for the promises they hold for those who protect our freedom and our security and their caregivers. The resources, reforms, and improvements contained in this legislation are precisely the types of advancements that only this body can provide. And I do not see how we can be a nation that truly cares for our military and veteran communities if we wait another day to get this legislation passed.

[Applause.]

Ms. DOLE. The Elizabeth Dole Home Care Act, in particular, is bipartisan legislation that will make it possible for severely injured veterans to spend more time recovering at home with their families, rather than at an institutional setting.

I think of Americans like Lara and Tom Garey, and their son, Trey, from Texas. Tom was an Air Force veteran who tragically passed away last year due to his service-connected ALS. Like so many veterans, Tom wanted to be home with his family for as long as possible. As his condition deteriorated, Lara had to fight to get the appropriate support in their home so Tom could continue to enjoy family movie nights and even attend his son, Trey's, makeshift high school graduation in their living room. He would have missed all of this if he had been housed in the closest medical facility, which was 2 hours away.

By easing access to necessary programs and services, this legislation will make the very difficult path of the Gareys and so many others much easier. It will allow veterans and caregivers to focus on the things that really matter.

You know, Bob and I always said that the most meaningful change happens when our leaders work across the aisle. At a time when compromise and consensus are hard to come by, you, your colleagues, and your staff have done it. You have come together to create a significant package of legislation that will impact thousands of veterans' and caregivers' lives for the better.

Now I urge you to remain united, to continue to put veterans and caregivers first, and to pass these bills. This community has earned it, and they desperately need your bipartisan leadership to accomplish it.

Thank you all for your consideration, and a special thanks to the MSO and VSO leaders we work with every day to support our nation's veterans, their caregivers, and their military children.

Thank you very much, Mr. Chairman.

[Applause.]

Chairman BOST. Thank you, Senator Dole.

Now on our second panel we have multiple veteran service and advocacy organizations that are represented and assist in a diverse cross-section of veterans from around the country.

First, we will start with Robert Thomas, the National President of Paralyzed Veterans of America.

Up next we have General Mike Linnington, Chief Executive Officer of Wounded Warrior Project, and as was mentioned, I hear he will be retiring at the end of this month, so we want to take a minute to say thank you for his hard work.

[Applause.]

Chairman BOST. General, you have been working greatly on advocacy on behalf of the nation's wounded warriors, and for all your work you should be celebrated, and the Committee really does appreciate what you have done.

Next we have Dennis Wimer, President of the National Association of State Directors of Veterans Affairs.

Next up is Jim Whaley, Chief Executive officer for Mission Roll Call.

Next up is Kathy Roth-Douquet, Chief Executive Officer of Blue Star Families.

Next up, Allison Jaslow, Chief Executive Officer for Iraq and Afghanistan Veterans of America.

Next also we have Paul Mimms, National President for the Blinded Veterans Association.

And next, Colonel Lorry Fenner, Director of Government Relations for the Service Women's Action Network.

We also have on the panel Jared Lyon, National President and Chief Executive Officer of the Student Veterans of America.

And last but definitely not least we have William "Bill" Clark, National Commander of AMVETS.

Thank you for being here.

[Applause.]

Chairman BOST. Mr. Thomas, you are recognized for your opening statement.

## PANEL II

### STATEMENT OF ROBERT THOMAS, NATIONAL PRESIDENT, PARALYZED VETERANS OF AMERICA

Mr. THOMAS. Chairman Tester, Chairman Bost, and members of the Committees, thank you for the opportunity to speak with you today on behalf of the tens of thousands of veterans with spinal cord injuries and disorders who heavily rely on the benefits and health care available through the VA.

The VA is the best health care provider for veterans with catastrophic disabilities. The Department's system of care provides a coordinated, lifelong continuum of services. There is no comparable private system of care in the community. Thus, preserving and strengthening VA's specialty care system remains the highest priority for PVA, and it should be for you.

Despite the Veterans Health Administration's hiring successes last fiscal year and the flexibility gained by workforce provisions approved by previous Congress, staffing levels within the SCI/D system of care are not improving. We continue to see the same staffing deficiencies at the SCI/D centers year after year, which affects everything from the quality of care received to employee safety and well-being at these facilities. We are extremely concerned with the VHA's decision to severely limit hiring in 2024. I urge you to monitor the hiring practices closely so veterans are not adversely affected.

Another pressing need for PVA's members is increased access to VA's home and community-based services. As eloquently discussed by Senator Elizabeth Dole, passing her namesake legislation, the Elizabeth Dole Home Care Act, would make critically needed improvements to VA's home and community-based services, such as lifting the Department's cap on the amount they can pay for home care, increasing access to the Veteran-Directed Care Program, and improving support to caregivers and veterans.

The story of Andrew, an Air Force veteran who has ALS, and his wife Lisa, illustrates why this legislation must pass now. Andrew is currently bedbound, paralyzed, vent-dependent, and non-verbal. Lisa has had to work hard to secure the equipment and services needed to keep her husband alive and comfortable at home. Recently, they had to give up the Veteran-Directed Care in lieu of the Family Caregiver Program because expenses related to Andrew's care were projected to exceed the cap later this year. This unnecessary disruption in the continuity of his care highlights the urgent need to eliminate the cap.

I understand the provisions of the Elizabeth Dole Home Care Act are included in a larger package of legislation that is currently being considered by Congress. I cannot stress enough how important it is to get these provisions enacted into law now. Andrew and his family cannot wait longer for the care he needs.

Other veterans with SCI/D need to receive care at a specialized, long-term care facility. Despite the grave need, the Department's capacity to provide such care is extremely limited. There are currently only six VA SCI/D long-term care facilities. Thus, veterans continue to remain in acute settings for months or years, at a significantly greater cost because other placements, including the community, are simply not available.

We call on Congress to mitigate the shortage of long-term care beds by funding the six construction projects identified in my written statement and ensure existing facilities are fully staffed.

Finally, neurogenic bladder and bowel dysfunction are common conditions among veterans with SCI/D, and they can lead to complications, rehospitalizations, and even death. Therefore, managing them requires ongoing specialized attention. The VA could train and reimburse designated caregivers to provide this critical care. The Department's current Bowel and Bladder Program is fraught with problems like reimbursement delays, it lacks due process for the veteran, and unlike virtually all other VA payments it imposes tax burdens on family caregivers.

Harry Robinson, caregiver for his wife, PVA National Vice President Ann Robinson, pays about $3,500 a year in self-employment

taxes out of his reimbursement for providing her with life-sustaining care. Allowing family members to provide bowel and bladder care leads to better outcomes for the veterans and saves the VA money. But Congress must reduce the burden of providing care for veterans' caregivers. Codifying the Bowel and Bladder Program will allow Congress to address the tax burden and make other needed improvements.

In closing, I would like to note that these are just a few of the many issues affecting catastrophically disabled veterans. Others include the need for improved travel support to help veterans receive needed medical care, increasing HISA grant rates to provide critical housing modifications, and better access to inpatient mental health care and substance use disorder treatment for veterans with SCI/D. Information about these and other issues of importance to paralyzed veterans are included in my written statement.

Thank you again for this opportunity to share our views and your commitment to paralyzed veterans and their caregivers. I will be happy to answer any questions you may have.

[The prepared statement of Mr. Thomas appears on page 92 of the Appendix.]

Chairman BOST. Thank you, Mr. Thomas.

General Linnington, you are recognized for 5 minutes.

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

Mr. LINNINGTON. Good morning, Chairmen Tester and Bost, Ranking Members Moran and Takano, distinguished Committee members. Thank you for today's hearing.

Let me thank Senator Dole for her gracious remarks. She remains a friend, a mentor, a role model, and really the epitome of a selfless servant leader, so thank you, Senator Dole, for your remarks.

I would like to begin by thanking many of you and your staffs for meeting with our Wounded Warrior Project alumni this week to discuss our highest legislative priorities. These men and women, in the black polos behind me, are the best messengers for insight about how we can assist Post-9/11 veterans in your states and districts.

Wounded Warrior Project has been serving wounded warriors across the country for more than 20 years, interacting with thousands of warriors daily and helping them lead healthy, fulfilled, and empowered lives in the communities you represent. They are the voice of Post-9/11 veterans on Capitol Hill, and we are humbled to bring them to Washington, DC, with us this week.

My remarks today will be short, capturing the highlights of our written testimony submitted last week and in support of our 2024 lege priorities. Our priorities are informed by our unwavering commitment to honor and empower wounded warriors, commitment that led us to provide over 66,000 hours of mental health treatment in our last fiscal year alone. That drove us to deliver more than 240,000 hours of in-home and local care for the most severely wounded warriors, increasing their independence, and what inspired us to run over 7,800 events across the country, connecting

warriors and their families to each other and the resources they need to thrive in the communities where they live and work.

And while we empower millions, we also recognize far too many Post-9/11 veterans are continuing to struggle with mental health challenges, including depression, anxiety, and PTSD related to their service. For some, Wounded Warrior Project has been a critical stop on their journey of healing and recovery, and importantly, a critical link to VA resources designed to help those with the greatest mental and brain health needs.

It is why our first call to action is improving access to VA's Mental Health Residential Rehabilitation Treatment Programs, or RRTP. As we shared at previous oversight hearings, VA's MISSION Act-derived access standards do not extend to these critical inpatient programs. Instead, veterans and their advocates are left to interpret a VHA directive that, in our judgment, provides little predictability about the course of their treatment and their options for care along the way. Unless Congress or VA acts to address this policy gap many of our veterans will continue to face obstacles in connecting to the care they need, placing them at heightened risk for negative outcomes the longer they wait for treatment.

We appreciate the Committees' oversight on this issue and the introduction of legislation including the Making Community Care Work for Veterans Act, the Veterans' Health Act, and the Veteran Care Improvement Act, that would address this issue. Ensuring that a single solution is included in the forthcoming Elizabeth Dole Omnibus Act is indeed our highest priority.

Our second legislative priority pertains to helping women veterans with access to care and employment. Continued oversight of the Deborah Sampson Act implementation is still critical, particularly on matters relating to women's health staffing and childcare that make VA a more attractive option for care. Exploring new opportunities, like extended clinic hours and cultural competency training for all VA staff will also help. In that vein, we encourage support for H.R. 5785, the Edith Nourse Rogers STEM Scholarship Improvement Act, which would expand education opportunities for all veterans but be particularly impactful for women veterans.

Sadly, the unemployment rate for Wounded Warrior Project women warriors is four times higher than the U.S. veteran population, and nearly half reported living paycheck to paycheck. We can do more, surely, to help these women find good-paying jobs in the growing STEM fields, and supporting H.R. 5785 would help make an underutilized VA program more accessible to women.

Similarly, we are prioritizing warriors' financial well-being, and join many of our VSO colleagues and Members of Congress by offering our strongest support for the Major Richard Star Act, which would end the oft-cited military retirement pay against VA disability compensation for veterans who were medically retired for combat-related injuries before they reached 20 years of service. This is one of the most well-known bills in Congress and in the veteran community, and I appreciate Chairman Tester's press conference yesterday with several of the VSO/MSO partners in support of this legislation. And certainly Tonya Star's presence was also notable.

I would also like to highlight, however, a few less-known bills that would help place more veterans into Federal jobs that value their military experience. The GROW for our Veterans Act, the Employing Veterans to Feed America Act, and the Veterans Border Patrol Training Act would create new and creative opportunities for veterans at the Departments of Interior, Ag, Homeland Security, and they all have our full support.

Finally, as I close I would like to share that working with Congress and your Committee has made our work of honoring and empowering wounded warriors even more impactful. Looking back on our collaboration on legislation like the MISSION Act, which expanded the caregiver program to all generations, the John Scott Hannon Act, which expanded VA's investment in community organizations that help prevent veteran suicide, and the PACT Act, which represents the largest expansion of health care and benefits for toxic-exposed veterans all give me hope, hope that anything is possible when we work together in honoring those who have served and sacrificed on our behalf.

And I, too, look forward to your questions.

[The prepared statement of Mr. Linnington appears on page 112 of the Appendix.]

Chairman BOST. Thank you, General.

Mr. Wimer, you are recognized for 5 minutes.

**STATEMENT OF DENNIS WIMER, PRESIDENT, NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS**

Mr. WIMER. Thank you, Chairman Tester, Chairman Bost, Ranking Members Moran and Takano, and distinguished members of the Committees on Veterans' Affairs. And I would like to thank Representative Mrvan from Indiana for being on this Committee and being here today. Thank you, sir.

My name is Dennis Wimer, and I am the President of the National Association of State Directors of Veterans Affairs. I also have the honor to serve as the Director of the Indiana Department of Veterans Affairs.

NASDVA was founded 78 years ago to bring together the VA state directors, commissioners, and secretaries from all 50 states, 5 U.S. territories, and the District of Columbia, with the mission to foster effective representation for those claiming entitlements due to their honorable service, to provide a medium for the exchange of ideas and information, and facilitate discussion, and to successfully advocate for our nation's veterans, their families, survivors, and caregivers.

State Departments of Veterans Affairs are comprehensive service providers. We serve our respective veterans as the primary intersection on veterans' issues between the United States Department of Veterans Affairs and our respective state and territory governments, as well as with veteran service organizations, community partners, and nonprofit entities. In doing so, we closely partner with Federal VA to deliver both Federal and State services while conducting aggressive outreach and advocacy for our nation's 18-plus-million veterans.

The collaborative relationship between the VA and NASDVA was just recently reinforced with the renewal of the Memorandum of Understanding signed last week with Secretary Denis McDonough at our Mid-Winter Training Conference here in DC. Secretary McDonough told us, VA and our veterans have no better partner than NASDVA. It is our privilege to be partners with all of you.

As an association we applaud Congress' concerted efforts to improve VA funding for health care benefits, claims and appeals processing, and homeless veterans programs. We specifically ask that you support the cohort of 50,000-plus combat-injured veterans who are medically retired prior to 20 years of service, to receive their earned retired pay without offset of VA disability compensation.

Your passage of the PACT Act was a monumental piece of legislation. NASDVA supports current emphasis on the implementation and the hiring of adequate VA staff to address the resulting increases in medical examinations and services and disability claims processing. States perform a vital role interfacing with the veterans to inform and help with their individual needs and claims. It will take time to address the resulting backlog.

NASDVA applauds Congress' renewed attention on VA's aging infrastructure, on caregiver support, and on women veterans issues. Also, we applaud VA increasing its digital connection with veterans, particularly for health appointments, prescriptions, and claim status. We also agree with your efforts to hold VA fully accountable for development and evolutionary upgrades to the VA's electronic health record modernization. It is essential for future health care transformation.

We also recommend continued emphasis by the VA to ensure veterans are provided timely community care referrals and appointments. Reimbursements to providers for community care services should also be prompt.

In promoting our state and territories' collective veteran suicide efforts, NASDVA recommends additional resources be provided through the Governor's and Mayor's Challenge on Veteran Suicide Prevention.

For our state veteran homes, both NASDVA and the National Association of State Veterans Homes recommend increased funding for the VA State Veterans Home Construction Grant Program and an increase in per diem to enhance care in view of the national shortages of health care professionals. The Build America, Buy America Act is presenting some challenges in the acquiring of certain materials for the construction of homes, where they are not available or more costly. For those state veteran home projects granted prior to enactment of the law, we are seeking waivers from VA under provisions stated in the law, where items are unavailable or too costly.

Additionally, VA's current Veterans Cemetery Grants Program budget does not allow the NCA to adequately cover both the establishment of new state or tribal cemeteries, while giving priority to the expansion and improvement of existing cemeteries. Both state veteran nursing homes and state veteran cemeteries provide essential health care and memorial services to honor those who have served in the defense of our nation.

To serve eligible American and Alaska Native veterans, NASDVA applauds the MOU between the VA and Indian Health Service and supports the rule by VA to waive the copayments incurred by these veterans. The recent passage of legislation for the National Association of Indian Veterans as a charter VSO gives proper recognition for these deserving warriors.

NASDVA commends VA's emphasis on ending homelessness among veterans, especially women veterans with children. NASDVA recommends continued funding for specialized homeless programs and commends VA and HUD for increasing the number and value of HUD VASH vouchers.

It is a significant challenge, as we have heard, for transitioning servicemembers to connect with earned state services, benefits, and support. NASDVA applauds the Veterans Benefit Administration allowing accredited VSOs and states to have a 45-minute inclusion in the DoD Transition Assistance Program. It is also important that we be allowed to receive information and connect with servicemembers retiring and separating who are coming to our respective states.

It is extremely important that we recognize and honor the service of our Guardsmen and Reservists, particularly with the increased and vital role they perform, not only at the State level but in the overall defense of our nation.

Finally, it is important to highlight that NASDVA's membership are government-to-government partners with Federal VA, and that we are second only to Federal VA in delivery of earned benefits and services.

Distinguished Committee members, we sincerely respect and appreciate your work to improve the well-being of our nation's veterans. With your help and your continued support we can ensure that our veterans remain a national priority. Thank you.

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

Chairman BOST. Mr. Wimer, thank you.

Mr. Whaley, you are now recognized for 5 minutes.

**STATEMENT OF JIM WHALEY, CHIEF EXECUTIVE OFFICER, MISSION ROLL CALL**

Mr. WHALEY. Chairmen Tester and Bost, Ranking Members Moran and Takano, and distinguished members of the House and Senate Veterans' Affairs Committees, on behalf of Mission Roll Call, a national nonpartisan, 501(c)(3) and roughly the 1.4 million veterans we support, thank you for the opportunity to testify today.

My name is Jim Whaley. I recently came on board as Mission Roll Call's Chief Executive Officer. I am a retired U.S. Army officer, married to an Army veteran, and a father of three daughters, two of which are currently serving overseas on active duty, and the other serving active-duty soldiers and their families at a nonprofit. My family and I are committed to the cause of serving those who served, which is why I was drawn to the vision of Mission Roll Call.

Mission Roll Call brings a unique and dynamic process to veteran advocacy. We seek to give veterans an unfiltered voice and

give policymakers an unbiased view of how veteran community feels about issues under consideration by this body.

Mission Roll Call is a new organization that uses the power of technology to represent and advocate for our veterans and their families. We are a movement providing veterans with a powerful, unified voice that is heard by our nation's leaders and communities. We are apolitical and represent the concerns that our veterans have across the nation. We believe that every veteran has a voice that needs to be heard.

Almost half of all 18 million veterans within this country are not associated with any veteran service organization or the VA, which means when our leaders are talking about veteran issues half of our voices are not being heard.

On a regular basis, we ask relevant and timely questions through polls and then share that with elected officials, policymakers, and the media. We believe using the opinions of veterans and their families is a powerful tool to bring to the attention of the American people and demand action by decision-makers in government.

We have had over 260,000 veterans and their families respond to our polls, and we expect to double that number this year. Our polls address the subjects that are of interest to our members, the veterans and their families. Our recent polls range from addressing the level of support from the Veterans Administration, suicide prevention, mental health issues, food insecurity concerns, and the continuing struggle for a successful transition to civilian life, as well as the upcoming Presidential election. We will share the direct impact of the polls and petitions with all of you.

We also want the country to know our veterans and what is important to them. So we are traveling the country in person and virtually, to speak with veterans and share their stories. Our strength is in our numbers and our voice being amplified over many social media platforms.

Through our Service-to-Service Initiative we will provide our veteran community access through podcasts, videos, and articles to address the challenges and concerns they are experiencing and give them access to success stories, programs, and insightful discussion from other veteran support organizations, business leaders, and veteran entrepreneurs.

Ensuring successful transitions, providing necessary healthcare and benefits, and stopping suicide are all more than just moral imperatives. Success or failure in these areas has a direct effect on national security.

In one of our recent surveys we asked the American people if they would recommend military service to a young friend or family member. Only 35 percent of those adults without a military connection responded positively. Among those who would not recommend it, nearly 40 percent cited transition issues, 60 percent cited insufficient veteran benefits and concerns about VA healthcare.

Fewer than 1 percent of Americans serve on active duty in any given year, and of the estimated 18 million veterans in the U.S., 80 percent report having an immediate family member who has served. Taken together, this means military service has become a

family business being shouldered by a shrinking minority of American families.

We need to understand that the quality of life of those on active duty, where 24 percent suffer from food security challenges according to the DoD, coupled with the lack of confidence in VA support, is a national security threat in an ever-dangerous world.

Congress and the VA play an important part to make sure veterans have the support, and the VSOs in this room play a major part in ensuring they have the community. We must work collaboratively across party lines and in conjunction with a coalition of veteran support groups to ensure success. Together we can help veterans continue their service after the military, in their communities, states, and in their country. Mission Roll Call is proud to be a part of this effort and we look forward to working with you in the future.

Thank you for the opportunity, and I am open to any questions.

[The prepared statement of Mr. Whaley appears on page 169 of the Appendix.]

Chairman BOST. Thank you. Ms. Roth-Douquet.

**STATEMENT OF KATHY ROTH-DOUQUET, CHIEF EXECUTIVE OFFICER, BLUE STAR FAMILIES**

Ms. ROTH-DOUQUET. Thank you, Chairmen Tester and Bost, Ranking Members Moran and Takano, members of the Committee. Thank you for the opportunity, our first opportunity at Blue Star Families, to present our priorities.

We are the nation's largest and fastest-growing military and veteran family support organization. Many of you have loved ones who serve or have served in the military, so you are a Blue Star family, and we are delighted to see you. We are growing to 15 chapters across the states, 275,000 members. Our programs touch 1.5 million individuals each year.

Our annual Military Family Lifestyle Survey, which is developed with Syracuse University's IVMF, is the largest and most comprehensive of its time for active Guard and Reserve veterans and their families. Today I want to share with you some of our main topics of concern relevant to the Committee—suicide prevention, toxic exposure, education, and transition.

In terms of suicide prevention, there is a clear need for support, mental health support, for veterans, and given the barriers to accessing mental health resources and the tendency of veteran families to turn to informal sources, it is very important that we elevate the less-formal mental health supports such as wellness centers, chaplains, and especially friends and families, because this is how people live. These supports do not replace mental health care but they can support and extend if families and friends are educated and resourced about how to talk to someone about their mental health.

So we were very pleased that in 2022, Blue Star Families was awarded the Staff Sergeant Fox Suicide Prevention Grant. While most suicide prevention programs for the VA focus only on the veteran and are eligible only to the veteran, this is really a revolutionary program because it is a national program that focuses on

the family members as key points of intervention, and it is working.

This matters because the family member is often the one who sees the crisis. Often the veteran is not willing to raise their hand for help. Excluding anyone but the veteran is a mistake. So with our grant we provide a community-based outreach prevention program—it is called Support Circles—we empower the friends and families, loved ones of veterans, to recognize and intervene before the struggle becomes a crisis. It is an upstream solution.

This program offers facilitated, non-clinical, closed-group cohorts for supporters of veterans. Over 8 weeks the participants engage in both virtual and in-person sessions, which foster peer-based connections. They receive evidence-based training, resources and referral. Every participant also develops a crisis plan in the event their loved one becomes suicidal. A comprehensive evaluation by the University of Alabama concluded that the first year went very well. Participants are very satisfied with the program and reported that they would recommend it. It offers a safe space for families to share experiences and insights.

And the program works. The evaluation clearly shows that the participants feel better equipped to make a difference in suicide prevention. This essential shift creates a proactive and supportive community that breaks down barriers, reduces stigma, and achieve upstream prevention of suicide.

Blue Star Families recommends the VA facilitate grantee networking opportunities to enable the sharing of best practices, instead of the existing one-way updates from the VA. We encourage oversight of the Fox Grant-funded programs to assess the effectiveness of those grantees, and we recommend reauthorizing the most effective solutions.

And finally, we recommend authorization of this program or a similar one at DoD, to provide currently serving families the same approach to suicide prevention. Every one of those servicemembers becomes a veteran. If we can get upstream that prevents a lot.

Then on the PACT Act. The PACT Act marked a huge victory for our community. The impact is staggering, and it is personal for me. My Chief of Staff, Jenny Aiken, tragically lost her 35-year-old Army husband, Captain Cooper Aiken, who had transitioned to veteran status when he got ill. They were sure he would beat his cancer, but they did not. The family would have been in financial crisis, literally bankruptcy, if the PACT Act had not passed.

While VA outreach on the PACT Act is commendable, we encourage DoD to ensure that all transitioning servicemembers are informed of this new benefit and why they should enroll in the VA, even if they are not suffering symptoms. We call on you to strengthen the PACT Act, provide new VA authorities when needs arise, and stand against any attempt to weaken the law.

In terms of education, thank you for your work on the GI Bill and closing the 90/10 loophole. Please oppose all efforts to undo the hard-fought gains for our community to protect these generous benefits.

And lastly, with transition, our 2023 survey showed that half of veterans described their transition as difficult or very difficult, and it is all about time. For those who had less than 6 months, they

had a difficult transition. Those with 1 to 2 years had a successful transition. Early engagement with TAP is critical.

Thank you so much for having me.

[The prepared statement of Ms. Roth-Douquet appears on page 175 of the Appendix.]

Chairman BOST. Ms. Jaslow, you are recognized for 5 minutes.

**STATEMENT OF ALLISON JASLOW, CHIEF EXECUTIVE OFFICER, IRAQ AND AFGHANISTAN VETERANS OF AMERICA**

Ms. JASLOW. Chairman Tester, Chairman Bost, Ranking Members Moran and Takano, and members of the Committee, on behalf of Iraq and Afghanistan Veterans of America and our over 425,000 members and supporters, thank you for the opportunity to represent the nation's Post-9/11 generation veterans here with you today.

Now you and your staff are well briefed on our priorities for the remainder of this Congress, which are also included in my written testimony, so I wanted to use this time to level-set on behalf of my generation of veterans and on behalf of America at large.

War changes you. Heck, even the act of making your will at 22 does, as I had to do on my way to Iraq almost 20 years ago. It can change you in some really terrible ways. For instance, one of my Basic course buddies served with the Army Special Forces after we graduated. He was then asked to deploy over and over again, as our nation's leaders chose to overly rely on our special operators Post-9/11. And now, after repeatedly experiencing the horrors of battle, he has to sleep in a separate bedroom from his wife. Why? Because his night terrors are too much for her to handle.

War can also change you in expected ways. Not everyone joins the military just to serve their country like I did. Serve their country they will, but maybe they just wanted to fast-track out of the less-than-ideal circumstances they were born into. Maybe they just wanted something as simple as a reliable meal three times a day, and perhaps they were willing to put on a uniform to do it.

And they get orders to deploy, to fulfill your commitment to support and defend the Constitution of the United States against all enemies, foreign and domestic. Whether you are the most patriotic citizen when you signed up or not, when you are asked to put it all on the line for what we have for America that changes you too.

Many of us who served Post-9/11 are now out of uniform. We are trying to live life in a country we risked our lives for, and enjoy the way of life we fought for just the same. But many of us are struggling with what we see before us in our country today.

In a recent member survey of IAVA veterans, 74 percent told us they were dissatisfied with the way democracy is working in this country, while only 12 percent said they were satisfied. IAVA veterans, on the whole, are therefore even less satisfied in the American people at large, whose satisfaction, Gallup recently reported, had sunk to 28 percent, as this debate continues to dominate our national discourse. To me that has less to do with a system that has passed stress tests time and time again, but our leadership.

When I was in the Army, our Army values, as some other vets who are in attendance here today can validate, spelled out leader-

ship—loyalty, duty, respect, selfless service, honor, integrity, and personal courage. I may have left the Army 15 years ago, but I still carry those Army values with me today, and wake up every day trying to live by them.

And what I want to encourage each and every one of you, more than anything, to do today, and in this most important year in our nation's history, is to follow our example. Instead of pandering to our community, instead of promising to meet our every demand, how about you show us you are willing to also put it all on the line for what we have here in America. How about you demonstrate selfless service, honor, and personal courage? Because that is what we really need from you more than anything else, more than any benefit we may have earned and deserve.

Like many other combat vets, I will never be the same after going to war. My perspective on life has been reshaped forever, and my perspective on what we have here in the United States has also changed. I am also fortunate enough to have made it home to a newfound appreciation for our country. But like many vets, I have buddies who were not as lucky. They gave their lives and their families lost a loved one for what we have here. And you need to show up for them as much as you show up for us.

When a fellow platoon leader lost is life during my first deployment in Iraq, executing the very moves that I would have made if I had been assigned the mission he got on that fateful day, I made a promise to myself, that I would live a life worthy of his sacrifice.

And so again, in closing, I will encourage all of you who serve in this body, that regularly disappoint the American people, that cannot figure out a way to fulfill its most basic responsibility of funding the government, to not just profess that you will do right by our veterans, our troops, and their families, to not just promise to help us achieve our legislative priorities, but to show us that you share a commitment to this country and are willing to work across lines of difference to protect and defend what we are so lucky to have here, and, by God, that you are willing to live a life that is worthy of the fallen sacrifice.

Thank you for your time.

[Applause.]

[The prepared statement of Ms. Jaslow appears on page 187 of the Appendix.]

Chairman BOST. Thank you, Ms. Jaslow.

Mr. Mimms, you are recognized for 5 minutes.

## STATEMENT OF PAUL L. MIMMS, NATIONAL PRESIDENT, BLINDED VETERANS ASSOCIATION

Mr. MIMMS. Thank you, Chairman Tester, Chairman Bost, Ranking Member Takano, Ranking Member Moran, and distinguished members of the Veterans' Affairs Committee for Congress. The Blinded Veterans Association is honored and thanks you for the opportunity to present our legislative agenda for the coming year.

The Blinded Veterans Association was formed in 1946, and so I want to point you to March 28, which is the anniversary of the formation of the Blinded Veterans Association in 1945, by some blind-

ed veterans at Old Farms Hospital in Connecticut. This is our 79th year of operation.

As for our legislative priorities, I want to list most of them, and give you reasons for some of them.

One of our priorities is the establishment of a Federal Advisory Committee on Equal Access. I will just tell you now, a lot of our priorities hang on this committee coming into fruition.

We also support, as many others, the formation and the continuing development and furtherment of services for America's women veterans. They are, by most knowledge, the largest sector of growth in the veteran population, and they need the help.

I want to ask for the enhancement and the continued support for adequate protection for guide and service dog handlers on VA property. I know personally of incidents where veterans have gone to VA with their service dogs, and they have been attacked by dogs that are not service dogs, and they have been taken out of service, those dogs. We are talking about a $50,000-plus investment in that dog and the cessation of that veteran's access.

I want to ask for continuation of the funding for VA blind rehab services. Right now, recently, the population of veterans that were served by VA blind rehab services more than doubled, from around 40,000 to over 81,000. And now, in the wings, we have 1.2 million low-vision veterans, veterans whose visual acuity is no better than 20/70, as opposed to those that are legally blind, with a visual acuity no better than 20/200. And so as that population and the demands on that service continue to grow, we definitely need increased funding in order for them to continue and provide adequate service to America's blind and low-vision veterans.

I want to ask for better mental health care, as many others have too. Suicide is on the rise, and it is not lessening, by any means, among the population of veterans who have lost what is considered to be the most important sensory system that we have, our eyesight. And so I want to comment that blinded veterans, we served like every other veteran, and yet when we come back, where we are now, we cannot even see the country for which we fought.

And so I ask for the preservation of ocular health service. We are not in favor of optometrists who are not qualified to do so to perform internal eye surgery, invasive eye surgery. They are not qualified, and it threatens the health and safety of our blinded veterans. And I ask that you work with us to see that that does not happen.

I want to ask for increased, if you will, support for honoring our veterans that were disabled on active duty. So we support the act that would make sure they do not have to take an offset in their disability pay because they take retirement pay. They served honorably, and they deserve to be compensated honorably after their service.

I will say here that the Federal Advisory Committee that I mentioned, on that hangs almost all of our priorities for us. With that committee, hopefully we have a seat at the table, of course, and we can have the opportunity to present what are, for us, unique shortcomings in VA service. To us it is a shame that the organization, the administration, that is supposed to represent and present us blind veterans with sensitive, caring, informed medical care falls short. And so there is not a reason for us to fall short.

But the VA, like so much of the rest of the world, is a very visual environment, and we are asking that you help us in pursuing erasure, and if not that then at least diminishment of the visual barriers and obstacles that exist in the VA system. And we are not talking about billion dollars to do this. A lot of, we are already talking about common sense approaches to the problems, and some of the solutions do not cost any more than a few thousand dollars.

The VA took the unit out of their new employee orientation. That would simply take 5 to 15 minutes to show new employees how to guide a blind patient to and from a clinical visit or around the medical center. They do not deem that to be important. Well, I have been bouncing off door frames, run into doors. I have had people that grab my dog's harness or leash, or my cane, or simply just pull on my sleeve to lead me through a clinic. And if you would like to take that behavior and apply it to yourself.

I think you understand my contention that for many of us blind veterans it is very difficult for us to leave a visit at the VA medical center and get home with our self-respect and dignity and the respect that VA has for us intact.

So I am asking that, Chairman Takano—I am sorry—Chairman Tester, Chairman Bost, Ranking Member Takano, Ranking Member Moran, and the distinguished members of the Committee, support us in the pursuit of our legislative priorities for the coming year. And with that I thank you for this opportunity to present, and I welcome your questions.

[Applause.]

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

Chairman BOST. Mr. Mimms, thank you.

Colonel Fenner, you are recognized for 5 minutes.

**STATEMENT OF LORRY M. FENNER, PHD, COLONEL, USAF (RET.), DIRECTOR OF GOVERNMENT RELATIONS, SERVICE WOMEN'S ACTION NETWORK**

Ms. FENNER. Good afternoon, Chairmen, Ranking Members, other distinguished members of the Committee. I am proud to represent Service Women's Action Network here today. We are a national nonprofit of almost 10,000 members who advocate and support currently serving women and women veterans.

First, we thank Congress for recent legislation, from PACT to Deborah Sampson, MAMMO, Protecting Moms Who Served, and more. As we continue to work with you on your oversight and new legislation we really appreciate when your staffs help share the reports that you require so that we can help you some more. We also thank the VA for quickly implementing the PACT Act and for its expansion, and some other new policies.

The VA has steadily improved benefits processing and care. We are still processing the new VA Equity Action Plan and other recently released reports, but we know the devil is in the details of the implementation of that, and your oversight will be critical.

We also thank the other VSOs here. We partner with them. They make constructive recommendations. They improve many lives. If we had more time I would echo all of these concerns. Instead, I will

focus on very few of the women's complex and intersecting challenges that we hear from our members and partners every day, and you have our longer testimony.

We feel invisible or worse. Women face a lack of respect often because they did not receive recognition for their contributions. This underpins almost every other issue. More creative outreach is required to those of us who have been insulted, neglected, ignored, especially our elderly, or those who are afraid of, or angry at, the VA.

We do thank the VA for passing the very old and outdated new motto. We ask now that you pass the Jax Act Plus to recognize all the lioness, female engagement, and cultural support teams.

[Applause.]

Ms. FENNER. Sexual assault and harassment at the VA must be eliminated. It is devastating that we have to add VST to MST. The now more than three reporting systems have to be rationalized and made consistent nationally to start to get at this problem.

MST claims processing and care must be less traumatizing. Congress must pass the SAVES Act. The VA and DoD should collaborate even more in the TAPs program that includes portions for MST survivors from their transition from service to veteran status, and the VA must continue to improve its processing of upgrading characters of discharge. "Bad paper" discharges are related to a host of collateral issues that come with MST and other challenges.

Women's health care must be continually assessed and improved. With the increasing number of women veterans, the range of care they need and the issues that keep them away from the VA must be addressed. This includes reproductive health care, fully implement the final IVR, eliminate copays for FDA-approved contraception, expand eligibility for ART including IVF beyond the newly promised policy, expand targeted research rather than just classifying women and minorities as "lesser included cases," and also abide by Section 1557 of the ACA.

Now the new DAV report that you will hear about tomorrow, and maybe some of you already have, shows that the increase in suicides among women veterans is horrific. We applaud the DAV for their research and VA's research and task force efforts, and we welcome, as well, the commitment to work closely with the Women Veterans VSO Working Group. VA must specifically name this as a number one priority, allowing Congress to fence funding for the program.

The bottom line is culture change. Further and significant culture change at the VA is required in order to make meaningful progress. We appreciate congressional actions and VA initiatives, but these efforts must be constant and continual because these problems have persisted forever. Adding new laws and policies and making operational change do help on the margins, but they will not meet the promise of the nation to all veterans. Thank you.

[Applause.]

[The prepared statement of Ms. Fenner appears on page 213 of the Appendix.]

Chairman BOST. Thank you, Colonel.

Mr. Lyon, you are recognized for 5 minutes.

**STATEMENT OF JARED LYON, NATIONAL PRESIDENT AND CHIEF EXECUTIVE OFFICER, STUDENT VETERANS OF AMERICA**

Mr. LYON. Chairmen Tester and Bost, Ranking Members Moran and Takano, members of the Committee, thank you for allowing Student Veterans of America to present on our annual legislative priorities for 2024.

SVA recently finalized a new strategic plan, reinforcing our commitment to equity for student veterans. Despite being exceptionally successful in higher education, veterans face unique challenges post military service. Our aim is to collaborate with these Committees to alleviate these barriers, ensuring a prosperous transition to civilian life.

SVA chapters are the breathing heart of our mission. Higher education research shows that what leads to ultimate success for students is a sense of belonging on campus. This is no less true for student veterans, and our chapters provide that sense of belonging through the shared experience, peer support that veterans need after separation from military service.

With that being said, if you are here today with Student Veterans of America, would you please stand or raise your hand to be recognized?

[Applause.]

Mr. LYON. Thanks, you all. In the current academic year, SVA chapter leaders are leading active and engaged chapters on a network that now spans 1,647 chapters throughout the globe. They are working with student organizations across the world. They are hosting networking and career events. Our chapter leaders are leading programs to improve mental health or train suicide prevention. They are volunteering in their local off-campus communities, they are sponsoring new sports teams, and they are doing all this while advocating for their members on national, state, and local levels.

SVA chapters help one another and those in their community during challenging times, and as a result they are creating a sense of belonging for veterans making the difficult transition into higher education.

Before proceeding, SVA would like to thank the members for their work on the Senator Elizabeth Dole 21st Century Health Care and Benefits Improvement Act, as we continue to support making VET TEC permanent and expanding VSOC, Veteran Success on Campus. And as a personal note, I would just like to thank Senator Dole. Her and her late husband, Senator Bob Dole, have served as inspirations and mentors to me, and I had the opportunity to serve as an usher at Senator Bob Dole's funeral. Senator Elizabeth Dole, I could not think of a better namesake for your lasting legacy in our community. Thank you, ma'am.

[Applause.]

Mr. LYON. Further, we would also like to express our gratitude for yesterday's introduction of the Guard and Reserve GI Bill Parity Act of 2024. As a long-standing policy priority for SVA, we are encouraged to see progress here.

In the time that remains I will briefly outline three of our highest policy priorities and the voices of our community, today's stu-

dent veterans, military-connected students, students who are family members, caregivers, and survivors, all of whom are earning their degrees to better their lives and the potential for themselves and their families.

First, SVA is committed to being an ally of the VA while driving accountability measures for VA's efforts to modernize its systems and improve customer support in the overall experience for users of the GI Bill. The GI Bill is the gateway to the VA, and a seamless GI Bill process is key to establishing trust and confidence in the agency with every veteran served by VA. We urge the Committees and VA to assess how these changes can affect GI Bill users. Delays in benefits could hinder veterans' education and their mental and emotional health.

Second, SVA is currently investigating the significant potential for veterans to experience disparities in their economic outlook when compared to their civilian peers. Disparities exist, even amongst those veterans with higher education degrees, despite earning more annually, and highlight the unique challenges faced by veterans in achieving economic stability and prosperity. The causes can be attributed to variance in employment opportunities, delays in getting wealth value from the job market due to military service, and obstacles stemming from the military transition experience.

The prospect of economic disparities for veterans may serve as a disincentive for military service and our all-volunteer force. Understanding the complex dimensions of these inequities is crucial for informing policies and interventions that are aimed at fostering economic opportunity and the transition for veterans.

Third, SVA calls for comprehensive review and update to monthly housing allowance calculations and gaps in disparities such as those related to VR&E, break pay, overseas institutions, and online instruction. It is worth noting that the DoD has implemented emergency BAH rate corrections for the last 2 years to address the financial burden of rising housing costs facing servicemembers. Student veterans are facing these same financial burdens and rising housing costs in the United States, and data shows that despite the generous GI Bill, student veterans are taking on student loan debt just to cover living expenses. Whether it be the lower subsistence rates for VR&E compared to Post-9/11 MHA, the lack of payment periods between academic terms, the flat rate for overseas learnings, or the inequities in MHA for distance learners, student veterans and their families feel the disconnect.

Thank you for your time, your attention, and devotion to the cause of veterans and higher education. At SVA, we know that investing in veterans is not only the right thing to do, but it also means investing in the future of American leadership.

Thank you, and I look forward to your questions.

[Applause.]

[The prepared statement of Mr. Lyon appears on page 229 of the Appendix.]

Chairman BOST. Thank you, Mr. Lyon.

Mr. Clark, you are recognized for 5 minutes.

**STATEMENT OF WILLIAM "BILL" CLARK,**
**NATIONAL COMMANDER, AMERICAN VETERANS**

Mr. CLARK. Chairmen and Ranking Members, distinguished members of the House and Senate Committee on Veterans' Affairs, I am honored to speak to you on behalf of AMVETS and present our legislative priorities for this year.

First, we thank you and your staff for your time, efforts, and attention throughout the 118th Congress. Having caring staff, many of them veterans, working with us to solve complex challenges facing our community makes a significant difference.

AMVETS has consistently presented veteran suicide as our top priority for 6 years, yet rates continue to rise as evidenced by VA data. Repeated declarations that "enough is enough" is enough. It falls short of prompting real change. Our veterans, their families, and communities suffer as a result of this inaction and lack of urgency. We implore Congress to truly embrace innovative solutions to significantly reduce these numbers.

The $16 billion currently funneled into existing programs has proven ineffective in combatting veteran suicide. Echoing the *Journal of the American Medical Association's* recommendation from 8 years ago, AMVETS believes that exploring new and novel approaches is imperative. We commend the recent funding of innovative nonprofits through grants, and urge the VA to closely examine these programs' successes for potential scaling.

However, investment in these innovative efforts remains insufficient. In sectors like pharmaceuticals and biotechnology, R&D investment is often 10 to 15 percent of revenue. However, the VA funding for innovative alternate approaches represents about 1 percent of VA mental health budget. AMVETS proposes that the VA allocate 10 percent of its mental health budget to establish a new program aimed at enhancing the mental wellness of transitioning servicemembers. This program should focus on preemptive measures to maintain physical and mental readiness and add and adopt positive strategies for trauma management to lower the risk of future suicides.

Additionally, we recommend increasing the funding for nonprofit grants to 5 percent of the VA's mental health budget. This increase would bolster the VA's capacity to identify and expand upon inventive interventions, potentially reducing suicide rates significantly.

We recognize the shared concern for veterans' welfare among the Members of Congress and appreciate your past support. Yet we urge you to channel your empathy into actions that transcends bureaucratic interests and prioritizes veterans' well-being. Without a shift toward a more proactive and innovative approach we risk having another 36,000 veterans commit suicide. AMVETS calls for renewed urgent commitment in saving lives and ensuring veterans lead fulfilling lives.

AMVETS has many other priorities for this Congress, including passing the Major Richard Star Act and increasing the dependency and indemnity compensation for our military survivors.

Our survivors should not be punished for choosing to remarry, and we encourage all of you to support the Love Lives On Act.

AMVETS and others are advocating for legislation to allow all congressionally chartered veteran nonprofits to receive tax-deduct-

ible donations. Currently, if organizations like AMVETS allows honorably discharged, non-wartime-era veterans to become members we can no longer receive tax deductible gifts, which I am sure you all agree makes no sense at all. The VSO Equal Tax Treatment Act rectifies this issue. We are grateful to Congressmen Wenstrup and Panetta for their advocacy in getting the legislation passed out of the Ways and Means Committee.

We also ask Congress to oversee and support the successful completion of the electronic health care record at VA facilities so our veterans receive the modernized care they deserve. We need all hands on deck here. Failure is not an option, and the days of being a political football need to end.

Despite significantly increasing funds for ineffective mental health models at the VA, urgent attention is needed also for optometry, the third most-used specialty. Optometrists delivering over 70 percent of VA's eye care face low pay and potential political challenges to their scope of practice. Poor conditions deter recruitment and retention, driving optometrists away, and making the VA an employer of last resort. Consequently, the VA risks incurring higher costs through community care, against veterans' preferences.

By working together we can ensure that our veterans receive the care, recognition, and opportunities they deserve, laying a strong foundation for a more resilient and supportive society for all who have served.

Thank you, and I look forward to any questions.

[The prepared statement of Mr. Clark appears on page 266 of the Appendix.]

Chairman BOST. Thank you, Mr. Clark.

[Applause.]

Chairman BOST. I would like to now recognize myself for 3 minutes for some questions.

Mr. Clark, in your testimony you mentioned promoting readiness and recruiting efforts for the next generation of veterans. Do you think improving the TAP program could help with retention and recruiting of future generations of servicemembers?

Mr. CLARK. I absolutely do. I think it is the way of the future, and I think also there are other initiatives we could follow that are out there and that would help increase the recruitment of new members, new servicemembers, sir.

Chairman BOST. Thank you. Ms. Roth-Douquet, in your testimony you mentioned the GI Bill benefit and that it is a great retention tool for veterans and their families. What are some ways we can continue to improve the GI Bill, from what the families talk about?

Ms. ROTH-DOUQUET. Well, continuing to allow for the transferability of the GI Bill to loved ones is very key. We see, in our survey, that the majority of currently serving veterans plan to transfer their GI Bill to their child or their spouse, and we find a tremendous amount of pride that that servicemember has in being able to provide that education for their children. So maintaining that and also continuing to work against the for-profit schools that erode the benefit.

Chairman BOST. Well, I am going to tell you, my son is very happy to hand his off to his son. He is doing that right now, and I think the school that he is qualified for is really fantastic, and his parents are just so happy that it is going to be taken care of that way.

Also then, Mr. Mimms, what can you do to ensure that your members have equal access to employment after-service?

Mr. MIMMS. I do not know that that is going to happen in our lifetime. But the thing that we have to do is constantly work on the obstacles and barriers between people with disabilities and employment. That has been in place for years, and it still has not risen much for the 30 percent rate of unemployment.

So technology, for me, as a blind person, has erased a lot of the barriers and obstacles, and I actually had a successful career with the VA after I went back to college and got my degree. Technology helped me get the degree, technology helped me get the job that I got, and it helped me do what I think is a very good job while I had it.

So we need to invest in what will erase these obstacles. You know, if it costs a billion dollars, what do we get back? We get back billions of dollars in effort from qualified people who are giving the best of what they have and what they can do. You cannot put a price on it and say it is comparative and so it is not worth it because it costs too much.

Chairman BOST. I appreciate that. My time is almost expired so Representative Levin, you are recognized.

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

Mr. LEVIN. Thank you, Mr. Chairman. I want to thank everybody here for their service, and a particular shoutout to everybody from California, if you are out there. All right. You are out there. It really is an honor to be part of this Committee and to represent our great Marines and Sailors at Camp Pendleton.

I wanted to just go through a few pieces of legislation, and Mr. Lyon, I will begin with you. SVA has long supported efforts to create GI Bill Parity for Guard and Reserve Servicemembers, and we are so grateful for your advocacy on this issue which helped us pass the Guard and Reserve GI Bill Parity Act in the House last Congress.

Can you speak just briefly on the importance of this change and the need for our communities to get the bill enacted into law this Congress?

Mr. LYON. Yes, sir, and thank you for your ardent support of just making sure that every day in uniform counts. And, you know, when we look at the evolving needs of our country, there should be no difference in the way one serves from active duty, Guard, or Reserve. So by being able to create this parity we are making sure that there is true equity in those that choose to serve during the all-volunteer force.

Mr. LEVIN. Thank you so much for that.

General Linnington, I will turn to you. I am proud to have the Wounded Warrior Project's support for H.R. 1786, the Get Rewarding Outdoor Work for Our Veterans, or GROW, Act. This bill seeks

to ensure that veterans, especially those who have recently returned to civilian life, can obtain rewarding careers in conservation, resource management, and environmental protection at the Department of Interior.

Can you please describe the impact that working in the great outdoors on conservation projects can have on veterans' overall well-being?

Mr. LINNINGTON. Congressman, thank you for that legislation. I think it is really important. I think we all know the importance of mind-body connection. Veterans, as you know, are very comfortable in the outdoors. They have been trained. They are very, very comfortable, especially in conservation and working with the Department of the Interior.

In our surveys we know that financial strain is always a concern for veterans, unemployment and financial strain. And your legislation that you proposed not only alleviates the financial strain but it gets our veterans that are in isolation into the outdoors where not only are they comfortable but they value that camaraderie that comes with serving.

So we really support the legislation. Of course, it was in my opening statement, and we speak more about it in our written testimony. But thank you for sponsoring that legislation.

Mr. LEVIN. Thank you, and I have got to go quick because I only have 3 minutes.

Colonel Fenner, in your testimony you called for VA to expand eligibility for assisted reproductive technology, including IVF, to help our veterans serve families when they face infertility challenges. I was deeply disappointed by the Alabama Supreme Court's recent decision against women's personal health decisions to help create families. We must enshrine the right to access IVF into law so that everyone who wants to start a family can do so.

[Applause.]

Mr. LEVIN. Thank you. And I am out of time, but I will just say this is very important for our military and veteran families as well, and I urge my colleagues to pass the Veteran Families Health Services Act, which will enshrine this coverage into law.

And with that, Mr. Chairman, I yield back.

Chairman BOST. Thank you. General Bergman, you are recognized for 3 minutes.

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

Mr. BERGMAN. Thank you, Chairman, and I would like to thank all of you. By the way, any Michiganders in the crowd? All right. At least there are a couple of us everywhere. I would like to thank everybody for your testimony today and for all the work that your organizations have done on behalf of our nation's veterans, because we would not be a nation without our veterans.

I also greatly appreciate all your advocacy and the support that has helped us advance some extremely important veterans bills in the House. For example—and I know Senator Dole is sitting here—the Elizabeth Dole Home Care Act and Gerald's Law that you championed and became reality, we could not have done it without you, so thank you.

You know, when you only have 3 minutes you do not waste time, but as a Marine I do not waste time anyway, so let's get right to the heart of one thing. You know, Mr. Thomas, I greatly appreciate being able to hear PVA's perspective on the issues facing paralyzed veterans. I would also like to thank you for PVA's work with my office and your endorsement of H.R. 6373, the Veterans Spinal Trauma Access to New Devices, or Veterans STAND Act, which I recently introduced along with Chairman Bost, Health Subcommittee Ranking Member Brownley, and Congresswoman Debbie Dingell from Michigan.

We introduced this bill to make it easier for veterans with spinal cord injuries and disorders to be evaluated and receive assistive technology that they are already clinically eligible for.

Could you just speak, Mr. Thomas, just a little bit about what that means to be assisted with new technologies?

Mr. THOMAS. Thank you for that question. So any time that we can get any new assistive technology that can help us either ambulate, wheel around, function in our homes, it is a great thing to have. We know that technology is changing on a daily basis, and having new equipment is great.

Also in your bill we see that it also goes in to talk about individuals having annual exams. We feel as though all members with SCI/D should have an annual exam yearly.

Mr. BERGMAN. You know, and time is short, but you ended with a perfect point. Just because we are doing something one way today, that does not mean two things could occur. That veteran could have issues, plus or minus, depending on how it is going, but also the introduction of new and appropriate technologies to advance, to continue to advance the personal capabilities, especially when it comes to spinal cord injuries.

So I am honored to be with all of you today. Thank you all for being here. And with that, Mr. Chairman, I will yield back 5 seconds.

Chairman BOST. Thank you, General. Representative Landsman.

**HON. GREG LANDSMAN,**
**U.S. REPRESENTATIVE FROM OHIO**

Mr. LANDSMAN. Thank you, Mr. Chairman. Thank you all for being here and your incredibly important, helpful testimony. I have one question, well, two if I can get to it. But I would love to hear, obviously from you, Mr. Lyon, first, but anyone else who wants to jump in, we have a really wonderful VA in Cincinnati, and one of the things that we are struggling with is how we get young people, younger veterans—and many of you spoke to how important time is as it relates to any of these efforts.

And so I am curious. What is the one thing you would say to a young person that we need to be communicating more to get them in? What is the most compelling selling point to get somebody engaged in learning about what they are eligible for? And then as it relates to engaging young people and getting veterans in earlier, what is the one thing that we should be doing that we are not?

Mr. LYON. Thank you very much for the question. I will do my best to answer it succinctly. When we look at the transitioning force, the vast majority of those individuals will have served in the

military for 6 years or less. The vast majority of that population will be of the prior rank, like myself, E–5 or below. Those individuals, at over 70 percent rate, their likely transition strategy includes education and training. What I would say to them is they do not realize that it is that high, and you belong in higher education, and it is for you.

Second, what we could be doing that we are not is understanding that the GI Bill and all VA education benefits serve as the front door for the VA. Chronically, the VA struggles to reach out to veterans under the age of 45, and the transitioning force is under the age of 30. If we use those VA education benefits to reach out to the population and both let them know what they are eligible for by making it easy but also let them know that the Federal Government is an employment opportunity, we can fill gaps in two unique ways. Thank you for the question.

Mr. LANDSMAN. Thank you, education and jobs. And on our end a piece of advice. I mean, one of the things that seems simple enough is we have talked about getting the VA on the website and then to spend some money on digital to make sure that it is popping up in front of folks. Just a simple, very quick benefits, like here is who I am, what am I eligible for. And it does not say you are 100 percent eligible for these things, but by and large you are probably eligible for these things, click here to learn more.

Mr. LYON. In Cincinnati, specifically, you could literally support the VetSuccess on Campus, so that is VSOC, or then also the VA VITAL Program to ensure full access to all that VBA and VHA has, but also conduct outreach from that local Cincinnati location to every educational institution around you. The likelihood that you will find veterans there is better than almost anywhere else.

Mr. LANDSMAN. Thank you. I yield back. Thank you.

Chairman BOST. Thank you. And we want to thank everyone for being here today.

Let me say this, as Chairmen. As members, all of us, and especially as Chairmen and Ranking Members, understand that we are going to work to try to move as many of our priorities as we can, and even in this environment we are going to try to move them. But our job is not only to move legislation and do that, but our job is also to make sure we do the oversight that we have to, to make sure the VA is delivering on those things that we pass, and realize that they are law, not suggestion. Sometimes that is some problems we have when you are dealing with the second-largest bureaucracy in the world.

And let me say this. From my position as Chairman I will fight for you every day. As I said at the start, it is very personal to me. But I want to thank you for sharing your priorities, and it is clear we have a lot of work to do.

And we are going to deviate from adjourning and Mr. Mrvan, you are recognized for 5 minutes, or 3 minutes.

**HON. FRANK MRVAN,**
**U.S. REPRESENTATIVE FROM INDIANA**

Mr. MRVAN. Chairman Bost, 3 minutes, yes. I will be concise. Thank you, Chairman Bost, Chairman Tester, Ranking Member Takano, and Ranking Member Moran, for holding this hearing

today. I would also like to thank the VSO presence here today to tell us about their respective organizations and legislative priorities for 2024.

I want to first recognize one of the witnesses on this panel who is a leader in veterans' advocacy from my home State of Indiana, President and National Association of State Directors of Veterans Affairs, Dennis Wimer. The National Association of State Directors of Veterans Affairs is an essential voice for veterans at both the state and Federal level. They are responsible for facilitating cooperation amongst the VA directors in each state to provide uniform, equal, efficient, and effective services to veterans and their family members.

As further testament to Mr. Wimer's commitment to Indiana veterans, on top of his duties as President of the National Association of States Directors of Veterans Affairs, Mr. Wimer also serves as the Director of Indiana Department of Veteran Affairs.

On Monday, I was privileged to spend the entire day with Director Wimer and the Dole vets, Assistant Secretary James Rodriguez, meeting with the service providers and businesses that assist veterans with career exploration, training, and job placement, as well as supportive services for veterans experiencing or at risk of homelessness. Together we saw the WorkOne facility in Hammond, the Homeless Veterans Reintegration Program in Gary, Indiana, and the Indiana/Kentucky/Ohio Regional Council of Carpenters' Joint Apprenticeship Training Center in Merrillville, and Operation Charlie Bravo in Crown Point.

I thank you for taking the time to come to my district to see the incredible programs we have assisted veterans in northwest Indiana. Thank you for your service and your commitment to helping veterans in Indiana and across our country, and thank you for being here to testify today.

With that I would also like to ask a question. I would like to take this time to ask Mr. Lyon about the education-related benefits available to veterans' survivors and dependents. Today I introduced the Gold Star Family Education Parity Act, which would sunset Chapter 35 and enroll survivors and dependents into Chapter 33, ensuring they have the access to the superior education benefits provided under the Post-9/11 GI Bill.

Mr. Lyon, do you believe Chapter 35 is an adequate benefit, or is it time to modernize for Gold Star families?

Mr. LYON. When we look at the issues—sir, thank you, first, for the question and the nuanced understanding of our population and community it is greatly appreciated. When we look at the needs for Gold Star family members, those survivors are often forgotten. We umbrella-term the population and suggest that military connected is enough to define folks that have lost their connection to the military, often in very tragic circumstances.

By looking at comprehensive reform, we have the ability to ensure that not only is no one left behind goes for those in the uniform but also for the family members that they do leave behind. And I would assume that everybody on this panel would agree that we hold it as a sacred obligation to support them deeply. Reform is desperately needed. Thank you, sir.

Mr. MRVAN. Mr. Lyon, thank you for your opinion.

[Applause.]

Mr. MRVAN. And with that I yield back, Chairman Bost.

Chairman BOST. Thank you. So obviously it is clear that we have a lot of work to still do in the year ahead, and we will continue to look to each of you to kind of be the guiding lights to help us do those things that we need to do and make sure that we provide for those who have given their service to this country.

We will keep the record open now for a week, for any future input that you would want to make. And with that we are adjourned.

[Whereupon, at 1:13 p.m., the hearing was adjourned.]

# A P P E N D I X

# Prepared Statements

**Statement of**
**Duane Sarmiento**
**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 6, 2024

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.

**Disability Assistance and Memorial Affairs**

**Crack Down on Unaccredited Claims Consultants Known as Claim Sharks**

Over the past year, the VFW has ramped up its advocacy against bad actors who seek to build a lucrative business model on the backs of veterans and their families who are eligible for service-connected disability compensation and pensions. With the passage of the PACT Act, the VFW has observed an increase in online advertisements from predatory claims consultants we call "Claim Sharks" who target the Department of Veterans Affairs (VA) benefits earned by veterans. These groups promise to increase veterans' VA disability ratings. They argue that the high fees they charge 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 them all or a significant portion of their increased benefits. This practice of assigning benefits to Claim Sharks is illegal. 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 false. 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. Companies that prey upon veterans and flagrantly disregard congressional oversight authority should be held accountable, not rewarded with legislation to legalize their predatory behavior.

The VFW believes that unaccredited claims consultants should be subject to penalties in the same way as accredited representatives. We strongly support H.R. 1139 / S. 740, *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.

**Toxic/Environmental Exposures**

The VFW continues to be grateful to these committees for the passage of the PACT Act. We have seen firsthand the positive outcomes and how thousands of veterans, family members, and survivors have had their lives changed for the better. Veterans who had been discouraged by previous attempts are now able to access lifesaving benefits and health care. Family members who lost loved ones due to exposure are now recognized by VA for their sacrifices, and others who may have been reluctant to file are now encouraged that they too will be successful.

As comprehensive as this legislation is, the VFW has said it is just the beginning as it is a framework that must be continuously revisited and improved. It is our position that over time more and more veterans will become eligible for the benefits their service has procured. Congress has demonstrated its commitment to ensure it, and the VFW is more than willing to be a participant in any future processes to meet that end. A growing body of research continues to underscore the need for comprehensive health care programs and benefits for service members and veterans who have been exposed to various hazards during their military service. According to a study published in the *Journal of Traumatic Stress*, veterans with histories of deployments to conflict zones have higher rates of post-traumatic stress disorder (PTSD) and other mental health disorders. The study highlights the interconnectedness of both physical and mental health, and emphasizes the importance of a holistic approach to health care for veterans.

This means that VA must continuously review not only current recipients of VA benefits and health care but also the new classes of veterans and those who are traditionally underserved. The VFW will continue to advocate for the inclusion of all who were exposed and currently may not be eligible for benefits under the PACT Act. This includes woman veterans who continue to be at risk for reproductive cancers, African American veterans who have a higher mortality rate during childbirth, and others.

The VFW is pleased that our concerns were heard in relation to toxic exposure screenings under this landmark legislation. Now, instead of a single self-referral for veterans who were potentially exposed to toxic substances, follow-up screenings are offered every five years. This provides significant opportunities to detect illnesses and diseases earlier, and allow for quicker treatment and access to health care.

Yet in light of all the positives, we must not become complacent in recognizing that there are risks here in the United States as well. While much of the focus has been on forward deployed service members and those in combat zones, dangerous exposures have also happened here at home. Advocates continue to hear from our members that certain exposures are just as deadly, such as contact with per-and polyfluoroalkyl substances (PFAS) and similar substances, those exposed at Fort McClellan, and more recently at Joint Base Pearl Harbor-Hickam. We are aware

of more than 455 sites in the United States identified by the Department of Defense (DOD) where there has been confirmed exposure to "forever chemicals."

VA and DOD must work together to conduct studies and provide reports to Congress on these exposures. The government must then be prepared to provide additional benefits and health care to those who went where they were told to go unbeknownst of the risk to which they were exposed.

**Digital Claims Processing**

Automation and the use of artificial intelligence is now routine in our daily lives whether we are aware of it or not. It is being utilized in some form or fashion in nearly every industry. VA and other government agencies are consumers. This is not a bad thing. The intent is to limit the time it takes to provide services and benefits to veterans, family members, and survivors. The VFW views this as a positive. The development of these digital initiatives takes time, money, and human input. We have advocated for nearly ten years for VA to fully invest in updating the technical infrastructure required to develop these systems. Often, current advances in these platforms are supported by an underlying platform that is obsolete and has been for years. We know this not only from meeting with VA to discuss the current state of information technology (IT) but more tangibly by the number of claims that have been reported as "lost" or "missing" somewhere in the system, only to be found later for processing. This causes additional delays in veterans receiving their critically needed benefits.

We are encouraged by this transparency but uneasy about forging ahead unless all systems are updated and can work intelligibly with each other. VA should be encouraged to continue to develop these systems, but unless there is a sound, stable, and up-to-date subsystem, these systems are likely to collapse. Artificial intelligence has proven that it can cut processing times. VA has adopted it for other business lines like verifying eligibility for the VA Home Loan Guaranty program and other initiatives. As more veterans file benefits claims, whether the first time or not, the VA Office of Information and Technology must be prepared to handle increased capacity. We look forward to working with VA by providing critical feedback as required, and closely monitoring its five-year plan outlined in section 701b of the PACT Act that we trust will resolve many of these issues.

The VFW will continue to insist that all claims for benefits completed with automated support must be subject to the physical review of a qualified adjudicator. As we have previously testified, we are all too familiar with the complete reliance of agencies and business lines on automated programs. We saw the potential errors with processing PACT Act claims and Intents to File, and we thank the Secretary of VA again for using his authority to extend certain deadlines to make sure that claimants were not harmed by something beyond their control.

**Increase Dependency and Indemnity Compensation Benefits for Survivors**

The VFW continues to urge VA to be more deliberate and transparent with claims quality control. This remains important especially as VA uses automated processes where certain claims, such as those for Dependency and Indemnity Compensation (DIC), are reviewed and assessed by IT

programs designed to identify required criteria and quickly make a grant or denial determination. Automation has been shown to greatly shorten the processing time for DIC claims. Two years ago when the VFW last testified on this subject, our service officers reported observing quicker decision times for both DIC and survivors pension claims, mentioning decisions for many claims were available in one to two weeks. Unfortunately, the VFW has noticed slower processing times by VA for DIC claims over the last year, but the reason is not clear. Backlogged DIC claims have risen from 30.4 percent in January 2023 to 50 percent in January 2024. This could be a result of the growing number of PACT Act claims, though it is unfortunate that VA's automation has not been able to prevent significant delays in processing times.

Survivors also have difficulty gathering other records for claims, including the service records and divorce decrees from any prior marriages. Additionally, VA will look at the death certificate and the stated cause of death but should always obtain a medical opinion regarding how any service-connected disabilities contributed (or not) to a veteran's passing. Unfortunately, VA will typically not take this additional step without the urging of a claims representative. Even when VA does provide a medical opinion, the doctor is often still unwilling to determine that any service-connected condition contributed to the death, and so the risk of a denial of the claim remains. VFW service officers express that they do all they can to encourage survivors to request that the veteran's medical provider correct the death certificate, knowing that this will be the best chance for a favorable claim outcome.

It is critical to ensure that survivors receive the information to understand their eligibility and the processes to apply for VA benefits. Veterans who receive VA disability compensation or health care may assume that VA will automatically award benefits to their surviving spouses or children when they die without identifying the important and necessary paperwork in advance. VFW service officers report that very often surviving spouses do not realize that when their veterans die, the VA disability payments they were receiving will stop and they will need to take the steps to apply for DIC. Survivors also typically expect that DIC payments will be the same amount as the previous disability payments, when in fact DIC is significantly less. Without anticipating this change in compensation, survivors may suddenly find themselves in difficult financial situations.

When an active duty service member dies, DOD assigns a Casualty Assistance Officer to assist the survivor with the preparation and submission of necessary claims for VA benefits. When a veteran who is no longer in the military dies, VA needs to be informed of the death and then will attempt to contact the spouse or dependents informing them that they can apply for survivor benefits. Unfortunately, the language used and information provided in VA's letters can be confusing and frustrating. The wording can be unfamiliar to civilians and lack sufficient explanation. Survivors may not understand how the veteran's time in service equates to eligibility, and some are then surprised when certain service dates "don't count" toward receipt of certain benefits. Denial letters also do not explain well why the survivor did not qualify for a benefit. The lack of clear and effective communication regarding entitlements can make an already distressing situation worse.

In addition to improving the claims process for survivors, the VFW strongly supports an increase in the rate of DIC payments to survivors. It is an injustice that the DIC benefit has only been minimally increased since it was created in 1993. Currently, DIC is paid at 43 percent of 100 percent permanent and total disability while all other federal survivor programs are paid at 55 percent. The VFW urges Congress to pass H.R. 1083 / S. 414, *Caring for Survivors Act of 2023*, which would increase DIC to 55 percent, finally reaching parity with other federal agencies.

It also time for legislation to update the definition of "surviving spouse" found in Title 38, United States Code (U.S.C.) to reflect modern legal and social realities. The last time the definition was updated was in 1962, and much has changed in the last sixty years. The current definition is outdated with its reference to marriage being between people of the opposite sex and to the undefined "holding oneself out to be married" clause. The VFW supports updating this language to ensure the definition of survivor is fair and in alignment with marriage requirements of the current era.

The VFW also recommends that VA expand outreach to survivors to connect them with accredited claims representatives for assistance. They can help survivors during the incredibly difficult time following the death of a loved one by listening to their situations, informing them of the benefits to which they are eligible, and identifying the necessary paperwork to accomplish a successful claim.

**Improve the Accuracy of Disability Compensation Claims Related to MST**

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 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 57 percent of the previously denied claims reviewed by VA still had 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 provide 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.

**Increase Burial Allowances to Account for Inflation**

The National Cemetery Administration (NCA) is vital in honoring the veteran's overall service. It is the last official interaction that family members have regarding sealing the legacy of service for their loved ones. Proper funding to facilitate benefits management for eligible veterans is a crucial step in meeting this key objective. Although VA does a great job in making the burial process seamless for family members, the truth is that inflation has played a major role in funding. Impacted by this reality is the ground upkeep at the 155 national cemeteries as well as 34 soldiers' lots and monument sites. Materials needed for design and construction of new national cemeteries is another area where inflation has impacted the cost of burials. While most of the attention is focused on the veterans and family members, these behind-the-scenes expenses are crucial in keeping the process seamless. As inflation rises and makes current burial allowances inadequate, the funding to increase allowances is hard to find as NCA must compensate for the rise of inflation in other areas of its operations. The Toxic Exposure Fund was one way VA had planned to cover some of the expenses. However, following an OIG inspection it was concluded that NCA funding was not in compliance with Toxic Exposure Fund policy. The removal of $1.1 million to update the Memorial Benefits Management System for NCA will no doubt create a setback in the progress VA anticipated relating to the allocation of funds.

To put this into perspective, the VFW met with NCA to discuss the budget in place for the burial management of veterans and their eligible family members. NCA's current budget does not include establishment projects. The current budget increase request is $10 million, but this is not enough. In fact, $60 million will meet the need this year but not going forward. Cost estimates are coming in larger due to inflation and other national issues. Interments were lower in fiscal year (FY) 2023 than in previous years, and FY 2024 will be similar although higher than prior to the COVID-19 pandemic years. New activations in Elko, Nevada, and Cedar City, Utah, will need funding to support the cost requested in FY 2024 to cover equipment and hiring full-time employees (FTEs). It takes three to four years to activate a cemetery, and once in operation will require additional FTEs to work at the new location.

Other costs include turf renovations, raising the level of presentation to sustain a standard of excellence for visitors and interment experiences. The increase in funding received for inflation

did not cover the actual cost increases. Cemeteries are unlike telemedicine where the cost-of-living difference can be fixed with the implementation of remote solutions. Bids are extremely high for construction, landscaping, fertilizer, grants, and janitorial services. There is very little room to move money around with major expenses such as salary and maintenance, which are among the basic payouts that will always win out over projects. There are roughly 90,000 additional gravesites a year, and each one will raise costs for NCA by requiring headstones, markers, more acreage, payroll, and FTEs. Proper funding to facilitate benefits management for eligible veterans is a crucial step in making sure that veterans and their families who are eligible can rest in peace and pride for their faithful service to this country.

The VFW has and will continue to highlight the need for VBA and VHA to share data. This should also include NCA data. When VA is informed that a veteran has died, this should trigger communications from VA to the spouse and dependents identified in VA records. Much of the required information to effectively reach and communicate with survivors already exists in one of VA's many IT systems, though some survivors are still missed. Upgrades required to facilitate information sharing across existing platforms are long overdue. Investments in these critical technology upgrades or moving to a single IT system will take dedicated staff, planning, and funding. These improvements are critical to ensure the efficiency and accuracy of claims processing for veterans and their survivors.

Pre-planning is key. The VFW recommends that VA create a pre-need process for benefits for families while the veteran is still alive. Those enrolled in the VA Caregiver Support Program are already receiving communications from VA and should be the easiest to reach, though VA should work to contact all families of veterans within its system to provide communications and guidance regarding benefits. NCA currently has an extensive end-of-life planning document intended for any veteran, at any age, to gather all important information in advance of death. This could be promoted more by VA as it contains useful information that could be shared throughout its three administrations to inform and prepare survivors.

**Suicide Prevention and Economic Opportunity**

Veteran suicide prevention is a complex, multifaceted initiative requiring an approach informed by a multitude of upstream and protective factors. The VFW firmly believes in taking a holistic approach by examining the root causes and risk factors that can lead to suicide. VA's own research reinforces that social determinants of health such as financial stability, access to housing, and pathways to a quality career serve as protective factors against suicide. The VFW believes that negative customer interactions during their transition, with 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 health 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.

According to VA's *2023 National Veteran Suicide Prevention Annual Report*, "Nearly 40% of Veterans who died by suicide had no mental health or substance use disorder diagnoses." It further reads, "A number of non-mental health and non-clinical risk factors are present for suicide including homelessness, financial instability, unemployment, justice involvement and more. Findings from this year's report indicate that we must move beyond the clinical to assist Veterans in services to address these risk factors to reduce Veteran suicide."

Understanding these risk factors, the VFW continues to urge VA to report more benefits usage data in this important annual report. This should include complete information on disability compensation and rating status; use of benefits for education, employment, home loans, and foreclosure assistance; and participation in housing and food insecurity programs. We must identify, study, and utilize data regarding economic opportunity benefits, and leverage that information to successfully resource these programs to prevent suicide among veterans. While VA's benefits programs are administered by VBA, the VA Office of Mental Health and Suicide Prevention is operated out of VHA. It would make more sense for this office to be elevated to the Office of the Secretary, and for both VHA and VBA data to be included in its reports on suicide. VA must study all resources from its administrations to effectively combat veteran suicide.

To that end, the VFW urges Congress to pass H.R. 4157 / S. 928, *Not Just a Number Act*, to direct VA to incorporate benefit usage data into its annual suicide prevention report, and to examine moving the office of suicide prevention to the enterprise level at VA.

**Military Suicide**

This past fall, DOD released the *Annual Report on Suicide in the Military: Calendar Year 2022*, which showed that the active duty suicide rate continues to trend upward. The VFW remains committed to eliminating suicide among currently serving military members. To that end, we were pleased to see last year's Suicide Prevention and Response Independent Review Committee (SPRIRC) report and related recommendations as well as DOD's subsequent rollout of suicide prevention efforts in the areas of service member well-being, mental health care access, stigma and barrier reduction, suicide prevention training, and lethal means safety. Furthermore, the VFW commends Congress for its continued commitment to assisting DOD as it looks to eliminate suicide within the ranks. We ask Congress to remain steadfast in its oversight of DOD's prevention efforts, provide necessary resources and statutory changes, and ensure that the SPRIRC recommendations are implemented as expeditiously as possible.

**Suicide Prevention at All VA Touchpoints**

Each time a veteran interacts with VA it is an opportunity to connect with resources and suicide intervention when needed. It is critical that Congress provides oversight of DOD and VA to ensure that service members are adequately introduced to mental health and economic opportunity benefits during transition. Service members who are informed of their benefits at the

beginning of their transition period are more likely to connect with VA and apply for their benefits. This can ensure recent transitioning service members (TSMs) are on track for economic stability while addressing mental health conditions early on, lessening the risk of suicide. This should also include oversight of the required reporting on the outcomes of VA's Solid Start program. The VFW urges Congress to ensure that every TSM is connected to an accredited representative so they receive their VA disability benefits upon discharge, and to ensure a warm handoff to VA for all of their earned benefits.

The VFW also asks that Congress support TSMs by ensuring that they are able to use the VA Home Loan Guaranty program prior to receiving a disability rating from VA. Current housing market volatility and uncertainty can create an environment for service members where they cannot wait until VA finishes processing their disability claims before capitalizing on the opportunity to purchase a home. Some service members may opt to finalize purchasing a home when the right opportunity arises rather than waiting months to receive a VA disability rating. Service members who have conducted a pre-discharge examination should be able to receive reimbursement of the VA Home Loan funding fee if they receive a ratings decision after finalizing the purchase of a home. Disabled veterans currently do not have to pay this fee, nor should TSMs once VA has completed their Benefits Delivery at Discharge (BDD) claims. Housing stability should be a priority for veterans during their initial transition and expanding the VA Home Loan can make this process less daunting for those families.

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 conduct oversight on this outreach and require data that can be correlated to economic risk.

At critical junctures when veterans use VA services such as foreclosure or housing assistance programs that indicate their risk of financial instability, VA must ensure suicide mitigation resources are provided. Access to education, employment, food, and housing security are the most critical components of stability and well-being, the presence of which have all been proven to reduce suicide rates in veterans. The VFW calls on Congress to create a fourth administration to focus on the implementation and oversight of VA economic opportunity benefits. 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 VFW also believes VA needs to provide better and more transparent reports on veteran suicide deaths. This must include comprehensive lists of medications and substances found in the systems of veterans at the time of their deaths, specifically any medications that are psychotropic, carry "black box" warnings, or carry warnings for suicidal ideations.

**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 11 percent reduction since 2020, and a 55 percent reduction since 2010. The VFW applauds Congress for supporting various programs and funding that have led to this significant success. However, there are still nearly 20,000 veterans who remain unhoused and more than 13,000 are unsheltered. The work must continue until this most basic need is met for every veteran.

The VFW supports the Senate passage of the H.R. 3848, *Housing our Military Veterans Effectively Act of 2023*, or *HOME Act of 2023*, which passed the House in December. It would increase the maximum rate of per diem payments provided by VA to entities that furnish services and transitional housing to homeless veterans. The purpose of the transitional housing component of this program is to promote the development and provision of supportive housing and services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. The VFW suggests that this funding also apply to veterans facing homelessness during emergencies or national disasters. The bill would also help veterans using the HUD-Veterans Affairs Supportive Housing program vouchers for food, shelter, clothing, and transportation for certain purposes. The VFW strongly supports passing this legislation as these are important needs of veterans using this program.

While supportive services are critical for veterans experiencing homelessness, there must be more to offer them in addition to financial relief. Too many veterans who face housing instability are also in need of financial education. The VFW recommends that VA establish a basic financial literacy tool, and ensure 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.

**Improving Education Benefits for Student Veterans**

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 additional VSOC counselors be added to the Veteran Readiness and Employment (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. Our work with VSOC counselors at different schools 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 the number of technicians be increased 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, the overall program falls short at

the local level. 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.

The VFW urges Congress to expand the monthly housing stipend for student veterans who take courses online to at least the national average amount. Currently, the monthly housing allowance rates for online courses are half of the national average, which is simply not enough for many student veterans. Many veterans attend colleges as non-traditional students and may have a spouse and children, work a job while pursuing their education, and have service-connected disabilities. Taking some or all courses online may be the best option for some veterans to continue their education, and their housing benefits are just as critical to their success as those attending college fully in person. Housing stability is also a key factor in reducing veteran suicide.

The VFW also urges VA and Congress to provide student veterans with stipends for child care. Veterans with children often struggle to take advantage of their VA benefits due to the lack of child care, including pursuing an education to improve their job opportunities. Stipends would allow veterans to pay for child care, allowing them to use the VA benefits needed to thrive.

Lastly, National Guard and Reserve members serve alongside active duty service members and consistently make sacrifices without always earning VA education benefits. The VFW strongly urges Congress to pass legislation to allow National Guard and Reserve members to rightfully earn GI Bill benefits for their time served. Congress must act to expand eligibility to allow the increasingly frequent activations of these service members to count toward Post-9/11 GI Bill eligibility, allowing them to earn this education benefit and achieve upward mobility. For years, the sacrifices of these service members have been overlooked. These inequities were further highlighted through the COVID-19 pandemic as National Guard and Reserve members stood on the front lines administering relief and health services. The time is now for parity with all the armed forces in earning their VA education benefits.

**Reducing Red Tape**

In recent years, institutions of higher education have voluntarily withdrawn from VA benefits programs because of the many cumbersome regulations. Every time they must provide more information, meet more reporting requirements, or put additional tasks on employees, they are disincentivized to continue participating in the GI Bill program. This is especially true for smaller schools with a smaller number of veterans and limited staffing. It is time we closely examine these burdens we have collectively placed on institutions that are already compliant.

For example, schools should be provided with at least a six-month period to implement any new VA educational assistance program rulemaking. This would allow them to implement program

changes outside of peak times such as enrollment and registration. Providing this flexibility may help ensure continued participation in the programs by eliminating the perception that implementing changes is too cumbersome and, therefore, not worth the time and effort. Risk-based surveys provide VA and State Approving Agencies a way to review and mitigate potential fraud, waste, and abuse. Schools currently have only one business day to complete these surveys to avoid giving time to fabricate data. School officials have indicated that a timeframe of only one day is not feasible, but extending the period of notice to two business days would enable them to provide VA with all the necessary information.

The VFW supports reducing or repealing the requirement for schools to provide students receiving VA education benefits with a personalized "shopping sheet." Within the language of the Forever GI Bill, Section 1018 codified in the statute that schools must provide students with a timely personalized Financial Aid Shopping Sheet covering the total cost of an education program. The goal was to inform students who are eligible to receive VA education benefits of the potential eligibility for federal financial aid before turning to private student loans or alternative financing. While this was a well-intended initiative, unfortunately school officials have told the VFW that this requirement is too burdensome and often unrealistic. Schools may not be able to provide accurate estimates in the timeframe needed for veterans to make cost comparisons or to be in compliance with the law.

In addition, financial estimates for students who receive Chapter 35 benefits, as in VA education benefits for dependents and survivors, may not be accurate. Under Section 702 of the Veterans Choice Act (Public Law 113-146) public schools must offer these students in-state tuition, which is a requirement to receive GI Bill payments. For students applying out of state, their in-state status would not begin until they have moved to the school dormitory or other in-state housing. This is another example of a financial estimate that can be inaccurate and cause schools to be out of compliance, which is another reason to remove this requirement. The VFW supports passing legislation to provide educational institutions with multi-year waivers to have accredited courses and programs approved by VA. Yearly approvals are cumbersome for schools. A multi-year waiver would provide them with the necessary flexibility to seek course approval periodically as courses change or evolve.

The VFW suggests that VA adopt a "Master Calendar" similar to the calendar used by the Department of Education for standard regulation changes. This would set dates for when certain changes would be implemented for education regulations, for example by June 1, or the changes would fall to the next year. We believe the relevant parts of the Master Calendar should be adopted for VA education-related benefits in order to ease the burden of regulation changes put upon schools. The VFW has heard from schools that it would be useful to have a single VA website for current training and up-to-date policy changes. They may have turnover in their staff, and updates sent by email can be lost over time. This would ensure that schools have a one-stop resource for this information.

**Employment Protections**

More and more, National Guard and Reserve members are called to active duty to support the needs of the military. This includes responding to natural disasters, supporting U.S. border security, and participating in missions abroad. In order to protect these service members' jobs until they return from military duty, the VFW calls on Congress to pass legislation that makes improvements to Public Law 103-353, the *Uniformed Services Employment and Reemployment Rights Act of 1994* (USERRA). This law shields National Guard and Reserve members from job loss and missed promotions when they are called to active duty or mobilized on federal orders for more than thirty consecutive days. While USERRA was drafted to be comprehensive in nature, that has not stopped bad actors from evading the protections it offers service members.

The VFW supports removing the immunity clause for certain federal agencies, so they would also be required to comply with USERRA in the reemployment of any of their staff who serve in the National Guard or Reserve. We also ask for oversight of the Department of Labor's *Veterans' Employment and Training Service Investigations Manual: USERRA, VEOA, and VP*, and that revisions be reported regularly to Congress. This would provide much-needed transparency and a better understanding of the changes made to these processes.

An ongoing concern of the VFW is the issue of forced arbitration clauses leveraged against service members in employment contracts. These clauses often require military personnel to preliminarily waive the protections afforded to them under USERRA. Frequently included in the fine print of contracts and electronic click-through agreements, they 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.

**Transition**

The Department of Defense Transition Assistance Program (TAP) is a gateway through which service members start to create their veteran identities as self-sustaining and contributing members of their communities. However, transition is about more than finding a new job and tending to basic needs, topics which tend to dominate related discussions and programming. For many people, leaving the military also prompts significant and highly personal changes in identity, social support, and purpose. If not handled appropriately, these changes can negatively

impact their overall adjustment to civilian life. Accordingly, each individual needs adequate time, resources, and support before discharge to lay a firm foundation for a successful transition.

While tangible improvements to TAP have been made over the years, and as recently as fiscal year (FY) 2019, heightened suicide rates persist among recently transitioned veterans suggesting there is more to be done. Research has shown that the risk of suicide in the initial twelve months after discharge is heightened, and the group of recently transitioned veterans at highest risk is the same group that is at the highest risk within the active duty force—male individuals between the ages of 18 and 34 with a relatively short time in service (i.e., junior and middle enlisted members who complete one or two contracts). Some of the same research also found relationships between service in the active duty Marine Corps and Army and increased post-transition suicide risk. Considering this information, the VFW strongly believes all stakeholders must work to ensure proper transition support reaches all who need it most, and we believe that currently is not happening.

**BDD Program Access**

Every year, VFW-accredited representatives assist approximately 20,000 TSMs with their BDD claims before they leave the military. The BDD program exists to allow TSMs to file pre-discharge disability claims so that they can receive VA disability compensation and benefits upon separation or retirement. Unfortunately, disparate BDD program access exists across military installations worldwide because accredited representatives who process these claims are not mandated by law to be present during TAP, leaving it up to individual TAP managers to decide who is allowed in their classrooms and when. Moreover, VFW and BDD claim data show unequal participation in the program between junior and senior service members. While military members in the senior enlisted and officer ranks make up the minority of the total military force, they represent the majority of individuals filing pre-discharge BDD claims. In addition to inconsistent BDD representative presence in TAP classrooms, we believe this overrepresentation is likely due to, at least in part, the increased agency that senior enlisted individuals and senior officers have over their day-to-day schedules, which is a general luxury that junior and middle enlisted and junior officers tend not to have.

The demographic disparity in BDD claims is problematic for two reasons. First, senior and junior military members generally leave service with very different resources at their disposal. More senior individuals often receive retirement pay and TRICARE coverage upon discharge while more junior individuals do not. They must instead find post-service income and health care during their transition period during which time military duties continue to take precedence over personal needs. Accordingly, even without using the BDD program, senior service members are better positioned to experience less transition unknowns than junior TSMs because some of their most critical post-service needs are automatically met. Second, unequal and limited use of the BDD claim system means less TSMs are connected to their VA benefits upon discharge. This is alarming because VA suicide data has shown that veterans who interact with VBA have lower suicide rates than those who do not interact with VBA or VHA. Critically, the demographic of

TSMs that uses the BDD program the least arguably needs it the most since they are at a disproportionately higher risk for post-discharge suicide.

The VFW highly recommends the passage of H.R. 3933 / S. 2888, *TAP Promotion Act*, as we believe there is immense value in ensuring all TSMs can directly access accredited representatives during TAP. This bill would ensure a representative is physically present in the TAP classroom while VA benefits and services that can be applied for prior to separation are discussed, including the BDD program. Having these individuals in TAP would minimize barriers to using the BDD program, especially for those TSMs whose unit's operational needs prevent them from fully engaging transition resources after TAP ends. The VFW has strong collaborative relationships with the DOD TAP managers on the installations we currently serve. In places such as Fort Cavazos, Camp Pendleton, Joint Base Andrews, and Naval Station Norfolk, we enjoy strong support from TAP managers who understand the value of our programs and services. However, in speaking to program leaders from each service branch, we keenly recognize that these collaborative relationships are the exception and not the rule for the 331 total transition sites across the military. VA is supportive of including accredited representatives in their TAP briefing, as evidenced by their inclusion of representatives in the recently released TAP 6.0 curriculum, also known as VA One-Day. Congress can ensure the VFW's and VA's efforts are made permanent by enshrining the language of the *TAP Promotion Act* in law.

**TAP Attendance Timeliness**

As illustrated above, not all transition experiences are created equal. However, variability is not limited to only the BDD program. While TAP itself is comprised of a uniform curriculum, TSMs experience wide variability in when they attend TAP, among other requirements, despite legal mandates as found by the Government Accountability Office (GAO) in late 2022. Early participation in TAP is critical so TSMs can engage and re-engage TAP materials and resources throughout their transition journeys. The amount of information covered during TAP is overwhelming for many, necessitating extra time to identify and act on what is important for each person individually. One such example is the aforementioned BDD program, which is discussed during VA One-Day. TSMs wishing to file BDD claims must do so between 180 to 90 days before discharge. Accordingly, members must learn about BDD well in advance of their submission windows, ensure medical concerns are documented, and then request their full medical records beforehand, all of which can take weeks to months to complete.

Sadly, many TSMs are not afforded the opportunity to even use the BDD program because they do not get to TAP on time. The law stipulates that TSMs must begin pre-separation counseling no later than 365 days prior to anticipated separation or retirement. Yet, this is not happening in any meaningful way. In December 2022, GAO reported that 70 percent of service members began TAP too late. Moreover, between January and December 2023, VFW surveys of over 1,600 TSMs found that nearly two-thirds (63 percent) did not begin TAP at least one year prior to discharge. Our results indicate that more factors than the COVID-19 pandemic were involved in the timeliness problem since much of our data was collected after the national emergency ended.

We believe a mixture of statute, DOD policy, and DOD culture coalesce to result in overall deprioritization of timely TSM completion of TAP and use of transition programs, such as BDD and SkillBridge.

Within Title 10 U.S.C., neither Section 1142 (a)(3)(A) nor Section 1144 (f)(2) clearly articulates that the TAP class *itself* shall be started at least 365 days before separation or retirement. Also highly important, neither section stipulates an end date by which the TAP class shall be completed. These factors have resulted in DOD TAP policies and guidance that, at the time of this writing, are not wholly aligned with the intent of the FY 2019 TAP law reforms. Additionally, lack of true DOD accountability to the TAP law and a negative culture around transition act as mutually reinforcing challenges. A major finding from the May 2023 House Veterans' Affairs Subcommittee on Economic Opportunity hearing on TAP was that DOD compliance with the law is not measured in a way that drives accountability. Commanders are incentivized to meet readiness and operational requirements—which makes sense given DOD's mission—resulting in diminished prioritization of transition programs. Furthermore, as extensively illustrated in the VFW's October 2023 testimony on TAP before the Senate Committees on Veterans' Affairs and Armed Services, accountability issues appear to combine with systemic factors within the military, resulting in a negative and seemingly punitive culture around TSMs and transition more broadly, further hindering the military services' compliance with TAP mandates.

To begin addressing the challenges with timely TAP attendance, the VFW urges Congress to amend Section 1142 (a)(3)(A) of Title 10 U.S.C. to include an end date by which TAP shall be completed no later than. Currently, there is only an open-ended start date with which the services are scantly in compliance. DOD must ensure TSMs not only start TAP on time, but also complete it in a timely manner. We also recommend amending Section 1144 (f)(2) of Title 10 U.S.C. from "may permit a member" to "shall permit a member." We also call on Congress to mandate that DOD begins holding commanders accountable for adherence to the TAP law, because what gets measured gets done. Similarly, we recommend DOD integrate TAP-like training into enlisted and officer leader courses on the implications of transition on individuals and the entire force, to include the psychological aspect of transition and how veterans in communities shape public opinion of military service. A culture shift around transition timeliness and equal resource access, and thus compliance with the TAP law, cannot happen without clarity, accountability, and intentional training.

**Community Connections**

Connections to resources in the communities in which service members will reside can be an incredible force multiplier for TSMs, and can be the difference between successful transitions and unsuccessful ones. That is why the law was written to ensure these connections are made for all service members leaving the force.

The law as written states "**(2)** Each member described in subsection (a) shall meet in person or by video conference with a counselor before beginning counseling under this section to—**(C)** receive information from the counselor regarding resources (including resources regarding military sexual trauma)—**(ii)** located in the community in which the member will reside after separation, retirement, or discharge."

This specifies that each member is to receive information regarding resources located in the community in which the member will reside after separation. This is not happening for every TSM, and where it is happening it is not being done consistently and effectively. One third of our survey respondents have reported they either were not connected to community resources or did not know if they were connected. DOD has decided to make warm handovers only to agencies for TSMs it determines require the most transition assistance. The law does not state that it is at the discretion of TAP managers to make connections to community resources. It requires those connections be made for all TSMs.

In accordance with this law, we would like Congress to ensure connections are being made consistently between TSMs and resources in the communities to which they are transitioning, with an emphasis on specialized transition service organizations that receive federal grant funding. One existing tool Congress can designate is the National Resource Directory (NRD), which is housed within the Defense Health Agency. NRD, which is a partnership between DOD, VA, and the Department of Labor (DOL), contains a large repository of strictly vetted organizations that span the transition spectrum from career assistance to caregiver support. There are no national transition services in every city and state that support TSMs who are seeking services across all industries. However, there are a multitude of organizations that specialize in certain fields in certain areas of the country. If TSMs are seeking education opportunities, they should be connected to local Student Veterans of America chapters. If they are seeking employment in the technology industry in Texas, they should be connected to organizations like VetsinTech. If they are seeking to enter the finance world in New York City, they should be connected to FourBlock. If they are service members separating from the Special Operations Forces, they should be connected to organizations like The Honor Foundation. Organizations with tailored transition plans for service members and veterans will not be able to offer the most value if they are underutilized and TSMs do not know they exist.

TAP cannot be everything for everybody, but there are countless organizations that could offer specialized services as long as DOD makes the connections to community resources as required by law. Within Section 1142 (c)(2)(C) of Title 10 U.S.C. the VFW recommends that Congress define "resources" to mean those contained within the NRD. We believe Congress should evaluate and make sure the NRD team and website are properly funded and staffed to accommodate any increased workloads, capabilities, or necessary upgrades. Furthermore, we recommend ensuring all service members are connected to community resources as outlined in this section.

**TAP 6.0 Oversight**

Throughout the latter half of last year, collaboration and communication with VA business lines responsible for TAP substantially evolved. The VFW was the only organization that participated in multiple pilot programs at Camp Pendleton and Fort Meade. VA invited us to provide feedback on the current TAP 5.1 curriculum. We also participated in a series of summits with VA and DOL on TAP, and joined a working session with VA Under Secretary for Benefits Joshua Jacobs, his TAP team, and the Veterans Experience Office where the VFW believes we have built a battle rhythm for consistent updates to the curriculum and collaboration on our shared business processes to help veterans access their earned benefits.

In the lead-up to TAP 6.0, VA committed to meet consistently with accredited VSOs with a substantial presence on military installations to ensure that the program and the curriculum satisfy the need for TSMs to easily navigate and access their benefits prior to separation. In our latest discussions with VA, we believe that many of the recommendations from the VFW and our peer organizations deeply involved in transition have been accepted for integration into the new curriculum. These improvements include discussing the veteran's right to competent representation in the VA claims process, comprehensive explanation of VA health care eligibility, and integration of accredited national and state claims representatives into the TAP briefings where available. We are pleased with the initial rollout of the new curriculum, and will provide feedback to VA and the committees once we have substantive information to report.

**Claim Sharks Targeting of Military Personnel**

The VFW has also been working with VA to integrate information on the right to competent, free, and accredited VA claims representation into its military life cycle training. This would ensure that key leaders are well informed on how TSMs under their command should navigate their earned benefits when leaving military service. Tragically, the VFW hears regularly from our accredited advocates and our claims clients that predatory actors have invaded this area, seeking TSMs and veterans to pay exorbitant and illegal fees for VA benefits assistance. To fight this, leaders at all levels of the military should have a keen understanding of how their service members can avoid scams by utilizing properly vetted and accountable resources like accredited claims representatives.

Recently, we were approached at a VFW training conference by an accredited claims advocate who provides BDD claims assistance to TSMs. He explained that when he meets with service members about their claims, they regularly report aggressive solicitations from these predatory companies to sign contracts for VA claims assistance.

In the last year, our dialogue with both VA and DOD has improved, as we have heard both VA Secretary Denis McDonough and Defense Secretary Lloyd Austin tell service members and veterans to never pay for benefits assistance. We have seen numerous consumer warnings from VA leaders and VA's own inspector general. Our next objective is to ensure that this message resonates with all military leaders so that these predatory companies can no longer scam those

who wear the uniform. We are grateful that VA is building this constructive dialogue, but we must all work together to consistently improve the transition experience and military life cycle for today's all-volunteer force.

## Health Care

### Properly Implement VA and DOD Health IT Systems

The VFW is frustrated and disappointed by VA's progress to date with instituting a modern electronic health record (EHR) solution across VHA. Over the last few years, VA has blamed 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 of 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.

The VFW supports language to prohibit the Secretary of VA from carrying out certain activities under the EHR Modernization (EHRM) program until certification of system stability improvements. The VFW also supports S. 1125, *EHR Program RESET Act of 2023*, which we believe should work in conjunction with S. 1037, *Department of Veterans Affairs EHRM*

*Standardization and Accountability Act*, in order to deliver a modern, safe, and trusted EHR system for patients and providers. S. 1125 would establish certain metrics for success, and S. 1037 would ensure no further deployments of the EHR would proceed until those metrics are satisfied.

**Community Care Network (CCN)**

The VFW strongly believes community care is VA care. It is not direct care from VA, but the Community Care Network (CCN) is a necessary supplement to provide veterans the care they have earned. This program is essential because it provides services for veterans who live too far from a VA facility or in the event a requested appointment is not available in an acceptable timeframe. VA's focus should remain on how veterans can receive the care they need, whether it is inside or outside of its facilities.

Adapting a value-based health care model would allow for a patient-centered system that aligns with VA's whole health care approach. Value-based care programs focus on prevention efforts to reduce illnesses and suicide, which is a top priority of VA. The VFW also supports the continuation of the EHRM program as it is needed to work in conjunction with the value-based program.

The VFW believes the ability to access an online scheduling system would help improve the timeliness of appointments and/or allow veterans to obtain care at non-VA facilities. There are current pilot programs at various VA facilities to help veterans schedule VA and CCN care. We eagerly await the results of these programs and hope to see online scheduling platforms across the entire VA network soon.

**Strengthen Care and Research for Mental Health**

The VFW recognizes that all veterans do not utilize VA facilities to obtain mental health services or the support of peer-to-peer specialists. We would support grants that would enable eligible entities to establish peer-to-peer mental health programs for veterans. We understand there is a demand for more mental health services and would particularly like to see additional services in rural areas.

The VFW would like to see language to improve the policies and processes that govern veteran access to VA's Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs). Veterans in crisis must receive timely, quality, and consistent care that aligns with their needs while also accounting for their individual preferences where feasible. We feel a seventy-two-hour deadline for residential treatment screening and admissions decisions has the potential to save lives and mitigate instances of veterans losing trust in VA's ability to provide or facilitate care when they need it most. As we collectively look to improve help-seeking behaviors among veterans, Congress and VA must ensure resources like MH RRTPs are equipped to meet veterans where they are without bureaucratic hurdles or inefficiencies undermining such efforts.
To that end, we would like to consider including a provision that removes barriers to accessing the breadth of community-based residential treatment programs available for, and commonly tailored to, veterans.

One VFW member recently sought but ultimately had to stop receiving residential mental health care through VA because the program the provider determined would best meet the care needs was in the wrong network. Other available programs that met treatment needs and preferences like gender-specific programming were similarly out of network. With rare exceptions, veterans referred to residential treatment via CCN are only able to access programs that are physically located within their respective jurisdictions, each of which is managed by either Optum Serve or TriWest Healthcare Alliance. While this structure works relatively well for common needs like orthopedics and diabetes care, the same cannot be said for mental health and substance use disorder programs that are limited in number, highly specialized, and variable in terms of medical expertise and treatment methods. Arbitrarily restricting program access based on administrator network boundaries limits VA's ability to coordinate timely and appropriate residential mental health and substance use disorder care for veterans.

**Improve Oversight of Vet Centers**

Vet Centers have served 248,848 veterans, service members (including National Guard and Reserve), and their families in FY 2023 totaling nearly 1.3 million service encounters. The VFW encourages oversight of the Vet Centers to ensure that adequate staffing, resources, and funding are made available. The services they provide are critical whether it be individual, group, marriage and family counseling, or additional services from which the National Guard and Reserve Components benefit. Ensuring appropriate staff and funding are available reduces the need for CCN mental health services and allows VA to remain the preferred health care option.

**Enhance Programs and Services for Women and 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 it 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 [LGBT] Veterans*, VA's EHR 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. Additionally, 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 continue to foster 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, LGBT, 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 35 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 for 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 these are why we urge VA to train its health care providers on all issues facing the increasingly diverse veteran population.

Since 1994, more than 14,000 LGBT 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 30,000 veterans negatively affected by the anti-homosexual policy. These veterans should not have to apply to the Discharge Review Board and go through a process of two to three years 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 it 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 LGBT discharges and prioritize upgrading records so these veterans can receive the honor and benefits they deserve.

**Research the Efficacy of Medical Cannabis and Other Alternative Therapies**

The VFW would like to see more done with medical cannabis and other alternative therapies. Medical cannabis is prescribed in thirty-eight states and Washington, D.C., and research has shown positive outcomes. Additionally, VA will soon begin researching the use of 3,4-methylenedioxymethamphetamine (MDMA) and psilocybin to combat PTSD and depression. Traditional therapy models have limitations, and we believe non-traditional options should

always be considered to help treat veteran issues. We eagerly await the results of these studies and are hopeful they show positive effects that mirror the anecdotal stories we have heard about these treatment modalities.

**Expand Nursing Home Eligibility and Long-Term Care Options**

The VFW supports efforts that would require VA to carry out a three-year pilot program to assess the effectiveness of providing assisted living services to eligible veterans. Assisted living facilities are needed when a veteran does not require nursing home care but cannot live alone. This program would allow veterans to receive needed services without being financially responsible for the cost, thereby reducing or eliminating the burden on family members who may not be able to provide round-the-clock care. This option for long-term care has great potential for veterans to still have some independence while being cared for at facilities that are authorized and inspected by VA.

As life expectancy continues to increase so must life quality, and for many veterans that means having home health care as a choice. The VFW continues to advocate for long-term care options as stated in our legislative priority goals and resolution. Home health care benefits the veteran, caregiver, and VA in many ways. Caregivers relieve VA of the necessity to place veterans in institutional long-term care. Even though veterans may require assistance with daily activities, being at home offers independence and familiarity, which is essential for veterans in the beginning stages of dementia. This freedom to remain in their homes needs to be supported by VA services and funding, while not financially stressing veterans and their families. A Kaiser Family Foundation report released in February 2022 states that almost 25 percent of individuals who died from COVID-19 lived in long-term care settings. People living in nursing homes most often cohabitate with two beds per room separated by a curtain, and share a bathroom, increasing the likelihood of becoming ill or dying. By residing at home, a veteran's risk of exposure to infectious diseases potentially decreases.

Caring for our nation's veterans is not an easy task. The diverse and often complex issues our veterans face require the care and support of well-trained caregivers. Balancing everyday life with the health care needs of a veteran can cause mental, emotional, and physical distress for the caregiver. The VFW believes that caregivers need support to ensure they are healthy enough to be of service. To that end, the VFW strongly urges the passage of H.R. 542, *Elizabeth Dole Home Care Act of 2023*.

**Enhance Services for Veterans Outside of the United States**

The foreign medical program (FMP) is an important program, but updates are needed to improve its usability and effectiveness compared to other current VA benefit programs. This is a common complaint heard from VFW Department of Europe veterans. Those who use FMP to receive medical care reimbursements from VA for their service-connected disabilities cannot do so through direct deposit. VA pays disability and GI Bill housing payments via direct deposit. Veterans should receive FMP reimbursements in the same manner.

There is no coordination between the FMP and VA teams that rate disabilities. If a veteran files a claim for a newly rated issue and does not provide evidence such as a decision letter and screen grab from eBenefits, FMP will deny the claim. Each time FMP denies a claim, the veteran must start again from the beginning. FMP cannot access the VA system, even though it is part of VA.

In order for VA to reimburse an FMP claim, the medicine received must have current approval of the U.S. Food and Drug Administration (FDA). Finding FDA-approved medications is almost impossible in many countries. Other key issues include difficulty in accessing the VA crisis hotline from abroad, and limited commissaries, PXs, and APOs for veterans and retirees in Europe.

**Concurrent Receipt**

This year marks two full decades since Congress last acted to correct the longstanding practice and injustice of withholding military retirement pay from disabled veterans. Year after year, and Congress after Congress, the VFW has advocated for the repeal of harmful concurrent receipt statutes, and this year is no different because Congress has yet to complete the promised work it started twenty years ago. Generations of veterans are waiting to receive the benefits they have earned. Every year they wait is another year of harm inflicted upon them personally and economically. Our government must stop using veterans, whom they espouse to hold in high regard, as a means to save money.

Military retirement pay and VA disability compensation are two fundamentally different benefits earned for two entirely different reasons, yet statutes and policies that classify concurrent receipt as "double-dipping" persist. 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 50 percent service-connected rating. At the time, Congress committed to gradually phasing in full concurrent receipt over the next few years, but 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. Recently, H.R. 1282 / S. 344, *Major Richard Star Act*, garnered overwhelming bipartisan and bicameral support from members of the 117th Congress, yet not enough to be sent to the president's desk. The VFW fears the 118th Congress will conclude with the same result. 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.

**Board of Veterans' Appeals**

The VFW continues to have faith in the Appeals Modernization Act. As an architect of this legislation, the VFW along with other VSO stakeholders and partners worked collaboratively to

identify critical deficiencies in the former process, also referred to as Legacy. Not one organizational representative in those meetings felt that it was fair or proper to have veterans wait for months and years to have their cases heard by a Veterans Law Judge (VLJ). The resulting legislation was a watershed moment for veterans, their family members, and survivors and one that we had hoped would break the bonds of bureaucratic red tape.

As we have moved forward, it has become apparent to nearly all involved that this once great example of collaboration may be a case of overpromising and underdelivering. The Board of Veterans' Appeals (BVA) lacks the oversight of an involved chairman, and the career VA staff have been left to run the day-to-day operations as best they can. However, without clear input, continuous training, and quality control they are forced to function like a ship adrift at sea. The VSO community, which represents thousands of appellants before BVA, has on occasion received high-level briefings, but they need to be more frequent and more in depth.

The VFW applauds the hiring of more staff to include attorneys and law judges. Yet there is an existing institutional knowledge gap that potentially harms appellants. We learned that some staff attorneys have years of experience working at BVA while some VLJs have only months' worth of experience. The VLJs by virtue of their position will often disregard the input of staff and forge ahead with decisions that are incomplete, inaccurate, or not reflective of the evidence of record. This results in cases that should have been granted being denied or going to remand. We encourage these teams to work together to rely on each other's strengths to deliver accurate and timely decisions, and not continue the unnecessary infighting that only contributes to the excess inventory.

Most organizations pride themselves on their work product. It is the lifeline of their existence. In order to deliver a first-rate product, feedback loops are established to provide constructive criticism, identify positive and negative trends, and develop workflows and business processes that lend themselves to producing a quality product. The VFW stood up a robust quality assurance program several years ago. We meet primarily face to face with our representatives in the field to observe, to learn, to recommend, and to train. This allows our accredited representatives to provide the best claim or appeal the first time. BVA must establish a similar system that will ensure quality appeals decisions every time and eliminate any unnecessary follow-on actions.

A complete review of the claims file is critical to producing decisions that address the issues on appeal. Too often our representatives find cases that are remanded for additional development when the information BVA is seeking is already part of the record. We recently represented a veteran before the Board who was appealing its decision. The appeal was remanded for a medical opinion. However, had a full review of the evidence taken place it would have been seen that the requested opinion was submitted by VHA with the original claim, and the veteran had to wait an additional 276 days for no reason. This is a systemic occurrence and one that is avoidable.

The VFW has continuously advocated for an appeals management system that provides accurate information and a full picture of what is on appeal to the Board. We have testified numerous times that the current system, CASEFLOW, is broken. A substantial investment was made to

create a comprehensive system to assist in clearing appeals in the inventory, and we believed that this was a solution only to have United States Digital Service walk away from the project midway, leaving it in sustainment. Our appeals representatives often cannot see exactly what is on appeal, where the appeal is in the system, or worse that we are not representative of record. More often than not, VFW representatives have taken the time to review what is available to them, write and submit a quality argument to a law judge, then learn that the appellant has changed representatives, and all is for nothing. BVA must invest in a system that is fully functional and available to all involved in the process. Appeals would be more accurate and timelier, eliminating the excess workload.

**Our All-Volunteer Force**

One of the VFW's primary concerns continues to be the preservation of the all-volunteer force. The hallmarks of this include individuals' decisions to join the ranks and then stay in the ranks after they have joined. Today, most of the services are experiencing severe recruiting challenges, which is garnering significant congressional attention. Causal factors behind the recruiting shortages have been linked to impediments to the Military Health System's MHS Genesis at Military Entrance Processing Stations, fallout from restricted recruiter access to schools during the COVID-19 pandemic, and waning eligibility and propensity to serve among prospective recruits. The VFW applauds the efforts of DOD and Congress to implement pre-enlistment preparatory courses for youth who want to serve but who require extra support to meet enlistment standards. This is a creative and impactful way to both develop and maximize the tremendous talent of our nation's youth while ensuring military standards are not compromised. We ask Congress to exercise oversight and diligence to ensure these programs continue to achieve intended outcomes over time. Moreover, as Congress and DOD work together to solve the aforementioned recruiting challenges, we urge both not to lose sight of issues affecting currently serving personnel who themselves are ambassadors for military service.

The DOD *Fall 2022 Propensity Update* data indicated that the inclination to serve among the nation's youth continues to rival lows not seen since 2007. Overall, only one of the top ten reasons to serve was rooted in altruism while the remaining nine were individual, predominantly tangible benefits. Accordingly, most individuals are attracted by the advantages of service that enable self-sustainment and development. This reality is especially important because those who are inclined to serve and continue serving must perceive military service as a largely value-added endeavor. In addition to the obvious high points of serving like income and health care, the implicit value proposition also includes some level of certainty that one's basic needs will be met while receiving enough support to focus on and achieve the mission. The VFW is concerned that Congress and DOD are not being aggressive enough to correct longstanding impediments to troop well-being.

**Military Quality of Life**

For well over a decade, the VFW has been raising concerns about military housing quality. In September 2023, GAO reported finding alarming and even gross conditions such as sewage, black mold, and broken air conditioning in unaccompanied military housing (barracks) that often house junior enlisted, single service members. These challenges, which are similar to those seen

in military family housing, are widespread across the services and globe including permanent duty stations overseas. With prominent well-being implications for service members and families, substandard housing continues to be an urgent issue necessitating swift action. Service members cannot focus wholly on the mission if they or their loved ones are suffering from medical conditions related to prolonged mold exposure, cannot take hot showers, or cannot cool down enough to sleep at night.

Within the National Defense Authorization Act (NDAA) for Fiscal Year 2024, the VFW was pleased to see the creation of the Military Family Readiness Working Group for Military Housing, as well as long overdue comprehensive barracks reforms. However, we believe two critical details were omitted. Single service member readiness is equally important to married service member readiness, but single individuals were excluded from the Military Family Readiness Working Group for Military Housing. Accordingly, the VFW calls on Congress to include an enlisted E-5 from each of the services who lives in barracks, or create a separate group whose charge is identical in scope but focused on unaccompanied military housing.

Moreover, military members still have no trusted, centralized third-party option to report poor housing conditions. This means 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, NDAA for FY 2020, Congress mandated that DOD establish a public-facing complaint database for those residing in privatized military housing units. While the VFW believes this was a prudent step, the law excluded single service members living in barracks. Nearly half of enlisted military personnel have never been married, which largely precludes them from moving out of barracks if they are an E-5 rank or below. Therefore, a substantial portion of service members would be prohibited from using this database even though they experience many of the same egregious 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 urges Congress to amend Section 3016 of Public Law 116–92 to include single individuals who reside in barracks.

As a result of our interactions with service members within and outside the United States, we are concerned that quality-of-life resources on base, such as those provided through the DOD Morale, Welfare and Recreation program, are inconsistent across military installations. In particular, we are concerned about remote and austere duty locations. Service members need outlets in which they can socialize, decompress, and build camaraderie outside of duty hours. Such resources provide buffers against feelings of isolation and poor mental health, and the VFW asks Congress to ensure appropriate resources are made available to DOD to fund Morale, Welfare and Recreation program facilities and related programs.

The VFW continues to be alarmed about military food insecurity, which is estimated to impact about 25 percent of the force. Since 2017, the VFW and Humana have provided over 4.5 million meals to service members, veterans, and their families through our Uniting to Combat Hunger

Campaign. Congress has options to ease food insecurity challenges among the currently serving force, but the VFW believes lawmakers have not fully leveraged them. Junior enlisted military families disproportionately experience challenges having enough healthy food to eat. In addition to ensuring pay and benefits are appropriately calculated, Congress can ease this burden by reinstating Basic Allowance for Housing (BAH) to 100 percent of housing costs, removing BAH from the eligibility formula for the Supplemental Nutrition Assistance Program, and also fully removing BAH from the eligibility calculation for the Basic Needs Allowance. Moreover, Congress and DOD can continue to remove barriers to gainful military spouse employment.

**Military Sexual Trauma**

As recent years' historic Uniform Code of Military Justice (UCMJ) reforms come to fruition, and DOD continues to implement recommendations from the Independent Review Commission (IRC) on Sexual Assault in the Military, the VFW is hopeful that instances of sexual assault and harassment within the military will wane as offenders are held accountable and trust begins to form within the force. However, the whole of our military has much work to do, as does Congress in its role exercising oversight. Fear of sexual harassment or assault remains one of the top ten reasons for our nation's youth *not* to join the military, and that concern is not unfounded.

We were deeply dismayed by the cover-up and recent exposure of Operation Fouled Anchor of the United States Coast Guard Academy. Since the nature of this cover-up was not necessarily unprecedented, we are highly concerned about the seemingly pervasive cultures across the services that enable instances of sexual harassment and violence to continue. We are disturbed that these behaviors are seen not only throughout the force and within initial officer training, as illustrated by Operation Fouled Anchor and DOD's annual reports on sexual harassment and violence at the military service academies, but also within the Junior Reserve Officer Training Corps where children are introduced to the military. How can we expect our future military leaders to create sincere zero tolerance unit cultures when they, as part of their formative training, are implicitly taught that such behaviors are indeed tolerated?

Enacting UCMJ reforms and complimentary policies and programs can be effective only if the individuals charged with management and implementation of them are themselves committed to ridding the military of the scourge that is sexual violence and aspects of the culture that enable its persistence. We call on Congress to ensure each committee of jurisdiction works collaboratively to oversee UCMJ and IRC reforms across the services and their respective academies, ensure Coast Guard parity with DOD mandates and efforts, and hold accountable individual leaders who fail to protect service members in their charge. Meaningful culture change cannot happen without persistent oversight and accountability. Furthermore, we urge stakeholders to conduct outreach to impacted service members and veterans who may be entitled to support and/or benefits associated with MST.

**Military Compensation**

The VFW was pleased to see troops receive a 5.2 percent pay raise for FY 2024. As the top reason cited by youth to join the military, competitive pay is critical to attracting and retaining service members. We believe military base pay must keep pace with private sector wages as

recruiting challenges persist amid low unemployment and competition for talent. The VFW urges Congress to continue to prioritize annual pay increases that are equal to or greater than statutory requirements, as any less results in lost earning potential that service members cannot easily recoup. Moreover, we look forward to seeing the results of the ongoing Quadrennial Review of Military Compensation, as well as Congress' subsequent implementation of recommendations that improve pay and benefits for service members and their families.

**National Security, Foreign Affairs, and POW/MIA**

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 as "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 81,000 DOD personnel are unaccounted-for from WWII to Operation Iraqi Freedom, 75 percent of whom are in the Indo-Pacific area with more than 41,000 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, (except during the COVID-19 pandemic travel prohibitions), the VFW is the only VSO to return to Southeast Asia annually, and to Russia and China periodically. It is our goal not to 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 on site, the standard missions last 35-60 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 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 127 Americans were accounted for in FY 2023. 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.

**Foreign Nationals and U.S Allies**

For generations, foreign nationals have served in our military alongside U.S. citizens. Many of these individuals go on to attain permanent residency or citizenship during or after their service. However, too many of these veterans did not complete the process to gain residency or citizenship, which left them eligible for deportation if there were any infractions of the law. The VFW believes these veterans should have their service considered and be eligible for Veteran Treatment Courts instead of the standard immigration court system. Veterans do not deserve a free pass in the legal system, but non-violent and misdemeanor crimes of certain veterans should not result in permanent deportation from the country they served.

In August 2021, U.S. forces executed a hastily planned evacuation of all government personnel and thousands of Afghan allies and civilians. Our troops expertly navigated this disastrously planned operation at the cost of thirteen service members' lives. The heroic effort stands in stark contrast to the poor plan put in place by our government's leadership. More than two years later, there is no established process to safely deal with the 80,000 Afghans we brought to this country. These individuals were flown to the United States only to be left in legal limbo with no clear direction for safety and stability. The VFW urges Congress and the Administration to provide a means for those who stood alongside U.S. troops to ensure they are provided the stability they deserve.

Chairmen Tester and Bost, Ranking Members Moran and Takano, thank you for the opportunity to provide our testimony today. As the VFW has done for 125 years, we stand ready to assist service members, veterans, families, and survivors. And we are prepared to answer any questions you may have.

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*501(C)(3) Veterans Non-Profit*

**ANNUAL LEGISLATIVE PRESENTATION**

**ROBERT THOMAS**

**NATIONAL PRESIDENT**

**PARALYZED VETERANS OF AMERICA**

**BEFORE A JOINT HEARING OF THE**

**HOUSE AND SENATE COMMITTEES ON VETERANS' AFFAIRS**

**MARCH 6, 2024**

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2024 policy priorities. For more than 75 years, PVA has served as the lead voice on a number of issues that affect severely disabled veterans. Throughout the years, we have championed critical changes within the Department of Veterans Affairs (VA) and educated legislators as they have developed important policies that impact the lives of paralyzed veterans.

Today, I come before you with our views on the current state of veterans' programs and services, particularly those that impact our members—veterans with spinal cord injuries and disorders (SCI/D). Access to VA's specialized systems of care is the center of their universe because they rely on it perhaps more than any other group of veterans served by the VA.

**BACKGROUND—**Our organization was founded in 1946 by a small group of returning World War II veterans, all of whom were treated at various military hospitals throughout the country as a result of their injuries. Realizing that neither the medical profession nor the government had ever confronted the needs of such a population, these veterans decided to become their own advocates and to do so through a national organization.

From the outset, PVA's founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing paralyzed individuals, whether medical, social, or economic. They were determined to create an organization that would be governed by the members themselves and address their unique needs. Being told that their life expectancies could be measured in weeks or months, these individuals set as their primary goal to bring about change that would maximize the quality of life and opportunity for all people with SCI/D.

Over the years, PVA has established programs to secure benefits for veterans; reviewed the medical care provided by the VA's SCI/D system of care to ensure our members receive timely, quality care; invested in research; promoted education; organized sports and recreation opportunities; and advocated for the rights of paralyzed veterans and all people with disabilities. We have also developed long-standing partnerships with other veterans service organizations (VSO).

PVA, along with the co-authors of The Independent Budget (IB)—DAV (Disabled American Veterans) and the Veterans of Foreign Wars of the United States (VFW), continue to present comprehensive budget and policy recommendations to influence debate on issues critical to the veterans we represent. We recently released our budget recommendations for the VA for fiscal years (FY) 2025 and 2026 advance appropriations.[1]

**VA's SCI/D SYSTEM OF CARE**

VA's SCI/D system of care is a hub and spoke model. The 25 SCI/D centers are the hubs. Each center has highly trained and experienced providers including doctors, nurses, social workers, therapists, psychologists, and other professionals who can address the unique problems that affect veterans with SCI/D. Operations at these facilities are still rebounding from restrictions imposed during the COVID-19 pandemic. Masking is still required in some inpatient and outpatient SCI/D units and visitor restrictions are reinstated whenever there is a COVID outbreak on the unit. Throughout the past year, PVA encouraged facilities to increase recreational opportunities through the centers and return to the practice of open dining. Many facilities took our recommendations to heart and are making changes that will improve the physical and mental health of SCI/D patients.

I would be remiss if I didn't note that none of the 25 SCI/D centers are operating at full capacity, primarily due to personnel shortfalls. Many SCI/D-qualified nurses and other staff left the department during the pandemic and rebalancing staffing levels is taking longer than we had hoped. Despite record-setting hiring last year, we continue to see the same staffing deficiencies at the SCI/D centers, year-after-year.

Staffing impacts every aspect of health care to include the quality of the care received by the patient and employee's safety and well-being. I encourage you to monitor VHA's hiring practices closely so veteran patients are not adversely affected. With this in mind, we are deeply concerned with the Veterans Health Administration's (VHA) decision to severely limit hiring in 2024. Recent reports from the field tell us what is actually occurring at their facilities is a tantamount to a hiring freeze, meaning critically needed positions at SCI/D centers may continue to go unfilled.

My statement addresses several specific priorities we hope you will pursue this year but it is not inclusive of every area of concern for our members. Some interests not covered here include the implementation of the PACT Act (P.L. 117-168), access to VA dental care, improved employment opportunities for veterans with catastrophic disabilities, as well as the status of VA's electronic health record modernization. We continue to work on these and other areas of interest for paralyzed veterans and the broader veterans community.

We appreciate that the committees have always worked together in a nonpartisan way to address the needs of America's veterans, and PVA looks forward to working with you on matters of mutual concern.

[1] Independent Budget Recommendations for the Department of Veterans Affairs for FY 2025-2026

**PVA PRIORITY: PROTECT ACCESS TO VA'S SPECIALIZED HEALTH CARE SERVICES**

PVA firmly believes VA is the best health care provider for disabled veterans. The VA's SCI/D system of care provides a coordinated life-long continuum of services for veterans with SCI/D that has increased the lifespan of these veterans by decades. VA's specialized systems of care follow higher clinical standards than those required in the private sector. Preserving and strengthening VA's specialized systems of care—such as SCI/D care, blind rehabilitation, amputee care, and polytrauma care—remains the highest priority for PVA.

***Staffing Vacancies***—Caring for veterans with SCI/D requires sharp assessment, time- and labor-intensive physical skills, and genuine empathy. Nurses who work in SCI/D must possess unique attributes and specialized education. All Registered Nurses, Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), and Nurse Practitioners working with the SCI/D population are required to have increased education and knowledge focused on health promotion and prevention of complications related to SCI/D. This includes the prevention and treatment of pressure injuries, aspiration pneumonia, urinary tract infections, bowel impactions, sepsis, and limb contractures.

The VHA hired 61,000 new employees in fiscal 2023, outpacing its goal by 17 percent and giving it a workforce of more than 400,000 for the first time. Despite their hiring successes and the flexibility gained by workforce provisions in the RAISE Act (P.L. 117-103) and PACT Act, nothing in the SCI/D system of care shows ongoing improvement in staffing levels. Staffing shortfalls continue to have a direct, adverse impact on the SCI/D system. Some facilities are capping admissions due to insufficient numbers of SCI/D nurses while they work to find qualified individuals to fill vacancies. One VA SCI/D center has not had access to a plastic surgeon for at least two years now nor is there one available in the community. This meant some veterans were denied admission to the unit if extensive wound care treatment was needed. The SCI/D Coordinator would attempt to locate other VA SCI/D hubs that would accept them while non-SCI/D providers, the center's lone wound care nurse, and augmenters from other departments were left to manage countless other urgent cases. Another facility desperately needs a psychiatrist and this vacancy has led to substantial delays in providing essential psychiatric care and services to veterans with SCI/D.

During their annual visits to each of the 25 SCI/D Centers, PVA's medical services team identifies critical vacancies at each facility and then provides that information to VA's leadership. Totaling in the hundreds, VA agrees with roughly 80 percent of our recommendations but only a fraction of them are filled. Too often at VA we see "staffing on a wire," an unstable practice of maintaining just enough staff to handle beds, but not enough to adapt to changing life events like staff illnesses and injuries. VA should staff each SCI/D center to the levels prescribed in VHA Directive 1176.[2]

Depending on the function level of an acute SCI/D patient, a nurse may spend an hour or more each time they enter a veteran's room doing physical transfers, repositioning, wound care, feeding assistance, bowel and bladder care, and other tasks. Nurses in other areas of work may be in and out of a patient's room in a matter of minutes. Despite the increased care that veterans with SCI/D require, not all SCI/D nursing staff (including LPNs and CNAs) receive specialty pay, which often elevates turnover rates.

Offering competitive pay isn't the only problem. If VA is not able to quickly hire high quality employees, it will lack the staff needed to accomplish its mission. VA staff often speak of the need for VA to better support continuing education requirements and advanced learning. Improvements in this area would greatly help VA's retention efforts.

[2] VHA Directive 1176 (2), Spinal Cord Injuries and Disorders of Care

Additionally, VA's hiring process moves at a glacial pace, prompting many qualified individuals to accept employment in the private sector. VA has been scrutinizing the process used for credential checks, introductory paperwork, and other pre-work requirements for quite some time now. The time to reduce unnecessary burdens is now so the process is streamlined as much as possible.

The PACT Act and the RAISE Act gave the VA new pay and bonus authority to recruit in-demand health care workers but we know that more needs to be done. Passage of S. 10, the VA CAREERS Act, would give the VA the additional tools needed to allow the department to better compete for the highly qualified medical personnel it needs to care for catastrophically disabled veterans.

***Infrastructure***—VA's SCI/D system of care is comprised of 25 acute care centers and six long-term care centers ranging in age from three to 70 years with an average age of 38. Many of the older centers have only had cosmetic or basic renovations. Fourteen of the 25 acute care SCI/D centers continue to use four-bed patient rooms, accounting for 61 percent of the available in-patient beds. These four-bed patient rooms do not meet VA requirements and are no longer safe due to infection control issues. This high percentage of four-bed patient rooms limits available bed capacity whenever patients need to be isolated.

Furthermore, the number of long-term care beds for veterans with SCI/D is woefully inadequate for an aging veteran population with care needs not readily met in the community. Only one of VA's six specialized long-term care facilities lies west of the Mississippi River. Until construction projects at the Dallas and San Diego VA Medical Centers are completed, only 12 long-term care beds are available for the thousands of SCI/D veterans that reside in this area of the country.

The SCI/D system of care is not immune to the design and construction delays inherent in the VA project funding and delivery system. There are currently six major and nine minor SCI/D center projects either awaiting funding, in design, or pending approvals to proceed beyond their current status. VA has spent a significant amount of money and resources on these projects, most of which have languished within the department's Strategic Capital Investment Planning process. Also, replacement SCI/D center projects designed for the Bronx VA (acute) and the Brockton VA (long-term) intended to modernize and expand capacity were shovel-ready but abandoned by the VA.

In reviewing VA's infrastructure, decisionmakers must remember that VA's SCI/D system of care is unique and not replicated outside of VA. The VA SCI/D system of care provides a coordinated, life-long continuum of services for SCI/D veterans that is often unmatched anywhere in the community.

PVA believes that VA should return to the past practice of placing greater emphasis on funding facilities that support the types of services, like SCI/D care, which the department uniquely provides. Greater investment in areas like SCI/D care would greatly strengthen VA's specialty care services and ensure their future availability.

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. To manage a larger, more complex capital asset portfolio, VA must have sufficient personnel with appropriate expertise—both within VA's Central Office and onsite throughout the VA system.

PVA strongly supports the Build, Utilize, Invest, Learn and Deliver (BUILD) for Veterans Act of 2023 (H.R. 3225/S. 42), which seeks to improve staffing to manage construction of VA assets and ensure that there are concrete plans to improve the planning, management, and budgeting of VA construction and capital asset programs.

I also want to thank you for approving language in the fiscal year 2024 National Defense Authorization Act (NDAA) that increased the threshold for VA's minor medical care facility construction projects. The new $30 million minor construction cap better reflects current construction costs and will allow local VA medical centers to complete projects more efficiently and cost-effectively to better serve our catastrophically injured and ill veterans with SCI/D. Additionally, the law now empowers the VA to adjust the minor construction cap in the future based on construction cost data. This will help the VA adjust construction budgets to avoid future delays of sorely needed veteran-centric projects that PVA has prioritized and advocated for to improve veteran's health care and safety inside all VA SCI/D centers. This issue was specifically raised by PVA's architects as a barrier to projects moving forward and the added funding for minor construction projects is an important step forward in getting veterans the much-needed care they deserve.

Finally, PVA strongly supports passage of the Veterans Accessibility Act (H.R. 7342/S.2516) to ensure that VA complies with federal disability laws and makes its programs accessible for people with disabilities. The bill would establish a 15-person Advisory Committee on Equal Access, which would consist of veterans with disabilities, disability experts, and representatives of advocacy organizations. The committee would be responsible for evaluating and reporting on VA's compliance with federal disability laws and would issue recommendations for how VA can improve its accessibility for people with disabilities. It would also examine the physical accessibility of VA facilities, as well as the accessibility of technology such as websites and apps.

***Access to Inpatient Mental Health and Substance Use Disorder Treatment***—It is a well-established fact that depression is closely associated with poor health outcomes and exposure to higher pain levels often trigger depression among members of the SCI/D community. Having a history of mental illness or substance abuse, current mental illness other than depression, and current abuse of alcohol or illegal substances are also risk factors for depression among the SCI/D community. Substance use disorders (SUD) are prevalent and associated with poor outcomes in individuals with SCI/D, with 14 percent of individuals with SCI/D reporting significant alcohol-related problems and 19.3 percent reporting heavy drinking. Large studies of U.S. veterans and Canadian citizens with SCI/D found that 55 to 79 percent were prescribed opioids, and low-quality evidence shows that risk of opioid misuse is higher in individuals with an SCI/D than in those without. It is estimated that 35.2 percent of individuals with an SCI/D use opioids daily, and that 17.6 to 25.8 percent self-report significant misuse of pain medications. Risk factors for SUD include having paraplegia versus tetraplegia, chronic pain, and low income. [3]

Suicide is a significant issue among our nation's veterans. In U.S. studies, individuals with SCI/D were reported to be three to five times more likely to die of suicide than were those in the general population; however, data for those injured in the last two decades are limited. One study reported a decreasing trend of suicide mortality in SCI/D cohorts from the 1970s to the 1990s, but the observed suicide rate was still at least three times that of the general population even in the later cohorts. Suicidal ideation is common after an SCI/D. Over 13 percent of an SCI/D cohort reported suicidal ideation in the prior two weeks in a cross-sectional analysis, and 7.4 percent reported a lifetime suicide attempt. Studies in non-U.S. populations also found increased suicidal ideation and suicidal attempts in individuals with SCI/D. While the injury or disorder in of itself increases suicide risk, higher risk of death by suicide after SCI/D has been associated with certain demographic (non-Hispanic White race) and injury characteristics (paraplegia, T1-S3 level with American Spinal Injury Association Impairment Scale A, B, or C), as well as a history of drug abuse or current alcohol abuse. [5] In cases where VA mental health or SUD inpatient care is not available, it is provided in alternative VA settings with adequate safety precautions (e.g. one-to-one level of observation) and strong mental health consultation services, or in non-VA settings by referral.

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[3] Bombardier, C. H., Azuero, C. B., Fann, J. R., Kautz, D. D., Richards, D. S., & Sabharwal, S. (In Publication). Management of Mental Health Disorders, Substance Use Disorders, and Suicide in Adults with Spinal Cord Injury. Washington, DC: Paralyzed Veterans of America.

PVA believes it is in the best interest of our members that VA develop national procedures and protocols related to providing mental health and SUD inpatient care for veterans with SCI/D and that information on VA inpatient care for these veterans be tracked and reported.

***Title 38 Protections for Community Care—***PVA remains deeply concerned about the exclusion of protections for injuries that occur as a result of community care. Title 38 U.S.C. § 1151 protects veterans in the event that medical malpractice occurs in a VA facility and some additional disability is incurred or health care problems arise by providing clinical appeal rights, no-cost accredited representation, and congressional oversight and public accountability. However, if medical malpractice occurs during community care, the veteran must pursue standard legal remedies, and is not privy to VA's non-adversarial process. If these veterans prevail on a claim, they are limited to monetary damages instead of enjoying the other ancillary benefits available under Title 38 intended to make them whole again. Congress must ensure that veterans who receive care in the community retain current protections unique to VA health care under 38 U.S.C. § 1151.

**PVA PRIORITY: EXPAND ACCESS TO VA'S LONG-TERM SERVICES AND SUPPORTS**

***Insufficient Long-Term Care Beds and Services for Veterans with SCI/D—***Our nation's lack of adequate long-term care options presents an enormous problem for people with catastrophic disabilities who, because of medical advancements, are now living longer. There are very few long-term care facilities that are capable of appropriately serving veterans with SCI/D. VA operates six such facilities; only one of which lies west of the Mississippi River. All totaled, the department is required to maintain 198 authorized long-term care beds at SCI/D centers to include 181 operating beds.

As of last month, only 169 beds were actually available. This number fluctuates depending on several variables like staffing, women residents, isolation precautions, and deaths. When averaged across the country, that equates to about 3.4 beds available per state. Many aging veterans with SCI/D need VA long-term care services but because of the department's extremely limited capacity, veterans sometimes remain in the acute setting for months or years at a significant cost because other placements are simply not available. Others must reside in nursing care facilities outside of VA that are not designed, equipped, or staffed to properly serve veterans with SCI/D. As a result, veterans staying in community nursing facilities often develop severe medical issues requiring chronic re-admittance back into an acute VA SCI/D center.

VA has identified the need to provide additional SCI/D long-term care facilities and some of these requirements have been incorporated in a pair of construction projects but most of their plans have been languishing for years. In 2021, work began on a replacement acute SCI/D care facility in San Diego that will add 20 new long-term care beds into the system. This construction project is on schedule to open for patient care in early 2025.

Construction of a new long-term care SCI/D center at the VA North Texas Health Care System in Dallas began in January 2024. If everything stays on track, this facility, which is designed to include 30 SCI/D long-term care beds, will be completed in the spring of 2027. The North Texas project also includes shell space for an additional 30 long-term care beds and would provide shared resident dining, kitchen, and living areas to support them, as well as common resident gathering areas and space to support staff on that level. Completing the additional 30 beds would take relatively little effort as the building will already be completed, yet there is currently no funding to support building out the shell space. The need for long-term care beds is particularly severe in the south-central region as there is not a VA SCI/D long-term care center within 1,000 miles of Dallas despite a significant regional population of veterans with SCI/D. Not funding this project postpones the opportunity to further address the shortage of VA long-term care beds for the aging population of veterans with SCI/D.

Additional projects at Brockton, MA, and Bronx, NY, would have added more than 100 additional long-term care beds to VA's inventory but they were set aside in 2012 and 2014 (respectively) even though their project designs were 65 percent complete. Three other projects at Long Beach, CA; St. Louis, MO; and Tampa, FL, would renovate existing facilities that currently house acute and long-term care SCI/D beds. We urge Congress to provide the necessary funding to construct the additional 30 long-term care resident beds at the VA North Texas Health Care System, and allow the other five projects I just mentioned to resume or progress. Also, Congress should direct VA to reassess its current SCI/D long-term care capacity and future SCI/D long-term care needs so adequate resources can be authorized and appropriated.

In addition to ensuring access to VA provided SCI/D long-term care, we support expanding access to assisted living options. Currently, the VA can refer veterans to assisted living facilities, but it cannot directly pay for that care. PVA strongly supports the Expanding Veterans' Options for Long Term Care Act (H.R. 1815/S. 495), which would create a three-year pilot program at six Veterans Integrated Service Networks (VISN), including at least two program sites in rural areas and two in State Veterans Homes to test the benefit of having VA pay for this care. Veterans eligible for the pilot would include those already receiving nursing home-level care paid for by the VA and those who are eligible to receive assisted living services or nursing home care. At the conclusion of the pilot program, participating veterans will be given the option to continue receiving assisted living services at their assigned site, paid for by the VA. We believe this would help veterans and the VA alike by giving greater access to assisted living and reducing costs for long-term care, allowing more veterans to receive needed assistance.

***Improve Availability of VA's Home and Community-Based Services (HCBS)—***I'd like to commend the House on last year's passage of the Elizabeth Dole Home Care Act (H.R. 542), which would make critically needed improvements to VA HCBS, such as lifting the department's cap on the amount they can pay for home care, increasing access to the Veteran Directed Care (VDC) Program and improving support to caregivers of veterans. At the same time, I don't believe I can properly articulate our members disappointment that this critical legislation has not yet become law. I understand this legislation is to be included in a larger package of legislation that is currently being considered by Congress, but I cannot stress enough how important it is to get these provisions enacted into law now.

As reported by the VA, veterans over the age of 85 are the fastest-growing segment of the veteran population. Further, the number of veterans eligible for nursing home care is projected to increase 535 percent, from 62,000 to 387,000, over the next 20 years. The current cost to the VA for nursing home care alone is not sustainable. Alternative home care supports and assisted living offer significant cost savings for veterans who don't require a high level of medical care. A 65-year-old today has almost a 70 percent chance of needing some type of long-term care services and supports in their remaining years and will need it for an average of three years. Twenty percent are projected to need long-term care for five years or more. For those who will need long-term care, costs will average $138,000 annually for these services. Costs to care for an SCI/D veteran would be much higher than that. Although VA has identified the need to construct additional SCI/D long-term care facilities, they have not sought funding for them even as the number of veterans who need access to these facilities increases.

Despite doubling HCBS spending between 2016 and 2021, VA still spends just over 30 percent of its long-term care budget on HCBS, which remains far less than Medicaid's HCBS national spending average for these services among the states. Congress and the VA must work together to ensure that funding and accessibility catches up with and then keeps pace with the demand for these essential services.

Furthermore, the VA is currently prohibited from spending on home care more than 65 percent of what it would cost if the veteran was provided nursing home care. When VA reaches this cap, the department can either place the veteran into a VA community living center or a community nursing home facility or rely on the veteran's caregivers, often family, to bear the extra burden. Depending on the services available in their area, some veterans must turn to their state's Medicaid program to receive the care they need, even for service-connected disabilities.

Amyotrophic lateral sclerosis (ALS) is presumptively related to military service and is rated by the VA at the 100 percent level. And yet, we are aware of many ALS veterans who are not receiving proper home care. Andrew, who served in the Air Force and has been living with this horrific disease for 14 years, is currently bed-bound, paralyzed, non-verbal due to a tracheostomy, on a ventilator, and enteral nutrition-fed. His wife Lisa has had to work hard to secure the equipment and services needed to keep her husband alive and comfortable at home. Now, they are forced to consider giving up VDC in lieu of the Family Caregiver Program, because expenses related to Andrew's care were projected to exceed the cap later this year. This disruption in the continuity of his care should be totally unnecessary, and highlights the need to eliminate the cap, so veterans like Andrew can receive the care he needs. Also, Lisa is at a point in her life where her presence may be needed elsewhere. Her mother was recently diagnosed with cancer and she would like to be able to accompany her children as they explore college opportunities. Knowing that the VA would provide full coverage would allow her to step away to address these important life events.

It isn't just ALS veterans who are impacted by this cap. A 40-year-old SCI veteran who is tracheostomy dependent has been in a facility since 2019 due to the cost of his care. He has a 11-year-old daughter that he cannot see often because of this. Another veteran with a form of multiple sclerosis who has a gastrostomy tube, a tracheostomy and is ventilator dependent is on the verge of ending up in a facility. His family needs 8 hours of care per day on the weekdays but VA is only able to approve 16 hours per week due to costs. Congress needs to pass the Elizabeth Dole Home Care Act to allow the VA to cover the full cost of home-based care services for these veterans and others like them without exhausting their caregivers and leaving them struggling to cobble together the services and supports they need to stay home with their families.

***VDC Program—***PVA strongly believes that the VA and Congress must make HCBS more accessible to veterans. One of the programs that should be expanded to all VA medical centers is the VDC Program. The VDC program allows veterans to receive HCBS in a consumer-directed way and is designed for veterans who need personal care services and help with their activities of daily living (ADL). Examples of the types of assistance they can receive include help with bathing, dressing, or fixing meals. VDC also offers support for veterans who are isolated, or whose caregiver is experiencing burden. Veterans are given a budget for services that is managed by the veteran or the veteran's representative.

Unfortunately, the VDC program is still not available at all VA medical centers and it currently has an enrollment of only about 6,000 veterans. Even though VDC is available at a facility, it doesn't always mean that it is available for veterans throughout the facility's catchment area. Our members and other veterans are constantly asking for help in getting this program implemented at their VA medical care facility. In past years, my predecessors have spoken about Milton, a PVA member who has been waiting more than five years for the Cleveland VA to implement the program. I'm pleased to report that Milton's long wait ended last month when he was the first veteran in Stark County, Ohio, to be enrolled in the program. Now, he has greater control of his care, and the ability to choose direct care providers that he trusts.

Even if the program is available at a particular facility, veterans—*and the staff*—may not be aware of it or given the opportunity to enroll. VA needs to do a better job of educating staff and veterans about the program, and veterans should be given the choice to access it where it is available. While the department is in the process of expanding its VDC program to all VA medical centers, the increase of actual participants has been nominal. We urge Congress to provide the necessary funding so every VA medical center can offer a robust VDC program as quickly as possible.

***Address Direct Care Workforce Shortages—***I consider myself to be extremely lucky to have my wife as my primary caregiver. For more than 30 years, LaShon has been at my side to offer me the care I need and her prolonged presence has been a source of great comfort to me. Some PVA members do not have family members close by or their physical needs are so great that they must secure direct care workers to support them in home and community settings. Anne, an Army veteran and PVA member is a good example. In October 1999, while deploying on a training exercise to Fairbanks, Alaska, she sustained an SCI as a result of a military vehicle accident and since that time has been a quadriplegic. Her spouse, Harry, has been her primary caregiver but Anne's physical needs are so great they also rely on direct care workers to help provide the care she needs. Finding the right candidate who understands the unique nature of the job and possesses the right combination of hard and soft skills to help her proved to be a formidable challenge.

Direct care workers provide a wide range of supportive services to veterans with SCI/Ds including habilitation, health needs, personal care and hygiene, transportation, recreation, housekeeping, and other home management-related supports, so veterans can live and work in their communities and live productive lives. Finding the right candidate who understands the unique nature of the job and possesses the right combination of hard and soft skills to help her proved to be a formidable challenge. She was forced to interview over 100 applicants because most weren't experienced with specialized care or physically strong enough to care for her. She is lucky in a way because she resides in a major metropolitan area so at least there are candidates to interview. However, she hasn't been able to find any appropriate candidates recently.

The shortage of caregivers or home care workers is not unique to the VA. Across the country, there is an increasing shortage of direct care workers, and a national effort is needed to expand and strengthen this workforce. I share these stories to emphasize how precarious the HCBS/long-term care system is and how the lack of home care providers is adversely impacting the care and quality-of-life of veterans with SCI/D. Veterans with disabilities have the right to quality care in their homes.

Increasing the amount veterans can pay for essential caregivers is a necessary component of attracting and retaining a diverse set of people to provide HCBS but raising pay alone is not sufficient to solve the crisis we face. Utilizing multiple strategies, such as raising public awareness about the need and value of caregiving jobs, providing prospective workers quality training, and developing caregiving as a sound career choice are a few of the other changes that could help turn this problem around. On a national level, Congress could consider establishing a College Service Corps that provides incentive bonus awards to college students who agree to serve as a direct care worker for a specific timeframe. Meanwhile, the VA should develop a pilot program that retains the former caregivers of veterans to care for other veterans. These individuals are familiar with the unique needs of veterans and the many nuances of the VA healthcare system making them a provider of choice for other disabled veterans.

Finally, last year, PVA voiced concerns about veterans with catastrophic disabilities having to rely on their caregiver during hospitalization, and if they are enrolled in the VDC Program, when the veteran is hospitalized, VDC payment is discontinued until the veteran is discharged from hospital care. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks veterans with SCI/D need.

Prior to April 2023, veterans with high-level quadriplegia and other disabilities were required to pay out of pocket for their caregivers or caregivers donated their time, as veterans could not receive caregiving assistance through VA programs while in an inpatient status. PVA raised this issue to the attention of VHA's Geriatric and Extended Care (GEC) national program office. Last year, GEC issued guidance to the field stating if a veteran is assigned Case Mix "V" or who has a score of "K" they may continue to receive VDC services during inpatient hospitalization, if it is clinically indicated and in support of the veteran's care needs. The Case Mix Tool is specifically designed to assist clinicians in determining the appropriate budget to best support veterans' home care needs.

While we greatly appreciated this change, it benefits a very limited number of veterans. Plus, it excludes many deserving veterans with catastrophic disabilities who rely on caregivers, but are not assigned into Case Mix "V" or have a score of "K." Many SCI/D veterans are still unable to receive payment for their caregivers when they are hospitalized. This limitation must be addressed as these veterans not only need their caregivers while hospitalized but also to ensure that they can be timely discharged home.

***Assistance for Family Caregivers—***Executing the Program of Comprehensive Assistance for Family Caregivers (PCAFC) continues to be challenging for the VA. As of January 1, 2024, the VA reported having 10,460 applications in process, but the department is no longer reporting the number of approved applications. Instead, they are reporting the percentage of approvals reported by VISN. Without being able to track the number of applications approved in comparison to the number of pending applications it is difficult to keep track of their progress.

VHA is currently working on a rulemaking to make changes to the current caregiver regulation and an announcement about those proposals is expected soon. In the meantime, I would like to highlight several concerns that consistently pose challenges for our members in accessing and benefiting from this critical program to ensure you are aware of them.

First, we strongly believe that the PCAFC should be reformed to ensure that veterans' efforts to be independent, when possible, do not disqualify them from participating in this program. The current requirement for veterans to need assistance "each time" they perform an ADL[4] is overly restrictive and fails to recognize the reality of living with a catastrophic disability. As a result, veterans have been unjustly denied participation in the PCAFC. Instead, VA should adopt a less stringent requirement, such as "regularly requires" assistance.

In addition, we continue to be concerned by the requirement for veterans to have a 70 percent disability rating in order to be eligible for the PCAFC. As PVA noted in our May 2020 comments on the proposed rule, "the necessary VA rating should be lowered to 50 percent or more; or as combined with any other service-connected disability or disabilities for a combined rating of 50 percent or more. Congress believed that these veterans were of the highest concern, and assigned them to VA health care priority group one, which is the highest priority group a veteran can be assigned."[5] We firmly believe the current rating requirement is too restrictive as it has prevented many deserving veterans from being eligible for the program and it should be lowered to 50 percent. VA should also address the onerous criteria for assignment to the highest tier under the PCAFC. Veterans with significantly different levels of disability are assigned to the lowest tier, because of the overly restrictive criteria for the highest tier.

[4] 38 C.F.R. § 71.15.
[5] Paralyzed Veterans of America, Comment Letter on Proposed Rule about the Program of Comprehensive Assistance for Family Caregivers Improvements and Amendments Under the VA MISSION Act of 2018 (May 5, 2020).

I'm in the PCAFC and was assigned the lowest tier. Out of curiosity, I asked a nurse in the program what it would take for a veteran to be placed in the higher tier. Essentially, she told me they would have to be bedbound and incoherent in order for that to happen.

VA's current requirement fails to recognize that veterans who are able to have a measure of independence still may need significant caregiver assistance in completing their ADLs. PVA raised this concern in our comments to VA's proposed rule in May 2020. We noted that, "Requiring a veteran to be fully dependent on a caregiver each time he or she completes three or more ADLs will result in few veterans being eligible for the higher-level stipend. VA should reconsider this requirement because it works against the department's efforts to foster veterans' independence wherever and whenever possible and promotes total reliance on a caregiver."[6] This concern has now become a reality and VA must remedy this problem when revising the PCAFC rule. In the alternative, VA should provide additional tiers to recognize the diversity of care needs and the burden on family caregivers.

***Codify VA's Bowel and Bladder Program—***SCI/Ds can significantly impact a person's quality of life, and neurogenic bladder and bowel dysfunction are crucial aspects of their care. These conditions affect many veterans with SCI/Ds and can lead to complications, re-hospitalizations, and mortality. Therefore, managing neurogenic bladder and bowel requires specialized attention, as it can be costly, is unrelenting over time, often necessitates substantial caregiver support, and is essential for maintaining veterans' health and well-being.

VA's Bowel and Bladder program is administered by VHA's SCI/D National Program office. Veterans with SCI/D who qualify for bowel and bladder care may receive that care through a home health agency, a family member, or an individually employed caregiver. The clinic of jurisdiction, or VA medical facility, authorizes bowel and bladder care under the Office for Integrated Veteran Care (IVC), to enrolled veterans with SCI/D who are dependent upon others for bowel and bladder care while residing in the community. As soon as designated caregivers successfully complete training from the VA, all necessary forms are forwarded to IVC for sign off and approval of the authorization process. Additionally, the caregiver must obtain a National Provider Identifier, complete a Veteran Care Agreement (VCA), track the amount of time needed to perform the veteran's bowel and bladder care on a daily basis and submit it along with a VA Form 10-314, Request for Payment of Bowel and Bladder Services, to be reimbursed.

The current program is fraught with challenges for caregivers and is unevenly applied across the VA system. Timely reimbursement and the tax treatment of payments are the chief complaints of PVA members who must rely on bowel and bladder care to meet their needs. A good example is John, who provides bowel and bladder care for his wife Julie, an Army veteran who suffered a SCI/D in a car accident and is a paraplegic. Despite filing a recent reimbursement claim on time, VA's payment failed to materialize so he reached out to PVA for assistance. While trying to rectify the situation, we were told the delay stemmed from a requirement that payments over $1,000 require a second signature. Oddly, his monthly reimbursement payments have exceeded this level for the past two years and were not subjected to this same requirement.

Delays like this should not be taken lightly because of the adverse impact they have on the veteran and their family. In this case, delaying the flow of income into their home forced John and Julie to take money out of their savings to ensure their bills were paid.

Unlike virtually all other VA payments, including those provided through the PCAFC, Bowel and Bladder program reimbursements are taxable. Even family caregivers are considered federal contractors for providing this care

[6] *Id.*

and must pay self-employment tax. Harry, caregiver for his wife Anne, a PVA member, pays $3,500 to $3,700 in self-employment taxes each year. He figures he is probably making a quarter of what the VA would pay an agency to provide the care. Anne appreciates that her husband is able to provide her much better care than anybody else, but is disappointed that he is only receiving minimal pay to provide the life-sustaining care she must have on a regular basis due to her service-connected disability.

Another compelling reason to make the Bowel and Bladder program a statutory requirement is that the current program fails to offer veterans due process. There is no formal notification to the veteran, caregiver, or the provider that a VCA agreement is coming up on its three-year renewal and that it must be re-signed. Hence, due to the lack of notification, veterans and caregivers continue to file monthly claims and out of the blue payments stop and they don't know why. Getting the program reinstated is a tremendous challenge and due to lack of payment, the veteran may actually lose the caregiver. The whole process starts all over again, with the veteran having to find, train, and formally designate a caregiver which can take weeks to months to complete this process; putting the veteran with SCI/D at risk due to not receiving timely bowel and bladder care. In similar fashion, a veteran or caregiver are not notified if they file a monthly claim that has errors or missing information nor how to correct them. They just simply don't get paid and it is up to the veteran or caregiver to reach out to the IVC to find out why.

The Bowel and Bladder program is a life-sustaining program providing support to veterans with SCI/Ds. Codifying the program would allow Congress to finally resolve the tax burden and delayed payments for family members who perform bowel and bladder care. And as principal users of the program, we hope that Congress and the VA will provide PVA ample opportunity to “shape” the program’s language.

**PVA PRIORITY: IMPROVE VA BENEFITS AND HEALTH CARE SERVICES FOR PARALYZED VETERANS AND THEIR SURVIVORS**

***Special Monthly Compensation (SMC) Aid and Attendance Rates***—There is a well-established shortfall in the rates of SMC paid to the most severely disabled veterans. SMC represents payments for “quality of life” issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction, or the need to rely on others for ADLs like bathing or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, PVA does not believe that a veteran can be totally compensated for the impact on quality of life, however, SMC does at least offset some of that loss. Many severely disabled veterans do not have the means to function independently and need intensive care on a daily basis. They also spend more on daily home-based care than they are receiving in SMC benefits.

One of the most important SMC benefits is Aid and Attendance (A&A). Securing the services of a direct care provider is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. Many PVA members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC beneficiaries at the R-2 compensation level (the highest rate available).

Ultimately, they are forced to progressively sacrifice their standard of living in order to meet the rising cost of the specialized services of a trained caregiver; expensive maintenance and certain repairs on adapted vehicles, such as accelerated wear and tear on brakes and batteries that are not covered by prosthetics; special dietary items and supplements; additional costs associated with needed “premium seating” during air travel to decrease the chance of injury in boarding and deplaning; and higher-than-normal home heating/air conditioning costs in order to accommodate a typical paralyzed veteran’s inability to self-regulate body temperature.

Likewise, SMC fails to account for the cost of ordering things when the in-person pickup option is not accessible, building a wheelchair ramp, acquiring and maintaining service animals, buying a more expensive car in order to accommodate a larger power wheelchair, purchasing food for special diets, or paying more for housing in order to find a place that is accessible and convenient. Oftentimes, veterans are forced to dedicate more and more of their monthly compensation to supplement the shortfalls in the A&A benefit, it slowly erodes their overall quality of life and can lead to health issues.

Both SMC and A&A are subject to annual cost-of-living increases but the formula used to establish the increase often understates the actual rate of increase in goods and services required by these individuals. Also, the baseline rates have not been examined by Congress in years. We urge the Committees to review and subsequently increase the rates of SMC and A&A soon to ensure these benefits meet the needs of veterans, their spouses, surviving spouses, and parents.

***Military Sexual Trauma (MST)***—During the 117th Congress, several bills were passed that improved processes for the survivors of MST. The MST Claims Coordination Act (P.L. 117-303) ensures improved communication and engagement between the Veterans Benefits Administration and the VHA which will assist survivors in accessing mental health support and improve the benefit filing experience. This should reduce gaps in care during the claims process.

While this law should improve the process, there is still plenty of work to be done. Per the Department of Defense's (DOD) Annual Report on Sexual Assault for FY 2022, 8.4 percent of active-duty women and 1.5 percent of active-duty men experienced unwanted sexual contact. It is important to highlight that those figures account for almost 36,000 servicemembers, all of whom might seek benefits and services from the VA due to MST.

With increasing numbers of servicemembers reporting unwanted sexual harassment, attention, and other behaviors experienced throughout DOD, Congress must pass H.R. 2441/S. 1028, the Servicemembers and Veterans Empowerment and Support Act of 2023, which expands the qualifying characteristics of MST, improves the benefits process, and increases access to health care for MST survivors.

Congress and the VA must continue to work with VSOs to identify gaps in support and ensure that all MST survivors are treated with dignity and respect. Because of the lasting psychological and physiological impacts of this trauma, it is critical that the VA fully train its MST coordinators and ratings officials to the sensitive nature of these claims as well as the range of issues and symptoms experienced with MST, particularly for veterans with complex injuries and illnesses.

***Concurrent Receipt***—The issue of concurrent receipt falls under the purview of the Armed Services Committees but it is closely linked with the VA Committees' efforts. A pair of changes approved by Congress in the mid-2000's allowed military retirees with over 20 years of service and VA disability ratings of 50 percent or greater to receive their military retired pay and VA disability compensation payments without offset. A lone exception to the 20-year requirement was granted for servicemembers retired under the Temporary Early Retirement Authorities Congress granted to the Department of Defense in the National Defense Authorization Acts for FY2012 and FY2017 (P.L. 112-81 and P.L. 114-328). Despite these reforms, thousands of military retirees continue to have their military retirement offset by VA disability payments today. Congress should pass legislation allowing all military retirees to retain their full military retired pay and VA disability compensation without any offsets.

***Benefits for Surviving Spouses***—Our oldest veterans are passing away and, in the case of many of our members, their surviving spouses were their primary caregivers for 40 years or more. Many of them were not able to work

outside of the home. When a service-connected SCI/D veteran passes away, monthly compensation that may have been upwards of $10,000 a month stops, and their surviving spouse receives roughly a fifth of that per month in Dependency and Indemnity Compensation (DIC), creating a tremendous hardship on those left behind. Adjusting to this precipitous drop of revenue into the household can be too difficult for some surviving spouses who may be forced to sell their homes and move in with friends or family members.

Losing a spouse is never easy but knowing that financial help will be available following the death of a loved one can ease this burden. DIC is intended to protect against survivor impoverishment after the death of a service-disabled veteran. In 2024, this compensation starts at $1,612.75 per month and increases if the surviving spouse has other eligible dependents. DIC benefits last the entire life of the surviving spouse except in the case of remarriage before a certain age. For surviving children, DIC benefits last until the age of 18. If the child is still in school, these benefits might go until age 23.

The rate of compensation paid to survivors of servicemembers who die in the line of duty or veterans who die from service-related injuries or diseases was created in 1993 and has been minimally adjusted since then. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent. This difference presents an inequity for survivors of our nation's heroes compared to survivors of federal employees. DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved one.

PVA strongly believes the rate of compensation for DIC should be indexed to 55 percent of a 100 percent disabled veteran's compensation and we urge Congress to pass the Caring for Survivors Act of 2023 (H.R. 1083/S. 414), which would increase the rate of compensation for DIC payments to achieve parity with similar compensation federal employees' survivors receive

Additionally, if a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death, their surviving spouse can receive an additional amount (currently $342.46) per month in DIC. This monetary installment is commonly referred to as the DIC "kicker." Unfortunately, surviving spouses of veterans who die from ALS rarely receive this additional payment. ALS is an aggressive disease that quickly leaves veterans incapacitated and reliant on family members and caregivers. Many spouses stop working to provide care for their loved one who, once diagnosed, has an average lifespan of between three to five years; thus, making it very difficult for survivors to qualify for the kicker.

As previously stated, the VA already recognizes ALS as a presumptive service-connected disease, and due to its progressive nature, automatically rates any diagnosed veteran at 100 percent once service connected. The current policy fails to recognize the significant sacrifices these veterans and their families have made for this country and I urge Congress to pass the Justice for ALS Veterans Act (H.R. 3790/S. 1590) to provide the DIC kicker to eligible survivors of veterans who died of service-connected ALS.

***Transportation Programs and Supports—***Access to safe and reliable transportation is essential to the mobility, health, and independence of catastrophically disabled veterans, just like everyone else. Thus, addressing transportation concerns is a top priority for PVA. Transportation is the largest barrier to health care access to over five million veterans living in rural and urban areas and especially the catastrophically disabled. It is important to understand this because according to the VA, missed appointments cost the department over $4 billion per year and most are due to lack of transportation. That number may be higher since it probably didn't account for veterans who are not eligible for travel reimbursement. From an economic standpoint, missed

appointments set off a cascade of higher costs in the VA healthcare system, through the ripple effect created by patients with a higher risk of negative health outcomes to clinicians and medical assistants in rescheduling.

Several PVA members have received the additional automobile allowance approved by the last Congress as part of the Veterans AUTO and Education Improvement Act (P.L. 117-333). You have given them the means to not only purchase a new vehicle but also preserve their independence. We hope you would consider providing a similar auto allowance to veterans with non-service-connected catastrophic disabilities. Like those with service-connected disabilities, these veterans served honorably. They are eligible for VA health care and having access to an adapted vehicle helps them get to and from their appointments at the VA, particularly if they live in a rural area.

The Veterans AUTO and Education Improvement Act also changed the definition of "medical services" to include certain vehicle modifications (e.g., van lifts) offered through VA's Automobile Adaptive Equipment program. Specifically, it amended the definition of "medical services" under 38 U.S.C. § 1701(6) to include the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning and wheelchair tiedowns for passenger use. The change was intended to codify VA's existing practice of furnishing certain items, like van lifts and wheelchair tiedowns to catastrophically disabled veterans. However, where the VHA has used these items as examples, the statute defines them as the only types of modifications that are permissible. Like the VA, we agree that a technical amendment to 38 U.S.C. § 1701(6) is needed to give the department greater flexibility in making the necessary modifications to veterans' vehicles to ensure they can safely enter, exit, or operate the vehicle and transport needed equipment, including power wheelchairs. The new law inadvertently limits the scope of an existing benefit and these changes better reflect the congressional intent of the original provision.

Even if they have access to an adaptive vehicle, some PVA members do not qualify for beneficiary travel when traveling to and from a VA medical facility for an appointment. A case worker recently shared with us that she has been working with an 85-year-old veteran paraplegic whose transportation issues have had a significant negative impact on his physical and mental health over the past 2-3 years. He is just over the income limit for VA funded travel and therefore has to try and find his own transportation to the VA for SCI/D care. County agencies are extremely limited in the help they can provide due to staffing issues, and his wife's ability to transport him is even more limited due to age and health related issues of her own. The veteran has missed a multitude of medical appointments, including those for pain management and outpatient physical/occupational therapy. His physical and mental health is rapidly deteriorating, to the point he is verbalizing symptoms of high anxiety, lack of sleep, depression and passive suicidal ideation. The VA referred him to mental health support groups and individual psychotherapy, however, the underlying problem of not having consistent transportation to the VA remains. His lack of transportation has clearly had a "snowball effect" on his health and unless the issue of his lack of access to transportation is addressed, his condition will continue to get worse.

In 2017, Congress amended the beneficiary travel rule to authorize travel for any veteran traveling with vision impairment, a veteran with a SCI/D, or a veteran with double or multiple amputations. To be eligible for beneficiary travel under this change, the travel must be in connection with care provided through a special disabilities' rehabilitation program of the department (including programs provided by SCI/D centers, blind rehabilitation centers, and prosthetics rehabilitation centers) and if such care is provided on an in-patient basis; or during a period VA provides the veteran with temporary lodging to make such care more accessible to the veteran. Unfortunately, the language of that amendment excluded catastrophic veterans from beneficiary travel when traveling to a special disabilities' rehabilitation program for outpatient services. Veterans, service officers, and VA staff consistently cite the lack of travel reimbursement as a major impediment for veterans to get the care they need. The exclusion of travel reimbursement for outpatient care may well have been a cost saving

move, but it results in higher health care costs for the VA and poorer health outcomes for veterans due to delayed treatment or diagnosis.

For those eligible for beneficiary travel, the rate of reimbursement is too low. Fourteen years ago, Congress passed legislation to set the mileage reimbursement rate at a minimum of $0.41 per mile which at the time was comparable to rates federal employees were reimbursed for work-related travel. This law also gave the Secretary the authority to increase rates going forward to be consistent with the mileage rate for federal employees for the use of their private vehicles on official business, as established by the Administrator of the General Services Administration (GSA). Since that time, VA's travel mileage reimbursement rate has remained stagnant, even while gas prices and other costs like auto insurance and vehicle maintenance costs have increased significantly. Meanwhile, GSA has increased its mileage reimbursement rates to 65.5 cents per mile. PVA urges Congress to pass the Driver Reimbursement Increase for Veteran Equity Act (DRIVE Act) (H.R. 1278/S. 522) to ensure VA's rate matches GSA's rate.

VA's Beneficiary Travel Self-Service System (BTSSS) also needs more attention. Launched in late 2020, the new cloud-based system was intended to improve the process for veterans to submit and track transportation reimbursements using VA's secure web based BTSSS portal. However, PVA members and other veterans routinely voice concerns over how difficult the system is to navigate. One member shared that the kiosks were removed from his clinic and replaced with QR codes. However, this veteran did not have a smart phone, so he was unable to access the portal when he needed it. Another member recently moved, and he was blocked from accessing the portal because his address didn't match VA records. When he tried to correct his information with the assistance of VA staff, they were still unable to gain access to the platform.

As VA modernizes and upgrades platforms and engagement methods, it is critical to remember that many veterans do not have equitable access to computers, broadband, and even smart phones. The traditional ways of accessing VA benefits are still necessary for our rural, low-income, disabled, and aging veterans. To ignore them and their needs, is not an option.

Finally, a robust network of public transportation such as buses, subways, and paratransit services for people with disabilities is often not available outside of urban areas. Truth be told, what is available within urban areas may not be suitable for SCI/D veterans either. VA's Veterans Transportation Service provides transportation to help veterans who live within a VA medical center's catchment area to get to and from medical appointments. Unfortunately, it is not available at all VA facilities and cannot help veterans who live beyond a certain distance of the medical center.

Passage of legislation like the Rural Veterans Transportation to Care Act (S. 3751) would help more veterans in rural areas get transportation to VA health facilities and access the health care benefits they've earned. The bill expands eligibility to the VA's Highly Rural Transportation Grant Program, which provides grant funding for VSOs and State Veterans Service Agencies to provide veterans transportation in eligible counties. It also increases grant rates to help organizations purchase a vehicle that complies with the Americans with Disabilities Act.

Many veterans have experienced travel delays and no shows for scheduled pick-ups with the systems that are available. Too often, their travel service is late in picking them up so they are late for appointments and forced to reschedule them. Also, there are times when the travel contractor never picks them up at all and they do not contact the waiting veteran, so they are forced to reschedule their travel and their appointment. Congress and the VA must work together to improve travel options for catastrophically disabled veterans, including those who live in rural areas.

***Life Insurance Benefits—***Congress passed a provision included in the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L 116-315) reforming the Service-Disabled

Veterans Life Insurance (S-DVI) program. The newly implemented Veterans Affairs Life Insurance (VALife) program provides guaranteed acceptance whole life coverage of up to $40,000 to veterans with service-connected disabilities. Lesser amounts are available in increments of $10,000. Under this plan, the elected coverage takes effect two years after enrollment as long as premiums are paid. If the veteran passes away during the two-year period, then premiums are refunded but no benefit is paid.

Requiring a two-year waiting period for full insurance coverage has a detrimental effect on veterans with ALS, because many do not live that long. The same issue applies to veterans with other terminal diseases, like service-connected cancers. Additionally, under SDV-I, veterans rated 100 percent service connected did not have to pay premiums. In 2023, under VALife, if a 100 percent service-connected veteran is 79 years old, the premium for a $20,000 policy would be $242.80, and for a $40,000 policy, it would be $485.60. If a veteran has a 50 percent disability and applies for a $40,000 policy, 45 percent of their monthly compensation would be taken to pay for insurance premiums. Congress must reinstate the premium waiver for veterans with 100 percent service-connected disabilities and waive the two-year contestability period for veterans with ALS and other service-related disabilities. Additionally, there is no form to complete for VALife, the only way to apply is online. This can be a significant challenge for catastrophically disabled veterans and VA should consider increasing the number of ways interested veterans can apply for the program. VA's lack of compliance with website accessibility standards[7] supports our belief that additional application options are necessary.

***Home Modification Grants—***Improvements are long overdue for VA's Home Improvements and Structural Alterations (HISA) program. HISA grants help fund improvements and changes to an eligible veteran's home. Examples of qualifying improvements include improving the entrance or exit from their homes, restoring access to the kitchen or bathroom by lowering counters and sinks, and making necessary repairs or upgrades to plumbing or electrical systems due to installation of home medical equipment. A lifetime HISA benefit is worth up to $6,800 for veterans who need a housing modification due to a service-connected condition. Veterans who rate 50 percent service connected may receive the same amount even if a modification is needed due to a non-service-connected disability. Veterans who are not service connected but are enrolled in the VA healthcare system can receive up to $2,000.

These rates have not changed since 2010 even though the cost of home modifications and labor has risen more than 50 percent during the same timeframe. As a result, that latter figure has become so insufficient it barely covers the cost of installing safety bars inside a veteran's bathroom. Congress needs to pass legislation, such as the Autonomy for Disabled Veterans Act (H.R. 2818/S. 3290) or the Autonomy for All Disabled Veterans Act (H.R. 4047) to raise HISA grant rates and index the grant to account for inflation and increased construction costs.

***Health Care and Benefits for Women Veterans—***Among the veteran population, women are the fastest-growing cohort. Women veterans, including those with SCI/D, need access to comprehensive, gender-specific care, services, and support that meet them where they are. The VA should be providing the highest standards of care when it comes to quality, privacy, safety, and dignity. The VA has a robust SCI/D system of care to serve the needs of veterans with SCI/D, but there needs to be greater collaboration with SCI/D centers and gender-specific care for our women veterans.

PVA is pleased with the increased funding that Congress provided for gender-specific care and programs in VA's FY 2023 budget and encourage you to carefully track how the department is using this funding. This would help

[7] VA Should Enhance Its Oversight to Improve the Accessibility of Websites and Information Technology Systems for Individuals with Disabilities (vaoig.gov)

ensure the funds are being used for gender-specific care, and guarantee that women veterans with SCI/D are not ignored when it comes to resource allocation. Considerable progress was made in the last Congress with the passage of the MAMMO Act (P.L. 117-135), and the SERVICE Act (P.L. 117-133), but other accessibility issues across the VA system of care still need to be addressed. VA needs to do an assessment of accessible medical diagnostic equipment to ensure that all veterans have the same access to health care and services. Exam room tables and chairs and imaging equipment may be inaccessible for non-ambulatory veterans.

As VA and Congress work together to oversee the implementation of accessible medical equipment across the system, PVA asks for transparency and cooperation from both. PVA would also like to stress that while women veterans may be the fastest growing cohort of veterans, and per the VA they comprise 30 percent of new VA users, the average age of a woman veteran is from 55-62, meaning that the average woman veteran needs increased menopausal care and other resources for aging women.

***Assisted Reproductive Technologies (ART)***—Recognizing the need for ART options, Congress granted temporary authorization in 2016 for the VA to provide in vitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy. This temporary authorization has been reapproved multiple times, but Congress has always stopped short of permanently authorizing it and expanding the types of ART provided to veterans. While PVA is grateful for these provisions, it is time to permanently fund these treatments and include infertility as part of the regular medical service package offered by the VA.

In August 2023, the National Veterans Legal Services Clinic at Yale Law School filed a lawsuit against the DOD and the VA challenging IVF policies claiming they were unlawful. Current policy states that only veterans with a service-connected infertility diagnosis, or their spouse, are eligible to receive fertility treatment through the VA, but only if the veteran was able to produce their own genetic materials (sperm/egg), and only if they were married to someone of the opposite sex.

In January 2024, DOD announced the department was proactively making changes to the existing policy by abolishing the ban on donated genetic material and eliminating the marriage requirement to access IVF services. Days later, the VA put out a press release stating an intent to do the same. While PVA commends both DOD and VA for reducing access barriers to IVF, we will remain cautious until the VA releases the policy change for review. We urge the VA to work with external stakeholders in drafting the new policy to ensure that more veterans are eligible to use the benefit and to avoid exclusionary language that might impact eligibility.

These are great first steps towards ensuring that veterans can access IVF services at the VA, however, a service-connected disability is still required to receive this benefit. Infertility is a difficult experience that can often take months or years to diagnose, and proving service-connection is even more difficult. PVA believes that infertility should be another diagnosis included in the medical benefits package offered to covered veterans through the VA. To improve access to fertility services and ensure that all veterans can receive treatment if they receive an infertility diagnosis, Congress should pass the Veterans Infertility Treatment Act (H.R. 544) or the Veteran Families Health Services Act of 2023 (H.R. 5492/S. 2801), which would allow appropriate infertility treatments to be authorized as part of the medical benefits package.

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that directly impact PVA's membership. We look forward to continuing our work with you to ensure that veterans get timely access to high quality health care and all the benefits that they have earned and deserve. I would be happy to answer any questions.

**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 2023***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $479,000.

***Fiscal Year 2022***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $ 437,745.

**Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

**ROBERT L. THOMAS JR.**
**PVA NATIONAL PRESIDENT & CHAIRMAN OF THE BOARD**

PVA has changed my life by introducing me to things that I believed to be over when I became injured, such as the National Veterans Wheelchair Games, and showing me that you can still live a fulfilling life although you have sustained a catastrophic injury."

Robert Thomas grew up in Cleveland, Ohio and played football and basketball. He enlisted in the U.S. Army shortly after graduating high school in 1987. Thomas served as a power generation equipment specialist at Fort Sill, Oklahoma; Camp Humphreys, South Korea; and Fort Bragg, NC. While on active duty, in 1991, Thomas had a diving accident that severed his fifth and sixth vertebrae. He was introduced to PVA through the Cleveland VA Medical Center. PVA helped him navigate his new life by working to obtain his earned benefits through the VA, and reintegrating him back into society through social outings with the recreational therapist.

Thomas joined PVA in 1993 as a member of the Buckeye Chapter of PVA in Ohio, and a little while later, began volunteering with the chapter. He took some time off to earn his associate degree in Information Technology, and returned to the Buckeye Chapter of PVA board in 2010. He served as the chapter's vice president from 2012-2015, and as the chapter's representative on the national Field Advisory Committee and the Resolution Committee.

Thomas was elected as President of PVA May 2023 during the organization's 77th Annual Convention, to begin a new, one-year term on July 1, 2023. He initially joined PVA leadership at the national level in 2015 as the parliamentarian, and was elected to serve on the Executive Committee in 2017.
Thomas continues to serve PVA because he wants to help lead the organization well into the future. "My inspiration to serve stems from PVA's past and present leadership," Thomas says. "Being a member for 30 years and seeing how unselfishly each leader, member, employee, and volunteer gives of themselves makes me want to continue to serve an organization that does so much for veterans and the disabled community."

In addition to serving as President of PVA, Thomas currently serves as the chair of PVA's Education Foundation. He was also appointed to the VA's Family Caregiver and Survivors advisory committee. Thomas and his wife, LaShon, live in Macedonia, Ohio. Thomas enjoys reading, watching sports, and playing adaptive sports like power soccer, bowling, air guns, and scuba diving.

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**WOUNDED WARRIOR PROJECT**

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

**On**

**Wounded Warrior Project's 2024 Legislative Priorities**

**March 6, 2024**

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 2024. Our commitment to honoring and empowering wounded warriors is as strong as ever and we are grateful for this opportunity to share how our experience serving veterans across the country has shaped our recommendations to improve their lives through public policy.

In 2023, WWP celebrated our 20th year of service to America's post-9/11 wounded warriors. We are proud to serve over 200,000 veterans and more than 50,000 of their family support members. Recently we have surpassed 1.8 million program transactions ranging from connection, mental health and wellness, physical health, financial wellness assistance, and long-term support for the critically wounded; published our 2023 Women Warriors Report; and launched the MyWWP mobile app and web portal to provide more opportunities for registered warriors and family members to connect, stay in touch, and sign up for WWP services, events, and programs. In just the last year (October 1, 2022, to September 30, 2023), WWP:

- Provided warriors and family members with more than **66,300** 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 **19,500** emotional support calls to warriors and their families to help mitigate psychological stress and improve quality of life and resilience;
- Delivered over **241,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them live more independent lives for as long as possible;
- Helped place over **1,500** warriors and family members with new employers;
- Secured over **$175 million** in Department of Veterans Affairs (VA) disability compensation benefits for warriors;
- Facilitated over **2,100** warrior-only peer-to-peer support group meetings; and
- Hosted more than **7,800** virtual and in-person events and programming engagements, keeping warriors and their families connected and out of isolation.[1]

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

While we stand proud of our efforts, we also recognize that no one organization can do it alone. Our work extends even further thanks to our amazing community partners. WWP proactively collaborates with best-in-class military and veterans service organizations, acknowledging that no single organization can meet the care and support needs of all wounded, ill, or injured post-9/11 veterans, families, and caregivers. Since 2012, WWP has supported 212 military and veteran-connected organizations through grants, reinforcing our programmatic efforts and expanding impact in alignment with our mission to honor and empower wounded warriors. Through these targeted investments, WWP is helping to reduce duplicative efforts across the community and grow a comprehensive network of support. In FY 2022 alone, WWP grants to partner organizations extended our impact to more than 55,000 veterans, caregivers, family members, and military-connected children. Through these partnerships, WWP invests in programs that address overall quality of life, reduce suicide risks, and support high-need populations within the focus areas of connection, family resiliency, financial readiness, and visible and invisible wounds.[2]

Our legislative priorities for the remainder of the 118th Congress reflect many of the same calls to action that we provided in 2023. A broad invitation to enhance veterans' financial security was answered with the *Veterans Compensation Cost-of-Living Adjustment Act* (P.L. 118-6) while a specific ask to make VA disability claims files available through easy, secure online portals was addressed by the *Wounded Warrior Access Act* (P.L. 118-21). And as we look ahead to the remainder of the Second Session, several specific bills have been introduced that provide tangible actions Congress can direct to improve the lives of wounded warriors:[3]

***Mental Health and Suicide Prevention***: Mental health conditions continue to be the leading service-related health issues reported by WWP warriors. The top three are PTSD (75.9%), anxiety (75.7%), and depression (74.3%). We support:

- *Not Just a Number Act* (S. 928, H.R. 4157)
- *Making Community Care Work for Veterans Act* (S. 2649)
- See page 4 to read more about our calls to action related to community alignment, opioid and substance use disorders, residential care, telehealth, and psychedelic assisted therapy.

***Women Veterans***: Women represent the fastest growing population in both military and veteran communities and why WWP initiated our Women Warriors Initiative in 2020 and is currently gathering data for our third edition of the WWP Women Warriors Report. Women warriors face unique challenges while they serve in the military and as they transition to civilian life. We support:

- *Maternal Health Care for Veterans Act* (H.R. 3303)
- *Edith Nourse Rogers STEM Scholarship Opportunity Act* (H.R. 5785)
- *Servicemembers and Veterans Empowerment and Support Act* (S. 1028, H.R. 2441)
- See page 10 to read more about our calls to action related to gender-specific care, military transition, and mental health.

[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***: Many warriors sustained injuries and health conditions that can make their financial situations more difficult to navigate. Inflation, lower-paying jobs, and unemployment have made it especially difficult for some. We support:

- *Major Richard Star Act* (S. 344, H.R. 1282)
- *GROW for Our Veterans Act* (H.R. 1786)
- *Employing Veterans to Feed America Act* (H.R. 5014)
- See page 14 to read more about our calls to action related to concurrent receipt, warrior employment, and Veteran Readiness & Employment.

***Toxic Exposure***: Health care eligibility and an improved disability benefits process for veterans with a history of toxic exposure were the central tenets of our efforts to help pass the *Honoring Our PACT Act*, but our work is not finished. We support:

- *Veterans Exposed to Toxic* (*VET*) *PFAS Act* (H.R. 4249, S. 2294)
- *Aviator Cancer Examination Study* (*ACES*) *Act* (H.R. 4886)
- See page 18 to read more about our calls to action related to PACT Act implementation, PFAS exposure, cancer incidence in missileers, and cancer incidence in military aviators.

***Brain Health***: Our nation's most severely wounded warriors and their families deal with complex, life-altering injuries that require ongoing, specialized support particularly as they age and face additional health complications stemming from their injuries. We support:

- *Traumatic Brain Injury Program Reauthorization Act of 2024* (H.R. 7208)
- *Expanding Veterans' Options for Long-Term Care Act* (S. 495, H.R. 1815)
- *Innovative Cognitive Care for Veterans Act* (H.R. 5002)
- See page 22 to read more about our calls to action related to TBI research and long-term care and support.

***Caregivers***: The Program of Comprehensive Assistance for Family Caregivers (PCAFC) must continue to support veterans who require great care and attention, even if they are not completely dependent on their caregivers. Caregivers themselves also require special help. We support:

- *Elizabeth Dole Home Care Act* (S. 141, H.R. 542)
- *Caregiver Outreach and Program Enhancement* (*COPE*) *Act* (H.R. 3581)
- See page 25 to read more about our calls to action related to PCAFC eligibility, caregiver health needs, and caregiver finances.

***Quality of Life***: Where veterans live, where they travel, and how they spend their leisure time are all decisions that can shape quality of life. We seek to address factors affecting quality of life that go beyond these individual decisions. We support:

- *Military and Veterans in Parks Act* (H.R. 6342)
- *Air Carrier Access Amendments Act* (*ACAAA*) (S. 545, H.R. 1267)
- *Autonomy for Disabled Veterans Act* (H.R. 2818, S. 3290)
- See page 28 to read more about our calls to action related to federal lands, air travel, home adaptations, accessibility, rural veterans, and underserved populations.

***VA Workforce and Modernization***: Nearly all WWP warriors have a service-connected disability rating (91.9%) and rely on VA for at least some part of their health care (90.5%). A high-functioning VA is critical to helping veterans reach their best physical, mental, and financial health. We support:

- *VA CAREERS Act* (S. 10)
- *Mental Health Professionals Workforce Shortage Loan Repayment Act* (S. 462, H.R. 4933)
- *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S. 3430)
- See page 32 to read more about our calls to action related to workforce and electronic health care modernization.

## MENTAL HEALTH & SUICIDE PREVENTION

Improving veterans' mental health and preventing suicide continue to be WWP's highest priorities. According to our Annual Warrior Survey, more than 7 in 10 WWP warriors self-report at least one mental health condition and over 65% report visiting a professional in the past 12 months for help with issues like stress, emotional, alcohol, drug, or family problems. Our research shows that PTSD, anxiety, and depression all result in a negative overall impact on the warriors' quality of life.

The top reported mental health condition, PTSD, is also associated with higher rates of suicidal thoughts among WWP warriors and over 28% of warriors report having had suicidal thoughts in the past 12 months. Further, nearly one in five warriors report attempting suicide at least once in their lifetime. Unfortunately, this trend is not unique to the post-9/11 veteran community but has been felt in the veteran community as a whole. To address these challenges, we are focused on the areas outlined below.

### *Ensure community alignment*

As we continue to address mental health and suicide prevention within the WWP community, we believe this crisis requires a large, coordinated response across the entire community. Data can and should drive our decisions on where to allocate resources. The *Not Just a Number Act* (S. 928, H.R. 4157) will improve reporting on veteran suicide by creating annual reporting requirements for VA and standardizing the data that is included. The bill would require VA to release the *National Veteran Suicide Prevention Annual Report* before the end of September of each year. The bill will also require VA to include data on VA benefits and services usage, including VA home loans, GI bill benefits, and disability compensation.

This additional information – and its consistent collection and presentation – will allow for valuable insight into how these benefits may mitigate a veteran's risk of suicide and help the community more effectively track what interventions are most effective in saving veteran lives. We urge Congress to pass this legislation and believe it will make important improvements to how VA reports on veteran suicide, allowing the community to do more to prevent veteran suicide.

Oversight of existing community-driven programs will also help. One significant way veteran suicide has been addressed in the last several years is through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, which was established by the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (*Hannon Act*) (P.L. 116-171). In Fiscal Year 2023, the second year of the three-year pilot program, VA awarded $52.5 million to 80 organizations that provide or coordinate a range of suicide prevention programs for veterans and their families.[4] Last month, VA announced that applications for the third round of $52.5 million in funding had opened and are due in April.[5]

As Congress begins to consider reauthorizing the Fox Grant pilot or making it permanent, we believe several adjustments could be made to improve the program based on concerns raised by organizations WWP has worked with. First, we should identify a healthier balance between administrative work and delivering services. Some participants have shared that the application and compliance requirements are burdensome. Organizations participating in the program must ensure that a veteran meets definitions set out at Section 201(q)(4) of the *Hannon Act*, which includes consideration of several health, environmental, and historical risk factors for suicide. This requires them to have early and direct conversations about suicide, often before a foundation of trust has been established. This approach can discourage veterans from being honest with their responses or being willing to accept and engage in services. Alternatively, allowing time to establish a relationship before engaging in these more difficult conversations, is more likely to result in a more immediate connection to services and a lessened risk of suicide, but also makes the delivery of these services ineligible for grant purposes. Additionally, some have raised concerns that the high volume of veteran assessments required to be eligible may result in organizations using incentives for completion that could skew the quality of data gathered.

Second, the delivery of clinical care should be more grounded in practical considerations for connecting veterans to evidence-based mental health care. At present, grantees must refer eligible individuals at risk of suicide or other mental or behavioral health conditions to VA for follow-on care. If grantees do not do this, any care they provide is at their own expense.[6] However, as we know, some veterans are uncomfortable or unwilling to receive care at VA. This creates a difficult situation where grantees are either forced to stop providing care or provide care at their own expense, something many smaller grantees may not be able to afford. Lastly, if a grantee is part of VA's community care network and receives grant funds to expand services (by offering peer support services, for example)[7], that grantee would still be required to get additional VA authorization to provide a veteran follow-up care. We urge your Committees to consider these concerns and work to find ways the process can be improved so veterans at risk of suicide are more easily and quickly connected to the care they need.

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[4] Press Release, U.S. Dep't of Vet. Affairs, VA Awards $52.5 Million in Veteran Suicide Prevention Grants, Announces Key Updates in the Fight to End Veteran Suicide (Sept. 20, 2023), *available at* https://news.va.gov/press-room/va-awards-veteran-suicide-prevention-grants/.
[5] *Funding Opportunity: Staff Sergeant Fox Suicide Prevention Grant Program*, 89 Fed. Reg. 5310 (Jan. 26, 2024).
[6] *Id.*
[7] For the list of comprehensively defined "suicide prevention services" that grant funds can be used for, see 38 CFR § 78.5.

Lastly, we believe that crisis and suicide-specific trainings should be regularly facilitated for all staff and volunteers across VA's community of practice, including for grantees. To fully address this crisis across both government and non-profit sectors, it is essential that everyone in regular communication with this high-risk population be trained and capable of intervening with an individual thinking about suicide. WWP has undertaken this initiative and currently trains all warrior-facing staff in LivingWorks' ASIST course and facilitates delivery of the same curriculum to our community partners. We believe that extending suicide intervention skills as far as possible will save lives and should be considered for Fox Grant recipients as well as participants in Mission Daybreak and the Governor's Challenge to Prevent Suicide, which are critical parts of VA's public health approach to ending veteran suicide.

***Increase focus on opioid and substance use disorders***

Opioid and substance use disorders (SUDs) continue to be one of the most common and challenging issues faced by veterans. Our most recent Annual Warrior Survey found that over 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. SUD is also a factor in veteran suicide. Veterans with SUD are at an increased risk for suicidal ideation, suicide attempts, and death by suicide. Among veterans with recent encounters with the Veterans Health Administration (VHA) that died by suicide, 58% had a mental health or substance use disorder diagnosis in 2021.[8]

One of the factors driving opioid use amongst warriors is chronic pain. Over 75% of warriors report experiencing moderate or severe pain and over half of WWP warriors (51.5%) report they are managing their pain with prescription pain medication. Additionally, from 2001 to 2021, suicide rates rose for recent veteran VHA users with diagnoses of opioid use disorder.[9] Given these trends and the national opioid epidemic, we encourage the Committees to provide veterans with more options to prevent and treat addiction. One way to do this is with oversight of VA's Opioid Safety Initiative. This initiative, launched in 2013, has had a number of positive outcomes, including reducing prescription opioid use in patients within VA by 64% and reducing the number of patients on long-term opioid medications and the number of patients on very high doses of opioids.[10] Oversight may reveal other results worth exploring from the Initiative.

Another way Congress can address opioid use disorders amongst the veteran population is by tailoring approaches for VA that are currently being used outside of the VA health system. One example is the *Non-Opioids Prevent Addiction In the Nation* (*NOPAIN*) *Act* (P.L. 117-328) which directed the Centers for Medicare & Medicaid Services (CMS) to provide separate Medicare reimbursement for non-opioid treatments used to manage pain in both the hospital outpatient department and ambulatory surgery center settings, resulting in expanded non-opioid options for patients. As TRICARE is statutorily required to reimburse like Medicare, this will

[8] OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, 2023 NATIONAL SUICIDE PREVENTION ANNUAL REPORT (Nov. 2023).
[9] *Id.*
[10] Press Release, U.S. Dep't of Vet. Affairs, VA Reduces Prescription Opioid Use by 64% During Past Eight Years (July 3, 2020), *available* at https://news.va.gov/press-room/va-reduces-prescription-opioid-use-by-64-during-past-eight-years.

ultimately be implemented by TRICARE as well. While we were disappointed with CMS's decision to wait until 2025 for implementation, we encourage the Committees to explore the option of using this framework within VA's health system, such as by maintaining more non-opioid prescription options in the VA National Formulary.[11]

Congress should also pass the *Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment* (*SUPPORT*) *for Patients and Communities Reauthorization Act* (S. 3393) and include the Senate HELP Committee's provisions to increase the investment into substance use and co-occurring mental health programs. This legislation will provide crucial resources to address the growing rates of Americans, both veterans and non-veterans alike, that are experiencing behavioral health conditions and addiction.

***Improve access to residential care***

Given the high rates of mental health conditions and SUDs within the veteran population, it is essential that veterans in need of inpatient residential care can access it in a timely and efficient manner. At VA, the Mental Health Residential Rehabilitation Treatment Program (MH RRTP) are inpatient and residential mental health units that represent the most clinically intensive treatment program for veterans with mental health conditions and SUDs. Current access standards, contemplated by the *VA MISSION Act* (P.L. 115-182 § 104) and established in the Code of Federal Regulations (38 C.F.R. § 17.4040) do not extend to MH RRTP care. Instead, VA has relied on VHA Directive 1162.02, which establishes a priority admission standard of 72 hours or routine admission standard of 30 days before a veteran must be offered alternative residential treatment or another level of care that meets the veteran's needs and preferences at the time of screening.

In practice, this has resulted in too many veterans waiting too long for care that is desperately needed. The lack of a consistently applied access standard and local policy variations have regularly complicated WWP's efforts to get warriors into care. This pattern has also been observed by the VA's Office of the Inspector General (OIG), who found a number of instances of local VA's failing to follow VHA Directive 1162.02.[12] Even when appropriate community-based providers are identified and available to provide treatment, veterans waiting longer than VHA's policy-backed access standards have no clear and consistent recourse to be referred for that care.

We appreciate that VA and Congress have begun to take steps to address these challenges since the start of the 118th Congress, including several congressional oversight hearings and administrative policy changes. Recently, VHA announced several changes to MH RRTP access standards, the screening and admission process, the veteran experience, and the referring

[11] *Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction*, 88 Fed. Reg. 49552 (July 31, 2023).

[12] 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).

provider experience that they plan to begin implementing. These include shortening access standards for priority admissions to 48 hours (from 72 hours) and 20 days (from 30 days) for routine admissions. The screening and admission process will also be standardized across VISNs and provided 7-days a week. Other changes include a single step for screening and admission decisions and provider input into admission decisions and assessment of urgency. We applaud VHA for their work to improve access to this important program but believe additional steps can be taken to ensure veterans are receiving treatment in a timely and efficient manner.

In addition to adopting some of the operational changes that VHA is implementing, the *Making Community Care Work for Veterans Act* (S. 2649) would require VA to update the policies and operational guidance for the MH RRTP. The legislation would require that an appeals process be established for any veteran denied entry to the program or not offered a timely placement and VA would be required to update and conduct training for VA providers and care coordinators regarding these changes. The bill also includes a requirement that a method for tracking availability and wait times for all MH RRTP facilities be established and made available in real time to specific VA staff and leadership.

Other bills addressing this issue include the *Veterans' Health Act* (S. 1315) and the *Veteran Care Improvement Act* (H.R. 3520). We want to thank the Committees for taking steps to address this issue and have confidence that a negotiated version will enhance accountability, transparency, and oversight of this critical program and improve outcomes for veterans.

***Continue to leverage telehealth***

VA has been a leader in providing telehealth since the start of the COVID-19 public health emergency. While VA saw a 3000% increase in telehealth visits during the pandemic, WWP has also seen an increase in the number of warriors using and asking for telehealth options.[13] Of warriors offered a telehealth appointment in the last 12 months, nearly 90% report using that option. For warriors not offered a telehealth appointment, almost 64% said they would use telehealth if given the option. Telehealth is also quite common for the provision of mental health, with 55% of VA mental health appointments provided through virtual platforms.[14] With significant barriers to care, including long driving distances, work schedules, the need for childcare, and a severe shortage of providers in many areas of the country, we believe telehealth is a cost-effective method of connecting more veterans to care and more should be done to ensure veterans have access to it.

While we support the expansion of telehealth to bring more veterans into care, it is also important that veterans maintain an option to choose in-person care. Telehealth is not the preferred option for every veteran, and we believe telehealth should satisfy VA's access standard requirements only when a veteran has agreed to it. Further, veterans should have the option to switch from telehealth to in-person care and community care should be made available to them if

[13] Treva Lutes, *VA Telehealth Services Celebrates 20 Years*, U.S. DEP'T OF VET. AFFAIRS (May 1, 2023), https://news.va.gov/118570/va-telehealth-services-celebrates-20-years.
[14] Jacqueline Ferguson et al., *A New Equilibrium for Telemedicine: Prevalence of In-Person, Video-Based, and Telephone-Based Care in the Veterans Health Administration, 2019-2023*, ANNALS OF INTERNAL MED., 262-64 (2024).

VA is unable to meet access standards. We appreciate that Congress is looking to address this telehealth question through the *Making Community Care Work for Veterans Act* (S. 2649) and the *Veterans' HEALTH Act* (S. 1315), and are encouraged to see that both bills ensure that a veteran's voice is protected and considered.

Unfortunately, telehealth is not an option for every veteran due to accessibility gaps. 2.2. million veteran households lack either fixed or mobile broadband connections at home and veteran households subscribe to mobile broadband services at lower rates than households without veterans.[15] Some of this disparity may be explained by cost, especially given the fact that almost 7% of veterans live below the poverty level and use libraries or community centers to access the internet.[16] More can and should be done to connect veterans to broadband service. This can benefit veterans in a number of ways, not only by giving them access to telehealth but also improving their career opportunities, providing access to online education, offering them ways to improve their overall health and wellness, and for those with the most disabling injuries, increase their independence and their quality of life.

To this end, we support continued funding for the Affordable Connectivity Program (ACP). The ACP is a Federal Communications Commission benefit program that helps to ensure households can afford the broadband they need for work, school, health care and more. The program provides a discount of up to $30 per month toward internet service for eligible households and up to $75 per month for households on qualifying Tribal lands. Eligible households can also receive a one-time discount of up to $100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute more than $10 and less than $50 towards the purchase price. To date, over 800,000 veterans have utilized the ACP, however funding is expected to be exhausted by April 2024. WWP supports the *Affordable Connectivity Program Extension Act* (S. 3565, H.R. 6929), which will appropriate an additional $7 billion of funding for this program, until it can be made permanent.

***Innovative mental health therapies***

Veterans deserve the highest quality, cutting-edge, and evidence-based treatment available. While we have several effective treatments for PTSD, there is no one-size-fits-all solution. MDMA-assisted psychotherapy for PTSD has shown great promise in multiple studies and is safe when used in clinical trials. There is optimism surrounding MDMA potentially becoming the next FDA-approved medication, in combination with psychotherapy, for PTSD. This is a significant development considering the last approved medication for PTSD dates back to 1999.[17]

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[15] JOHN HORRIGAN & MAEVE DUGGAN, PEW RESEARCH CTR., HOME BROADBAND 2015 4 (Dec. 2015), *available at* https://www.pewresearch.org/wp-content/uploads/sites/9/2015/12/Broadband-adoption-full.pdf; Colin Rhinesmith et al., BENTON INST. FOR BROADBAND & SOC., THE COMPLEXITY OF 'RELEVANCE' AS A BARRIER TO BROADBAND ADOPTION (Jan. 2016), *available at* https://www.benton.org/blog/complexity-relevance-barrier-broadband-adoption.
[16] U.S. DEP'T OF VET. AFFAIRS, *Veterans Poverty Trends Report* 3 (May 2015), *available at* https://www.va.gov/vetdata/docs/specialreports/veteran_poverty_trends.pdf (noting an 8.7% increase in veterans living in poverty in the 2010-2012 time period, compared to the 2005-2007 time period).
[17] Currently, only sertraline (Zoloft) and paroxetine (Paxil) are approved by the Food and Drug Administration (FDA) for PTSD.

Wounded Warrior Project is committed to advancing veteran care, actively funding innovative research into cutting edge treatments for veterans, through WWP's Warrior Care Network. As an example, we are funding an Emory Healthcare Veterans Program study on MDMA in combination with exposure therapy (PE) for veterans with PTSD. The results will contribute to expanding our understanding of the therapeutic potential of MDMA in the context of veteran mental health.

Although the recent announcement from VA to fund MDMA assisted therapy research in unquestionably positive,[18] the field still has fundamental questions to answer. It is understood that VHA will not be able to absorb the demand for MDMA-assisted therapy for PTSD once it is approved by the FDA. While several VA locations are primed to provide this modality of treatment on a limited basis – as potential psychedelic treatment centers – we know the need for treatment has the potential to overwhelm the system, further straining capacity.

As Congress monitors these developments at VA and other corners of the federal government, WWP urges investment in further research. Studies to help determine clinical indications for appropriateness of MDMA-assisted therapy versus exiting evidence-based PTSD treatment would help organizations like ours educate and guide veterans toward care. We should also strive to understand how to best incorporate MDMA-assisted therapy into the culture care delivery model and how to scale treatment to meet large numbers of veterans who need PTSD treatment. The long-term impact of MDMA-assisted therapy and the need for tailored follow-on care are also natural areas to explore.

Finally, we stress the need to work with the manufacturing community, clinical providers, and the VSO community to ensure that veterans have access to clear and reliable information as other "psychedelic" drugs and therapies come to the treatment market. While we have discussed MDMA here, dozens of companies are developing drugs using psilocybin, LSD, ibogaine, and other substances and are progressing through various stages of development. Broad discussion of psychedelic assisted therapy should be careful to differentiate these various products and their myriad health impacts and delivery methods. In this same context, and much like the conversation around cannabis, we stress the need be transparent about the impact that therapies of this variety can have on employment and encourage Congress and federal agencies to protect veterans – where possible – from adverse administrative actions if participating in a reputable and well-governed research or clinical trial.

**WOMEN VETERANS**

Women veterans are the fastest-growing segment of the veteran population. Wounded Warrior Project recognizes that as the population grows, there is a greater need for unique services to provide support. Congressional and VA actions to address this growth have been welcomed and timely, but additional opportunities remain to address women veterans' needs while providing advocacy and support for them in the process.

[18] Press Release, U.S. Dep't of Vet. Affairs, To Improve Care for Veterans, VA to Fund Studies on New Therapies for Treating Mental Health Condition, *available at* https://news.va.gov/press-room/to-improve-care-for-veterans-va-to-fund-studies-on-new-therapies-for-treating-mental-health-conditions/.

In 2023, as part of our Women Warriors Initiative, WWP released the Women Warriors Report, which provided insights into women veterans' experiences and challenges. Critical findings in the report show that, among more than 5,212 participants, WWP women warriors feel lonelier and more depressed than their male counterparts. Additionally, they spoke to the need of having access to culturally competent gender-specific care that is offered in safe environments. With over 34,000 women warriors registered with WWP, we appreciate and celebrate the efforts made by Congress in recent years, including the passage of the *Deborah Sampson Act* (P.L. 116-215 §§ 5101-5503), the *MAMMO Act* (P.L. 117-135), and the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271). We also look forward to continued engagement with Congress to support women veterans throughout the remainder of the 118th Congress.

***Expand gender-specific care***

Gender-specific care for women refers to medical, psychological, and social services tailored to address the unique health needs and challenges faced by women. Ensuring that female-specific care is easy to access – whether it be reproductive health care, breast and cervical cancer screening, or menopause management among others – is an intuitive priority. However, our Women Warriors Report concluded that many WWP women warriors notice discrepancies in accessing care related to nutrition, support for weight-related concerns, and pain. While in general those services are not specific to women, gender differences are apparent in body composition and needs for health care support, especially as it relates to self-reported pain.[19] For example with pain, male warriors report higher prevalence rates of bone breaks or nerve injuries, but women warriors report higher prevalence rates of military sexual trauma (MST). Women veterans have been noted to have hesitancy in seeking treatment for pain due to gender, more so than their male counterparts, and report more barriers to VA care.[20] WWP continues to believe that increasing access for women veterans to VA-facilitated gender-specific care should be a top priority.

Women warriors would also benefit from more tailored tools for navigating VA's healthcare system. Allowing them to weigh in on what community care providers they are referred to for services, especially for infertility and gender-specific care, would be another potential avenue of building trust and empowering women veterans to play active roles in their health care journeys. Publishing an online directory of VA-approved community care providers specializing in women's health care is an additional supportive way we can help women veterans make more informed decisions about their care.

Aligned with recommendations in our Women Warriors Report related to gender-specific care, cultural competence trainings specific to women veterans' mental health would be beneficial for both staff and women veteran population. Enhancements to the Women Veteran Call Center, which were authorized as part of the *Deborah Sampson Act* (P.L. 116-315 § 5109), are set for launch in 2024 and should warrant oversight as they are implemented. Potential other areas of opportunity include the development of cultural competence trainings focused on women veterans for staff members of the Veterans Crisis Line (VCL) and for VA to continue

[19] Melissa Echevarria Baez et al., *Psychological and Personality Differences Between Male and Female Veterans in an Inpatient Interdisciplinary Chronic Pain Program*, J. APPLIED BEHAV. RSCH., e12146 (2019).
[20] Sally Haskell et al., *Pain Among Veterans of Operations Enduring Freedom and Iraqi Freedom: Do Women and Men Differ?*, PAIN MED., 1167, 1167-1173 (2009).

working in collaboration with the community to ensure the appropriate dissemination of cultural competency focused efforts to destigmatize accessing mental health or crisis services.

Wounded Warrior Project continues to support oversight of legislation that impacts women veteran health care, including key provisions of the *Deborah Sampson Act* (P.L. 116-315 §§ 5101 (Office of Women's Health), 5107 (Programs on Assistance for Child Care for Certain Veterans), 5108 (Availability of Prosthetics for Women Veterans), 5111 (Sense of Congress on Access to Facilities by Reservists for Counseling and Treatment related to Military Sexual Trauma), 5201 (Staffing of Women's Health Primary Care Providers at Medical Facilities)). WWP also supports the *Maternal Health Care for Veterans Act* (H.R. 3303), which we believe would markedly improve access to maternity care information and coordination for women veterans in the VA health care system. We thank the members that have sponsored these important pieces of legislation and worked diligently to provide oversight for the implementation of the efforts.

We also encourage Congress and VA to evaluate and expand VA clinic hours and days of operation, specifically those clinics that provide services for women veterans. WWP women warriors were more likely to identify as their family's primary caretaker and personal schedule conflicts with the existing hours of operation of health care facilities. As VA is working to build trust with women, meeting their needs by offering convenient times for appointments that allow the women veterans to be empowered in their navigation of the VA healthcare system. This could further demonstrate the importance of women veteran specific clinics, as more convenient hours of operation could lead to an increase the number of women veterans who have access to those facilities. Furthermore, this is also a model that could be replicated in other health care areas of need.

***Support efforts related to military transition***

Wounded Warrior Project celebrates women veterans and the sacrifices they made while in the Armed Forces and we support providing tools and resources that promote their healthy transition to civilian life. Results from our Women Warriors Report showed that WWP women warriors feel less recognized and respected (78.3%) than male warriors (83.7%) in their communities as veterans and a majority of women warriors endorsed a belief that people who are not connected to the military do not understand their experiences (89.5%). Women warriors also feel less positively about their military experience than male warriors (66.0% vs. 82.3% reported viewing their military experience positively). Fortunately, we think there are ways for support and connection that would be beneficial for women veterans.

Wounded Warrior Project continues to believe that as women leave the military and transition to veteran status, women-only mentorship and peer support programming can be beneficial. We recommend that VA and the Department of Labor collaborate to create a professional mentorship program, connecting women veterans with professional mentors. As the unemployment rate is higher among WWP women warriors than their male counterparts, better mentorship can create stronger professional and community bonds for women veterans and help them develop their career paths.

Educational programs like the Post-9/11 G.I. Bill and Veteran Readiness and Employment (VR&E) provide support for pursuits of higher learning and professional training, but VA has other unique scholarships that are currently underutilized. One in particular – the Edith Nourse Rogers STEM Scholarship – can help drive women towards careers where skills are in high demand and where women are currently underrepresented. STEM careers (those covering fields in science, technology, engineering, and math) are trending in the U.S. economy and it has been found that STEM workers earn more on average than non-STEM worked regardless of sex, race, ethnicity, or disability status.[21] Within the STEM workforce, higher education leads to higher pay.[22] In 2023, the STEM workforce included 12.3 million women (35% of the workforce), and is projected to increase.[23]

To this end, WWP supports the *Edith Nourse Rogers STEM Scholarship Opportunity Act* (H.R. 5785) that would expand eligibility for veterans seeking education in STEM related fields, which we believe would encourage more women veterans to pursue efforts in STEM. In addition, we appreciate the role your Committees have had to help provide oversight for the implementation and administration of existing programs and encourage sustained attention on how many of these VA programs can aid in the transition process for women veterans.

***Improve mental health care and benefits***

Through our Women Warriors Initiative, WWP has learned that women warriors often struggle with connections in their community after military service. Key findings in our research showed that women veterans experience loneliness at higher rates than their male counterparts. Additionally, women warriors are more likely to present with moderate to severe symptoms of PTSD (50.7%), depression (58.7%), and anxiety (49.3%) than male warriors. Importantly, the rates of suicidal ideation (29.1%) and the prevalence of at least one attempted suicide (33.2%) are higher among women warriors than male warriors. Women warriors have spoken about issues in consistency of care and issues related to reliving their traumatic experiences in having to retell their statements to multiple providers as well as feeling that their experiences were being minimized from providers who lack cultural competence. Women warriors also spoke about a desire for holistic and non-pharmaceutical options for mental health and whole health care, which aligns with research that demonstrates that younger veterans are interested in new technologies, programs, and options as they relate to health care.[24] We believe that mental health for women veterans is a key issue where gaps currently exist.

A potential impacting factor to mental health for women veterans is military sexual trauma (MST). Over two-thirds (64.9%) of women warriors reported having experienced sexual harassment and more than two in five (44.0%) indicated having experienced sexual assault, which the latter is more than two times higher than females in the U.S. general population

[21] NAT'L SCI. BD., NAT'L SCI. FOUND., THE STEM LABOR FORCE OF TODAY: SCIENTISTS, ENGINEERS AND SKILLED TECHNICAL WORKERS (Aug. 2021), *available at* https://ncses.nsf.gov/pubs/nsb20212.
[22] Liam Knox, *Measuring Outcomes in Income*, INSIDE HIGHER EDUC. (May 4, 2023), https://www.insidehighered.com/news/students/careers/2023/05/04/measuring-outcomes-income.
[23] NAT'L CTR. FOR SCI. ENG'G STATS., NAT'L SCI. FOUND., DIVERSITY AND STEM: WOMEN, MINORITIES, AND PERSONS WITH DISABILITIES 2023 (2023), *available at* https://ncses.nsf.gov/wmpd.
[24] David Albright et al., *Cannabis Use Among Individuals with Depression Symptoms: Differences Among Military-Connected and Civilian Clients*, J. Subst. Use (2023).

(44.0% vs. 17.6%).[25] While the effects of MST are wide-ranging, women warriors have described feeling a sense of isolation, experiencing a lack of support in the wake of traumatic events, and struggling to avoid further traumatization when seeking treatment or benefits.

We appreciate the efforts made by Congress, the Administration, VA, and the Department of Defense (DoD) in recent years. By implementing changes in the investigation and court martial structure for cases involving MST through Executive Order 14103 to the passage of the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271), legislative and policy efforts have changed how MSTs are handled and supported in beneficial ways. While we look forward to continued oversight over the implementation of these new programs and efforts, we believe more can be done to integrate MST-informed care across disciplines and programs. This includes in the benefits process, where the evidentiary standards have been improved to accept direct evidence as well as indirect evidence in the process of filing a claim to provide opportunities for veterans who may have not reported their MST while in service. However, a recent study found that MST related claims were denied 27.6% of the time, which is higher than the 18.2% denial rate for combat-related PTSD claims.[26]

Oversight and improvements to MST claim processing can be realized by passing the *Servicemembers and Veterans Empowerment and Support Act* (S. 1028, H.R. 2441). 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. A warrior's ability to meet current or future financial responsibilities can impact their health and well-being. Unfortunately, more than six in ten (64.2%) warriors said they did not have enough money to make ends meet at some point in the past twelve months and eight in ten (81.8%) said that the increasing cost of goods (e.g., food gas, rent) was a top cause of their financial strain. 38.7% of warriors met the threshold for being food insecure. This strain was not limited to veterans as the survey results were reported during a period of extremely high inflation which impacted most Americans.

***Pass the Major Richard Star Act***

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 DoD retirement pay and their full VA disability compensation benefits. For these individuals, DoD retirement is no longer reduced

[25] RAINN, Victims of Sexual Violence: Statistics (last visited Feb. 26, 2024), https://www.rainn.org/statistics/victims-sexual-violence.
[26] Aliya Webermann et al., *Military Sexual Trauma-Related Posttraumatic Stress Disorder Service-Connection: Characteristics of Claimants and Award Denial Across Gender, Race, and Compared to Combat Trauma*, PLOS ONE (2024), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10783784/.

dollar-for-dollar according to VA disability income. 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 monthly retirement pay 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. One amount is for past service while the other is to help compensate for future lost earnings. The *Major Richard Star Act* (S. 344, H.R. 1282) – which currently has 71 supporters in the Senate and 326 supporters in the House – 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. When passed, approximately 52,300 veterans will be allowed to receive all the distinct benefits they have earned.[27] In June of last year, this legislation was unanimously passed out of the House Armed Services Committee and is now waiting to be called to the floor for a vote. We call on Congress to pass this legislation on its own or, in lieu of a floor vote, to be included in the base text of the *National Defense Authorization Act* (*NDAA*) for Fiscal Year 2025.

***Increase wounded veteran employment***

One of the most critical keys to success for the wounded, ill, and injured post-9/11 veterans we serve is maximizing the value of VA's employment programs and services. Despite high levels of education (42.3% with a bachelor's degree or higher) and a declining unemployment rate (6.8% in 2022 compared to 13.4% in 2021) 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 create legislation that streamlines the process for gaining employment in the federal government and reauthorizing those who have proven successful. Veterans Employment Through Technology Education Courses (VET TEC), a five-year pilot program that is set to expire in April 2024, and SkillBridge are two examples of programs that can help connect warriors with a rewarding career.

In addition, employing veterans in the federal workforce with jobs that optimize their unique skillset is advantageous to both parties. When a Service member transitions out of the military, they bring with them inherent qualities of a model employee. Veterans are, by and large, team-oriented, driven, disciplined employees who have succeeded in high-stress environments. Many seek to continue their public service after serving in the military. However, wounded warriors have found that certain barriers to employment exist because of their unique experiences. According to WWP's 2022 Annual Warrior Survey (AWS), the two main barriers reported were mental health or psychological distress (48%) and difficulty translating military skills to the civilian workforce (37%).

One way to close this gap is by focusing on hiring in positions that can help improve veterans' mental health. Working outdoors – much like spending recreational time outdoors – can provide health benefits. Research has shown that direct sunlight exposure and being in

[27] U.S. DEP'T OF DEF., STATISTICAL REPORT ON THE MILITARY RETIREMENT SYSTEM FY 2022, October 2023.

nature can lead to reduced depression, improved physical and psychological well-being, social connection, resilience, and other benefits. Most military occupations involve large amounts of time working outdoors either hiking, working with heavy equipment, or maintaining training grounds. These types of jobs leave many veterans with knowledge of topography, weather patterns, and other skills that are beneficial to working outdoors. In addition, many veterans leave the service with the physical conditioning needed to work around farms, livestock, and in rugged environments.

Some solutions for veterans may arise from existing legislation. The *GROW for Our Veterans Act* (H.R. 1786) directs the Department of the Interior to create a pilot program that fills vacant positions with veterans in conservation that are primarily outdoors (e.g., Wildland Firefighter, Park Ranger, Equipment Operator, etc.). The *Employing Veterans to Feed America Act* (H.R. 5014) directs the Department of Agriculture to create a pilot program that fills vacant positions with veterans in agriculture (e.g., food inspection, Commodity Grader, Animal Care Inspector, etc.). Working in agriculture could be seen as a very enticing future, especially for those veterans who live in more rural areas and find the stability of federal employment appealing without having to relocate. Lastly, the *Veterans Border Patrol Training Act* (S. 774) would create a pilot program that utilizes DoD's SkillBridge program to train and hire transitioning Service members as Border Patrol Agents for U.S. Customs and Border Protection. Many veterans who live in border states and who had served in infantry, motor transportation, or other similar occupations would have experience with the same type of training needed to cover that type of rough terrain and physical duties of that job.

Wounded Warrior Project believes that legislation like the *GROW Act*, the *Employing Veterans to Feed America Act*, and the *Veterans Border Patrol Training Act* could assist veterans who are looking for employment in the Federal Government in a job that utilizes their military skills and that can help keep them healthy and active. We ask Congress to pass these bills and encourage federal agencies to hire veterans in all positions, especially those that afford the opportunity to work outside utilizing the warrior's knowledge of the environment and passion for the outdoors.

***Veteran Readiness and Employment (VR&E)***

The VR&E program provides 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. A meaningful number of WWP warriors – one in five (20.7%) – have used, or are using, the VR&E program. Beyond veterans, vocational training can have broad economic impact. Vocational Rehabilitation Agencies for disabled Americans are present in 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.[28]

[28] 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.

Despite these positive indicators of value, VA's VR&E program has an arbitrary delimiting date that leaves many veterans unable to use the program. 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.[29] 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. To bring parity across all generations of service, 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."[30] 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. Congress can help by removing the delimiting date for VR&E eligibility for all veterans, regardless of discharge date, to ensure maximum utilization of this important employment program.

***Accreditation***

Wounded Warrior Project is proud to assist post-9/11 veterans in their pursuit of VA disability compensation and other benefits at no charge as we recognize that access to VA compensation is one of the contributing factors to financial wellness. Our national service officers are all VA-accredited and, over our 20-year history, have helped veterans file claims on over 280,000 issues and secure over $1.1 billion in service-connected disability compensation. More broadly, we are committed to ensuring that wherever a veteran may look for assistance that they have the tools and knowledge to identify and avoid predatory practices in an era when financial scams and fraud loss are becoming too common.

Wounded Warrior Project strongly believes that veterans should not have to pay to access their benefits. Additionally, as highlighted by VA's recently released *Equity Assessment and Action Steps for Mental Health Compensation Benefits*, there are less equity discrepancies when veterans use a VA-accredited Veterans Service Organization (VSO). We are grateful for your Committees' engagement on this topic and your oversight hearings to protect veterans from financial exploitation. As your work progresses towards a legislative solution, we believe that four specific items should be addressed and included in any legislation being considered to change the accreditation process.

First, VA benefits should remain protected by current assignability and exemption provisions in the law (38 USC § 5301). An entity's ability to withhold or directly receive VA benefits as a form of payment for claim assistance should be prohibited. The current law currently includes contracts, liens, or settlements based on future VA benefit payments. Second,

[29] 38 CFR § 21.41.
[30] 38 U.S.C. § 3103(c).

to the extent fees-for-service become permitted under law, fees should only be payable for work that is performed by the entity that is charging for them. When working with former clients of non-accredited consultants, VSOs have learned of times that these clients often receive invoices from the consultant for work performed by the VSO. Third, practices that encourage medical fraud should be strictly prohibited. Any legislation considered should include a strong medical fraud preventing section which will hold accountable any entity that would hire, contract with, or refer veterans to providers who will fraudulently fill out Disability Benefits Questionnaires. Finally, VA accreditation should not be granted if VA cannot complete a deliberate and complete application review. VA-accredited advocates must have the character and ability to represent veterans.

We appreciate action that has already been taken. The *Wounded Warrior Access Act* (P.L. 118-21) amended 38 USC § 5901 to require that VA incorporate warnings, tools, and education related to accreditation and predatory practices whenever a user logs in to VA claims portals. In addition to items discussed above, progress can be made by providing the VA Office of General Counsel with personnel and technology to improve VA's ability to hold bad actors accountable; by improving VA's current database (website) of accredited individuals and entities, which is outdated and difficult to navigate; and by encouraging VA collaboration with other federal agencies to develop stronger enforcement and reporting mechanisms to protect veterans from predatory practices.

**TOXIC EXPOSURE**

The *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* (P.L. 117-168) comprehensively addressed the multigenerational impact of military toxic exposures, including post-9/11 veterans who were exposed to burn pits and other substances while deployed to Iraq, Afghanistan, and other locations. This legislation represented the largest expansion of veterans' health care and benefits in decades, and VA deserves praise for moving swiftly to implement this historic law. Since the *PACT Act* was signed on August 10, 2022, VA has enrolled nearly 260,000 new veterans who served in areas of known exposure, conducted over 5.2 million toxic exposure screenings, and received over 1.4 million *PACT Act* related claims.[31] This can be credited in large part to VA's robust communication efforts, which have included *PACT Act* outreach events in all 50 states, as well as individual letters, e-mails, and texts sent directly to veterans to inform them of potential eligibilities under the new law.

***Further PACT Act implementation***

Of the total *PACT Act* claims received by the Veterans Benefits Administration (VBA), over one million have been completed with an approval rate of 75.2 percent. Although VBA's backlog of claims pending over 125 days has grown since the *PACT Act* became law, WWP sees this as a natural consequence of ensuring that exposed veterans, many of whom have been filing claims unsuccessfully for years, are finally able to access the benefits they earned. To address

[31] VET. BENEFITS ADMIN., U.S. DEP'T OF VET. AFFAIRS, VA PACT ACT PERFORMANCE DASHBOARD (Feb. 16, 2024), *available at* https://department.va.gov/pactdata/#current.

the increased workload, the *PACT Act* provided new funding and authorities to hire new employees. As a result, VBA has successfully increased its workforce from approximately 28,000 to over 32,000 between May of 2023 and January of 2024.[32] However, VBA must ensure that these employees are properly trained. It has been over a year and a half since the *PACT Act* became law, and WWP national service officers continue to find common errors in *PACT Act* claims, such as overdevelopment of claims for presumptive conditions and incorrect effective dates. One observation they make is that the "PACT Act Information Page" – designed for use by claims processors – is cumbersome and poorly organized into 38 different sections. They suggest better organizing this information so that VBA employees do not have to navigate 38 different resources to find answers to common questions that arise when processing claims.

With respect to access to health care, the *PACT Act* created a 10-year enhanced enrollment period for recently discharged combat veterans (raised from a 5-year enrollment period after discharge), and a one-year open enrollment period for those discharged over 10 years ago which closed on September 30, 2023. For exposed veterans who missed the one-year open enrollment, there was a 10-year phase-in for permanent access to health care enrollment based on discharge date, but the law also granted the Secretary authority to modify the phase-in to an earlier date if the necessary resources were available. VA recently announced that it would accelerate the phase-in using this authority. WWP applauds this decision as it will immediately grant those exposed veterans, who are an at-risk population for developing serious health conditions at any time, permanent access to VA care if they need it.

The *PACT Act* also established a permanent VA Working Group to continuously review scientific evidence on all potential exposure-related conditions and make recommendations to the Secretary on whether to establish new presumptive conditions in the future. On July 25, 2023, VA announced the beginning of a review to determine if there is a relationship between three conditions – acute leukemias, chronic leukemias, and multiple myeloma outside of the head and neck – and toxic exposures among veterans who served in *PACT Act*-covered locations. WWP strongly supports this action which could potentially grant benefits to exposed warriors suffering from these serious conditions.

When conducting future reviews, WWP encourages the Working Group to expand the types of conditions it considers for post-9/11 exposures beyond the two categories of presumptive conditions established by the *PACT Act* – respiratory conditions and cancers. In our most recent Annual Warrior Survey, veterans most frequently cited neurological problems as the condition most likely to be related to their toxic exposures (35.1%). Hypertension (33.2%), Chronic Multisymptom Illness (24.4%), immune system problems (10.5%), and liver conditions (7.8%) are also conditions that survey respondents commonly believe are associated with in-service exposures. We also anticipate that ongoing research mandated by the *PACT Act*, specifically studies on the mortality of veterans who served in Southwest Asia (section 503), health trends of post-9/11 veterans (section 504), and cancer rates among veterans (section 505), will further inform which conditions the Working Group should prioritize in the future.

[32] U.S. DEP'T OF VET. AFFAIRS, VA WORKFORCE DASHBOARD (Feb. 23, 2024), *available at* https://www.va.gov/EMPLOYEE/Workforce-dashboard/.

***Address PFAS exposure***

Per- and Polyfluoroalkyl Substances (PFAS) are manmade, long-lasting chemicals that can cause serious illnesses in people who are exposed to certain levels. Since the 1970s, the DoD has been using aqueous film forming foam (AFFF), which contains PFAS, for fighting fuel fires. According to DoD, over 600 military installations have been potentially contaminated by PFAS as of 2019.[33] PFAS breaks down very slowly and can build up in the environment, including soil and drinking water. Now, many veterans and their family members are concerned about the levels of PFAS they may have been exposed to while living on military bases.

The *Veterans Exposed to Toxic* (*VET*) *PFAS Act* (S. 2294, H.R. 4249) would address this issue by creating a presumption of service connection for certain conditions for any veteran who served at a military base where individuals were exposed to PFOA or other PFAS. With respect to exposure to PFOA, these include a list of conditions for which scientific research has already determined a probable link: diagnosed high cholesterol, ulcerative colitis, thyroid disease, testicular cancer, kidney cancer, and pregnancy-induced hypertension.[34] With respect to exposure to other PFAS, it specifies that VA may add conditions based on future scientific research. The bill also extends VA health care eligibility for covered conditions to exposed veterans and their family members who resided at covered locations. WWP supports the *VET PFAS Act* which would grant veterans and their families who were exposed to these potentially harmful chemicals and are now struggling with serious illnesses the care and benefits they deserve.

***Research cancer incidence in missileers***

One area of growing exposure concern in the military and community is among those who operate and support the operation of intercontinental ballistic missiles (ICBMs). These Service members often perform their duties in underground launch control centers where they could potentially be exposed to contaminants that others are not. Recently, members of the missile community have come forward reporting unusually high rates of cancer diagnoses, particularly Non-Hodgkin's Lymphoma (NHL). Although studies from prior decades have found no link between missile service and cancer, this renewed concern among missileers has prompted the U.S. Air Force to approve a new study to reexamine this potential relationship, which began in March 2023 and is currently being conducted by the U.S. Air Force School of Aerospace Medicine.[35]

The current study has two components, both of which are ongoing. First, testing is being conducted to identify potentially harmful environmental factors at all three ICBM Wings in Montana, Wyoming, and North Dakota, as well as other select locations. Initial sampling results from the ICBM Wings were recently released, showing the presence of Polychlorinated

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[33] U.S. DEP'T OF DEF., PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS) TASK FORCE, PROGRESS REPORT, MARCH 2020, *available at* https://media.defense.gov/2020/Mar/13/2002264440/-1/-1/1/PFAS_Task_Force_Progress_Report_March_2020.pdf.
[34] C8 SCIENCE PANEL, http://www.c8sciencepanel.org/index.html (last visited Feb. 26, 2024).
[35] U.S. DEP'T OF VET. AFFAIRS, *Missile Community*, https://www.publichealth.va.gov/exposures/missileers/ (last visited Feb. 26, 2024).

Biphenyls (PCBs) at all three facilities. PCBs are multipurpose manmade chemicals that are known human carcinogens, and their production has been banned in the United States since 1979. Although most samples detected were below the Environmental Protection Agency's threshold for remediation, the Air Force is taking steps to remove PCBs from all locations where they were detected at any level.[36]

The second component is an epidemiological study to determine if there is a link between missile service and an increased risk for 14 cancers, including NHL. This review is expected to be completed in June 2024.[37] If a relationship is found for any of these cancers, WWP will urge VA to use its authority to establish presumptive service connection for those conditions in members of the missile community. In the meantime, WWP would support legislation guaranteeing VA health care enrollment eligibility for that population, to ensure that any veteran missileers who are diagnosed with cancer or other serious conditions have access to potentially lifesaving care.

***Investigate cancer incidence in military aviators***

Another population that has reported higher than normal cancer rates is the military aviator community. A January 2023 DoD report mandated by the *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021* (Public Law 116–283) found that military aircrew with service dating back to 1992 had an 87 percent higher rate of melanoma, a 39 percent higher rate of thyroid cancer, and a 16 percent higher rate of prostate cancer when compared to a demographically similar sampling of the general U.S. population.[38] While these numbers are alarming, the scope of the study did not include an examination of whether potential exposures that are unique to military aviators are linked to elevated cancer risks.

Wounded Warrior Project supports legislation that would address this research gap. If enacted, the *Aviator Cancer Examination Study (ACES) Act* (H.R. 4886) would require VA to contract with the National Academies of Science, Engineering, and Medicine (NASEM) to conduct a study on the prevalence and mortality of cancers among military aircrew. Specifically, it would identify the agents, chemicals, and compounds to which they may have been exposed, and determine any scientific associations between those exposures and the increased incidence of cancer. This information will enable VA to establish presumptive service connection for that population if warranted, ensuring that the military aviation community has access to the health care and benefits they deserve.

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[36] Press Release, U.S. Air Force, Missile Community Cancer Study Round 1 Environmental Sampling Results Release (Dec. 20, 2023), *available at* https://www.airforcemedicine.af.mil/News/Display/Article/3622930/missile-community-cancer-study-round-1-environmental-sampling-results-release/.

[37] *Id.*

[38] U.S. DEP'T OF DEF., PHASE 1-A – STUDY ON THE INCIDENCE OF CANCER DIAGNOSIS AND MORTALITY AMONG MILITARY AVIATORS AND AVIATION SUPPORT PERSONNEL, JANUARY 2023, *available at* https://www.health.mil/Reference-Center/Reports/2023/02/09/Study-on-the-Incidence-of-Cancer-Diagnosis-and-Mortality-among-Military-Aviators-and-Aviation-Support-Personnel.

**BRAIN HEALTH**

Brain health plays a crucial, yet often overlooked, role in overall quality of life for many of the warriors that WWP serves. Unfortunately, brain trauma, more specifically traumatic brain injury (TBI), is not uncommon for post-9/11 veterans. The Defense and Veterans Brain Injury Center reports that almost 414,000 Service members worldwide suffered from TBIs between 2000 and late 2019.[39] Amongst our warrior population, nearly 3 in 4 (73.2%) report being injured and experiencing symptoms typical of head-related trauma immediately following those events. Approximately 36.5% of warriors self-report experiencing TBI during their military service.

Research shows that TBI can have a serious impact on a veteran's mental health. Of warriors who self-reported experiencing TBI, 72% visited a mental health professional within the last 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems. 60% presented with moderate to severe symptoms for two or more mental health conditions. Warriors who self-reported experiencing TBI are also more likely to report suicidal thoughts in the past 12 months. Overall, TBI contributes to a decline in quality of life, presents as an elevated risk factor for suicide, and drives mental health symptom reporting and substance use dependence.

***Expand research on traumatic brain injury (TBI)***

Based on these concerns, more can and should be known about the expected course of neurological and cognitive functioning after TBI and how veterans can expect to rely on VA for long-term care and support. WWP supports a commitment to research and policies to identify and expand access to effective treatments and community-based support for veterans with brain injury. This issue has become especially relevant given recent reports of widespread TBI from blast exposures among Service members in Iraq and Syria.[40]

In 2022, the RAND Corporation published a report, *Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan*, commissioned by WWP. This report made several recommendations based on the long-term outcomes of veterans with TBI and the future needs of the population. In particular, it highlights the need to continue to collect and integrate better quality data through longitudinal studies and with shared information from the DoD, VA, and community-based care. The report also recommends further investment in research, so more can be understood regarding a variation in outcomes and across different populations for veterans with TBI and evidence-based treatments for TBI.

Congress can help to bolster research into brain injury and TBI by passing the *Traumatic Brain Injury Program Reauthorization Act of 2024* (H.R. 7208). The *Traumatic Brain Injury Act*

[39] OFF. RSRCH & DEV., U.S. DEP'T OF VET. AFFAIRS, *Traumatic Brain Injury (TBI)*, https://www.research.va.gov/topics/tbi.cfm.
[40] Dave Phillipps, *The Gunners Who Came Home Damaged*, N.Y. TIMES, Nov. 5, 2023, *available at* https://www.nytimes.com/2023/11/05/us/us-army-marines-artillery-isis-pentagon.html; Corey Dickstein, 4 US Troops Diagnosed with Brain Injuries in Weekend Missile Attack on Base in Iraq, STARS AND STRIPES, Jan. 23, 2024, *available at* https://www.stripes.com/theaters/middle_east/2024-01-23/troops-iran-militants-iraq-attack-brain-injuries-12772576.html.

(P.L. 104-166), initially passed in 1996, was the first federal legislation to address TBIs through prevention, research, and the delivery of grants to states to support the needs of the 5.3 million individuals living with disabilities from TBI. Since that time, the legislation has been reauthorized four times, including provisions that created a new Centers for Disease Control and Prevention (CDC) public awareness and education campaign and requirements for the Department of Health and Human Services (HHS) to make grants to states to establish TBI registries to improve data collection.

While we support the *Traumatic Brain Injury Program Reauthorization Act* as written, we also endorse improvements to the legislation outlined by Representative Pascrell in his recent testimony before the House Energy and Commerce Subcommittee on Health.[41] Most notably, we support increasing the authorization level for the TBI State Partnership Program from $7.321 million to $19 million for fiscal years 2025-2029. This increase will allow for adequate funding for the 31 states currently participating in the Administration for Community Living's (ACL) State Partnership Program, a program established to provide aid and support independent living for those living with TBI. It has resulted in higher levels of community participation and life satisfaction on average for survivors of TBI in the states participating. We also support Rep. Pascrell's request to include $6 million in funding for the ACL Protection and Advocacy Program and to allow Protection and Advocacy access to federal facilities, including VA facilities.

Recently, we have been encouraged by steps to support additional research into brain injury. The *Support the Resiliency of Our Nation's Great* (*STRONG*) *Veterans Act* (P.L. 117-328, Div. V § 303) included $5 million for ongoing and future research at VA on brain health and TBI, which we eagerly anticipate. The *National Defense Authorization Act* (*NDAA*) *for FY 2023* (P.L. 117-263) also included the "Warfighter Brain Health Initiative," an initiative launched by DoD in 2023 aimed at coordinating efforts between the operation and medical communities to optimize Service member's brain health. We urge the Committees to continue this trend and prioritize efforts to research and address TBI.

***Promote long-term care and support***

With the rise in veterans suffering from brain injury, WWP has seen a related rise in veterans with a need for more intensive care and services. Long-term services and supports, such as VA's facility-based services, end-of-life services, geriatric outpatient programs, and home and community-based services, are increasingly in demand from the population that we serve. We believe it is essential to support policies that promote the utilization and success of VA's long-term care programs for younger veterans, including those who have suffered TBIs in service.

This is also supported by recommendations from RAND's *Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan* report. Because of limited long-term care options for veterans, they conclude that expanded access to long-term care is necessary to address the expected needs of veterans with TBI as they continue to age. The report also

[41] *Legislative Proposals to Support Patients and Caregivers: Hearing Before the Subcomm. on Health of the H. Comm. on Energy and Commerce*, 118th Cong. (Feb. 14, 2024) (statement of Rep. Pascrell).

recommends expanding awareness and access to multidisciplinary treatments for veterans with TBI, who are often either unaware of treatment options or unable to access them due to geographic limitations and other barriers.

To address these concerns, Congress should pass the *Elizabeth Dole Home Care Act* (S. 141, H.R. 542). This legislation would improve veterans' access to long-term support services through provisions that would instruct VA to provide informal Geriatrics and Extended Care (GEC) program assessment tools to help veterans and caregivers identify expanded services they are eligible for. Other provisions would codify existing GEC programs and provide assistance to caregivers that are denied or discharged from the Program for Comprehensive Assistance for Family Caregivers into other VA provided support. These provisions will help to provide additional resources to veterans with complex needs, many suffering from the effects of TBI. We also urge you to include the important provision that would increase the non-institutional expenditure cap from 65% to 100% to help ease the economic burden that some of these veterans and their families face.

Another piece of legislation that will improve options for veterans with TBI is the *Expanding Veterans' Options for Long-Term Care Act* (S. 495, H.R. 1815). While VA is generally prohibited from paying for housing, this bill would require VA to implement a three-year pilot program that will assess the effectiveness of providing assisted living services to eligible veterans. This would allow veterans with serious needs more flexibility and the option to live more independently while potentially demonstrating cost-savings to VA, as these assisted living services can sometimes be provided in lieu of more expensive nursing home care. Lastly, the *Innovative Cognitive Care for Veterans Act* (H.R. 5002) would establish a pilot program at VA to partner with private organizations, nonprofit foundations, and other community support entities to provide veterans access to telehealth and other innovative technologies that slow the progression of cognitive disorders through interactive engagement and stimulation solutions. Given that TBI often results in cognitive issues, this program will give veterans with TBI access to new, innovative care that we believe will result in overall improved mental health outcomes.

We would also encourage the Committees to revisit 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, which ran from 2009 to 2018, provided veterans with moderate to severe TBI who needed long-term neurobehavioral rehabilitation placement with placement in private TBI rehabilitation facilities. After the program ended, an evaluation by VA concluded that participants had experienced improvements in physical and emotional health, TBI symptoms, and other outcomes. Currently, a veteran who wishes to participate in VA's Traumatic Brain Injury-Residential Rehabilitation Program must pay for their own room and board, something many veterans cannot afford. Legislation to remove this financial barrier to care would improve access for veterans with increased needs.

**CAREGIVERS**

At WWP, we know caregivers make immense sacrifices every day to ensure that our nation's most severely injured Service members and veterans are taken care of. Because of this, we are dedicated to providing support for both the warriors and their caregivers. In 2023, we provided over 240,000 hours of in-home and local care to the most severely injured warriors, many of whom rely on caregivers, through our Independence Program. Warriors in the Independence Program are provided a specialized case management team to support them and their caregivers to live more independent lives through highly individualized support and resources.

Wounded Warrior Project also provides support to caregivers and warriors by partnering with organizations that provide specific services or programming directly to caregivers. These partnerships allow WWP to make an even greater impact and deliver better quality of life and care. Since 2012, WWP has supported 18 organizations that provide direct programs to caregivers – including clinical mental health services, respite, and other resources. These are the programs and partners that inform our perspectives below.

***Monitor caregiver program eligibility and appeals***

Many of the most severely injured warriors that WWP serves rely on additional support from VA and other organizations to participate in daily activities and tasks. One of the most significant is the Program for Comprehensive Assistance for Family Caregivers (PCAFC). Currently, of the nearly 16% of WWP warriors that receive aid and assistance from another person due to service-connected injuries or health problems, approximately 30% are participating in PCAFC. After the *VA MISSION Act* (P.L. 115-182 § 161) was signed into law in 2018, the program was expanded to include veterans of all eras. Eligibility criteria was also modified from a system that paid stipends to family caregivers based on the number of hours spent providing personal care services to veterans to a system that requires the caregiver to provide personal care services every time a veteran completes one of several activities of daily living (ADLs).

We remain concerned that the new system excludes too many veterans with moderate and severe needs that the program was originally designed to cover. Amongst the warriors and caregivers in our community with a service-connected disability rating of 70 percent or more (a criteria for the new PCAFC eligibility), less than two percent of warriors are completely dependent on someone else to complete the ADLs that are considered as part of PCAFC eligibility. Due to these concerns, we remain thankful for VA's decision not to discharge or decrease any support for the program's legacy participants until 2025. We also urge Congress to keep these considerations in mind as they continue to monitor the program to ensure that veterans and caregivers in need of heightened support are receiving the care they need.

Additional ways that Congress can ensure veterans and caregivers are receiving the support they need is by passing the *Elizabeth Dole Home Care Act* (S. 141, H.R. 542) and the *Caregiver Application and Appeals Reform (CARE) Act* (S. 1792, H.R. 4518). The *Elizabeth Dole Home Care Act* helps to ease the transition of caregivers who are ineligible or are discharged from PCAFC by automatically enrolling them in the Program of General Caregiver

Support Services (PGCSS) and providing them with additional resources such as information on other programs they may be eligible for and a Caregiver Support Coordinator to help them navigate the process. Additionally, the *CARE Act* would improve PCAFC by allowing Veterans Service Organizations (VSOs) and other accredited agencies to advocate for veterans applying for entry into the program, a process that can be complicated for veterans and caregivers to navigate. The bill would make additional improvements including requiring VA to employ qualified medical specialists to evaluate applications into the program and requiring them to include more detailed information in denial letters. We encourage members of the Committees to support both pieces of legislation and Congress to quickly pass them into law.

***Address caregiver needs***

Given the immense sacrifices most military and veteran caregivers make to ensure their loved one is well taken care of, many of them experience a great toll on their own mental health and wellbeing. According to a recent study on caregiving in the U.S., over 35% of caregivers report high emotional stress and over 20% report that caregiving makes it difficult for them to take care of their own physical health.[42] Concerningly, over half of caregivers "said caregiving increased their level of stress, worry, concern for the future, and anxiety" and 40% said they "rarely or never feel relaxed."[43] It is clear that more needs to be done to ensure caregivers are provided with adequate services for mental health and wellness.

One way to help address caregivers' needs is by passing the *Elizabeth Dole Home Care Act*. The bill would ensure at least 30 days of respite care is provided to caregivers of veterans enrolled in the Program of General Caregiver Support Services (PGCSS), allowing the caregiver time to rest, take care of their own health needs, or see friends and family. It would also commission a VA report with recommendations on how VA can expand mental health services and support for caregivers.

We are pleased by proactive steps VA is already taking to increase their support of caregivers. Recently, VA has announced plans to install a respite subject matter expert at every VA medical facility and to begin piloting a Veteran Directed Care-Respite Initiative at 11 sites in Fiscal Year 2024. The Caregiver Support Program has also funded respite liaisons at each of the Veteran Integrated Service Networks (VISNs) to improve access to respite for veterans and their caregivers. However, more should be done to ensure that caregivers are getting the respite they need. We would encourage the Committees to do this by enhancing outreach and education on available programs, improving access for rural veterans, increasing respite care funding, addressing the nationwide shortage of home and community-based services providers, and increased collaboration between various federal respite programs.

Congress can also help to address this issue by passing the *Caregiver Outreach and Program Enhancement* (*COPE*) *Act* (H.R. 3581). The *COPE Act* would provide additional resources to address the mental health needs of veteran caregivers by authorizing VA to provide

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[42] AARP RESEARCH, A LOOK AT U.S. CAREGIVERS' MENTAL HEALTH (July 2023), https://www.aarp.org/content/dam/aarp/research/topics/ltss/family-caregiving/caregivers-mental-health.doi.10.26419-2Fres.00706.001.pdf

[43] *Id.*

grants to organizations that support caregiver mental health and well-being. Additionally, the bill would require VA to provide outreach to caregivers about the resources available to them and provide Congress with research on the program and its outcomes. We urge Congress to pass this legislation and to continue to find additional ways to provide resources to our veteran caregivers.

***Plan for financial future***

Veteran caregivers face additional burdens beyond their mental and physical health. Research shows us that caregivers also pay a financial toll for taking on the duties of caregiver. While the figures that follow are inclusive of caregivers to veterans and non-veterans, they are nevertheless illustrative of the fact that the financial future for many caregivers is unclear. Approximately 68% of caregivers today are also financial caregivers, providing financial support towards the recipient's expenses.[44] On average, family caregivers are spending $7,200 per year in out-of-pocket expenses for things like housing, home modifications, and medical and transportation costs.[45] Family caregivers also report spending 26% of their income, on average, on their caregiving activities, an amount that substantially increases for Black and Hispanic/Latino caregivers.[46]

Caregiving duties can also greatly impact the caregiver's ability to maintain a career, placing them in even deeper financial uncertainty. Many caregivers face challenges finding employment that allows for the flexibility that caregiving requires. Nearly one-third of caregivers report having to change their work schedules to accommodate their caregiving duties and nearly 20% say they've had to work fewer hours.[47] These strains can negatively impact the caregiver's ability to advance in their career and place them further behind financially. Caregivers that do not have outside employment also have the burden of not having contributed to Social Security, leaving them without an additional safety net. Assisted living options for veterans with higher needs – and which can potentially ease caregiver responsibilities and free up time to pursue gainful employment – come at great financial cost until VA is able to assist with room and board costs. Congress should continue to look at ways these issues can be addressed to ensure that caregivers can establish better financial security.

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[44] TIAA INST. & NEWCOURTLAND CTR. AT THE UNIV. OF PENN. SCH. OF NURSING, PLAYING THE LONG GAME: HOW LONGEVITY AFFECTS FINANCIAL PLANNING AND FAMILY CAREGIVING (NOV. 2023), https://www.tiaa.org/content/dam/tiaa/institute/pdf/insights-report/2023-10/tiaa-institute-upenn-how-longevity-affects-financial-planning-ti-november-2023.pdf.

[45] *Id.*

[46] *Id.*

[47] AARP RESEARCH, CAREGIVING OUT-OF-POCKET COSTS STUDY (June 2021), https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2021/family-caregivers-cost-survey-2021.doi.10.26419-2Fres.00473.001.pdf.

**QUALITY OF LIFE**

***Access to Federal Lands***

Throughout our organizational history, WWP has explored new and innovative ways to offer care and support to those we serve. Several current programs promote outdoor recreation in programming due to the multitude of health benefits from exposure to direct sunlight and nature, and these nation-wide adaptive-capable offerings may include activities like biking, hiking, fishing, hunting, archery, camping, and snow and water sports in pursuit of improvement in social, physical, and mental well-being. Measurable outcomes include physical and mental well-being; improvements in physical activity, sleep, nutrition; and reductions in symptoms of depression and chronic pain.

In this context, WWP is proud to support the *Military and Veterans in Parks Act*, or the *MVP Act* (H.R. 6342), which would help disabled veterans, Service members, and surviving families access our nation's public lands for activities to improve their mental and physical health and well-being. The bill would require the establishment of at least three new accessible trails and at least two new accessible recreation opportunities in each region managed by the United States Forest Service the National Park Service, the Bureau of Land Management, and the United States Fish and Wildlife Service. The Departments of Interior and Agriculture would be required to create a joint national strategy to increase visits to federal recreational lands by veterans, Service members, and Gold Star Families and partner with VA and DoD to inform veterans and Service members about the location of accessible opportunities. It would also add veterans' organizations to Recreation Resource Advisory Committees.

According to our most recent Annual Warrior Survey, 54.6 percent of responding warriors reported using physical activity to deal with stress, emotional challenges, and mental health concerns. As more warriors continue to experience these benefits, we have heard firsthand from warriors seeking to relocate to areas with greater access to adaptive sports and, from their caregivers, sharing stories about how accessible recreational activities have made the veteran in their lives happier, more talkative, and more eager to push their perceived limits.

*The MVP Act*, originally introduced by Rep. Jen Kiggans (R-VA-2) has subsequently been incorporated into the *Expanding Public Lands Outdoor Recreation Experiences* (*EXPLORE*) *Act* (H.R. 6492), introduced by Rep. Bruce Westerman (R-AR-4), Chairman of the House Natural Resources Committee. WWP believes that the provisions of the *EXPLORE Act* that incorporated language from the *MVP Act* will greatly improve outdoor recreation opportunities available to disabled veterans on public lands.

***Accessible Air Travel***

Air travel can be a stressful experience for anyone, but it presents unique challenges for veterans with severe disabilities, especially those who use assistive devices. Veterans who use wheelchairs often experience significant obstacles simply trying to board and deplane from aircraft. 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. Like 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 800 wheelchairs were mishandled by airlines in November 2023 alone.[48] In order for a veteran who uses a wheelchair 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.

To improve the experience and promote the safety of wheelchair users and other individuals with disabilities aboard commercial aircraft, WWP supports the *Air Carrier Access Amendments Act* (*ACAAA*) (S. 545, H.R. 1267). This legislation would require the Department of Transportation to prescribe regulations improving aircraft accessibility standards, including boarding and deplaning equipment, proper in-cabin and cargo hold stowage of assistive devices, and seating accommodations including in-cabin wheelchair restraints (if technologically feasible). Both the House and Senate versions of legislation to reauthorize the Federal Aviation Administration (H.R. 3935, S. 1939) included these provisions of the *ACAAA*, along with additional requirements to improve training for airline personnel to properly assist passengers who use wheelchairs and handle assistive devices. 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.

Another instance in which disabled veterans may encounter significant barriers to air travel is 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 would also improve safety and efficiency at airport security checkpoints.

***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

[48] OFF. OF AVIATION CONSUM. PROT., U.S. DEP'T OF TRANSP., AIR TRAVEL CONSUMER REPORT (Jan. 2024), https://www.transportation.gov/sites/dot.gov/files/2024-02/January%202024%20ATCR.pdf.

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 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.

The *Autonomy for Disabled Veterans Act* (H.R. 2818, S. 3290) would provide needed updates to the HISA program by increasing the maximum grant amounts and providing automatic annual increases based on rising prices in the future. While H.R. 2818 would increase the current amounts of $6,800 and $2,000 to $10,000 and $5,000 and provide annual increases based on the consumer price index, S. 3290 would increase both amounts to $9,000 and provide annual increases based on the residential home cost of construction index. WWP has endorsed both bills and looks forward to working with the Committees to resolve these differences in order to support the passage of legislation that will fully modernize the HISA program.

***Access to VA Services***

Of the approximately 18 million veterans nationwide, nearly 5 million (27 percent), have a service-connected disability.[49] Many other veterans have disabilities that may not be related to their service. To deliver the care and benefits to which these veterans are entitled, VA infrastructure, services, and information technology must be fully accessible. At a minimum, this requires VA compliance with all federal disability access laws, including physical access standards under the *Architectural Barriers Act of 1968* (P.L. 90-480) and Section 508 of the *Rehabilitation Act of 1973* (P.L. 93-112), which requires federal agencies to provide individuals with disabilities access to electronic information. However, a December 2022 report issued by Sen. Bob Casey (D-PA), Chairman of the Senate Special Committee on Aging, found significant Section 508 violations across multiple VA websites.[50]

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[49] News Release, Bureau of Labor Stat., U.S. Dep't of Labor, *Employment Situation of Veterans – 2022* (Mar. 21, 2023), *available at* https://www.bls.gov/news.release/pdf/vet.pdf.

[50] SPECIAL CMTE. ON AGING – MAJ. STAFF, U.S. SENATE, UNLOCKING THE VIRTUAL FRONT DOOR: AN EXAMINATION OF FEDERAL TECHNOLOGY'S ACCESSIBILITY FOR PEOPLE WITH DISABILITIES, OLDER ADULTS, AND VETERANS (Dec. 2022), https://www.aging.senate.gov/imo/media/doc/unlocking_the_virtual_front_door_-_full_report.pdf.

To address these concerns, WWP supports the *Veterans Accessibility Act of 2023* (S. 2516), introduced by Sens. Bob Casey (D-PA) and Rick Scott (R-FL), Chairman and Ranking Member of the Senate Special Committee on Aging. This legislation would establish a Veterans Advisory Committee on Equal Access, which would consist of veterans with diverse disabilities, individuals with expertise in disability access and discrimination law, and VSO representatives. The Advisory Committee would issue regular reports to VA and Congress evaluating VA compliance with federal disability law and providing recommendations on improving access to VA websites, services, and buildings for people with disabilities. They would also provide advice on improving accessibility of community care facilities, as well as products services purchased through the VA acquisition process. WWP supports the *Veterans Accessibility Act of 2023* and urges its swift passage.

***Rural Veterans***

There are an estimated 4.4 million rural veterans in the U.S. with approximately 2.7 million enrolled in VA health care.[51] Rural veterans report experiencing challenges in accessing care due to geographic challenges, transportation, and availability of services. While offerings such as mobile units and telehealth services have expanded the availability of services in hard-to-reach areas, a lack of awareness of opportunities and limited access to broadband can still provide barriers. Challenges such as housing instability, food insecurity, and suicidality are persistent.[5253] In the VA's 2023 National Veteran Suicide Prevention Annual Report, the suicide rate for veteran VHA users were higher for rural residents.

Community care has provided opportunities for VA to serve veterans comprehensive health care needs while also building networks of supportive care throughout the community. However, veterans still experience challenges in navigating the community care process, from requesting or receiving a consult in a timely manner to knowing of the services available to them in the community. One way of building out greater rapport with community providers and expanding one offering for veterans pursuing VA disability benefits would be to pass an effort WWP has endorsed, the *Veterans Exam Expansion Act* (H.R. 5938), which would expand the authority to contract with health care providers for any location in the United States to conduct compensation and pension medical exams of veterans. Furthermore, the *Veteran Medical Exams for Distant Areas Act* (H.R. 5470) would allow VA-providers to conduct compensation and pension exams across state lines, which would increase the availability of qualified providers to perform such exams. WWP believes both of these legislative efforts would be beneficial for the warriors we serve in rural areas.

Many veterans must travel to VA facilities for appointments and based on the locale and area of the country, veterans may experience challenges, including financial barriers, while transiting to their appointments, including having to travel from a long distance. The current VA

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[51] OFF. OF RURAL HEALTH, U.S. DEP'T OF VET. AFFAIRS, *Rural Veterans*, https://www.ruralhealth.va.gov/aboutus/ruralvets.asp.
[52] Thomas Byrne et al., *You Don't See Them on the Streets of Your Town: Challenges and Strategies for Serving Unstably Housed Veterans in Rural Areas*, 30(3) HOUSING POLICY DEBATE 409–30 (Feb. 2020).
[53] Brian Shiner et al., *Recent trends in the rural–urban suicide disparity among veterans using VA health care*, 44 J. BEHAV. MED. 492–506 (Aug. 2021).

beneficiary travel mileage rate is 41.5 cents per mile, which is lower than the Government Services Administration (GSA) federal mileage rate for privately owned vehicles owned by government employees on official business (67 cents per mile in 2024). WWP supports the *Driver Reimbursement Increase for Veteran Equity (DRIVE) Act* (S. 592, H. R. 1278), which would require and clarify VA authority to adjust the mileage for beneficiary travel rate to be equal to or greater than the GSA rate. As rural veterans report poverty level conditions at a higher rate than urban veterans, this would be a great benefit for many veterans who have to travel long distances or to limited facilities.

***Underserved Populations***

The veteran population is a diverse population with individuals representing many racial, ethnic, and cultural identities. VA has made a priority of addressing disparities in how these populations are served and we appreciate how many of their commitments were memorialized in the February 2024 release of VA's Equity Action Plan. The plan outlines several strategies to ensure equitable outcomes and improved service delivery and patient experiences centered around benefits, health, access, economic security, and data. Of particular note, we are encouraged by VA's commitment to achieving parity in the percentage of approvals and denials of VBA benefits claims across several domains (e.g., age, race, ethnicity, gender identity) and its vision for applying Assessing Circumstances and Offering Resources for Needs (ACORN) insights to the delivery of health care and social support to veterans in underserved communities.

Independent of VA, we continue to recognize that outreach and connectivity are challenges experienced with underserved populations for many reasons. A low level of awareness, elements of mistrust, or even an unwillingness to engage can stem from a lack of visibility of VA programs within rural communities. Partnerships and collaborations with the VSO community and other supportive organizations would be one way for increased engagements, especially in hard-to-reach areas where VA facilities and services are limited. To close at least one notable gap in service and connection, WWP supports the *Care for Compact of Free Association* (*COFA*) *Veterans Act* (S. 1913, H.R. 3948). This legislation would allow VA to provide medical care to veterans living in the freely associated states – the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia—which have all entered into Compact of Free Association with the United States. Among its most critical provisions, the bill permits VA to provide health care (whether through clinics, community providers, or telehealth), ship medications, and reimburse veterans for travel to the U.S. to receive care for service-related conditions.

**VA WORKFORCE AND MODERNIZATION**

***Support VA workforce improvements***

In our 2023 testimony before your Committees, we observed that VA was coming off a 20-year high in its VHA staff turnover rate and facing one of its biggest health and benefit hiring challenges ever with the rollout of the *PACT Act*. In 2024, we are pleased to reflect on marked improvements and success with staffing at our most important partner in meeting the needs of wounded warriors. In Fiscal Year 2023, VA set all-time records in health care and benefits

delivery – fueled in large part by record hiring. VBA grew by more than 20 percent and now has more than 32,000 employees for the first time in its history. VHA now has more than 400,000 employees for the first time in history and realized a 20% decrease in turnover rate among VHA employees from 2022 to 2023.[54]

To build upon this success, WWP supports actions to help further bolster VA hiring tools and expand the U.S. workforce in professions that are needed to meet the demand for care, particularly in mental health. While the most recent VA Workforce Dashboard from January 2024 is encouraging, we are still informed by Office of Inspector General findings from August 2023[55] that severe occupational staffing shortages persisted despite gains in onboard employees. Social work, psychiatry, and psychology remained among the most frequently reported severe shortage areas. To address this, we encourage Congress to pass 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. Ensuring that VA can build and maintain a sufficient mental health workforce to meet demand is one of our goals, but VA will likely need a robust network of community providers to complement their efforts – and to ensure that there is no wrong door when a veteran seeks care. According to the National Institutes of Mental Health[56], more than 57 million U.S. adults live with a mental illness. However, due to a lack of accessible care, only 47 percent of those adults with a mental illness will receive mental health treatment. And as reported by the Health Resources and Services Administration (HRSA)[57], over 160 million Americans currently live in federally designated mental health professional shortage areas, and by 2025, there will be an estimated shortage of over 250,000 mental health professionals[58].

The data above tells us that we simply need more providers in the field regardless of whether they choose to practice at VA or in the community. To that end, we support several bills that will help develop and sustain a mental health workforce that can begin to close the gap with demand for services. 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 Workforce Shortage Loan Repayment Act* (S. 462, H.R. 4933). This bill would authorize the federal government to repay up to $250,000 in eligible student loan repayment for

[54] Press Release, U.S. Dep't of Vet. Affairs, VA Sets All-Time Records for Care and Benefits Delivered to Veterans in Fiscal Year 2023 (Nov. 6, 2023), *available at* https://news.va.gov/press-room/va-all-time-record-care-benefits-veterans-fy-2023/.

[55] OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FISCAL YEAR 2023 6 (Aug. 2023).

[56] NAT'L INST. FOR MENTAL HEALTH, *Mental Illness*, https://www.nimh.nih.gov/health/statistics/mental-illness (last visited Feb. 27, 2024).

[57] HEALTH RES. & SERVS. ADMIN., U.S. DEP'T OF HEALTH & HUMAN SERVS., *Health Workforce Shortage Areas*, https://data.hrsa.gov/topics/health-workforce/shortage-areas (last visited Feb. 27, 2024).

[58] NAT'L CTR. FOR HEALTH WORKFORCE ANALYSIS, U.S. DEP'T OF HEALTH & HUMAN SERVS., NATIONAL PROJECTIONS OF SUPPLY AND DEMAND FOR SELECTED BEHAVIORAL HEALTH PRACTITIONERS: 2013-2025 (Nov. 2016), *available at* https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf.

mental health professionals who provide substance use disorder care in mental health shortage areas. Congress can also pass the *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S. 3430) which would provide incentives under Medicare and Medicaid to health care providers to provide mental health and substance use disorder treatment in health professional shortage areas.

***Modernize VA electronic health records***

Wounded Warrior Project supports the vision of a single, common federal electronic health record (EHR) that enables a familiar, dependable, and seamless health care experience from the time a Service member joins the military, through their transition to civilian life, and throughout their lifelong care as a veteran. 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. We believe a successful deployment of a modern 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. For that reason, we want to commend your Committees for your vigorous oversight of the critical task before VA to modernize its electronic health records so this vision can be realized across the largest integrated health system in the United States.

While VA is expected to complete the enterprise-wide implementation in several years, the program has not been short of challenges. VA has delayed future deployments of the new EHR until challenges with the system can be addressed and functional optimization can be achieved for veterans and VA health care personnel. However, there is optimism, as DoD has demonstrated its ability to deploy the Military Health System's Genesis (MHS Genesis) successfully fully across all DoD facilities – except for the joint DoD-VA facility in Chicago, which is slated to go live in March 2024 – illustrating what VA can achieve with the right oversight.

Wounded Warrior Project shares the community's concerns with the status of VA's EHRM efforts, but we believe that a fully interoperable EHR between DoD, VA, and community providers should still be the goal for the community and encourage your 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:

***Standardization*:** We are grateful for VA and Oracle's respective transparency and communication with veteran service organizations during the current EHR modernization project reset that was announced in April 2023. Continued progress and ultimate success are critical, and Congress must continue to play a role in ensuring both. One of the challenges identified by both VA and Oracle has been the decentralized governance structure and variance in customization requests across the VA enterprise. Governance and decision-making practices at VA that facilitate progress and accountability; and development and adherence to clear

benchmarks, milestones, and success criteria from VA that will ultimately get the EHR modernization back on track and completed. We were pleased to learn that VHA held its first of its kinds conference across VHA stakeholders to understand the value of standardization and to drive needed holistic standardization effort. Continued oversight and ensuring that there is a single point of accountability within VA, responsible for establishing and enforcing standards, is critical to the program's success.

***Improving Interoperability*:** A significant stride toward improved interoperability involves delivering a single, common federal EHR at scale, spanning across the VA, DoD, the U.S. Coast Guard, and other partners. Congress should enact oversight as needed to ensure the EHR is able to provide seamless health care from a Service member's entry into the military through their lifelong care as a veteran, with a unified longitudinal record accessible wherever they choose to seek care. Furthermore, enhanced interoperability between VA and community care must be achieved through additional connectivity into the Joint Health Information Exchange (JHIE), linking the VA to over 90% of all community health care providers.

Additionally, it is critical that VA's EHR is able to connect with all DoD systems to ensure at-risk populations are properly identified. As we noted in previous testimonies, 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. Capturing critical exposures in the ILER record, or similar systems, is irrelevant if that critical information is not able to be migrate into a Service member or Veteran's EHR. As Congress exercises it 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.

Above all else, we wish to state unequivocally that a fully interoperable EHR between DoD, VA, and community providers should still be the goal for the community. We encourage the Committees to continue this path and believe that efforts to abandon the EHR modernization project would be against the best interest of veterans and their future care.

## 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 remainder of the 118th Congress will have a significant impact on the next steps VA, and the greater community, take 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.

# APPENDIX

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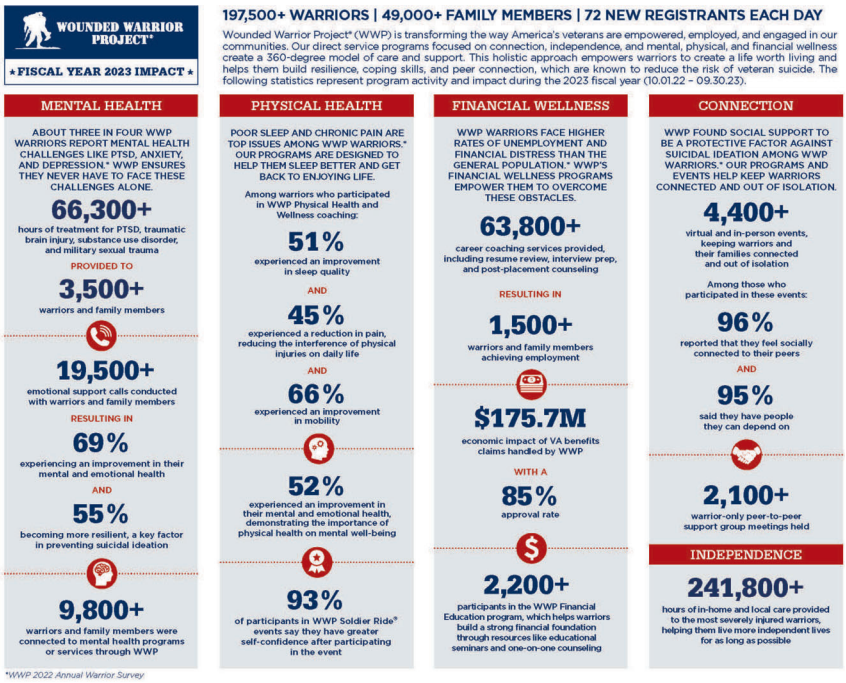
WOUNDED WARRIOR PROJECT®
★ FISCAL YEAR 2023 IMPACT ★
197,500+ WARRIORS | 49,000+ FAMILY MEMBERS | 72 NEW REGISTRANTS EACH DAY
Wounded Warrior Project® (WWP) is transforming the way America's veterans are empowered, employed, and engaged in our communities. Our direct service programs focused on connection, 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 2023 fiscal year (10.01.22 – 09.30.23).
MENTAL HEALTH
ABOUT THREE IN FOUR WWP WARRIORS REPORT MENTAL HEALTH CHALLENGES LIKE PTSD, ANXIETY, AND DEPRESSION.* WWP ENSURES THEY NEVER HAVE TO FACE THESE CHALLENGES ALONE.
66,300+
hours of treatment for PTSD, traumatic brain injury, substance use disorder, and military sexual trauma
PROVIDED TO
3,500+
warriors and family members
19,500+
emotional support calls conducted with warriors and family members
RESULTING IN
69%
experiencing an improvement in their mental and emotional health
AND
55%
becoming more resilient, a key factor in preventing suicidal ideation
9,800+
warriors and family members were connected to mental health programs or services through WWP
PHYSICAL HEALTH
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.
Among warriors who participated in WWP Physical Health and Wellness coaching:
51%
experienced an improvement in sleep quality
AND
45%
experienced a reduction in pain, reducing the interference of physical injuries on daily life
AND
66%
experienced an improvement in mobility
52%
experienced an improvement in their mental and emotional health, demonstrating the importance of physical health on mental well-being
93%
of participants in WWP Soldier Ride® events say they have greater self-confidence after participating in the event
FINANCIAL WELLNESS
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.
63,800+
career coaching services provided, including resume review, interview prep, and post-placement counseling
RESULTING IN
1,500+
warriors and family members achieving employment
$175.7M
economic impact of VA benefits claims handled by WWP
WITH A
85%
approval rate
2,200+
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
CONNECTION
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.
4,400+
virtual and in-person events, keeping warriors and their families connected and out of isolation
Among those who participated in these events:
96%
reported that they feel socially connected to their peers
AND
95%
said they have people they can depend on
2,100+
warrior-only peer-to-peer support group meetings held
INDEPENDENCE
241,800+
hours of in-home and local care provided to the most severely injured warriors, helping them live more independent lives for as long as possible
*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 (10.1.23)

*The National Association of State Directors of Veterans Affairs*

**NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS**

**Joint Hearing of the House and Senate Veterans' Affairs Committees**

**March 6, 2024**

**Presented by**

**Dennis Wimer**

***President, National Association State Directors of Veterans Affairs***

***Director, Indiana Department of Veterans Affairs***

*The National Association of State Directors of Veterans Affairs*

**INTRODUCTION**

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano and distinguished members of the Committees on Veterans Affairs, this written testimony is submitted on behalf of the National Association of State Directors of Veterans Affairs (NASDVA). My name is Dennis Wimer, and I am the NASDVA President and serve as the Director for the Indiana Department of Veterans Affairs.

Our association was founded following the end of WWII in 1946 to bring together the State Directors, Commissioners and Secretaries from all 50 States, U.S. Territories and the District of Columbia to encourage communication, facilitate discussion, and promote "best practices" to successfully advocate for our Nation's 18 million Veterans, their families, survivors and caregivers. It is vital work and we're committed with purpose and passion to address the important Veterans' needs.

State Departments of Veterans Affairs (SDVA) are comprehensive service providers and prominent Veterans' advocates, and as such, we serve as the primary intersection for Veterans between the U.S. Department of Veterans Affairs and our respective State governments, as well as local communities, Veteran Service Organizations, community partners, and non-profit entities.

State Departments of Veterans Affairs are second only to the U.S. Department of Veterans Affairs in providing comprehensive earned services, benefits and support. As our by-laws state, our national focus is "to foster the effective representation of persons claiming entitlements on account of the honorable military service of any person defined in 38 U.S.C. 101; to provide a medium for the exchange of ideas and information; to facilitate reciprocal State Services; to ensure uniformity, equality, efficiency and effectiveness in providing services to Veterans and their family members in all States and Territories; and maintain an interest in all Veterans' legislation."

State Directors are tasked and held accountable by our respective Governors, State Boards or Commissions, and Veteran stakeholders to be responsible for addressing the multi-faceted needs of our Veterans irrespective of age, gender, era of service, military branch, or circumstance of service. We are well-positioned to deliver efficient, effective and Veteran-focused services and partner with the U.S. Department of Veterans Affairs in outreach and advocacy for our nation's Veterans.

*The National Association of State Directors of Veterans Affairs*

**VA – NASDVA PARTNERSHIP**

The collaborative relationship between the U.S. Department of Veterans Affairs (VA) and NASDVA was originally formalized through a Memorandum of Agreement (MOA) in 2012 and recently updated on February 21, 2024 as a Memorandum of Understanding (MOU) with VA Secretary Denis McDonough and NASDVA President Dennis Wimer signing its renewal at the 2024 NASDVA Mid-Winter Training Conference in Arlington VA.

The formal partnership between the VA and NASDVA continues to yield positive results for our Veterans across the nation. Since NASDVA's incorporation, there has been a long-standing government-to-government cooperative relationship that shares a common goal to facilitate accessible, timely, and quality care for our nation's Veterans.

To highlight our partnership, the MOU also provides the VA Secretary a forum to highlight "best practices" among the States and Territories through presentation of the much-coveted Abraham Lincoln Pillars of Excellence Award. It recognizes innovative programs that are transferrable for other States to emulate. The 2024 award recipient States are Nebraska, South Carloina, Kentucky, New York, Minnesota and Nevada.

**VA FUNDING**

NASDVA is committed to working with Congress and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs in a Veteran-focused manner. NASDVA applauds Congress' concerted efforts to improve VA funding for health care, claims and appeals processing, homeless and women Veterans programs. Likewise, continued emphasis is warranted on preparing for VA's aging infrastructure, Veteran suicide prevention initiatives, and caregiver support..

We support Congress' efforts to hold both the U.S. Department of Veterans Affairs and *Oracle Cerner* fully accountable for evolutionary upgrades to the VA's Electronic Health Record Modernization (EHRM) millennium software system. It is essential that VA's EHRM Integration Office address system challenges and future development. It needs to address the operational concerns of the medical providers and enhance healthcare delivery for Veterans.

As the VA continues its transformational journey, NASDVA supports a continuation of new initiatives and collaborative outreach. It will require careful observation in ensuring effective and efficient program execution and a continued focus to deploy resources where Veterans can best be served.

*The National Association of State Directors of Veterans Affairs*

**PACT ACT**

The *PACT Act* is a monumental piece of legislation. NASDVA applauds the extensive congressional effort to bring it about. It is the most significant step ever taken in addressing the ravages of toxic exposure. NASDVA supports continued emphasis on implementation. It requires expanding VA health care and benefits for Veterans exposed to burn pits, herbicides, and other toxic substances. Our Veterans and their families deserve no less. This is particularly important considering the intense television advertising for Veterans to join class action lawsuits to address potential disabilities from toxic exposures at Camp Lejeune. NASDVA is concerned about consumer protection for these Veterans. Alternatively, Veterans can file a claim for *free* with VA using accredited Service Officers, including claims examiners from State Departments of Veterans Affairs (SDVA).

SDVA are partnering with the VA to continue providing outreach to all eligible Veterans and their families about the new law and its provisions. The VA and NASDVA will continue its collaborative, in-person outreach efforts in 2024. State Department of Veterans Affairs perform a vital role interfacing with Veterans where they live to inform and help them with their individual needs and prospective claims earned through their service.

U.S. Department of Veterans Affairs medical centers and clinics across the country are enrolling Veterans everyday for new toxic exposure screening as a result of the *PACT Act.* There is a marked increase in the number of disability compensation claims submitted by Veterans as a result of the new law. This is confirmed by the VA *PACT Act* Dashboard published biweekly, in which the public has access to the information. NASDVA applauds this transparency by VA.

In light of our Memorandum of Understanding with VA, it is important to educate stake holders including VA staff, Veterans and their family members about our State and Territory Departments of Veterans Affairs. Submitting a claim through an accredited State or Territory Veterans' Claims Officer will sharply increase the chances of an individual claim being processed timely and adjudicated successfully.

We appreciate Congress' support of an increased VA budget in expanding the number of VA health care personnel and staff members who adjudicate claims, and supporting VA's efforts to recruit and train additional staff to handle the forecasted influx of additional claims. We acknowledege that wait lists for claims and appeals will increase before enough qualified VA staff are in place to handle the workload. It will take time to reduce the expected backlog. NASDVA will work with VA to exhaust all efforts to lessen the time Veterans must wait to have their claim completed whether *PACT Act* related or not.

*The National Association of State Directors of Veterans Affairs*

**VETERANS HEALTHCARE BENEFITS AND SERVICES**

NASDVA's priorities for the care of our nation's 18+ million Veterans are consistent with those of VA. We fully supports efforts to increase Veterans' access to VA Healthcare. This includes the continued collaboration of State Department of Veterans Affairs (SDVA) with Veterans Integrated Service Networks (VISN) and individual VA Medical Centers (VAMC) in enrolling Veterans and eligible family members in the VA healthcare system. This also includes expansion of Community Based Outpatient Clinics (CBOC) and Vet Centers, the deployment of mobile health clinics, and expanding the use of telehealth services. We applaud the VA app, which enhances a Veteran's access to their health (appointments, messages, prescriptions, vaccine records and COVID updates) and benefits (disability rating and cliams information).

NASDVA applauds recent VA initiatives involving mental health and Veteran suicide prevention. Veterans in acute suicidal crisis may now go to any VA or non-VA health care facility for emergency health care at no cost including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the Veterans Health Administration to use this benefit. The expansion of care will help prevent Veteran suicide by guaranteeing no cost care to Veterans in times of crisis. It will also increase access to acute suicide care for those 9 million Veterans not currently enrolled in VA.

While the VA continues to place strong emphasis on Veteran suicide prevention, there is still much work to be done. It is critical that SDVA work with the VA healthcare system to address this high priority clinical and social issue. NASDVA congratulates the VA on implementation of *The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program* (SSG Fox SPGP), which enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. This affords those states with fewer resources to make real impact on suicide prevention.

It is imperative the Veterans Health Administration receives the funding required to care for the more than 9 million Veterans who are enrolled while the complexity of their care is increasing. VHA must have the resources necessary to recruit and retain doctors, nurses, and other professional staff.

Under some circumstances, it is necessary and appropriate for Veterans to receive care at facilities and providers outside VA with community care accounting for 1/3 of the VA's total health care delivery. Lack of adhearance to community care timeliness standards have been a source of contention by some Veterans enrolled in the Veterans Health Administration, and we recommend continued emphasis by the VA to ensure all Veterans are provided community care referrals and appointments in a timely fashion. Reimbursements for community care services

should also be prompt and meet industry standards. Slow reimbursements for care will and have discouraged a number of health care providers from paticipating.

Telehealth services are mission critical to the service delivery of VA healthcare, and NASDVA applauds VA as a world leader in this practice. Telehealth is particularly critical to rural Veterans when timely access to mental health services is not available or when they must travel long distances to see a provider. State Departments of Veterans Affairs (SDVAs) can play an important role in connecting these Veterans to telehealth. Likewise, SDVAs can provide outreach and connect our most vulnerable Veterans to life-saving programs. The outreach effort will help close the gap in access to mental health care in rural areas, American Indian/Alaska Native lands, and other underserved minority communities.

NASDVA supports VA as they seek legislative authorities regarding telehealth prescribing of controlled substances to ensure that Veterans retain access to critical treatments and health care professionals. Telehealth use dramatically expanded during the COVID-19 public health emergency, in both Federal and private sector health care. During the pandemic, Federal and State flexibilities included authority for the prescribing of controlled substances, as part of a telehealth encounter in the absence of a prior in person medical evaluation. These flexibilities enabled many qualified health care professionals, delivering care through VA's telehealth programs, to initiate and maintain effective treatment plans for Veterans with chronic pain, substance use disorder, mental health conditions, or other conditions that required use of controlled substances for management.

Oral health is an important factor in physical, emotional, psychological, and socioeconomic well-being. VA offers comprehensive dental care benefits to only 600,000+ qualifying Veterans. Veterans who do not meet specific criteria are on their own to access oral health care, and for many this is unobtainable due to out-of-pocket expense, distance to travel, lack of transportation, or lack of dentists in their communities. For VA to tackle physical health issues and mental health issues related to Veterans, they should also tackle their oral health issues because of the direct connection.

Maintaining good oral health can lead to a reduction in heart disease. Presumptive conditions such as diabetes from Agent Orange exposure can also negatively impact oral health. It can also be impacted by mental health conditions. Veterans struggling with mental health challenges may eat more sugary foods, drink, smoke, fail to perform daily tasks like brushing teeth, and even have dry mouth from medications they are taking. These compounding issues may cost the VA and healthcare system more money because they then become secondary ailments to the initial mental health disorder. NASDVA supports efforts to expand the eligible

pool of Veterans entited to dental care services through the VA, which in turn may reduce other health care challenges associated with poor oral care.

**STATE VETERANS HOMES**

The State Veterans Home (SVH) Program is the largest and one of the most important partnerships between State Departments of Veterans Affairs and the U.S. Department of Veterans Affairs. SVHs provide more than 50% of total VA long-term care (one of the largest nursing home systems in the nation) at less than 20% of the VA's total FY2024 expenditures for veterans' long-term care. It is a cost-efficient partnership between federal and state governments.

SVHs are the largest provider of long-term care to America's Veterans through 173 operational SVHs (nursing homes), 47 Domiciliary Homes and 3 Adult Day Care Facilities in 50 States and the Commonwealth of Puerto Rico. These homes provide a vital service to elderly and severely disabled Veterans with over 25,000 skilled nursing beds, 4,847 domiciliary beds, and 109 adult-day health care participants.

The nationwide shortage of direct-care providers including doctors, nurses, licensed practical nurses and certified nursing assistants is well documented. The recent COVID-19 pandemic only exacerbated the decades-long decline as fewer health care professionals are recruited and established providers are leaving the workforce or retiring in unprecedented numbers. The national competition for providers is also presenting an untenable situation, which is exacerbated by both burnout among nursing professionals from the rigors of care and the salaries offered by large, well-financed hospital groups.

Resident census cannot be maintained because of chronic staff shortages, resulting in fewer Veterans being served and providers unable to cope with financial losses due to lower reimbursement rates tied to a lower resident census. Vulnerable Veterans in need of care are being denied access because of insufficient staff to meet the demand. Meanwhile CMS is in the process of implement staffing mandates at a time when many providers can't even fill staff vacancies to meet the need of current opeations. These shortages are projected to continue for the next decade.

It is imperative State Departments of Veterans Affairs and VA continue recruitment and retention efforts to have the quality and quantity of providers to care for eligible Veterans. Both NASDVA and the National Association of State Veterans Homes recommend a new Grant Per Diem scale that would allow for the hiring and retention of quality nursing staff in this competitive environment.

NASDVA also has concerns about behavioral health and future incidences of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other conditions in the aging Veteran population. While there are war-related traumas that lead to PTSD in younger OEF/OIF Veterans, aging Veterans can be exposed to various catastrophic events and traumas of late-life that can lead to the onset of PTSD or may trigger reactivation of pre-existing PTSD. PTSD has been seen more frequently in recent years among World War II, Korean and Vietnam War Veterans and has been difficult to manage.

VA has limited care for Veterans with a propensity for combative or violent behavior and the community expects VA or SVHs to serve this population. NASDVA and NASVH recommend a new Grant Per Diem scale that would reflect the staffing intensity required for psychiatric beds and medication management. SVHs and VA Community Living Centers are unable to serve intensive care psychiatric patients; therefore, VA cannot turn over hospital psychiatric beds because of a lack of community psychiatric step-down capacity. This level of care is critically needed in our States.

Both NASDVA and the National Association of State Veterans Homes (NASVH) support a continued commitment to the significant funding of the VA's State Veterans Home Construction Grant Program. It is important to the Veterans we serve to keep the existing backlog of projects in the Grant Program at a manageable level to assure life safety upgrades and new construction. VA's FY 2023 appropriation for State Home Construction Grants is only $150 million, which will allow VA to fully fund just 6 of the 73 approved but pending projects, and partially fund one large new State Home construction project in California. For FY 2024, VA has requested just $164 million, which would not even complete funding for the California project next year. We must support the request to increase the funding for the State Home Construction Grant program above VA's request of $164 million, with the target of $600 million in FY 2024.

NASDVA is seeking support from VA to take administrative action to provide waivers for the State Veterans Home (SVH) construction projects submitted prior to the *Build America, Buy America Act* (BABAA) effective date. BABAA was enacted with an enforcement date of May 14, 2022, and requires federal grantees to use Buy America preferences on all iron and steel, manufactured products, and construction materials incorporated into an infrastructure project, including the SVH construction grant projects. The law included waiver provisions:

- when applying the domestic content procurement preference would be inconsistent with the "public interest;"
- when there is "nonavailability" issues where products or construction materials are not produced in the United States in sufficient and reasonably available quantities; and

- when the inclusion of products or materials produced in the United States creates an "unreasonable cost" condition, increasing the cost of the overall project by more than 25 percent.

While it is agreed that BABAA is good for our Nation and NASDVA understands that this Act was intended to strengthen Made in America Laws and bolster America's industrial base, protect national security, and support high-paying jobs. Unfortunately, it has also negatively impacted the SVH construction grant projects found on the VA's FY23 Priority List. For all SVH construction projects listed on VA's FY 2023 Priority List, initiated design planning and grant budget submittal was required prior to BABAA's effective date. Therefore, States did not have the opportunity to properly plan for any of the requirements associated with this Act, resulting in approved grant project scopes, schematic designs, and budgets that do not consider any of the BABAA impacts or cost increases, and there are projects at risk for losing grant funding.

Additionally, it has been confirmed by the VA that availability of domestic products is a significant issue and a vast number of the SVH construction grant projects will be unable to meet BABAA compliance due to industry constraints. More specifically, it was verified by the VA that SVHs will be unable to purchase BABAA compliant electrical gear and mechanical equipment since these components are not domestically manufactured e.g. this includes, but is not limited to, HVAC systems, switch gear, generators, step down transformers, and light fixtures. Simply put, these types of industrial constraints will also result in many of the SVH construction projects not being completed, which would deprive many aging and ill veterans from receiving care in these long-term care facilities. VA is aware of these issues and at present have informed NASDVA and NASVH that they will not issue any additional BABAA waivers. Without resolution to properly address this matter, the quantity, quality and continuum of long-term care and services we provide to our Veterans and their families is diminished.

**VETERANS BENEFITS SERVICES**

According to the White House in a Feb. 7, 2023 release, the VA in 2022 processed a record 1.7 million Veteran claims, and delivered $128 billion in earned benefits to 6.1 million Veterans and survivors. NASDVA's priorities for the care of our nation's 18.5 million Veterans are consistent with those of VA.

State Departments of Veterans Affairs continue to take on a greater role in the effort to manage and administer claims processing. Regardless of whether the State or Territory uses accredited employees, nationally chartered Veterans Service Organizations (VSO) and/or

County Veteran Service Officers (CVSO), collectively, we have the capacity and capability to assist the Veterans Benefits Administration (VBA).

Additionally, the VA should offer expanded virtual and in-person training opportunities to accredited Service Officers, particularly those newly accredited Tribal Veteran Service Officers, to improve the "inputs" (e.g., changes to forms, updated processes, and/or new policies) to the benefits systems. These opportunities should be at the national level and at the regional office level. Additionally, as claims are processed through the National Work Que (NWQ) to better distribute caseloads, personnel staffing the VSO/CVSO Helpdesk Line need to have increased understanding of claims and access to the claim to better assist VSO/CVSOs calling for assistance. Increased training opportunities and increased support from the Helpdesk Line will support a more efficient claims process.

Two-thirds of the 117th Congress supported the *Major Richard Star Act* to support our combat-injured Veterans. Unfortunately, the bill was not signed into law. The *Star Act* would support more than 50,300 combat-injured Veterans with concurrent receipt of vested longevity pay and VA disability. These Veterans are subject to an offset where their retirement pay is reduced for every dollar of VA disability received. Retired pay is for completed years of service paid by DoD, while disability compensation is for lifelong injury paid by the VA. These are two different payments for two different purposes. Reducing retirement pay because of a disability is an injustice. NASDVA strongly recommends that the 118th Congress pass the *Star Act*.

**BURIAL AND MEMORIAL BENEFITS**

NASDVA appreciates the National Cemetery Administration's (NCA) collaborative partnership with States, Territories and Tribal governments. State, Territory and Tribal cemeteries expand burial access and support the NCA goal of "increasing access to a burial option in a National or State Veterans cemetery" and provide burial services to more than 95% of all Veterans within a 75-mile radius of their home. VA has awarded grants totaling $992 million to establish, expand, improve, operate and maintain 122 Veterans cemeteries in 49 States and Territories including tribal trust lands, Guam, and Saipan. In FY2023, NCA grant funded state cemeteries provided more than 43,000 interments.

The Veterans Cemetery Grants Program (VCGP) complements NCA's 155 national cemeteries in 42 states and Puerto Rico and is an integral part of NCA's ability to provide burial services for Veterans and their eligible family members. It is important to the nation's Veterans and their eligible family members to keep the existing backlog of VCGP projects at a manageable level to assure the delivery of honorable interment services. The FY2024 Priority

List reflects for priority one "expansion/improvement" projects a total of $102.7 million and for priority two "establishment" projects $108.6 million, for a total need of $211.3 million. The FY2024 budget for the VCGP is only $60 million. This is insufficient to allow NCA to establish more new State or Tribal cemeteries, particulary to support its rurial access goals. NASDVA strongly recommends increased funding support for the VCGP to $100 million

NASDVA recommends Congress authorize and appropriate funds to provide a plot allowance for family members and increase the level of plot allowance for Veterans currently at $948. Either increase in funding would help offset the higher operational costs being experienced across all interments. Also, the increased funding would allow the States to avoid charging family members and maintain parity with National Cemeteries where family members are not charged creating an inequity.

*The Burial Equity for Guards and Reserves Act* that was incorporated as Division CC of *Public Law 117-103 (The Consolidated Appropriations Act for FY2022)*. The VA Office of General Counsel determined that the law allows VCGP-funded cemeteries to inter certain "non-veteran" individuals, however, it does not compel such interments. The consequence for States or Tribal governments who elect to inter the "'non-veteran" is that they must bear the costs of the headstone and niche cover. Since there will be no plot allowance to help cover the entire cost of the interment, States will have to appropriate additional funds or charge the family members. Again, it creates an inequiable situation with the Veterans who receive full memorial benefits interred in the same cemetery. Even though the numbers are small without federal active duty and thus qualify as "Veterans," it is desirable for States and Tribal governments to provide the interment. The local appreciation and respect is strong for the Guard members who respond to natural disasters in the community. The average citizen is unaware of differences in eligibility and simply view them as military members worthy of the same memorial honors.

**WOMEN VETERANS**

There are more than 2 million Women Veterans of the Armed Forces, according to the U.S. Department of Veterans Affairs VETPOP data. By 2040, the VA estimates Women Veterans will comprise 18% of all Veterans, making them the fastest growing group in the overall Veteran population.

Women now assume roles in nearly all military occupational specialties. According to the Department of Defense's 2022 Demographics Profile of the Military Community, women

made up 17.5% of the active-duty force, totaling 228,966 members; and 21.6% of the National Guard and Reserves at 166,957 members.

NASDVA has made a concerted effort to inform Women Veterans that they are eligible for the full range of federal and state benefits, to include special programs for them. In addition, earned services, benefits and support for Women Veterans need to receive the same as their male counterparts. There are several areas NASDVA believes VA can work on to close gaps in service, ensure continuity of care, and better address the needs of Women Veterans.

Women Veterans are impacted by the nationwide provider shortage for the delivery of gender specific healthcare. We encourage the VA to continue its aggressive recruiting and retention efforts for qualified health care professionals. In addition, VA priorities should include addressing needs of all victims of Military Sexual Trauma (MST) especiallly Women Veterans to include those who served in the National Guard and Reserves. Due to an increasing volume of Veterans with MST, compatible care and provider alternatives need to be deliberately extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA. Reconciliation of MST claims for PTSD should continue as recommended by the VA Inspector General.

The Veterans Health Administration should also ensure Women Veterans have access to and receive timely high-quality, gender specific, and individualized prosthetic care that will allow them to improve their quality of life. Gender specific healthcare needs to include infertility care and NASDVA advocates support for Veterans with infertility issues caused by illness or injury while serving in the military. The *PACT Act* ensures that those eligible Women Veterans who are experiencing infertility due to issues caused by toxic substance exposure are identified and eligible for care.

With the relatively recent VA investment of state-of-the art women's clinics across the country, there still exists a disproportionate and non-standard availability to access gender-specific healthcare relative to the population of Women Veterans. The decision-making and planning for new clinics or renovation of existing clinics should be data driven to ensure Veterans receive care commensurate with the population.

The largest emerging population of Homeless Veterans is women. Recent efforts across the country to end and prevent veteran homelessness are commendable and deserve recognition. The true numbers of this emerging population are underrepresented due to prescribed models of addressing homelessness. For example, a victim of domestic violence fleeing an abuser and living with a friend is not considered homeless. NASDVA will work with VA and HUD to allow flexibility in their definition of homelessness and revitalize transitional housing models to better serve Women Veterans, especially those with children.

Currently, the VA does not have the authority to provide the reimbursement for the costs of services for minor children of homeless Veterans. The issue disproportionally impacts Women Veterans as they often bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and in turn limits housing for Veterans with young children.

Homeless Women Veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare. In addition, Women Veterans are more likely to die by suicide than non-Veterans. NASDVA recommends that VA develop a mechanism between VHA and VBA to identify at risk Veterans at the time a claim is initiated or when a service is requested through the VBA. In short, any coordination gaps between VBA and VHA need to be mitigated to identify Veterans could be at risk of death by suicide.

**MINORITY VETERANS**

According to the U.S. Department of Veterans Affairs, minority Veteranas is defined as those who are identified as African Americans, Asian American/Pacific Islander, Hispanic, Native American/Alaska Native and Native Hawaiian.

To serve this important cohort of Veterans, NASDVA applauds the U.S. Department of Veterans Affairs recent release of its 2024 Equity Action Plan, and which states, "to help ensure that VA delivers on its promise to provide world-class care and benefits to *all* Veterans, their families, caregivers, and survivors — regardless of their age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation, or geographic location."

This is amplified by VA Secretary McDonough in his forwarding message saying, "At VA our mission is to provide world-class care and benefits … regardless of who they are, what they look like, who they love, where they are from or how they identify." We believe the intent is genuine and will permeate throughout the entire Department particularly at the touchpoints where VA Employees and Veterans connect in receipt of their earned benefits and services.

Further, the establishment of the I*DEA Council (Inclusion, Diversity, Equity and Access) is key to systemic implementation of the Plan. It is important that the Council will have the responsibility to "deliver a comprehensive equity strategy that will emed robust equity practices into VA culture, polices, programs, training and decision-makingprocess." Additionally, the Council is empowered "…to ensure the all Veterans are treated fairly and provided their full earned benefits and world-class health care to enable them to enjoya full, helathy life."

Veterans in Island Territories have had significant issues with earned services and support due to their isolation. When there are natural disasters, such as a hurricane, VA can often be the only available provider. During catastrophic events, NASDVA recommends that all Veteran categories should be accepted for urgent medical care.

Native American Veterans are chronically underserved on their reservations. NASDVA applauds the recent Memorandum of Understanding between the U.S. Department of Veterans Affairs and U.S. Department of Health and Human Services' Indian Health Service seeking to increase access and improve the quality of health care and services for eligible American Indians and Alaskan Natives.

NASDVA clearly supports the successful implementation of the January 2023 rule by the VA waiving copayments incurred for eligible American Indian and Alaska Native Veterans. Eligible American Indian and Alaska Native Veterans who have submitted appropriate documentation to VA will no longer be required to pay copays for health care services. Funding Veterans in local native clinics puts resources back into their networks to provide care to all. This worked across Alaska, where VA clinics were closed several days a week. The IHS network is working well and very robust when the VA pays for the care for our Veterans in the Alaska Native Healthcare system. The limited funds they receive from IHS tends to go much further. Native Veterans would much rather be cared for by IHS and have VA reimburse IHS. This appears to be a working model and should be continued. This is especially true on the large reservations and in Alaska where distances are vast. We are aware that there are Veterans who are dual users of IHS, VA tribal health or both. This allows the Veteran to best choose the most convenient for his or her care.

NASDVA wants to make sure that our Veterans and the systems that they access have the resources available continually. Should there be a government shutdown, IHS should continue as the VA does with medical care for our Tribal Veterans.

**HOMELESSNESS AMONG VETERANS**

NASDVA commends VA's effort and continued emphasis on ending homelessness among Veterans. States will continue to develop and support outreach programs that assist VA in this high priority effort, particularly in further identifying those Veterans that are homeless and programs to prevent homelessness. As partners with VA at the nexus of local communities, we are focusing on addressing the multiple causes of Veterans' homelessness e.g., medical issues both physical and mental, legal issues, limited job skills, work history and high-cost rent.

NASDVA recommends continued funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, Supportive Services for Veteran Families (SSVF) Shallow Subsidies and Compensated Work Therapy. It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for Veterans and their families.

We know that many stages of homelessness exist and likewise we know that many factors contribute to homelessness among Veterans. Contributing factors are alcohol and drug abuse, mental health issues, PTSD, lack of employment, and involvement with the justice system. To eliminate chronic homelessness, we should continue to address the root causes. They need to receive attention and action by providing the necessary mental health and drug treatment programs in conjunction with job skills training and employment. Case management is imperative in these instances. These collective programs must be adequately staffed and fully funded in the current and future budgets.

NASDVA commends VA and HUD for their collaboration in increasing the number of Veterans Affairs Supportive Housing (VASH) vouchers. Unfortunately, in cities with high costs of living, the voucher value is insufficient to allow the Veteran to secure adequate housing. Some cities need cost of living adjustments to ensure the VASH voucher will cover most of the cost of affordable housing. NASDVA recommends vouchers be tied to local markets to ensure they can support Veterans with secure permanent housing.

NASDVA recommends additional attention for older homeless veterans, particularly those Vietnam Veterans who are now experiencing issues with injury or disease and can no longer care for themselves. These Veterans are very vulnerable and require long-term care but may not have filed for service-connected disabilities nor have the capacity to navigate the system which also may include Medicare. NASDVA recommends Congress review changing policy to allow these veterans to use HUD/VASH vouchers for long-term care. We owe these veterans the care they deserve for serving our nation.

**VETERAN SUICIDE PREVENTION**

NASDVA recommends more efforts through the VA Experience Office be made to support community efforts to prevent Veteran suicide. Engaging community coalitions through the Governor's Challenge and Mayor's Challenge on Veterans' Suicide Prevention can support the VA's effort. We recommend extensive collaboration between the VA Medical Centers, VA Regional Offices and State Departments of Veterans Affairs to impact this work. Data indicates

that 70% of Veterans who take their own lives do not engage with VA. This access issue should be improved. The entire Veterans community must take on the critical task of suicide prevention.

NASDVA recommends additional Veteran suicide prevention resources be provided to States and Territories through the Governor's Challenge. The VA will reportedly launch a new $10 million program to provide federal resources to States, Territories, Tribes and Tribal organizations to develop and implement proposals under the Governor's Challenge program.

However, the states they are transitioning to cannot reach them to share resources with them because they are not aware that the service member is in their State. During the time of transition, service members must complete various forms and attend different transition type courses. Many want to check off all their ETS forms as quickly as possible so that their lives as civilians can begin. Currently legislation requires that transitioning service members have the option to op-in for their state to receive the DD Form 214 contact information. The problem is service members often do not elect to do so, which is yet another step in a tedious transition process. If service members have to opt-out to share their DD Form 214 with states instead of having to decide to opt-in, we believe that states would receive more information about those moving to their states which would allow states to better serve these new veterans.

**TRANSITION ASSISTANCE PROGRAM (TAP)**

The Department of Defense reports more than 200,000 service members from all branches and components leave the Armed Forces each year and transition to civilian life. NASDVA strongly encourages the most effective national and state-level transition program(s) possible to ensure success when a military member leaves uniformed service. Transition is often stressful for service members and their families and a smooth transition is important for their emotional and financial security.

Service members are required to attend the multi-day Transition Assistance Program (TAP) at their military installation prior to separation or retirement. Spouses are also encouraged to attend as appropriate. TAP is a mandated, standardized workshop across all services and components and primarily delivered by the Department of Defense, Department of Labor and Veterans Affairs, and focuses on earned benefits, employment opportunities, and education. Depending on the service members future plans, TAP process can be inadequate to meet individual needs and it can be a challenge to absorb the amount of information. As a result, many see TAP as something they need to get through in order to leave the service,

rather than a helpful resource. Regardless, NASDVA recommends increased emphasis on mandatory participation in TAP.

It is a challenge for Transitioning Service Members (TSM) to connect with available and earned State services, benefits and support. Likewise, it is difficult for State Departments of Veterans Affairs (SDVA) to make service members aware of these benefits and services, especially in their new communities. This lack of connectivity between TSMs and SDVAs contributes to significant barriers to employment and increases the mental stress associated with their transition.

Post service contact information on the electronic DD Form 214 discharge is important to engage and inform those retiring or separating service members with community-based organizations and SDVA. NASDVA has long advocated for the discharge document to provide for "opt-out" (in lieu of "opt-in") for the sharing of email address information. States are in a unique position to provide critical information to access earned Federal and State services, benefits and support.

NASDVA applauds recent coordination and efforts by the Veterans Benefit Administartion to allow for a 45-minute block of instruction in the 8-hour curriculum for representatives from the VSOs/SDVAs to participate. We believe this important initiative taken by VBA Under Secretary Jacobs will provide SDVAs the opportunity to provide localized State benefit and resources where the transitioning service member and family are planning to relocate. Instituting this change will also enhance closer partnership with all federal agencies who are a part of the TAP. In the end, the Veteran will gain from this inclusion to TAP.

**CONCLUSION**

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and distinguished members of the Committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve the well-being of of nation's Veterans. I emphasize again, that we are "government-to-government" partners and are second only to VA in delivery of earned benefits and services to those who have served our great country. State Departments of Veterans Affairs serve as an expanding hub and link to local communities where the Veterans reside. This opportunity for submitting a written testimony illustrates your recognition of NASDVA's contribution and important role in serving our nation's Veterans, their families ,survivors and caregivers. With your help and continued support, we can ensure that the needs of our Veterans remain a priority and they receive their earned benefits and services.

The challenges we overcome today become the foundation of our promise to serve those who have borne the battle and for their families and survivors, and our commitment to the nation's future Veterans.

**STATEMENT OF**
**JAMES WHALEY, CEO**
**MISSION ROLL CALL**

**FOR THE RECORD**

**UNITED STATES SENATE & HOUSE OF REPRESENTATIVES**

**COMMITTEES ON VETERANS' AFFAIRS**

**6 MARCH, 2024**

Chairmans Tester & Bost, Ranking Members Moran & Takano, and distinguished members of the House & Senate Veteran's Affairs Committees; on behalf of Mission Roll Call, a national non-partisan 501(c)3, and the roughly 1.4 million veterans we support, thank you for the opportunity to testify today.

My name is Jim Whaley, and I recently came aboard Mission Roll Call as its Chief Executive Officer. I am a retired US Army officer; married to an Army Veteran and a father of three daughters - two of which are currently serving overseas on active duty, and the other serving soldiers and their families at a non-profit. My family and I are committed to the cause of serving those who served, which is why I was drawn to the vision of Mission Roll Call. Mission Roll Call brings a unique and dynamic process to veteran advocacy.

We seek to give veterans an unfiltered voice, and give policymakers an unbiased view of how the veteran community feels about issues under consideration by this body.

Mission Roll call is a new organization that uses the power of technology to represent and advocate for our veterans and their families. We are the voice of the American Veteran. We are a movement providing veterans with a powerful, unified voice that is heard by our Nation's leaders and communities.

We are apolitical and represent the concerns that our veterans have across the nation.  We believe that every veteran has a voice that needs to be heard. Almost half of all 18 million veterans within this country are not associated with any veteran service organization or the VA. Which means, when our leaders are talking about veteran issues half of our voices are not being heard. Mission Roll Call is a groundbreaking solution to this problem. We are leveraging technology to take their collective voices to the highest levels.

On a regular basis, we ask relevant and timely questions through polls and then share that with elected officials, policy makers and the media. We believe using the opinions of over 18 million veterans and their families is a powerful tool to bring to the attention of the American

people and demand action by decision makers in government. We have had over 260 thousand veteran's and their families respond to our polls, and we expect to double that number this year.

Our polls address the subjects that are of interest to our members, the veterans and their families. Our recent polls for 2024 range from addressing the level of support from the Veterans Administration, Suicide prevention, Mental Health issues, Food Insecurity concerns, and the continuing struggle for a successful transition to civilian life as well as the upcoming presidential elections.

We will share the direct impact of the polls and petitions with all of you. We also want the country to know our veterans and what's important to them. So, we're traveling the country in person and virtually, to speak with veterans and share their stories. Our strength is in our numbers and our voice being amplified over many social media platforms.

Through our Service-to-Service Initiative, we will provide our veteran community access through podcasts, videos and articles to address the challenges and concerns they are experiencing and give them access to success stories, programs and insightful discussion from other veteran support organizations, business leaders and veteran entrepreneurs.

We believe the values and habits the military instills do not disappear when veterans transition out. The work ethic, discipline, and confidence the military imparts can propel these patriots into successful careers post-service; and the data bears this out. Nearly two-thirds reporting their military service provided the training and skills they need when transitioning to post-military employment. A recent Mission Roll Call poll shows 97% of Americans said they believe veterans make great employees. Values of selflessness, duty and integrity naturally lead to leadership positions and roles in business, public service, health care, law enforcement and national security.

But as you know, successful transitions require much more than just employment. It requires the same sort of purpose veterans found during their service. We believe guiding them to continued service is the key. They want to be part of something bigger than themselves.

Ensuring successful transitions, providing necessary healthcare and benefits, and stopping suicide are all more than just moral imperatives, success or failure in these areas has a direct effect on national security.

In a Mission Roll Call research poll entitled “American Perspectives on Veteran Issues”, conducted last year and representative of the American population, we asked the American public if they would recommend military service to a young friend of family member. Only 35% of those

adults without a military connection responded affirmatively. Among those who would not recommend it, nearly 40 cited transition issues, 60% cited insufficient veteran benefits and concern about VA healthcare.

Fewer than 1% of Americans serve on active duty in any given year, and of the estimated 18-Million veterans in the U.S., 80% report having an immediate family member who served, and despite two decades of conflict in the Global War on Terror, a recent Mission Roll Call poll shows that nearly 70% of Generation Z does not know a veteran. Taken together, this means military service has become a family business being shouldered by a shrinking minority of American families.

We need to understand that the quality of life of those on active duty where 24% suffer food security challenges according to the Department of Defense coupled with the lack of confidence in VA support, is a national security threat in an ever-dangerous world.

The men and women I served with are strong, capable people who can accomplish anything they set their mind to. They don't need to be told they are broken and incapable of navigating their own post-service success. Rather, we simply need to ensure they have the tools and community to thrive. Congress and the VA play an important part to make sure they have the tools, and the VSOs in this room play a major part in ensuring they have the community. We must work collaboratively across party

lines and in conjunction with a coalition of veteran support groups to ensure success.

If given the right tools, veterans continue their service long after the military – in their families; communities; states; and indeed, to their country. Mission Roll Call is proud to be a part of this effort and we look forward to working with you in the future.

Again, thank you for the opportunity to testify, and I look forward to answering any questions you may have.

Blue Star Families

bluestarfam.org

**Testimony of Kathy Roth-Douquet**
**CEO, Blue Star Families**
before a
**Joint Hearing of the**
**House Committee on Veterans' Affairs**
**and**
**Senate Committee on Veterans Affairs**
**March 6, 2024**

Chairmen Tester and Bost, Ranking Members Moran and Takano, and distinguished Members of the Committee, thank you for the opportunity to provide testimony on Blue Star Families 2024 priorities today.

I am Founder and CEO of Blue Star Families—the nation's largest grass-roots military family support organization, with nearly 275,000 members in our network and impacting more than 1.5 million military family members every year. By cultivating innovative programs and partnerships, Blue Star Families seeks to ensure that our military and Veteran families always feel connected, supported, and empowered to thrive, wherever their service takes them, in order to ensure military readiness, retention and recruiting.

Blue Star Families' research calls attention to the unique experiences and challenges faced by military and Veteran families. Our annual Military Family Lifestyle Survey (MFLS)—developed in partnership with Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) and fielded since 2009—is the largest annual comprehensive survey of military and Veteran families, and is widely regarded as the gold standard among military family surveys. Data from the MFLS and other research by Blue Star Families has been used at every level of government to help inform those tasked with making policy decisions that impact our military-connected communities.

With thirteen chapters strategically located across the country, Blue Star Families provides both virtual and in-person support, creating a local presence that resonates with military, Veteran, guard, and reserve families. These chapters serve as vital hubs where innovative programs, events, and services are offered, fostering a sense of community and connection. By facilitating interactions with civilian neighbors, institutions, and organizations, we aim to integrate military families seamlessly into their local communities.

This past year we witnessed a remarkable commitment to the well-being of veterans and military families. Craig Newmark, Founder of Craigslist, exemplified this dedication by pledging $100 million to address pressing challenges such as mental health and suicide prevention, housing and homelessness, and food insecurity. Blue Star Families is honored to be a recipient of Mr. Newmark's generosity, as he personally committed to supporting the establishment of 3-5 new chapters and twelve new Blue Star Families Outposts.

These Outposts, building upon our existing chapter structure, are a testament to the power of collaboration. By partnering with local organizations, we will expand our reach and bring events, programs, and resources to even more local Veteran and military-connected communities across the nation.

At Blue Star Families, we know that behind every statistic is a story, and it is my honor to share data and stories with you. Today, I want to share with you four main areas of concern which relates to military to civilian transition, how this ensures success after service, and ultimately how these affect our All-Volunteer Force in terms of recruitment and retention which are suicide prevention, *The Honoring of PACT Act*, Education, and Transition.

**Suicide Prevention**

Preventing veteran suicide is an urgent and non-negotiable duty that our country owes to those who have bravely served and sacrificed for our freedom. The alarming rate of Veteran suicides is not just a statistic; it is a stark reminder of the profound challenges that many of our service members face upon returning to civilian life. Suicide is the

second-leading cause of death for Veterans[1] and Veterans are "1.5 times more likely to die by suicide than nonveteran adults."[2]

Despite efforts to expand mental health care, Veteran families continue to face many barriers to accessing mental health services during these stressful events. There is a clear need for mental health support, and it is critical to increase the capacity of service providers throughout Veteran communities. Addressing the stigma surrounding mental health within the military and veteran communities is crucial. Encouraging open conversations about mental health, normalizing seeking help, and providing education on the available resources can contribute significantly to reducing the reluctance some veterans may feel in seeking assistance.

In addition, given the barriers to accessing mental health resources, and the tendency of Veteran families to turn toward informal support, we should also activate and encourage engagement with less formal mental health supports such as wellness centers, chaplains, and friends and families. These supports cannot and should not replace mental health care, but they can support and extend mental health if given psychoeducation about the signs and symptoms of mental health challenges and how to talk to someone about their mental health.

In 2022, Blue Star Families was awarded the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant established within the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*. Chairman Tester and Ranking Member Moran, we thank you for your leadership in developing this legislation and both Committees for working to enact this landmark law. You truly honored Veterans' commitment, and prioritized and invested in comprehensive Veteran suicide prevention measures.

Through our Fox Grant, Blue Star Families provides an innovative community-based outreach prevention program called *Blue Star Support Circles | Upstream Solutions to Crisis*. Through this program, we empower Veterans and their friends and family members to recognize, understand, and intervene with their Veteran before their struggle becomes a crisis. While this non-clinical approach does not replace critical

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[1] Howard, J. T., Stewart, I. J., Amuan, M., Janak, J. C., & Pugh, M. J. (2022). Association of traumatic brain injury with mortality among military veterans serving after september 11, 2001. *JAMA Network Open*, *5*(2), e2148150–e2148150. https://doi.org/10.1001/jamanetworkopen.2021.48150

[2] DeAngelis,T. (2022). Veterans are at higher risk for suicide. Psychologists are helping them tackle their unique struggles. *American Psychological Association. 53* (8), 56. https://www.apa.org/monitor/2022/11/preventing-veteran-suicide

clinical mental health care, empowering loved ones to step in to support their Veteran can address a growing mental health concern before it becomes a suicide crisis.

This program offers facilitated, non-clinical closed-group cohorts for supporters of Veterans. Over eight weeks, participants engage in virtual sessions designed to foster peer-based connections, deliver evidence-based training, and provide resources and referrals. The program empowers participants to effectively support their Veterans.

Blue Star Families has partnered with experts in the field such as PsychArmor, The American Red Cross, Spiritune, and the Tragedy Assistance Program for Survivors (TAPS), to provide world-class, relevant and actionable strategies and techniques to recognize, address, and intervene before an issue becomes a crisis. In addition, participants are provided tangible resources such as lock-boxes so those participants can take critical steps to keep their Veteran safe. Every participant also develops a crisis plan in the event their loved one becomes suicidal so they are prepared if the situation arises.

In December 2023, *Blue Star Support Circles* successfully completed its first year of the program reaching 55 participants across nine cohorts that were recruited from our national network and partnering organizations.[3] While the majority of the sessions were held virtually, one session was held in-person in the Washington, D.C. area. Sessions consisted of 60-minute educational lessons with 30 minutes of debriefing and discussion amongst the facilitator and participants.

A comprehensive mixed-method evaluation was conducted by a team of researchers from the University of Alabama (UA) which concluded that the first year went "very well."[4] Participants were very satisfied with the program and reported they would recommend this program to a friend or colleague (9.2 out of 10 with 10 being "most likely").[5] The statistically significant pre-post changes in the key outcome variables clearly indicate the tangible and meaningful impact of the Support Circles program. More specifically, results show the program:[6]

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[3] Hamner, K., Bui, C., & Rodgers-Farris, S. (2023). Blue star family support circles: Year 1 evaluation report October 1, 2022-December 31, 2023. University of Alabama Office of Evaluation Research and School Improvement. http://evaluation.ua.edu/

[4] Hamner, K., Bui, C., & Rodgers-Farris, S. (2023). Blue star family support circles: Year 1 evaluation report October 1, 2022-December 31, 2023.

[5] Ibid.

[6] Ibid.

- Positively impacted participants' opinions and attitudes towards suicide and suicide prevention.
- Improved confidence in talking about suicide and suicide prevention.
    - For instance, those who felt they did not have enough knowledge to talk about suicide dropped by 16.8% while those who said nothing would stop them from talking about suicide increased by 17.7%.[7]
- Increased knowledge of proper language to talk about suicide and suicide prevention.
- Improved use of available resources.
- Taught participants skills to reduce means and risk factors, including getting each participant to create firearms safety plans.

Additionally, it was statistically significantly found that people were more likely to think that "seeing a mental health professional" is "a sign of strength" and participants showed statistical significance in their views on the effectiveness of suicide prevention in terms of suicide being prevented.[8]

Participant quote: *"For me one of the biggest benefits was that I got to be in a group of people who I could relate to because we were all spouses of veterans ... that brought a level of comfort. I know from being in that community that it is much easier for military spouses to be open, especially when you are talking about difficult conversations, to be able to have those conversations with people who they feel like understand them and aren't judging them."*

The evaluation results unequivocally illustrate that the BSF Support Circle program is catalyzing a profound shift in participants' perspectives on suicide prevention. By actively engaging in the program, individuals are not only gaining a deeper understanding of the complexities surrounding suicide but are also experiencing a increase in their perceived ability to make a difference in preventing suicide.

Moreover, the program is succeeding in fostering a heightened sense of agency among participants, empowering them to take meaningful actions in the realm of suicide prevention. This shift is essential in creating a proactive and supportive community that actively contributes to breaking down the barriers and stigma associated with discussing

[7] Ibid.
[8] Ibid.

and addressing suicide.

Beyond the individual impact, the Support Circle program is playing a pivotal role in building a strong and supportive community for families of Veterans, particularly in the sensitive context of suicide awareness and prevention. The sense of community provided by the program is proving invaluable, offering a safe space for families to share experiences, exchange insights, and find solace in the understanding and support of like-minded individuals who are navigating similar challenges.

Blue Star Families also recommends that VA facilitate grantee professional networking opportunities to enable the sharing of best practices, instead of existing one-way updates from VA. We also encourage rigorous Congressional oversight of the execution of the existing Fox grant-funded programs to assess the effectiveness of each and to expeditiously reauthorize the most effective solutions with the necessary funding.

Separate from the VA-led effort, we recommend authorization of this program—or a similar one with necessary funding and resources—to provide military families this innovative, community-based, personalized approach to suicide prevention. Participating organizations will need DoD "buy-in" in order to have access to military facilities and organizations, and command leadership for related training to enhance the ability to get far upstream of the military and Veteran suicide crisis.

Thank you for establishing this generous and critical grant program. Please do not miss this opportunity to strengthen and expand it to ensure we provide this critical training to the entire military and veteran community in need,

**The Honoring Our PACT Act**

The passage of the *Honoring Our PACT Act* in August 2022 marked a monumental and long-awaited victory for Veterans and military families who have endured the devastating consequences of toxic exposures during their deployments. The tireless advocacy efforts of many Veterans and military family support organizations have culminated in a groundbreaking piece of legislation that significantly enhances VA benefits and healthcare for the millions affected by toxic exposures, such as those from burn pits.

Before the enactment of the PACT Act, the stark reality was that the VA was disapproving approximately 80% of disability claims filed by Veterans with toxic exposures.[9] This disheartening statistic underscored the urgent need for legislative action to rectify the systemic shortcomings in recognizing and addressing the health consequences of toxic exposures experienced by our service members.

The transformative impact of the PACT Act becomes evident in the incredible turnaround witnessed post-implementation. The VA is now approving disability claims at the same percentage that was previously disapproved—a staggering 75%.[10] This remarkable shift reflects a paradigmatic change in the way the military and Veteran community is supported, with tangible benefits and healthcare now reaching those who have suffered from toxic exposures.

According to the VA's latest information, 764,443 people have had PACT Act claims approved.[11] The monumental impact potential this translates to is staggering. I want to share one story that's quite personal for me. My Chief of Staff lost her 35-year-old Special Forces Veteran husband to a service-connected cancer last year. He developed symptoms and died within a year. When disease acts that quickly, families are reeling. Thanks to the PACT Act, his claim was quickly approved and linked to his service, meaning that she no longer had to worry about the more than $1 million dollars in medical expenses accrued as her husband fought for his life. She could fight alongside him and support him and their young children as they moved to be closer to family for his final days. In fact, access to VA benefits had two unique upsides that were instrumental to her family: They did not have to change insurance companies after they moved across state lines, and the VA covered the cost of liquid meals, which most private insurers do not. This benefit alone saved their family thousands of dollars a week. Without the PACT Act, her family would be faced with impossible financial choices. Instead, she and her kids have been able to focus on healthy grieving and finding small moments of joy in their new community. Imagine this experience multiplied by over three-quarters of a million people.

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[9] Ramsey, J. (2022, July 21). The VA has denied most veterans' burn pit claims. A new law would help care for them. *Post and Courier.* https://www.postandcourier.com/news/the-va-has-denied-most-veterans-burn-pit-claims-a-new-law-would-help-care/article_f4d23444-02e7-11ed-845a-3ffed940f658.html

[10] Department of Veterans Affairs. (2024). *VA PACT Act performance dashboard.* https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/02/VA-PACT-Act-Performance-Dashboard-Issue-27-021624_FOR_RELEASE_508-1.pdf

[11] Ibid.

While the VA is doing a commendable job reaching out to encourage application for PACT Act benefits, including enrollment in the VA healthcare, we encourage the Department of Defense (DoD) to ensure the approximately 200,000 service members who transition out of the military each year are well-informed of this generous new benefit. These service members and their families need to be fully educated about their new benefits and why they should enroll in the VA system, even if they are not suffering any symptoms at the time. With all of those who have deployed to Iraq and Afghanistan presumed to be exposed to burn bits and other toxins, commanders need to ensure their service members and their families know that they can turn to the VA for healthcare and benefits.

Blue Star Families calls on your Committees to work to strengthen the PACT Act and to provide new VA authorities when needs arise, and to stand against any attempts to weaken the new law.

**Education**

When we think about our service members and their families, access to education is a pinnacle need for transition to civilian life and an opportunity to create financial stability outside of their time in service. We know our service members are eligible for various education benefits both during and after their time in service, however the Post 9/11 GI Bill (GI Bill) is the VA's largest education program. Since FY 2013, 70% of Veterans have utilized their GI Bill benefits and spent 80% of the allotted budget each year.[12] Additionally, 54% of eligible enlisted military Veterans used their higher education benefits and 8% of eligible Veterans transferred their GI Bill to their spouse or dependents between 2009 and 2019.[13]

Our data also shows that a majority of Veterans (62%) are using their GI Bill benefits, and many have reported their spouse (9%) or their child(ren) (11%) had used their GI Bill benefits.[14] An additional group had not yet used the benefits but planned to use them

[12] Tofig, D. (2024, February 15). First in-depth assessment of the post-9/11 GI bill® provides insight on veterans' post-secondary enrollment, degree completion, and earnings. *American Institutes for Research*. https://www.air.org/news/press-release/first-depth-assessment-post-911-gi-billr-provides-insight-veterans-post

[13] Tofig, D. (2024, February 15). First in-depth assessment of the post-9/11 GI bill® provides insight on veterans' post-secondary enrollment, degree completion, and earnings.

[14] Blue Star Families. (2023). 2022 Military Family Lifestyle Survey.Unpublished data.

in the future. Of those that had not used the benefits, 11% of Veterans plan to use them in the future, 2% plan for their spouse to use them, and 7% plan for their children to use them.[15]

Among active-duty family members, many had not yet used their benefits. Just 22% of active-duty service members said they had used their GI Bill benefits, 15% reported their spouse had used the benefits, and 8% reported their child(ren) had used the benefit. The majority (57%) of active-duty service members who had not already used the benefit planned for their child(ren) to use their GI Bill benefit in the future. My husband used his GI Bill benefit to help fund our children's college educations, and we are grateful and proud of that benefit.

Blue Star Families applauds Congress for improving education benefits for military-connected students and refusing to make cuts to the Post-9/11 GI Bill over the last decade. We also express our profound appreciation for passing long-sought bipartisan legislation to close the 90-10 loophole and curtail the abuse of the benefits by bad-acting schools, and we ask that you stand against any efforts to weaken or eliminate those protective provisions.

As military and Veteran families continue to serve both at home and abroad, the education benefits provided become not just a gesture of gratitude but a strategic investment. It serves as a powerful incentive for prolonged service, fostering a sense of commitment and loyalty. Our research shows that one of the most common reasons military families would recommend military service to others is the access to benefits like education, including the GI Bill.[16] Moreover, it acts as a crucial draw for those considering military service, ensuring that the best and brightest are attracted to the cause of safeguarding our nation.

In these challenging times, where sacrifice and service are constant companions, we implore Congress to stand firm against any potential cuts or reductions in education benefits for our military and Veteran families, and to also oppose any efforts to undo the hard-fought gains our community has achieved through closing the 90/10 loophole and reducing abuse of these generous benefits by bad acting schools.

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[15] Blue Star Families. (2023). 2022 Military Family Lifestyle Survey.Unpublished data.
[16] Blue Star Families (2023). *2022 Military Family Lifestyle Survey comprehensive report: Recommending military service*. https://bluestarfam.org/wp-content/uploads/2023/03/BSF_MFLS_Spring23_Finding12_Recommending_Service.pdf

**Transition**

The enduring collaboration between Blue Star Families and IVMF over the past decade has provided invaluable insights into the experiences of military and veteran families. Our annual MFLS has served as a powerful tool, unraveling the intricate tapestry of the transition and post-service life for Veterans and their families.

One consistent and sobering revelation from the survey is the persistent challenge faced by Veterans during their transition. In the most recent 2023 MFLS, approximately half of the Veteran respondents describe their overall transition as "difficult" or "very difficult."[17] This statistic underscores the profound and complex nature of the hurdles encountered by Veterans as they navigate the shift from military to civilian life.

The DoD's Transition Assistance Program (TAP) serves as a critical resource for service members, providing them with essential support as they prepare for the transition from military service to civilian life. According to DoD guidelines, service members are permitted to commence TAP one year before separation or two years prior to retirement, allowing them a significant window to access the program's valuable resources.[18]

While the actual timing of participation in TAP may vary among service members, the VA strongly advocates for an early engagement with the program. The rationale behind this encouragement lies in the belief that early participation equips transitioning service members with the necessary tools, information, and skills to make a successful and smoother transition into civilian life.

Insights from our 2023 MFLS shed light on the perceived preparedness of Veterans for the military-to-civilian transition. We found that when Veteran respondents have more time to get ready to separate from the military, they feel more prepared for a successful transition. Yet retired Veteran respondents generally report more time to prepare than non-retired Veterans.[19] The DoD and VA recommend taking TAP 1-2 years before

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[17] Blue Star Families (2024). *2023 Military family lifestyle survey comprehensive report.*
[18] Vergun, D. (2023, October 18). *Military well prepared for civilian transition, official says*. Defense.gov; U.S. Department of Defense. https://www.defense.gov/News/News-Stories/Article/Article/3561651/military-well-prepared-for-civilian-transition-official-says/#:~:text=Service%20members%20are%20allowed%20to
[19] Blue Star Families (2024). *2023 Military family lifestyle survey comprehensive report.*

separation or retirement, but many Veterans either do not or are not able to start preparing that early. Some of this may be due to unit mission and staffing demands, but it is important to consider from a sustainability perspective.

When Veteran respondents have a smooth transition, they are more likely to recommend military service to a young family member, regardless of retirement status.[20] Military and Veteran families are perhaps the most critical untapped resource to address the recruiting crisis. While there are many factors that go into someone's recommendation of military service, a difficult transition could sour their perspective, and thus their willingness to help recruit the next generation.

This underscores the importance of effective transition programs and support mechanisms in not only facilitating a smoother shift to civilian life, but also in influencing Veterans' perceptions of the overall value and benefits of military service. Early engagement with programs like TAP could support a smoother transition for Veterans. By initiating the transition preparation process well in advance, Veterans may be better equipped with the knowledge, skills, and confidence necessary to face the unique challenges associated with post-service life and, in turn, contribute positively to the perception and recommendation of military service to future generations.

Members of the Committees, thank you for inviting me here today to provide views on behalf of Blue Star Families. I am happy to answer any questions you may have.

[20] Blue Star Families (2024). *2023 Military family lifestyle survey comprehensive report.*

**Kathy Roth-Douquet**
CEO and Board President, Marine Corps (ret.) Spouse

Kathy Roth-Douquet is a non-profit executive, author, commentator, strategist, and attorney.

As Founder and CEO of Blue Star Families, she is a national spokesperson for military families. Kathy is a commentator on patriotism, civil-military affairs, the value of service, and the experience of military families. She has appeared on the Today Show, Fox and Friends, NPR, CNN, and other media outlets. Her work has appeared in magazines and newspapers across the country. She is a frequent speaker at universities, policy forums, military audiences, and civic groups. She is the co-author of two books, including AWOL: The Unexcused Absence of America's Upper Classes from Military Service and How It Hurts Our Country, (HarperCollins, 2006), with Frank Schaeffer.

Kathy has served in the White House and in the Department of Defense. Her recognitions include the Secretary of Defense Medal for Outstanding Public Service the Chief of Staff of the Army Outstanding Civilian Service Award. She is also a recipient of the Ellis Island Medal of Honor, was inducted into the Pro Football Hall of Fame Hall of Heroes, and received President George H. W. Bush's Daily Point of Light Award. She has served on a number of boards including Princeton University's Board of Trustees.

She holds or has held appointments to numerous government boards or commissions, including the Reserve Forces Policy Board at the Department of Defense reporting to the Secretary of Defense, and an advisory board to the Export-Import Bank of America, reporting to the Chair, as well as advisory board of the Small Business Administration and America250, planning the celebration of the nation's 250th anniversary in 2026.

Kathy is also a military- (and now veteran) spouse.

**Abbreviated**:

Kathy Roth-Douquet founder and CEO of Blue Star Families, the largest organization for military and veteran families in the nation. She is a national spokesperson for military-connected families and speaks widely on topics including civic engagement and patriotic service. Kathy serves on the Princeton University's Board of Trustees and holds appointments to the Reserve Forces Policy Board at the Department of Defense reporting to the Secretary of Defense, an advisory board to the Export-Import Bank of America, America250 (celebrating America's anniversary) and the Ellis Island Medal of Honor Society.

**Statement of Allison Jaslow**
**Chief Executive Officer**
*of*
**Iraq and Afghanistan Veterans Of America**
*Before a joint hearing before the*
**House and Senate Veterans Affairs Committees**

**March 6, 2024**

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the Committee, on behalf of Iraq and Afghanistan Veterans of America's (IAVA) more than 425,000 members, thank you for the opportunity to share our priorities for the 2nd half of the 118th Congress

IAVA is the leading voice of the Post-9/11 generation of veterans. For nearly two decades, we've spoken up and our nation has listened to us on the issues that matter most to our generation of veterans. At times, those have been so-called 'veterans issues.' We fought for improvement to veteran education benefits, and won passage of the Post-9/11 GI Bill. IAVA's voice was also key in raising awareness around the veteran suicide crisis, which is a battle we are still fighting today. And, IAVA's prioritization of women veterans and the awareness we raised around their unique needs catalyzed improvements in VA care for women.

2024, however, marks the start of a new era for IAVA. We will continue to show up for our community and get the backs of our fellow veterans on a range of issues. But we will be more vocal on other issues of importance to our community, and ones in which the veteran-voice is a voice of authority.

Grounded in feedback from our members in our annual survey, the following are Iraq and Afghanistan Veterans of America priorities in what is an important year for our community, for our country, and could be make-or-break for the future of both.

**We Need to Repeal or Reform the 2001 and 2002 Authorizations of Military Force**

After 9/11, Congress passed an authorization of military force (AUMF) that would allow us to retaliate against Al-Qaeda and resulted in the United States going to war in Afghanistan. In 2002, after the case was made for U.S. troops to invade Iraq with the intent of destroying weapons of mass destruction and ending Saddam Hussein's reign in the country, Congress passed another AUMF in October of that year. That AUMF resulted in the Iraq War. A war Americans were told was over in December of 2011, and as we all watched in August of 2021, America's involvement

in Afghanistan was ended. But these AUMFs remain in place, and are being used to justify putting our fellow Americans in harm's way to defend us from threats to our national security.

America may very well need to deploy its sons and daughters to defend us abroad, but we owe it to them and their families to debate the purpose for which we're asking them to risk their lives, and for how long we're willing to do so. 68% of IAVA veterans surveyed want repeal or reform of the 2001 and 2002 AUMFs. Only 15% of IAVA veterans told us that they think the AUMFs should be left 'as-is'.

Repealing, or at a minimum reforming, the 2001 and 2002 AUMFs is the responsible thing to do. Not doing so sets a terrible precedent for future wars, and is a dereliction of duty by our elected leaders in Congress.

**The Fight for Gender Equality in America Needs to Include Shared Sacrifice - Selective Service**

Current law requires every male citizen and male immigrant in the United States— regardless of legal status — between the ages of 18 and 26 to register with the Selective Service. Failure to register is considered a felony and can also make a man in America permanently ineligible for government employment and certain benefits like federal student aid.

IAVA veterans overwhelmingly support including women in the Selective Service. In our 2024 IAVA member survey, 75% of our veterans said that women should be required to register, while only 16% were opposed. By gender, 76% of male respondents said they believed that women should also be required to register in the Selective Service, while 71% of female respondents agreed. Last Congress, H.R. 5392 was introduced and would authorize the Military Selective Service Act to be amended and allow women to elect to register for the draft. IAVA has not yet seen a similar bill introduced this Congress and strongly urges legislators to move forward and ensure full gender equality.

It remains to be seen as to whether a draft will be needed again to protect and defend the United States. But one thing is clear - the time has come for our nation to ask equally of its daughters as it does its sons.

**The Post-9/11 Generation Wants Alternative Therapies - And Now**

Post-9/11 veterans came of age amidst the opioid crisis. Many of us have buddies back at home who lost their lives due to an overdose, and many of us are eager to have alternatives to prescription drugs when treating our wartime wounds. This includes greater access to cannabis treatments. Currently, however, veterans who live in states where cannabis has been legalized completely are unable to even be prescribed cannabis for medicinal purposes by their doctor at the VA.

When asked if they would support legalizing cannabis at the federal level to ensure that veterans in every state have equal access to cannabis as an option for treating their wartime wounds, a resounding 71% of IAVA veterans said they did. In comparison, a mere 12% said they opposed. IAVA has consistently sought progress at the VA around cannabis, and it's past time for national policy change to empower VA doctors to connect veterans who want to explore cannabis as a treatment option, to it.

In 41 states and territories and Washington D.C., Post-9/11 veterans have access to medical marijuana yet many veterans fear retribution for cannabis use due to current VA policy and federal scheduling. The *Marijuana Safe Harbor Act* (H.R. 2682), currently included within the House-passed MilConVA Appropriations bill, would create a temporary, five-year safe harbor protection for veterans who use medical cannabis, allowing VA doctors to discuss and recommend marijuana as a treatment option for patients if a state-legal medical marijuana program is in place.

Recently, IAVA also called on the U.S. Department of Justice (DOJ) and the U.S. Drug Enforcement Administration (DEA) to accept the U.S. Department of Health and Human Services (HHS) recommendation to reschedule cannabis to Schedule III allowing for veterans to discuss cannabis use with their VA providers without fear of retribution. A call we hope members in this body can also support.

IAVA members strongly support access to alternative therapies such as cannabis and while we understand that the administrative scheduling process involves several steps, the sooner the DEA moves forward with a reclassification of cannabis, the sooner it could potentially be integrated into the VHA - our nation's largest healthcare system.

Currently, most psychedelics are also not approved for use in mental health treatments, but recently the VA decided to fund studies on the use of psychedelics in treating mental health conditions. This came after years of growing numbers of veterans heard stories from fellow vets about the game-changing effects of breakthrough therapies using psychedelics. Many veterans are so bought in on psychedelic treatments that they've even left the country at their own expense to get this care.

In a first for our annual member survey, we asked IAVA veterans whether they supported expanding veteran access to psychedelic treatment options within the VA, and 65% of them told us they did. Only 12% told us they were opposed. Whether it's cannabis or psychedelics, the data makes clear that our generation of veterans is ready to try more alternative therapies. We just need our elected leaders to help make it possible.

**We Need to Have the Backs of Women Veterans and Military Families Post-Dobbs v. Jackson**

On July 1, 2022, in the wake of the fall of Roe v. Wade, few were thinking about how putting abortion laws in the hands of the states would impact our national security. But overnight, the landscape changed for thousands of troops and their families who were stationed in states with regressive abortion laws and couldn't just pick up and leave their duty station. With this one decision by the Supreme Court, women veterans who were also in those states couldn't even turn to the VA if they had a pregnancy crisis.

In the months following, the Departments of Veterans Affairs and Defense stepped in to help women veterans and members of the military get access to greater reproductive care, but not without backlash. The backlash has persisted in Congress, but not because an overwhelming number of veterans, members of the military, and their families are asking for their elected leaders to fight the Administration on this policy change. When IAVA veteran members were asked if they supported the VA and DoD stepping in to make sure troops, their families, and veterans have access to the reproductive care that they need post-Dobbs decision, 68% said they did, while only 20% opposed.

Similar to most Americans, IAVA veterans want women in America to have access to the reproductive care they need and deserve, including 60% of male veteran respondents in our most recent member survey. We'll continue to fight to protect the progress that's been made since the Supreme Court's decision in Dobbs v. Jackson, but there's more work to be done on behalf of our community and America.

Additionally, fixing both the Tricare and VA coverage gaps for birth control has been needlessly difficult. For nearly a decade, members of Congress have tried to remedy these gaps through legislation. The *Access to Contraception for Servicemembers and Dependents Act* (S.1527), which aims to ensure service members and their families on TRICARE have access to contraception with no health insurance copay, has repeatedly stalled. Legislator attempts to route reform through the massive National Defense Authorization Act, or NDAA, have also failed in recent years.

Much like the potential Tricare reform, some members of Congress have also tried to advance the *Equal Access to Contraception for Veterans Act* (H.R.894) for many years, which aimed to provide no-cost contraceptive care for women veterans. So far, it has yet to pass. The reason for VA and Tricare reform failure is unclear, but insufficient education on the issue and a perceived lack of urgency are likely significant contributors to the issue, as is the lack of bipartisan buy-in.

**We Need to Have the Backs of Our Afghan Allies**

In the months leading up to the United State's withdrawal from Afghanistan, veterans of the War in Afghanistan were seemingly screaming into the void as they raised alarm bells that thousands of our allies on the ground there still needed refuge. As we all know, the US has now

withdrawn American forces from Afghanistan, but our allies remain - most of whom are living in constant fear of the Taliban. That is if they're even still alive.

It has been clear for some time now that IAVA veterans think more should be done on behalf of Afghans who served alongside U.S. troops during our two decades of involvement in Afghanistan. In our recent survey, 72% of IAVA veterans think more should be done, while only 3% say less. 12% also personally participated in efforts to assist Afghan refugees during or after the withdrawal from Afghanistan, while another 33% knew someone who did. Many of our veteran members also told us that they contributed some of their own money to help Afghans in need, in addition to providing emotional support to Afghans they served alongside that in some cases helped save their lives.

Fixing the Special Immigrant Visa system (SIV) to help our Afghan allies will not only save lives, but it's critical to our national security that we keep the promises we made to them and others- you help us, we'll help you - if we want local help again in wartime. It also remains to be understood what the broader impact of this prolonged struggle has been on the military and veteran community, but many veterans have experienced an emotional toll, feeling personally responsible for the promise America made to their Afghan comrades, and in some cases shouldering responsibility for their avoidable death.

The *Afghan Allies Protection Act* (S.1786/H.R.3808) seeks to keep the promise we made to our wartime allies and right the wrongs of a chaotic U.S. withdrawal extending the Afghan SIV program by five years. This bipartisan piece of legislation authorizes an additional 20,000 SIVs, creating an exemption for those injured or killed in the line of duty. Additionally, the *Afghan Allies Protection Act* (S.1786/H.R.3808) strengthens oversight of the SIV process requiring strategies for more efficient visa processing and the establishment of senior level visa coordinating officials across multiple departments.

Although your committees do not have jurisdiction over the *Afghan Allies Protection Act* (S.1786/H.R.3808), it is critically important for many veterans you serve to know that their advocates on Capitol Hill are working on their behalf to bring to safety those who had their backs in Afghanistan. We also know that many of you are aware of the correlation of this issue and veteran mental health, and appreciate you advocating with your colleagues on both sides of the aisle on behalf of this urgently needed legislative fix, and we encourage others to join in support early this year. IAVA specifically thanks Sens. Shaheen and Wicker, as well as Reps. Blumenauer, Crow, Wenstrup, and Womack for their continued support of our Afghan allies.

While our top priorities have changed in recent years following passage of the landmark *Honoring Our PACT Act,* increased focus on veteran mental health and suicide, and marked progress for women veterans, many of our other priorities will still be a focus.

**Fight Military Sexual Assault and Trauma**

The VA reports that about 1 in 4 women veterans and 1 in 100 male veterans report experiencing military sexual trauma (MST). During the course of the investigation, the VA Office of the Inspector General (OIG) found that nearly half of MST claims submitted to VA were not properly processed according to the Veterans Benefits Administration's (VBA) claim processing policy. Survivors may not choose to formally report a sexual assault for fear of retaliation, whether professional or social. According to IAVA's most recent survey, 12% of all respondents told us they were survivors of MSA, and an alarming 56% of women veteran respondents reported they were survivors.

The *Servicemembers and Veterans Empowerment and Support Act of 2023* (S.1028/ H.R. H.R.2441) would expand the evidentiary standard for survivors applying for disability benefits from the Department of Veterans Affairs (VA) to ensure MST survivors are provided equal access to the benefits and care they have earned. This legislation makes reforms that are urgently needed at VA to best support veterans who are survivors of military sexual trauma. IAVA thanks Chairman Tester, Senator Murkowski, and Representative Pingree for their bipartisan leadership in addressing the faults in the VA claims process that have led to survivors of MST being unnecessarily retraumatized. Congress now needs to act swiftly to pass the *Servicemembers and Veterans Empowerment and Support Act of 2023* so this travesty can end immediately

**Defend the GI Bill**

Ever since the Post-9/11 GI Bill was signed into law in 2008, IAVA and our VSO partners have defended the benefit, fought for improvements, and worked successfully to block predatory schools from benefiting from loopholes in military and veteran education programs.

In 2021, after many years of work with our VSO partners, IAVA celebrated passage of legislation to finally close the "90/10 loophole" which rewarded predatory schools for targeting veteran students for their generous education benefits. IAVA then played a lead role in the federal rulemaking process to ensure the Education Department implemented the law as intended. The Department published its final rule in October 2022, and this year, schools are expected to account for their use of military-connected education funds according to the intent of the law. IAVA calls on Congress to closely monitor the implementation of this law and ensure that veterans and military families are protected.

The *College Cost Reduction Act* (H.R. 6951) would roll back years of work to ensure that veterans, and the American taxpayer, are not taken advantage of by predatory institutions. IAVA staunchly opposes this piece of legislation. The integrity of the Post-9/11 G.I. Bill rests with our elected leaders'' ability to disincentivize predatory actors and protect the education benefits that veterans have rightly earned. IAVA will continue to defend improvements to the Post-9/11 G.I. Bill through successful implementation.

Additionally, IAVA strongly supports research into inequities in the distribution of benefits for marginalized veterans. IAVA continues the fight for the enhancement and improvement of GI

Bill benefits for marginalized veterans, including those veterans who have been denied the full range of G.I. Bill benefits due to their gender or race. We support *The GI Bill Restoration Act* (S.3257/H.R.1255) and the restoration of GI Bill benefits denied to minority veterans and their families and seek to see these economic harms repaired.

While there is much action to be done for our nation's veterans and service members, it is also important to have strong congressional oversight for recent legislative wins.

*Honoring Our PACT Act* (P.L 117-168)

IAVA commends the hard work and tough decisions made by members of your committees and Congressional leaders leading up to the summer 2022 passage of the *Honoring Our PACT Act*, the largest piece of veterans health care legislation ever passed. The conversation around toxic exposure was jump started by IAVA's advocacy around burn pits that were used in the Iraq and Afghanistan Wars. The momentum started by that conversation resulted in the PACT Act, which was ultimately supported by the *entire* military and veteran community. It is impossible to measure the great appreciation we have for those who supported us in this effort. Thank you.

The VA, Congress, and the VSO community have an enormous responsibility to get implementation of this right. Secretary McDonough and the VA have done an incredible job following enactment to inform veterans of their new benefits and how to enroll in the VA. The efforts have, frankly, surpassed what we had thought possible by the VA. The VSO community has stepped up and shared the responsibility to reach as many veterans and military families as possible. IAVA has done outreach through traditional and social media, public events, and will continue to look for new opportunities and partnerships. These efforts must continue.

The Department of Defense (DoD) also has a substantial responsibility with many who have been exposed throughout the Global War on Terror (GWOT), are still on active duty today, and will one day transition from service. Nearly 200,000[1] service members leave the military each year and they and their families need to know the benefits they have earned and how to get enrolled in the VA to obtain them.[2] Many service members in the Reserve and Guard component are eligible now for VA care and also need immediate outreach by DoD and the VA.

Since passage, there has been an astounding 1,015,937 processed PACT Act Claims, with 764,443[3] claims approved. Additionally, there have been several expansions to include other ailments not included in what originally passed in Congress. IAVA applauds VA for their implementation efforts and urges them to continue researching ailments that could be connected to burn pits and other toxic exposure

[1] https://www.dol.gov/agencies/vets/programs/tap#:~:text=Every%20year%2C%20approximately%20200%2C000%20men,TAP)%2C%20provided%20under%2010%20U.S.C.
[2] GAO, WatchBlog, *For Veterans Day – Is A Key Program Meant to Help Transition to Civilian Life Reaching its Audience?*, November 9, 2023.
[3] https://department.va.gov/pactdata/

VA also must continue outreach to American Indian Tribes, Native Hawaiians, and Alaskan Natives through the Indian Health Service, Bureau of Indian Affairs, Tribal veterans service organizations, and other suitable organizations and agencies. Additionally, a concerted effort must be made to reach veterans throughout rural America as they are often more disconnected than others. Continued and increased outreach to marginalized communities is also necessary. VA must look at unique ways to engage our diverse communities and inform them about the benefits they have earned from their service.

*Compact Act* (P.L. 116-214)

The Veterans Comprehensive Prevention, Access to Care, and Treatment Act or the COMPACT Act, provides veterans with a pathway to access emergent suicide care when and where they need it. IAVA supported this legislation to combat the crisis of veteran suicide and we are encouraged by the approximately 50,000 veterans that have already accessed this benefit. While this number is promising, IAVA has also been informed that many medical facilities are unaware of this product. This resource is instrumental in the fight to end veteran suicide and we must ensure wide spread outreach to the medical community, and our veteran community. Losing one veteran to suicide is too many, and the knowledge that emergent suicide care is available, without having to worry about the cost, could save more and more lives each day.

*Deborah Sampson Act (P.L. 116-315)*

The *Deborah Sampson Act*, which IAVA developed with Sens. Tester and Boozman, Rep. Brownley, and many of you on both committees to fill gaps in care for women veterans. The centerpiece of our #SheWhoBorneTheBattle campaign remains the most comprehensive law of its kind to empower the fastest-growing cohort in our military and veteran community. IAVA is encouraged by implementation of this law to this point and appreciates the updates that VA has provided our community. However, we know that the fight to ensure women veterans feel safe, fully cared for, and fully recognized by the VA is far from over. IAVA welcomes the opportunity to work with each of you on ways to continue to change the reality for women veterans today, whether it's around consistent and persistent oversight of implementation of the *Deborah Sampson Act* or new initiatives to fill gaps in care for women veterans.

Separate from this legislation, but very important to many of the veterans we represent, is the need to change the VA's motto to ensure it recognizes the service of *all Americans* who have served. IAVA applauds Secretary McDonough and VA for moving to change the motto without a legislative requirement last March. It's reflected in what VA publishes, but still not reflected in the signs at VA. This needs to finally change, and recent efforts to ensure that VA is unable to change the motto physically are shameful and disrespectful. If this effort was successful, it would be a misstep.

IAVA has worked hard with allies in recent years to ensure every veteran who walks through the doors of a VA facility feels they belong there. That the VA sees them, and that they are viewed equally in the eyes of the very agency that's supposed to support them the most. Preventing the VA's motto from being fully updated would harm the progress we have made to obtain greater recognition for women veterans in America and send a clear message to not just women veterans, but also LGBTQ+ veterans and caregivers that they don't belong.

Thank you for inviting us here today. For making sure that the voice of my generation of veterans is heard. And for taking the time to listen to our priorities.

I am happy to answer any questions you may have.

In 2023, Allison Jaslow took over as CEO for IAVA, making her the first LGBTQ and woman CEO of the organization. Nationally, Jaslow is recognized as a leading voice on the impact of the military-civilian divide on our political system and as an authority on the unique challenges faced by women in the military. A former Army Captain, Jaslow is also a seasoned political and communications strategist, serving on the staff of several Members of Congress, and as a White House communications aide. She served a previous stint at IAVA as its Executive Director, is a former Executive Director of the Democratic Congressional Campaign Committee (DCCC), is a co-Founder of Operation Liberty and has recently served as an Adjunct Professor of the Practice at Duke University.

When she was Executive Director of IAVA, Jaslow led a national campaign to increase recognition of, and support for, women veterans. The "She Who Borne the Battle" campaign boldly targeted the Department of Veterans Affairs' gender exclusive motto and put the needs of women veterans on the map – and in the headlines. Jaslow also oversaw the organization's successful campaigns to block over $4 billion in cuts to veteran education benefits, and to reverse the Defense Department's efforts to claw back bonuses paid to California National Guardsmen. Jaslow was instrumental in orchestrating the first-ever "Commander in Chief Forum" in partnership with NBC, ensuring issues important to the military community remained front and center during the 2016 presidential campaign. The forum drew over 15 million viewers.

Prior to joining IAVA, Jaslow built a reputation as a leader, trusted advisor and innovative political strategist in Washington and on campaigns across the country. She served as Chief of Staff to Illinois Congresswoman Cheri Bustos, after leading Bustos' successful campaign to unseat an incumbent Member of Congress in what has since become a bellwether region for the success of both political parties. Jaslow also served as a communications aide in the White House, as Press Secretary for former Virginia Senator and decorated Vietnam veteran Jim Webb and in leadership roles for various other Members of Congress.

Jaslow has twice testified before Congress and made appearances on national news programs including NBC's Today Show, CNN's Anderson Cooper 360, MSNBC's Rachel Maddow Show, and the CBS Evening News, where she speaks on issues ranging from national politics to our national security and the military-civilian divide. She has contributed to The New York Times, The Washington Post, CNN Opinion and Marie Claire in addition to other national publications. Jaslow has also worked closely with the entertainment industry, leading impact partnerships with several noteworthy films including Warner Brothers' Dunkirk, Netflix's War Machine, and Blood Stripe, an independent film which depicts a woman Marine's transition from combat to civilian life.

Jaslow graduated from the University of Central Missouri and Wentworth Military Academy and Junior College, both of which she attended on ROTC scholarship before entering active duty in the United States Army. She has served on the Board of Directors for Iraq and Afghanistan Veterans of America, was a founding Director on the Board of the 2LT Richard W. Collins III Foundation, and was the first and only woman on the Board of Trustees for Wentworth Military Academy. Jaslow is a Term Member of the Council on Foreign Relations, a charter member of

the National Parks Conservation Assn.'s Veterans Council, and was named both an Aspen Institute Ideas Festival Scholar and Aspen Security Forum Scholar. For her military service, Jaslow’s awards include the Bronze Star Medal and the Army Commendation Medal with a Bronze Oak Leaf Cluster.

BLINDED VETERANS ASSOCIATION

SERVING BLINDED VETERANS SINCE WORLD WAR II

**TESTIMONY**

**PRESENTED BY**

**Paul L. Mimms**

**BVA NATIONAL PRESIDENT**

**BEFORE A JOINT SESSION OF THE**

**SENATE AND HOUSE COMMITTEES**

**ON VETERANS AFFAIRS**

**MARCH 6, 2024**

**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 2024. 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 79th 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 2nd session of the 118th Congress will proactively address the following legislative priorities:

- Establishing a Veterans Advisory Committee on equal access
- Overseeing compliance with transportation services
- Enhancing caregiver program clinical standards
- Supporting Department of Veterans Affairs Blind Rehabilitation Service funding
- Safeguarding ocular clinical standards of care
- Enhancing veterans mental health care
- Improving programs and services for women veterans
- Enacting protections for guide and service dogs
- Supporting vision research funding
- Honoring combat disabled veterans

**ESTABLISHING A VETERANS ADVISORY COMMITTEE ON EQUAL ACCESS**

As the only national VSO chartered by Congress exclusively dedicated to assisting veterans and their families coping with Blindness and Low Vision (B/LV), ensuring that our nation's veterans have equal access to their earned benefits remains a top priority. Veterans with disabilities have a right to equal access to programs, services, and information at the Department of Veterans Affairs (VA). Yet, recent Congressional oversight found that VA has failed to consistently make its websites, kiosks, and other technology accessible for people with disabilities, as required by law. Over 60 million adults in the United States have a disability, including over one-quarter of our Nation's veterans. Older adults are more likely to develop a disability, including more than 8 million veterans age 65 or older. Older adults in general are a rapidly growing segment of America's population, making accessibility essential for maintaining access to programs and benefits. This legislation would provide veterans with a voice to improve accessibility at VA so that no one is left behind.

BVA thanks Congress for its continued support of our nation's B/LV 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 VAs 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 the 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 B/LV user, SharePoint looks and acts just like a website. Thus, the Department appears to depart from its alleged goal of becoming world-class promoters of diversity, equity, inclusion, and accessibility as it seems to intentionally exclude B/LV persons.

The Rehabilitation Act of 1973 is a cornerstone of U.S. disability law that made diversity, equity, inclusion, and accessibility of disabled persons a priority of the federal government. Section 508 requires that federal technology be accessible and usable by persons with disabilities. VAs most recent Congressional report stated that only 7.8 percent of its 812 websites are fully compliant with Section 508 of the Rehabilitation Act of 1973. This is woefully worse than the rest of the federal governments websites, which are at 20 percent compliance. Additionally, VA remains noncompliant with Section 508 of the Information and Communications Technologies Refresh of 2017. VAs 58 Veterans Benefits Administration Regional Offices (VAROs) received Section 508 conformance ratings of 52 percent or less, and the internal employee phone book site is rated at zero percent compliant. VAs career website was rated at 16 percent conformant while the Office of Employment Discrimination and Complaint Adjudication website was rated at 22 percent conformant. Noncompliant digital technologies result in monetary and varying other potential harm to the overall care and well-being of veterans, as well as to VA employees with disabilities.

The Department of Veterans Affairs Office of Inspector General (VA OIG) report "VBAs Compensation Service Did Not Fully Accommodate Veterans with Visual Impairments (Report No. 21-03063-04)" found that the Veterans Benefits Administration (VBA) 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 VBAs 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. To date, we are unaware of any remediation efforts by VBA addressing these concerns.

While we truly appreciate the efforts of VA OIG, we remain disheartened by VA senior leadership's refusal to consider Fiscal Year 23 (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 that the accessibility needs of disabled veterans and employees are met." B/LV and other disabled veterans will continue to face barriers until accessibility becomes a top priority for VAs entire enterprise. These intentional barriers faced by B/LV individuals are illegal and must come down.

The Veterans Accessibility Act of 2023 would establish a Veterans Advisory Committee on Equal Access at VA. The Advisory Committee would issue regular reports on VAs compliance with federal disability laws, including the Americans with Disabilities Act and the Rehabilitation Act. The reports would include recommendations for improving VAs compliance, and would be shared with Congress, the public, and agencies that oversee the Nation's disability laws. Veterans with disabilities would be among the Advisory Committee's members, ensuring that their voices are heard.

**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 Midwifes; or Psychologists – rather than Blind Rehabilitation Service (BRS) Visual Impairment Services Team (VIST) Coordinators who are responsible for coordinating care and services for B/LV veterans and service members receiving VA care. BVA believes VIST Coordinators are the most uniquely

qualified professionals overseeing the needs of B/LV veterans and should, therefore, 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 B/LV 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 narrowly in an effort to disenfranchise B/LV veterans.

BVA hears from its members that their VTS travel, which they booked 30 days in advance, is often canceled 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.

B/LV veterans also face inadequate reimbursement for travel to their VA medical care. VA is obligated to reimburse the full cost of travel, but often B/LV 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 B/LV 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 B/LV 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, B/LV veterans are told by staff. "You have to use the website; we can't help you."

To address the travel challenges facing B/LV veterans, BVA calls on Congressional oversight of the VTS program to identify and document these and other challenges B/LV 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.

**ENHANCING 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 VAs definition of "need for supervision, protection, or instruction" in 38 C.F.R. § 71.15 because it determined that VAs definition was inconsistent with the statutory language. Veterans and caregivers await VA rulemaking to update 38 C.F.R. § 71.15.

VAs 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 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 FY22 statistics from VBA, out of the 25 million service conditions that exist today, only 366,268 are for eye conditions. A much smaller number, only 3,368, are for eye conditions rated at the 100 percent rate.

**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 blind veterans comprising VIST Coordinator case management rosters. VHA research studies estimate that there are 130,000 legally blind 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 B/LV 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 B/LV veterans went entirely virtual, accompanied by telehealth care. Consequently, many BRCs lack the staffing needed to help B/LV veterans obtain the essential adaptive skills they require to overcome the myriad social and physical challenges of sight loss. 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 Equivalents (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 B/LV veterans, their capacity to meet the needs of assigned caseloads is in doubt. BVA requests that the Veterans Health Administration (VHA) conduct a resource/demand gap analysis to identify VIST Coordinators and BROS whose caseloads are now overcapacity. The creation and staffing of additional VIST Coordinator and BROS positions may be necessary to adequately address the needs of these additional 40,000 B/LV 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 VAs ability to deliver specialized health care services.

BVA requests that if VA does contract with private agencies to provide rehabilitation training to B/LV 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 B/LV 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.

**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 VA initiative to establish national standards of practice for health professionals within the 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.

**ENHANCING VETERANS MENTAL HEALTH CARE**

Mental health conditions are common in the United States. More than 1.7 million veterans receive treatment in VA mental health specialty programs. The National Veteran Suicide Prevention Annual Reports consistently reflect the suicide rate for veterans remains 1.5 times the rate of non-veteran adults, and the most recent Report regrettably revealed yet another year of increased suicides as compared to FY20 and FY22. During the years 2001 – 2014 approximately 294 blinded veterans who were VHA enrollees were reported as having committed suicide based on data analysis provided by the Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health Operations, VA Central Office. This suicide rate appears consistent with suicide rates among non-blind VHA enrollees. It is imperative that we destigmatize mental health assistance, while increasing access. BVA encourages Congress to robustly fund VAs suicide prevention outreach budget and peer support programs, while simultaneously addressing the longstanding mental health staffing shortages across the enterprise and requiring data analysis of special populations of veterans to include blinded veterans be reinstated.

Providing high quality mental health services and suicide prevention remain a VHA priority. To support this mission, it is essential to recruit and hire the most qualified individuals, regardless of their mental health discipline, for positions in mental health treatment teams. This will allow VHA to provide high quality, industry-leading mental health services for veterans. This principle helps to ensure both a high-quality corps of mental health providers and an appropriate diversity of professional backgrounds. Further, this approach is most consistent with interprofessional practice, which is the cornerstone of VA mental health programs. Interprofessional practice as it relates to mental health programs is provided in an integrated environment that allows health care team members to use complementary skills to effectively manage the physical and mental health of their patients, using an array of tools that supports information sharing. High functioning teams addressing behavioral and mental health needs

require collaboration among diverse professions. It is important to create and support innovative models for all mental health professions. Promoting interprofessional recruitment for these important roles supports VHAs goal of being the employer of choice in the health care industry and assists with recruitment and retention.

Physician Assistants (PAs) are highly educated professionals licensed to diagnose, treat, and prescribe medications. The PA profession arose from the military, and PAs have been treating veterans for over 50 years. PA education includes extensive training in psychiatry with mandatory didactic and psychiatric mental health clinical rotations. Psychiatry is a required component of the National Commission on Certification of Physician Assistants (NCCPA) exam. PA mental health skillsets could complement psychiatrists as PAs can prescribe medications, whereas VHAs other identified core mental health disciplines outlined in Directive 2009-011—Nurses, Social Workers, Psychologists, Marriage and Family Therapists, and Licensed Professional Mental Health Counselors—cannot prescribe them.

PAs, with their versatile training and adaptability, are exceptionally positioned to provide comprehensive mental health services. Their inclusion as a core mental health discipline would enhance the mental health workforce within VA, ensuring that more veterans receive timely and effective care. PAs promote a team-based approach, which is essential in delivering comprehensive mental health services and which aligns with VAs mission of providing the best possible care to our Nation's veterans.

BVA calls upon Congress to expand 38 U.S. Code §7302 - Functions of Veterans Health Administration: Health-Care Personnel Education and Training Programs by increasing the number of VHA PA Health Professions Scholarship Program (HSPS) awards from the current 35 to 75 annually, which would accomplish the following: ensure a steady pipeline of uniquely trained PAs to address the specific mental health needs of veterans and expand the current four VAMC PA resident training positions to provide opportunities for PAs to gain specialized skills in areas where veterans often require the most support, such as PTSD, emergency medicine, and women's health care (all of which adversely impact VHAs rural health care service delivery). Increased PA residency positions and scholarships would offer a strategic integration of PAs within VHA, promoting improved patient outcomes, decreased wait times, and diminished chronic staffing shortages. During the last five years alone, more than 600 veterans have applied for the currently available 35 annual HSPS scholarships. Thus, we contend that this increase in scholarships and residency positions would significantly improve VHAs mental health and various other staffing shortages.

**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. The COVID-19 pandemic 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 VAss 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 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 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 VAs 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) has 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 DOTs 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 and service dog champion at the Veterans Affairs Central Office 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 VRPs program area had previously aligned with the sensory systems task area of the JPC-8 Clinical and Rehabilitative Medicine Research Program (CRMRP), 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 the Department of Defense (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 direct 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.

**HONORING COMBAT DISABLED VETERANS**

When service members retire from the military, they are entitled to both retired pay from DoD and disability compensation from VA if they were injured while in service. Unfortunately, only military retirees with at least 20 years of service and a disability rating of at least 50 percent are able to collect both benefits at the same time. For all other retirees, current law requires a dollar for dollar offset of these two benefits, meaning they have to forfeit a portion of the benefits they earned in service. It is time to fully honor veterans who were medically retired because of injuries incurred in combat or combat-related training. Regardless of time in service, these veterans have earned all their benefits through their extraordinary sacrifice in defending our Nation.

Under the Major Richard Star Act, former service members who were medically retired from the military with less than 20 years of service (Chapter 61 retirees) and are eligible for Combat-Related Special Compensation (CRSC) would no longer have their benefits reduced by the offset. This includes those who were retired for injuries sustained in combat and combat-related training.

DoD retired pay and VA disability compensation are two different benefits established by Congress for two different reasons. BVA strongly believes that collecting both benefits should never be considered "double dipping," and that no retiree should be subject to the offset. For this reason, BVA will continue to support legislation to eliminate the offset for all retirees and considers the Major Richard Star Act one step toward achieving that goal.

**CONCLUSION**

Blind and Low Vision veterans' rights to access care, quality care, dignity, and self-worth are under assault by the very agency charged with providing and protecting those rights. The needs of B/LV veterans are not being addressed nor prioritized. Inaccessible communications platforms, poorly managed transportation programs, and inadequate caregiver standards leave B/LV veterans lost in the shuffle. Changes in standard episodes of care and national standards of practice threaten to once again compromise eye health. Limitations in gender specific care and protections for guide and service dog handlers compromise diversity, equity, and inclusion initiatives—the 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 welcome the opportunity to answering any questions you may have.

**PAUL L. MIMMS BIOGRAPHY**

BVA National President

Paul L. Mimms, Missouri Regional Group, was born in Iowa City, Iowa, and moved to Kansas City, Missouri in 1960. He graduated eighth in his class from the city's Central High School in 1963.

Paul briefly attended Antioch College (Yellow Springs, Ohio) before induction into the U.S. Navy on May 16, 1966. He served shore duty in San Diego at the Naval Training Center and the Naval Electronics Laboratory Center. He was aboard the USS Luzerne County in the Mekong Delta. An accident on the ship led to the early onset of glaucoma and his medical discharge in 1969.

Paul worked in the restaurant industry and in retail management before increasing blindness led to a loss of employment in 1983. Following blind rehabilitation training in Kansas City and his enrollment at the Central Blind Rehabilitation Center (Hines, Illinois), Paul returned to college in 1986. He earned a Bachelor's Degree in Sociology at the University of Missouri Kansas City and a Master's Degree in Social Work in 1991 from the University of Kansas.

He began working for the Department of Veterans Affairs in 1992 at the Kansas City Vet Center. In 2000, he went to work at the West Palm Beach Blind Rehabilitation Center. Four years later, Paul was selected as a VIST Coordinator at the West Palm Beach VA Medical Center. At the same time, he was active in the Florida Regional Group, serving first as a District Director within the group and then as Vice President and President.

Paul retired in 2009 and returned to Kansas City, where he became involved immediately in the rejuvenation of the Missouri Regional Group and where he was originally a charter member. Paul served as both Secretary and President of the group until his election to national office on August 23, 2013.

**Statement of Lorry M. Fenner**
**Director of Government Relations, Service Women's Action Network**
**Joint Hearing of the Senate and House Veterans' Affairs Committees**
**6 March 2024**

Good morning Chairmen, Ranking Members, and other distinguished members of the Veterans Affairs Committees. Thank you for the opportunity to speak with you on behalf of the Service Women's Action Network. Founded in 2008, SWAN is a national nonpartisan, not-for-profit organization of almost 10,000. We advocate for the needs of currently serving women and women veterans of all eras. Over the years, SWAN has played a major role in opening all jobs to qualified women, holding offenders accountable for sexual assault under the military justice system, supporting all survivors of military sexual trauma (MST), bringing about changes in the disability claims system to better help those MST survivors, and expanding access to a broader range of primary, reproductive, and mental-wellness care and services for military women and veterans.

First, we want to thank Congress for the bi-partisan *PACT Act* as well as the *Deborah Sampson*, *MAMMO*, and *Protecting Moms Who Served* Acts.[1] As we continue to work with you on new legislation and on your continued oversight of law and policy, we hope you will provide VSOs with copies of the reports you require from the VA in legislation. Some of your staffs have been very helpful in this.

[1] *Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* of 2022 (P.L 117-168). *Making Mammography and Medical Options for Veterans Act of* 2022. *Johnny Isaksen and David P. Coe M.D. Veterans Health Care Bill* with provisions of the *Deborah Sampson Act,* 2021. *Protecting Moms Who Served Act of 2021* (P.L. 117-69) for coordinating maternal care.

We also thank the VA for its efforts to implement the PACT Act quickly and for the expansion of it as announced last week as well as for some of its other new policies.[2] The VA has been steadily improving benefits processes and care. We are still processing the recently released *VA Equity Action Plan* and VBA *Benefits Equity Assurance Plan* (14 February 2024) and other reports. Some things we talk about today are addressed in these, but many remain very vague. We know the devil is in the details of implementation, and that Congress' oversight will be critical. We can help.

We offer a special thanks to the other VSOs and partners who provide constructive recommendations to long standing and new challenges to improve the lives of Veterans, their beneficiaries, and survivors. If we had much more time, we would echo their concerns and proposals. Instead, I'll focus on a few of women Veterans' complex and intersecting challenges that we hear almost every day from our members and partners. We can give many examples.

This testimony may seem a lot like "ground hog day." That is because I borrowed freely from our previous visits over the last several years because many concerns are not yet resolved.[3] I will only briefing mention a few; they are covered in more detail in our written testimony.

[2] According to the VA Press Release of 26 February 2024, this new policy will help recognize the service of and provide care for many more Veterans including women.

[3] Captain Lory Manning, USN Retired, SWAN Testimony to the HVAC Health Subcommittee on Cultural Barriers Impacting Access, 2019. Manning, Oral Statement to the HVAC Economic Opportunity Subcommittee, 2021. SWAN Testimony to Joint SVAC/HVAC Hearing 2022. Colonel Lorry M. Fenner, USAF Retired, SWAN Testimony to the HVAC DAMA Subcommittee on PACT Act Implementation, May 2023. SWAN Statement for the Record to HVAC DAMA on the *Jax Act*, November 2023.

**Our focus has been on the following:**

1. We feel invisible…or worse. Women Veterans face a lack of respect often because they have not received recognition for their contributions. This underpins most other issues. More specific and creative outreach is required to reach those of us who have been insulted, neglected, ignored (especially our elderly), or those who are afraid of or angry at the VA or have left. In this regard, we thank the VA for finally changing the extremely outdated motto.[4] And, please pass the *Jax Act - Plus* to recognize the Lioness, Female Engagement, and the Cultural Engagement Team members.[5] These things matter.

2. Sexual assault and harassment by other Veterans and, sometimes VA staff, must be eliminated. First and foremost, the VA reporting system has to be overhauled and rationalized as well as be made consistent between facilities, VISNs (Veterans Integrated Service Networks), and Regions. Trust has to be earned every day so it is devastating that we have to add "VST" (Veteran Sexual (Harassment and) Assault) to existing MST.[6]

[4] Old VA motto: Since 1959, Abraham Lincoln from *Second Inaugural Address*, "To care for him who shall have borne the battle and for his widow and his orphan" since 1959. March 2023 VA motto: "To fulfill President Lincoln's promise to care for those who have served in our Nation's military and for their families, caregivers, and survivors." The change recognizes that women make up over 10% of the Veteran population today (and this is increasing rapidly) and that not all Veterans have served in "combat" (read: men too) – but all are valued. We hope Congress does not make this long-awaited change a dead letter by withholding funding to make it a concrete reality.

[5] H.R. 1753 passed the HVAC in December 2023. *Jax* covers Cultural Engagement Teams (CET), 2010-2021. The "Plus" means adding the predecessor Lioness and Female Engagement Teams (and all CET members), 2003-2021 for OIF/OEF. Footnote 19.

[6] VHA Assault and Harassment Prevention Office, Summer 2024.

3. MST claims processing and care must be made less traumatizing. Congress must pass the *Servicemembers and Veterans Empowerment Act* (SAVES) S.1028 and H.R. 2441.[7] Further improvements can also be made if the VA and DOD collaborate even more in MST survivors' transition from Service to Veteran status.[8] In addition, the VA must continue to improve the process of upgrading Characters of Discharge for some of our Veterans in order for them to qualify for life-saving care because their "bad paper" discharge might be related to a host of MST collateral issues.

4. Women's health care must be continually assessed and improved. With the rapid and continuing increase in women Veterans, the range of care they need, and issues that keep them away must be addressed. This includes reproductive health care including fully implementing the 2022 Interim Federal Rule (IFR), eliminating copays for FDA approved contraceptives, expanding eligibility for ART including IVF under the forthcoming policy, and expanding targeted research rather than just classifying women and minorities as "lesser included cases."[9] In addition, the VA must better respond to a rule-making petition on gender-affirming care per Section 1557 of the *Patient Protection and Affordable Care Act* asking that it provide at least as much care for Veterans as those covered under civilian plans.[10]

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[7] Bipartisan, SAVES is sponsored by Senators Tester and Murkowski and by Representative Pingree and cosponsors in the House. This Bill addresses issues uncovered by the VA Inspector General in 2021. The *SAVES Act* is supported by a number of VSOs/MSOs including Disabled American Veterans, Military Officers of America Association, Veterans of Foreign Wars, Vietnam Veterans of America, Iraq and Afghanistan Veterans of America, Wounded Warriors Project, Paralyzed Veterans of American, Protect our Defenders, SWAN, and the Alliance to End Sexual Violence, among others.

[8] We hope that sexual assault, sexual and gender harassment, and intimate partner violence is covered fully and meaningfully in the Transition Assistance Program. Congress should reintroduce H.R. 7390 (K. Rice, 116th).

[9] SWAN supports the forthcoming changes to VA policy on expanding eligibility for IVF and supports H.R. 544, the *Veterans Infertility Treatment Act*.

[10] Petition to the VA from the Veterans Legal Service Clinic, Yale Law School, 20 July 2023. VA acknowledged that petition on 26 October 2023. The National Veterans Legal Services filed a Petition for Writ of Mandamus to the

5. Finally, the new Disabled American Veterans report shows that the increase in suicides among women Veterans is horrific and unacceptable.[11] We applaud the VA's research and Task Force efforts as well as its commitment to work closely with the Women Veterans VSO Working Group. Congress must resource this VA work appropriately. VA must specifically name is as a priority need allowing Congress to fence the funding.[12]

**Culture Matters:**

The bottom line is that further and significant cultural change at the VA is required in order to make meaningful progress in these and many other areas. We appreciate Congressional actions and VA initiatives to change the VA culture, but these efforts must be constant and continual because the problems persist. Adding new laws and policies, and making operational changes to the still existing VA culture, might make improvements on the margins, but it will not meet the Nation's promise to women Veterans.[13]

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Department of Veterans Affairs in the U.S. Court of Appeals for the Federal Circuit, 29 January 2024. SWAN served as an *amicus* with other VSOs. The VA responded to the court on 22 February 2024. SWAN is aware of the resource and political issues in play, but government agencies should be able to respond to petitions on time per legislative requirements, one way or the other.

[11] Disabled American Veterans, *Women Veterans: The Journey to Mental Wellness*, 27 February 2024. Based on VA reporting, women Veterans' suicides rose by 24.1% from 2020-2021 compared to 6.3% for male veterans and 2.6% among non-veteran women.

[12] Monteith, et al, "Preventing Suicide Among Veterans: Gender Sensitive, Trauma-Informed Conceptualization," NIH National Library of Medicine, National Center for Biotechnology Information, 15 June 2022. The 2023 National Veterans Suicide Prevention Annual Report (www.mentalhealth.va.dov/docs), covering 2001-2021. Solutions require targeted and integrated solutions. See RAND Epstein Family Veterans Policy Research Institute, "Comparison of Suicide Rates among U.S. Veteran and Nonveteran Populations," in *JAMA* by Morral, Schell, and Smart, 18 July 2023. Comparisons with non-Veterans by age group: Women Veterans: 20.7 vs. 6.5 ages 18-34, 17.1 vs. 8.9 ages 35-54, 15.5 vs. 6.5 for 55 and over (there were no numbers for 75 and over unlike for men). See also the new DAV, *Women Veterans: The Journey to Mental Wellness*, (footnote 11) includes 50 significant recommendations for improvement.

[13] Senator Hirono, 27 February 2024, remarks at DAV's Lunch and Learn on "Women Veterans," referring to the disrespect some Veterans experience at VA facilities commented that continual attention and commitment are required to change to change attitudes toward women Veterans.

**SWAN's Legislative and Policy Goals for Women Veterans**

- Ensure women and all Veterans feel respected, safe, welcome, and well-cared for at VA facilities. While there have been improvements in quality, comprehensiveness, and access to women's health care, these go for naught if we do not eliminate sexual assault and harassment. There are still too many reports of women and other Veterans being "catcalled," propositioned, the subject of derogatory remarks, or even assaulted.[14] The programs and reports required under the *Deborah Sampson Act* are a positive step. Again, we hope Congress will continue to demand appropriate implementation and will share the required reports. Women, members of ethnic, racial, and religious minorities, and LGBTQ+ Veterans must feel welcome and respected at all VA facilities.[15] In order to help change a VA culture that allows or even fosters assault and harassment with

[14] Women and other Veterans (and staff) report continued and continuing harassment and challenges in making reports. In addition, SWAN Board members, staff, and members and VSO/MSO partners have given us their stories of personal experience. See also, Jennifer Alvarado, DAV report, 27 February 2024, and Panel Discussion. Thomas Costa, GAO, Testimony to the House Veterans' Affairs Committee Oversight and Investigation Subcommittee, "Sexual Harassment: Opportunities Remain for VA to Improve Program Structure, Policies, and Data Collection" on the status of GAO's 2020 recommendations to prevent and address sexual harassment, 2022. Military Women's Coalition Testimony to the HVAC O&I Subcommittee, 22 July 2022. *Report of the Department of Veterans Affairs Advisory Committee on Women Veterans*, 2020. Leo Shane, "House Chair Calls for the VA Secretary to Resign Over Handling of Sexual Assault Case," *Military Times*, 10 December 2020. VA Women's Health Research Network, "Women Veterans' Experiences with Harassment at the VA," 2021. Klap, R. Darling, J.E. Hamilton, et al. "Prevalence of Stranger Harassment at VA Medical Centers and Impacts on Delayed and Missed Care," *Women's Health Issues*, April 2019. Jennifer Steinhauer, "Treated Like a Piece of Meat: Female Veterans Endure Harassment at the VA," *New York Times*, March 12, 2019.

[15] All discrimination and disrespect matters. SWAN notes the recent anti-Semitic social media postings of a VA counsel. Our partners, Jewish War Veterans (VSO), held serious discussions with VA leadership and Congressional committees. SWAN supports their constructive suggestions and for actions to be taken with this individual and the on the broader issue of preventing anti-Semitic behavior in the VA. JWV speaks to the Joint Committee Hearing on 13 March. Also, there is no place for actions by VA staff that destroys the trust of Veterans. See *The Hill* in an op-ed by three VA psychologists entrusted with the care of all Veterans. The op-ed, 20 January 2024, includes misinformation that can foster fear- and hate-mongering. A number of groups (23) including VSOs signed a letter to the VA in February denouncing this op-ed and asking the VA to take immediate action to ensure the safety and quality of care for all Veterans, see Modern Military Association of America, 21 February 2024. See also Press Release on 13 February 2024, "SWAN Statement in Response to Divisive Op-ed." In addition, discriminatory posters with the official VA seal were found in January 2024 in elevators of the Portland, Oregon VA facility that attacked minority Veterans, and mocked the VA's policy to honor all Veterans. VA Press Secretary Terrence Hayes issued a statement on 1 February and the VA police, Office of Inspector General, and the FBI are investigating.

impunity Congress must: (1) Provide appropriate resourcing for creating a single, national system (all-Regions, VISNs, and facilities) for reporting and tracking assault and harassment and the people involved (multiple reporting systems do not talk to each other); (2) Hold a hearing with the VA and VSOs specifically to assess progress on the *Deborah Sampson Act* before adding more legislation in order to target future legislation on the gaps; (3) Request a GAO report on the strengths and weaknesses of current efforts, including the data collection plans included in the *Equity Action Plan* (and *VBA Equity Assurance Plan*) and other programs to eliminate assault and harassment by Veterans; and, (4) Most importantly, all of us must demand accountability for perpetrators as well as of leaders who are not part of the solution.[16] Punishment must be meaningful to have an impact.

- Continue to improve the VBA system for claims and VHA care for MST and PTSD across the Department and local communities.[17] The Veterans Affairs and Armed Services Committees must collaborate even more closely especially on transition programs, so that we have smooth handoffs from one community and system of care to the other. Note that when the VA Inspector General reported that a majority of MST reports were being inappropriately rejected,[18] the VA made some hurried changes which resulted in injecting more errors into the system. In April 2023, some Veterans visiting Capitol Hill told their stories reporting that they

[16] VA Report of its internal investigation of the VA Office of Accountability and Whistleblower Protection (OAWP) within the Office of Resolution Management, Diversity & Inclusion (ORMDI) January 2024. HVAC Hearing, 14 February 2024, on the Investigation of Sexual Harassment and Misconduct within the Department of Veterans Affairs Office of Resolution Management, Diversity & Inclusion (ORMDI) – the office charged with preventing harassment and promoting diversity, equity, and inclusion.

[17] VA Centers are helping many Veterans with urgent needs especially service members and Veterans suffering from mental health issues and MST. Congress must fully resource them; their connection to community services is critical.

[18] VA OIG: "Improvement Still Needed in Processing MST Claims," Report #20-00041-163, August 5, 2021 (increased to 57%) and many other reports for over a decade including GAO Reports in 2014 (14-447) and 2021 (21-444T), VA OIG Reports in 2018 (17-05248-241), and HVAC DAMA Hearings in 2019 and 2021.

had suddenly found out that long delayed claims or appeals were approved without even a conversation or appointment. However, the resulting low approval rates and disability ratings do not match the seriousness of those claims. Those Veterans are put in a position of having to have the courage and time to appeal yet again. They were still trying to resolve their claims over five years later. We know that hiring, training, and retraining adjudicators takes time, but we must move faster and give the VA resources to correct this. We welcome your continuing and vigorous oversight. Again, the *SAVES Act* would help. Among other efforts, it seeks to prevent retraumatization. Congress must also pass an expanded *Jax Act* (Jax Plus, preferably) to officially provide combat recognition, for all Lioness, Female Engagement, and Cultural Support Team members serving from 2003-2021, to ease the burden of PTSD, TBI, and other disability claims as well as to provide appropriate care for this small, unique group.[19] But the issue is not the number. The point is that these women are Veterans and they earned these benefits and care. With courage, including those who did not receive appropriate training or equipment (including proper PPE), these women did what was asked of them. Most have been denied this recognition; we should not let it be because of a

[19] With thanks to the Special Operations Association of America and others, the bipartisan *Jax Act* H.R. 1753 passed the HVAC in December 2023. Pass "Jax Plus"; to include the Pappas Amendment which included the Lioness and Female Engagement Teams (and all the CST) members from 2003-2021. There was concern about CBO scoring, but it is virtually impossible to know how many women served in combat roles in OIF/OEF (and earlier). History shows that commanders in the field, by necessity, used women in "collateral/additional duties" outside their MOSs/AFSCs/Designators to perform under "combat conditions" beside their male teammates. This was true in live operations before the combat exclusion of women in ground combat was rescinded in 2013 (but not lifted until 2016). Because leaders under fire might have been operating outside law and policy, these duties were not often documented in women's service records or on their DD214s. Women's percentage of Service members and of persons in the field, and the fact that only some have applied for or been denied VA benefits based on combat exposure (and some have stopped trying), the number is not large. There is a massive amount of documentation that this happened in OEF/OIF including in interviews on "Veteran's Breakfast Club" podcasts by Daria Somers and the earlier 2012 documentary, *Lioness*. Among others also see the 2023 Sarah Percy, *Forgotten Warriors: The Long History of Women in Combat*, Basic Books, or for earlier examples, Erin Solaro, *Women in the Line of Fire: What You Should know About Women in the Military*, Seal Press, 2006 and Lorry M. Fenner, "Moving Targets: Women's Roles in the U.S. Military in the 21th Century," *Women in Combat*: *Civic Duty or Military Liability*, Georgetown University Press, 2001.

rounding error in accounting. Of course, we hope this recognition will not stop with only these women but that we will eventually recognize all of those who served "in combat."[20] For now and going forward, the Armed Services Committees must ensure that DOD and the Services correctly record duties that put women into "combat" so we don't have to argue semantics years later. For others, the VA must train or retrain those who decide claims/appeals. This recognition will not only support women Veterans' claims approval and appropriate care, it will support increased respect for servicewomen and Veterans. This respect has been missing. Reaffirming these womens' service will contribute to changing a culture by showing their contributions are valued – so we are seen – no longer invisible.

- Get to the root causes of, and work to eliminate, the increase in women and minority Veterans' suicides. We appreciate the VA Task Force connecting researchers and practitioners who will develop more meaningful treatments and programs. We appreciate that VA leaders and researchers, including Dr. Sally Haskell, Elizabeth Yano (PhD), Susan Strickland (PhD), Lindsey Monteith (PhD) and many others, are willing to collaborate with the long-standing Women Veteran VSO Working Group.[21] Congress must robustly resource specific research to be the foundation for this suicide prevention effort and ensure funding is not diverted

[20] We can first recognize those who served in the Persian Gulf War, 1990-2003, (see Ramirez Amendment to *Jax*) and other operations and then go back even earlier for all living women Veterans who were thrown into "combat conditions" and performed with courage; some were killed, some injured or disabled, and some taken as POWs even though the law theoretically excluded them from combat in order to "protect" them. Only a few of the recent names to remember include Lori Piestewa, Marie Rossi, Shoshana Johnson, Jessica Lynch, Melisa Rathbun-Nealy, and Maj. Rhonda Cornum, MD, in Holm, *Women in the Military.* See also, Lorry M. Fenner, "Either You Need these Women or You Do Not [Senator Margaret Chase Smith]: Informing the Debate on Military Service and Citizenship," *Gender Issues*, Summer 1998.

[21] *Health Services Research and Development: Tailoring Suicide Prevention for Women Veterans.* The 2023 Office of Women's Health annual report was briefed to the WVWG on 1 February 2023 and the DAV report *Women Veterans: The Journey to Mental Wellness*, 27 February 2024.

for other purposes when it reaches the VA. In order for this to happen, the VA must name this as a very specific, high priority.

- Continue to reform and improve the Character of Discharge determination process with transparency and standardization across VBA Regional Offices.[22] Access to Veterans benefits is not automatic but is based on discharge "under honorable conditions." We appreciate that the VA is trying to improve, but there is a longstanding and continuing problem with DOD discharge characterization and a broken appeals process. Many Veterans suffering from PTSD, MST, and other mental health issues, as well as LGBTQ+ Veterans, were discharged under "other than honorable conditions." For instance, assault victims received discharges coded as "personality disorders" or other derogatory and gendered terms so they were not covered by medical retirements. Note also that not so long ago, pregnant women were discharged for "failure to adapt" and other negative euphemisms.[23] Veterans have been denied the benefits and care that they earned.[24] Laudably, Congress has changed the requirements of the Services' Discharge Boards, Discharge Review Boards, and Boards for the Correction of Military Records to avoid unfair discharges going forward. To remedy past mistakes, DOD and the

[22] See also, the testimony of Lory Manning, SWAN, to the Joint Hearing of SVAC and HVAC, March 2022.
[23] Multiple sources including Oriana Pawlyk, "For Decades, Women Were Discharged from the Military for Pregnancy. Now a Lawmaker Wants to Restore Their Benefits," *Military.com*, 9 April 2021. Women were discharged for pregnancy and motherhood, even if they adopted stepchildren and including those of a military man from a previous marriage even if they had been living with him as a single parent. P.L. 625 was used until Executive Order 10240, 27 April 1951, provided official and specific authority, see Maj. Gen. Jeanne Holm, *Women in the Military: An Unfinished Revolution*, Presidio, revised 1992. The official policy to involuntarily discharge women with children was largely dismantled in the mid-1970s, but some women were discharged for pregnancy using various narratives and derogatory codes even after that.
[24] Kayla M. Williams, "Support for Veterans Leaves Rape Victims Behind," *Commentary, The RAND Blog*, 2 February 2024. Williams notes that since the majority of assault victims are within their first three years of service when they choose to leave or were forced out, they do not qualify under the post 9-11 GI Bill and for some other benefits and care. A number of studies address this issue including those from Galorski et al, "The State of Knowledge of VA MST Research," *Journal of Internal Medicine*, 30 August 2022; Human Rights Watch in 2016 on rape survivors, "Booted"; Brown University in 2017 on "Bad Paper"; and Maureen Siedor, "Swords to Plowshares," Testimony to the HVAC DAMA Subcommittee in 2020.

VA have conducted some outreach to those who might be eligible for an upgrade and access to VA benefits. In addition, DOD is starting to automatically review records of some who were discharged under "Don't Ask, Don't Tell" but only if their discharges clearly state that homosexuality was the basis for discharge.[25] These records will be forwarded to Service Discharge Boards for Review. Unfortunately, the Service Boards are experiencing significant backlogs in general. In addition to all this, many Veterans are still unaware that they can apply directly to the VA for benefits, which would then trigger a VBA COD determination. However, even then, the VBA seldom decides in the Veteran's favor. Congress can help. Congress and the VA should further clarify the vague statutory and regulatory language underlying COD determinations, standardize COD procedures and transparency across all Regions, better train COD adjudicators, and conduct more outreach to the public specifically aimed at women Veterans of all eras who are not users of VA benefits or enrolled in care. Moreover, SWAN recommends a GAO study on the outcomes of recent DBA COD determinations and to specifically compare rates among various demographics. The study should examine COD procedures and training at all regional offices and gather available data on denial and approval rates. GAO should then recommend any data collection and analysis improvements that are needed. SWAN supports the reintroduction of the *Unlawful Turn-Aways Act* (S. 2786 and H.R. 5321 from the 117th).[26]

[25] The DOD policy was announced 20 September 2023. Following a DOD meeting with VSOs on 7 December 2023, a number signed a letter with Minority Veterans of America on 1 February 2024 with a proposal to widen the pool of those eligible for review and to simply provide more specific guidance to the Services (based on an MVA et al letter from 13 July 2022).

[26] Senate cosponsors included Senators Blumenthal, Sanders, and Smith, T.; House co-sponsors included Representatives Underwood and Pappas.

- Take action to fix gaps in VA reproductive and other women's health care: (1) Eliminate copays for FDA approved contraceptives. The *Affordable Care Act* requires almost all private health plans to cover birth control without cost sharing. It is disgraceful, that unlike other women in this country, women Veterans are subject to this cost, which for some can be prohibitive. Pass the long-overdue *Equal Access to Contraception for Veterans Act* (H.R. 894) that has been reintroduced in this Congress.[27] (2) SWAN applauds Congress for passing the *Making Mammography and Medical Options for Veterans Act* (MAMMO Act) of 2022. Now Congress must make sure the VA has the resources to make access to these services easier for paralyzed and other disabled Veterans. We also ask that the VA ensures in guidelines and practice that mammograms are regularly and easily not just available for all Veterans under 40, but especially for those who served in all areas and occupations subject to toxic exposure.[28] (3) Expand access to ART, including IVF. SWAN supports the forthcoming VA policy and would like to see VA and DOD to go further.[29] Passing H.R. 544, the *Veterans Infertility Treatment Act of 2023* with amendments, would help. Under VA Directive 1334 of March 2021, the VA restricts eligibility to heterosexual married couples who

[27] This Bill, reintroduced by Representative Brownley, has at least 25 co-sponsors. It passed the House with clear majorities in the 116th and 117th Congresses. We also support parallel measures for DOD which were actually passed by the House as part of previous NDAAs but was not included in the enacted versions. The effort to make this change has gone on for a decade or more.

[28] "The American Cancer Society Guidelines for the Early Detection of Cancer," www.cancer.org/cancer/screening. See also *Dr. Hate Hendricks Thomas Supporting and Expanded Review for Veterans in Combat Environments Act*, 2022. Dr. Thomas died from breast cancer caused by toxins at age 39 had served as a SWAN researcher. SWAN thanked Congress for this legislation including in testimony to HVAC DAMA, 16 May 2023.

[29] VA policy is based on DOD's (Title 10). In response to the NOW-NYC legal case based on ACA 1557 filed in August 2023, DOD announced a change in January 2024 to include "service members in any relationship status" (and allowing for donor eggs or sperm). The VA announced shortly afterward that since it aligns its policy with DOD's, it will also change its policy. Drew Friedman, *Federal News Network*, 29 January 2024, and Joe Wilson, mymilitarybenefits.com, 31 January 2024. The February 2024 Alabama Supreme Court ruling complicates this. Some Veterans may now have to travel out of state repeatedly, at considerable expense, adding to already prohibitive costs. While clinics in AL suspend their IVF treatments, Veterans may not be able to retrieve their blastocysts in AL, or from other states that might follow suit, in order to get the procedures they had already arranged and paid for. See H.R. 544 and amend to account for the recent AL court decision.

can produce their own gametes and the Veteran must be diagnosed with "service connected" infertility or infertility resulting from disability or serious illness resulting from military service. This left out Veterans whose service or combat-related disabilities prevented them from even producing gametes, single Veterans and Survivors, same sex married couples, and others. Most of these limitations may be lifted under the new policy. The VA should collect data on how many Veterans want this care but are still not eligible in order to create a path forward. (4) As the VA fully implements its Interim Federal Rule on counseling and limited abortion care, all Veterans who need this care must be able to access it.[30] (5) Include gender affirming counseling and care including surgery ensuring equity in treatment that the ACA Section 1557 requires for non-veterans.[31] (6) Resource the childcare that many Veterans need in order to meet appointments.

- Ensure continual improvement of PACT Act implementation, including continuing research and targeted, fenced funding, to examine the effect of exposures on the development of breast cancer and infertility in women and men as well as in all minority veterans. Congress must increase gender and other groups' specific research funding across the board – call it out for women and other groups in more grants rather than just including more demographic data using the usual (male) constructs. VA must make this a stated priority if Congress is going to ensure a specific appropriation.[32]

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[30] VA Press Release on the Interim Federal Rule, 2 September 2022. The VA made the rule "final" this week.
[31] The National Veterans Legal Services Petition, 29 January 2024. The case was made moot when the Secretary of the VA denied the petition in a letter on 22 February 2024 clarifying that while the VA provides gender affirming care, it is not ready to initiate rule making addressing specific regulatory changes to the medical benefits package to add gender affirming surgery. See also footnote 10.
[32] See DAV Report, *Women Veterans*, 27 February 2024. Male models and standards have been used for much past research. Some at the VA are working hard to change this; they need to be supported. In early February, Dr. Strickland told the WVWG that the REACH VET research algorithm was being updated to include MST and other conditions specific to women in order to better evaluate suicide risk factors. Discussion revealed some ways

- Designate additional cemeteries that will render full military honors for eligible Veteran interments. SWAN supports the bi-partisan H.R. 1413 *Expanding National Cemeteries Act*.[33] Soon, the criteria for in ground interment at Arlington National Cemetery (ANC) might be reserved only to those who were POWs; recipients of awards for combat valor at the Silver Star level or above; recipients of Purple Hearts; those on active duty who died while preparing for operations related to combat; U.S. Presidents and Vice Presidents; and Veterans with armed conflict service who later serve in significant government positions. Burials at ANC include the rendering of full military honors for some, unlike current burials at other national, state and tribal Veterans' cemeteries. The revocation of this long-promised benefit – a great comfort to many families – affects certain groups in particular: (1) A great number of Cold War Veterans; (2) Most women Veterans and others who were considered "non-combat" or non-regular - this classification is often based on historic constraints on women's participation instead of on the actual conditions of their service;[34] and, (3) Some high-achieving Veterans who served as astronauts and in other pioneering and dangerous occupations and operations. Interment at a national cemetery with full military honors must remain a benefit for all currently eligible Veterans now and in the future.[35]

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Veterans not now in the VHA system and LGBTQ+ specific research could be thought about in new ways, even as simple as helping Veterans who change their names ensure this is recorded properly in all databases.

[33] Hope Hodge Seek, "Why Congress Must Act on Arlington National Cemetery," *Military Officer*, MOAA, 8 May 2023. See especially quotes from Lory Manning, CAPTAIN, USN Retired, SWAN Board of Directors, and Phyllis Wilson, CW5, USA Retired, Chief Executive of the Military Women's Memorial at ANC.

[34] Women were not allowed to serve on "combat" aircraft until the early 1990s, and the ground "combat" exclusion was not lifted until 2016. The evidence knows that women Veterans served under combat conditions much earlier in our history. Although the Army stated that its new draft rule does not entail gender bias, it would bar many women Veterans including all Korean and Vietnam War nurses who served under fire in favor of some service persons who have not even been born yet (Manning).

[35] Women were excluded from all "combat" occupations and assignments until the early 1990s when combatant ships and aircraft were opened by Congress with Army positions only closed by policy. (SWAN worked for over a decade to open all occupations to qualified women, *SWAN v. Austin* only resolved in 2023 (there are still issues in the ARNG and USMC). See ACLU and SWAN Press Releases, 13 March 2023. In 2016, the Secretary of Defense

**Conclusion**

To close, we continue to stand ready to assist Congress both in legislating improvements to VA benefits, care, and practice, and in conducting its oversight. We continue to stand ready to help the VA beyond improving its policies and operations, to continuing efforts to change its culture in order to provide the respect, recognition, and care that women and other Veterans have earned. We are committed, along with other VSOs, to continuing to help define problems and to be a part of better solutions. Thank you again for inviting SWAN today.

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opened all ground combat positions to women. In reality, women were exposed to and served under combat conditions throughout U.S. history. See Percy, Holm, Fenner, et al. If not earlier, during OIF/OEF the legislative and policy combat exclusions had become publicly and legally indefensible when commanders on the ground, as a matter of operational necessity, began "integrating" women into units under and returning fire between 2003 and 2016. They proved themselves capable and in some cases, indispensable. The combat requirements for interment at ANC would eliminate most women except for 4 living POWs, 2 Silver Star recipients, and those who received the Purple Heart (without being recorded as "combat" eligible) as a result of terrorist attacks and service in the Gulf War or the post-9/11 wars. See Lory Manning in SWAN Testimony to the Joint HVAC/SVAC hearing March 2022. See also the *Jax Act*, footnote 19 above.

**Lorry M. Fenner, Ph.D., Colonel, USAF, Retired**
**Director of Government Relations**
**Service Women's Action Network**

In 2006, Lorry Fenner retired from the Air Force after 26 years as an intelligence officer and space operations officer. She also served in academic positions and held a variety of command and staff jobs worldwide. She served on Major Command staffs, the Air Staff, the Joint Staff (J-5, Strategy Division), and the Secretary of Defense's staff. During her career, Colonel Fenner also served on the staffs of the Scowcroft Commission (NSPD-5, Comprehensive Review of Intelligence, 2001) and the 9-11 Commission (2003-2004) and as a Fellow at the Supreme Court of the United States where she won the Tom C. Clark Award (2002-2003). Twice she taught history at the U.S. Air Force Academy, where she served as the Director of Cadet Development, the Director of World History and Area Studies, and the Director of Military History. She also taught at the National War College in strategic studies, space and information operations, and South Eastern Europe/The Balkans.

After retirement, Dr. Fenner served as a Professional Staff Member for the House Armed Services Committee as the staff lead for the Oversight and Investigations Subcommittee. She continued her federal service as the Director of the Conflict Records Research Center at the National Defense University making the captured records of Saddam Hussein and al Qaeda available to researchers. Later, Dr. Fenner served as a Multi-Disciplinary Systems Engineer with the Federally Funded Research and Development Center, MITRE. In her capacity as an Intelligence Strategic Advisor for the National Security Analysis Group she provided support to the Office of the Secretary of Defense's Senior Cyber Advisor, the FBI's Cyber Policy unit, a Joint Chiefs of Staff Operations Special Program, the Office of the Under Secretary of Defense Intelligence Strategy, Policy, and Resources Division, the Deputy Director of Intelligence for Warfighter Support, and the DDI for Technical Collection and Special Programs (SIGINT and Cyber). During that time, she also served as an unpaid Visiting Senior Research Fellow with the Institute for National Strategic Studies at NDU.

Along with military and civilian awards, Lorry Fenner earned a Ph.D. in History from the University of Michigan, an M.S. in National Security Strategy from the National War College, an M.A. in Central European History from the UM, and a B.A. in Secondary Education from Arizona State University. Her publications include those on Women in the Military with Georgetown University Press and *Gender Issues*. Her dissertation was "Ideology and Amnesia: The Public Debate on Women in the American Military, 1940-1973."

**TESTIMONY OF**

**STUDENT VETERANS OF AMERICA**

**BEFORE THE**

**COMMITTEES ON VETERANS' AFFAIRS**

**U.S. SENATE**
**U.S. HOUSE OF REPRESENTATIVES**

**HEARING ON THE TOPIC OF:**

**"LEGISLATIVE PRIORITIES OF 2024"**

**MARCH 6, 2024**

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Chairman Tester and Bost, Ranking Member Moran and Takano, and Members of the Committees,

Student Veterans of America (SVA) deeply appreciates the opportunity to present testimony on our policy priorities and critical issues impacting student veterans, students who are active duty or belong to a National Guard or Reserve component, as well family members, caregivers, and survivors, as they transition to civilian life. SVA is dedicated to ensuring an inclusive educational journey that extends beyond the classroom.

SVA fosters connection and support through a global network of campus-based chapters. We seek to drive student veteran success by increasing sense of belonging and supporting attainment of equitable jobs with the lowest possible financial burden and by created a complementary ecosystem that provides many different entry points for transitioning service members and their families. Our dedicated chapter leaders advocate for resources and provide support, networking opportunities, and camaraderie to help student veterans thrive in their educational pursuits, expand their skills, and reach their full potential post-military service.

**Introduction**

Founded in 2008, Student Veterans of America (SVA) emerged from a dedicated group of Post-9/11 veterans who encountered challenges accessing their GI Bill benefits upon returning from service in Iraq and Afghanistan. Recognizing the lack of support services for student veterans, these individuals, initially connected through local campus clubs and organizations, began advocating for change. They shared their firsthand experiences through social media exchanges and phone calls, which led to in-person meetings. This grassroots movement advocated for the Post-9/11 GI Bill and other major changes. In 2008, these advocates officially united under the banner of SVA during the organization's inaugural conference, marking the beginning of a global network of college campus chapters.

The SVA chapters on the more than 1,600 college and university campus across the country and in three nations abroad provide a community and the sense of belonging lost when transitioning servicemembers take off their uniforms to embark on their journeys through the transformative power of higher education. This culture of inclusion and belonging is at the core of the successes of the SVA chapter at Marshall University. Founded in 2018, the SVA at Marshall University not only kept going through a world-wide pandemic that dispersed hundreds of student organizations, but it also thrived. Now with forty chapter members, the SVA at Marshall University fosters and ensures a welcoming community for all student-veterans and military-connected students attending Marshall University. Their goal is to support the professional growth and academic success both in, and outside of the campus for student veterans, as well advocate for their needs through proactive involvement with local, state, and federal governments, while establishing resources and support systems within the campus and community.

In 2023, the SVA at Marshall University established itself amongst the national network of chapters by providing innumerable opportunities to connect, mentor, and provide peer support necessary for success in higher education. Additionally, through continued service, camaraderie, and art, the chapter became a place where all student veterans felt like they belonged. The group worked with community partners to provide funding for a local school with primarily underprivileged children. Through their network, they raised the funds to allow the girls' basketball team to purchase their uniforms. The impact was significant as it gave Marshall's student veterans a true sense of accomplishment and put a secondary meaning behind what their SVA is capable of. They also set up a routine place to connect and provide lunch for student veterans and chapter members, to provide space for them to talk about their week, and to provide support for each other. The "Friday Hangouts," as they call them, allow everyone to meet and share community involvement ideas and personal development updates. It is also an excellent way for veterans to bring new students in to meet everyone. This time has also proven to be a well-needed stress reducer after a long week. Finally, they invited chapter members to participate in a program called Veteran Ceramics. The goal is to provide a fun atmosphere for veterans to meet other individuals while creating lasting art. The impact has been incredibly therapeutic. Veterans look forward to these events, and many bring friends, significant others, and children to participate.

A person close to the chapter said, "Marshall's SVA chapter fosters and ensures a welcoming community for all

student-veterans and military-connected students attending Marshall University. They serve to support their professional growth and academic success both on and outside of the campus. Additionally, MU SVA goes above and beyond the realm of military students and passionately serves as an active support system for veterans and military-connected members of the community in general."

Individual SVA chapter leaders make an impact individually as well. Angelina Trillo, the former chapter president at Oregon State University SVA was described as "a force multiplier beyond any that has been. Without error, she single-handedly has been vital to the entire OSU community's veteran affairs while distinguishing herself as an Army Reserve Medic for her unit, where she remains a key member of staff even as a full-time student. Angelina is, in my heart, the definition of a veteran who continues to serve in all aspects, regardless of whether or not she is wearing a uniform," said one of her nominators for SVA's prestigious Student Veteran of the Year honor. As a first-generation student in her final year at Oregon State University, she is simultaneously earning her degree and applying to graduate school while serving as a medic in 1-186th Infantry Battalion, Army National Guard. With her degree, she plans to improve veterans' health care. Angelina's biggest goal upon joining the SVA was the establishment of free mental health services mental health services free of charge for students attending OSU. Her persistence at the University directly led to the creation of a military psychiatric service provider and the expansion of the Military Veteran Resource Center budget by more than $15,000 for career development and social engagement programs. She has sat on the OSU Diversity Council and pushed for further education for faculty and staff about the unique needs of military students. She led the effort to re-evaluate the academic policy for currently serving students to provide more flexibility and accommodations during drill weekends. She has facilitated many community forum conversations about diversity and inclusion within the OSU MVRC, community centers, and student government, and has been known to speak against unfair treatment of and stigma around veterans on campus. Her story is much like the others found in the network of SVA chapters – someone dedicated to education and service, who wants to leave their campus and community better than they found it.

At SVA headquarters, we are committed to the student veteran community and our allies by supporting our chapters, mental health resources, as well as diversity, equity, and inclusion efforts. In addition, we foster strong relationships between students and employers to assist with career opportunities during college and following graduation for a successful future. Stories like those above inspire us every day in our work at SVA, and we hope they do the same for the members of these Committees as they strive to improve the lives of student veterans in higher education.

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**The GI Bill as the Front Door to VA**

SVA has long championed the benefits of the GI Bill for student veterans. It offers unparalleled opportunities to beneficiaries, assisting them in accomplishing their educational and professional dreams, but it remains a deep source of untapped potential for VA. The GI Bill is one of VA's greatest assets and, if properly harnessed, can aid the Department in growing the number of veterans it serves.

For many veterans, the GI Bill is the first touchpoint they will have with VA upon their transition from military service, making their experience with the benefit the barometer by which they will judge any potential future interactions with VA.[1] A positive GI Bill experience builds veterans' trust and confidence in VA, and, in turn, increases veterans' likelihood of taking advantage of the full range of VA programs and services over the course of their lives. The GI Bill is truly the front door to VA, but to fully realize its great potential, Congress must conduct strong oversight and ensure VA reprioritizes education services internally, updates their aging IT infrastructure, and makes use of technological advances to better serve the needs of veterans.

We applaud the steps VA has taken to embrace this vision. With an overhaul of Veterans Benefits Administration's (VBA) IT systems underway, the agency is making huge improvements in GI Bill customer service and user experience by reducing call center wait times, enhancing communication options, and ensuring quicker benefit transactions. These improvements will help lay the groundwork for the trust and confidence that will build VA's brand among current GI Bill beneficiaries and all those to come. At the same time, it will help VA better communicate with veterans about all the services the Department offers.

While VA's recent efforts to prioritize the GI Bill through modernized IT infrastructure are laudable, there is more work to be done. SVA calls on VA and Congress to explore how the GI Bill can better integrate with the U.S. Department of Education and within the higher education system to reduce friction points that negatively impact veterans. Student veterans using their earned education benefits sit at a confusing crossroads between the higher education policies at the Department of Education (ED) and those at VA. To address this issue, we encourage, among other things, greater interagency collaboration, data sharing, and automation between relevant agencies like DOD, ED, and VA.

The effects of embracing the GI Bill as the front door to the VA will be substantial. VA will welcome more veterans through its doors and outperform their expectations by delivering a top-of-the-line experience with the GI Bill, laying the groundwork for future engagement and utilization of the entire scope of VA's programs and services.[2] SVA's 16th annual National Conference ("NatCon") demonstrated this very point. Over 20 program offices, and 150 VA experts connected with NatCon attendees over a three-day period. In addition to a Mobile Vet Center, VA also helped with Veterans Health Administration (VHA) enrollment, and disability claims assistance. We look forward to focusing on this concept as we work with our partners at VA and our veteran advocate counterparts in 2024 and beyond.

**SVA Research Findings and Initiatives**

Over the past decade and a half, SVA has dedicated significant resources to researching the efficacy and impact of the Post-9/11 GI Bill, the journey of student veterans in their transition through higher education, and the gaps in economic and social opportunity caused by service in the U.S. military. The bottom line is this: student veterans are among the most successful students in higher education.[3] We hope the information below is helpful in

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[1] *See generally Journeys of Veterans Map,* U.S. DEPARTMENT OF VETERANS AFFAIRS, Journeys of Veterans Map. https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf; (last visited Feb. 25, 2021); *VA Welcome Kit*, DEPARTMENT OF VETERANS AFFAIRS, VA Welcome Kit (Nov. 12, 2020) https://www.va.gov/welcome-kit.

[2] THE U.S. DEPARTMENT OF VETERANS AFFAIRS, FY 2018 – 2024 STRATEGIC PLAN 5 (May 31, 2019).

[3] Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-

providing a more robust understanding of who student veterans are and how we can better serve them.

One decade ago, our team produced the first-of-its-kind Million Records Project (MRP) and then, in 2017, published the National Veteran Education Success Tracker Project (NVEST).[4] The purpose of these studies was to address a straightforward question: "What is America getting for its multi-billion-dollar investment in the education of veterans?" In partnership with VA and the National Student Clearinghouse (NSC), we studied the individual education records of the first 854,000 veterans to utilize the Post-9/11 GI Bill to find that student veterans are succeeding above their peers in the classroom.

Not satisfied with just knowing student veterans' level of success in higher education, SVA launched the Life-Cycle Atlas project to begin "mapping" student veterans' educational journeys from high school to the present to better understand *how* student veterans succeed in higher education.[5] With over 5,000 responses, the project produced three key findings.

First, much of the public has an outdated view of veterans' post-secondary educational journey: high school, military service, college, then workforce. This view has persisted since the World War II era when service members returned from service to use the GI Bill to earn a college degree and enter the workforce. However, our research has found veterans' educational journeys are more diverse than ever before due to more options to serve and greater accessibility of college courses.

A second key finding was discovered within these journeys. Service members are exposed to implicit messaging that they are not college material and thereby discouraged from considering a college education after service. This implicit messaging sometimes starts with high school guidance counselors and is reinforced throughout military service. It is often not until after they have separated and hear about other veterans succeeding in college that veterans realize their potential and enroll.

Finally, examining the transition from school to the workforce, the Life Cycle Atlas Project finds that student veterans are not utilizing the variety of career preparation opportunities available to them, such as internships and externships. This puts student veterans at a disadvantage in a system established to serve traditional student groups who have taken advantage of these career preparation opportunities. The deficit is not because of a lack of awareness or willingness to seize these opportunities, but because of the financial responsibilities weighing on student veterans.

SVA's research on student veteran demographics further illuminates their continued status as post-traditional students.[6] In looking at over a decade of responses to the annual SVA Census, right around eighty-five percent of student veterans using the GI Bill are prior enlisted, while the remaining fourteen percent are prior warrant and commissioned officers. Ninety-three percent are over the age of twenty-five, with the largest majority between twenty-five and thirty-five. Over half are married, and over half have children, while around twenty percent are single parents. Between seventy and seventy-five percent of student veterans demonstrate the need to work while enrolled in school, and this need varies by race, ethnicity, and gender.

In terms of school and degree choice, a vast majority of student veterans attend a public or non-profit institution.[7] Student veterans are using their GI Bill to earn degrees in this order: first, bachelor's degrees, then master's degrees, followed by associate degrees, and finally terminal degrees, such as a PhD, JD, MD, etc.[8]

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content/uploads/2020/08/NVEST-Report_FINAL.pdf.

[4] *See generally Research*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/ (last visited Feb. 24, 2021).

[5] *See generally Life Cycle Atlas*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/life-cycle-atlas/ (last visited February 15, 2021).

[6] Kinch, A.& Wooten, M. Student Veteran Census Survey 2011-2023. Student Veterans of America, Washington, D.C. (on file with authors).

[7] *Id.* at 8.

[8] Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic

While the national grade point average (GPA) for undergraduate college students is a respectable 3.15, the GPA for student veterans is 3.35. Student veterans are out-graduating nearly all other students achieving a success rate of seventy-two percent compared to the national average of sixty-six percent. Additionally, NVEST data and a report recently published by the American Institutes of Research[9] demonstrate that student veterans have a substantially higher graduation rate when compared to other adult students who are comparable peers.[10]

GI Bill benefits have helped nearly two million veterans to complete college.[11] SVA projects the Post-9/11 GI Bill will support approximately one-hundred thousand veterans graduating every year, with an overwhelming majority graduating from premier schools. That is 100,000 new doctors, accountants, scientists, financial analysts, nurses, social workers, lawyers, cybersecurity engineers, and teachers, or enough to fill the largest college football stadium in America, every single year, and as we recognize March as Woman's History Month, we note that thirty-four percent are women.[12]

However, despite decades of hard work, SVA has come to realize that all of what we know of student veteran success is based on measures designed for first-time-in-college students, or traditional students. Our research team is at work to redefine the question. Instead of asking about graduation in terms of four- and six-year rates, SVA is exploring the patterns of enrollment, pre-, during-, and post-military service. By understanding how veterans have engaged in higher education, the nation can truly understand their outcomes and impacts to the nation's economy.

Identified within each exploration, SVA has discovered that military service comes at a cost to the individual. These opportunity gaps come in losses in potential career progression, where veterans are less likely to progress to an executive position,[13] losses in potential wealth accumulation, where, when conservatively estimating retirement savings, veterans may have to work an additional seven years to close the wealth gap[14] despite higher earnings,[15] and higher indicators of social poverty,[16] a correlate with mental health outcomes.

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Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

[9] Walton Radford, A., Bailey, P., Bloomfield, A., Webster Jr., B.H., Park, H.C. (2024). A First Look at Post-9/11 GI Bill-Eligible Enlisted Veterans' Outcomes. AMERICAN INSTITUTES FOR RESEARCH. https://www.air.org/sites/default/files/2024-02/First-Look-Post-9-11-GI-Bill-Outcomes-Enlisted-Veterans-February-2024.pdf

[10] *Id.*Walton Radford, A., Bailey, P., Bloomfield, A., Webster Jr., B.H., Park, H.C. (2024). A First Look at Post-9/11 GI Bill-Eligible Enlisted Veterans' Outcomes. AMERICAN INSTITUTES FOR RESEARCH. https://www.air.org/sites/default/files/2024-02/First-Look-Post-9-11-GI-Bill-Outcomes-Enlisted-Veterans-February-2024.pdf

[11] LYNN MILAN, NATIONAL CENTER FOR SCIENCE AND ENGINEER STATISTICS, INFO BRIEF: CHARACTERISTICS OF COLLEGE GRADUATES, WITH A FOCUS ON VETERANS 5 (Oct. 2018), https://www.nsf.gov/statistics/2019/nsf19300/nsf19300.pdf (showing 3,625,00 veterans had graduated college as of 2017, with more than 50 percent using GI Bill assistance).

[12] *See* Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf; Kinch, A. Student Veteran Census Survey 2022. Student Veterans of America, Washington, D.C. (on file with author).

[13] See LinkedIn. Veteran Opportunity Report (November 2023). LINKEDIN https://socialimpact.linkedin.com/content/dam/me/linkedinforgood/en-us/veteran-report-2023/veterans-opportunity-report-2023.pdf

[14] *Preliminary findings in* Kinch, A., Wooten, M. (forthcoming) An assessment of potential opportunity cost of military service: The Veteran Wealth Gap. STUDENT VETERANS OF AMERICA.

[15] *Student Veterans: A Valuable Asset to Higher Education*, INSTITUTE FOR VETERANS AND MILITARY FAMILIES AND STUDENT VETERANS OF AMERICA (2017), https://studentveterans.org/wp-content/uploads/2020/08/Student-Veterans_Valuable_9.8.17_NEW.pdf.

[16] *Preliminary findings in* Kinch, A., Wooten, M. (forthcoming) Understanding social poverty in student veterans. STUDENT VETERANS OF AMERICA.

When looking at income, veterans with degrees out-earn their civilian peers who have never served. Veterans with a bachelor's degree earn $84,255 annually compared to $67,232 annually for those who have never served, and at the advanced degree level the difference is even higher, veterans with advanced degrees earn $129,082 annually compared to $99,734 annually.[17]

Finally, after a successful pilot study, SVA is exploring the unmet needs of student veterans through the delivery of a basic needs survey, comprising physical needs, financial support needs, and social needs. Through this study, SVA hopes to identify core resources and interventions that will serve to better the experience, increase the successes, and bolster outcomes for this talented group of veterans.

The GI Bill is creating an ever-growing network of successful veterans who are going to run businesses, invent new technologies, teach young minds, and lead in their communities, which is why we need to bolster empowering policies and programs that best support student veteran success to, through, and beyond higher education. Quality data is key to these efforts. We encourage these Committees to take advantage of the full breadth of SVA's research as they endeavor to craft policies that will serve current and future generations of student veterans.

**Diversity, Equity, and Inclusion**

SVA has long advocated for the creation of inclusive spaces, not only among its chapter membership, but also on campuses across the nation. We realized the platform we stood upon in the summer of 2020, following the murder of George Floyd, when chapter leaders came to us asking what they could do to support their Black and Brown chapter members and classmates. Since then, we've partnered with the Rutgers Center for Minority Serving Institutions on a first-of-its-kind collaboration that helped SVA collect more data and hear more voices that informed our policy work on Capitol Hill.

SVA also created a senior fellow position to oversee the diversity, equity, and inclusion (DEI) initiatives at our national headquarters, which has included leading our Racial Justice Task Force. The goal of the task force is to expand representation and inclusion of communities of color across SVA's operations including chapter membership, organizational programming, and advocacy. Since her hiring, SVA's senior fellow of DEI has mobilized the task force to create materials of inclusion for chapters, to help chapters navigate anti-DEI legislation that impacts their own veteran spaces, as well as spaces for other identities, and has influenced programming aimed an expanding the inclusiveness on campuses, both within the chapters and for student veterans.

Last, but not least, SVA began its Visibility Exchange program, visiting college campuses and having the hard conversations about what it means to be inclusive. Through this program, SVA is ensuring that Black, Indigenous, and People of Color student veterans and service members, as well as their families, feel that same sense of belonging that SVA chapters bring, and that their contributions to higher education are at the forefront of conversations about diversity, equity, and inclusion. Representation is imperative where diversity, equity, and inclusion are a goal, and SVA sees this program as an opportunity to build community and create space that is more representative of our nation rather than focus only on the groups that have historically dominated spaces in higher education.

In addition, these visits serve to engage university leadership in their own offices to discuss all that student veterans bring to campus and to the classroom so that these leaders understand the assets that are applying to and graduating from their institutions every semester. We hope the Visibility Exchange program continues the discussions that help reframe the national conversation around inclusion and representation in higher education. We invite everyone here today to engage with SVA's diversity, equity, and inclusion efforts, to take part in these meaningful dialogues, and allow these experiences to inform and reshape how we think about our legislative priorities going forward.

[17] *Id. at 15.*

**Priorities Overview**

SVA remains steadfast in our dedication to advocating for the needs of student veterans and elevating their voices on Capitol Hill. In this testimony, we will highlight our top policy priorities for 2024 and beyond, most of which originate from direct interactions with students during the SVA Regional Summits, Leadership Institute, Washington Week, and National Conference. Our policy priorities are also informed by industry research from our partners at public and private organizations as well as our own research conducted on behalf of our members and chapters. Our priorities fall into the following five categories.

- VA Modernization
- GI Bill Improvements
- Post-Traditional Student Success
- Strengthening Higher Education
- Transparency and Accountability

SVA is committed to the next phase of thinking about the GI Bill, elevating the voices of student veterans, and better addressing their everyday needs. With the collective input of student veterans provided during SVA programming throughout the last year, we have finalized our legislative priorities, which are shared in detail in the sections that follow and in a brief summary available to all Committee Members, student veterans, and interested advocates.

**Top Priorities**

1. *Monitor VA's ongoing efforts to modernize IT and communications systems, closely tracking the rollout of initiatives like the Digital GI Bill with a sharp focus on how these upgrades affect GI Bill users navigating their studies.*

First and foremost, from within our priorities focused on VA modernization, SVA is committed to being an ally of the VA in its efforts to modernize its systems as an improvement to both customer service and user experience for the veterans who use the GI Bill to earn a degree or credential to improve the economic opportunity for their future. Typically, using the GI Bill is one of the first interactions a newly transitioned veteran will have with VA in the universe of post-service benefits and programs.[18] This means a seamless GI Bill process is key to establishing trust and confidence in the agency with every veteran they serve.

In turn, SVA has been a vocal supporter of a full-scale IT modernization effort at VA for some time.[19] To meet the needs of our veterans, VA Education Service platforms must become a system that can adapt and change with the evolving landscape of higher education. This modernization effort is already underway thanks to the steps Congress took to provide VA with the funds needed to start this process.[20] We appreciate VA's prompt efforts to begin implementing these changes. Still, the project is ongoing, and we will continue to call on Congress to provide the necessary funds to complete the task. In addition, strong oversight of this years-long process must be

[18] *See generally Journeys of Veterans Map*, U.S. DEPARTMENT OF VETERANS AFFAIRS, Journeys of Veterans Map. https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf; (last visited Feb. 25, 2021); VA Welcome Kit, DEPARTMENT OF VETERANS AFFAIRS, VA Welcome Kit (Nov. 12, 2020) https://www.va.gov/welcome-kit.

[19] *See generally* STUDENT VETERANS OF AMERICA, TESTIMONY BEFORE THE SUBCOMMITTEE ON ECONOMIC OPPORTUNITY AND TECHNOLOGY MODERNIZATION OF THE H. COMM. ON VETERANS' AFFAIRS ON MOVING BEYOND PATCHWORK SYSTEMS: THE FUTURE OF EDUCATION SERVICES IT, 116th Cong. (Sept. 16, 2020), *available at* https://studentveterans.org/wp-content/uploads/2020/09/HVAC-EO_-IT_Testimony_Sept16_2020.pdf; STUDENT VETERANS OF AMERICA, TESTIMONY BEFORE THE H. AND S. COMMS. ON VETERANS' AFFAIRS ON LEGISLATION PRIORITIES OF 2020, 116th Cong. 6 (March 3, 2020), *available at* https://www.veterans.senate.gov/imo/media/doc/03.03.2020%20-%20SVA%20Testimony.pdf; STUDENT VETERANS OF AMERICA, TESTIMONY BEFORE THE H. AND S. COMMS. ON VETERANS' AFFAIRS ON LEGISLATIVE PRIORITIES OF 2019, 116th Cong. 7 (March 7, 2019), *available at* https://www.veterans.senate.gov/imo/media/doc/5%20-%20SVA%20Testimony%2003.07.19.pdf.

[20] Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, Div. J, Title V, § 515.

maintained as student veterans cannot afford for it to falter.

SVA recommends taking full advantage of the ongoing modernization effort at VA and establishing pre-emptive, automatic qualification to transferring service members and electronic Certificate of Eligibility (COE) disbursal. This is one of the most obvious and impactful ways to turn the modernization effort into a reality for our veterans. Streamlining the qualification process and automating the issuance of COE reduces bureaucratic hurdles for transitioning service members. It ensures they can access their benefits promptly and without unnecessary delays, allowing them to make timely decisions regarding their education and other opportunities. Simplifying the process encourages more veterans to take advantage of their earned benefits under the GI Bill. This maximizes the impact of the modernization effort by ensuring that as many eligible beneficiaries as possible have access to it.

SVA encourages the VA to consider the impacts that the implementation of modernization efforts has on GI Bill users. Specifically, GI Bill users rely on timely access to their education benefits to pursue their academic goals. Disruptions or delays in accessing these benefits due to modernization efforts could directly affect veterans' ability to enroll in classes, pay tuition, and cover living expenses. Further, the stress and uncertainty caused by changes to benefit delivery processes can impact the mental and emotional well-being of veterans. By considering the needs and concerns of GI Bill users during modernization, the VA can mitigate potential negative effects on veterans' overall well-being.

SVA looks forward to working with committee members and officials at VA to ensure this modernization effort is successful. The educational experiences of current and future generations of student veterans depend on it.

2. *Comprehensively review and update Monthly Housing Allowance (MHA) calculations to address gaps and disparities such as those related to Veteran Readiness & Employment (VR&E), break pay, overseas institutions, and online instruction.*

Prompted by student veteran voices, this policy priority from with the GI Bill improvement section advocates for legislatively updating the Monthly Housing Allowance (MHA) to account for factors such as Veteran Readiness & Employment (VR&E), break pay, overseas institutions, and online instruction. These updates are crucial to ensuring that student veterans have the financial support they need to pursue their education without undue financial strain, especially given the unique challenges they may face as non-traditional students balancing military service with academic pursuits. Several factors necessitate urgent legislative action to modernize the MHA.

It is worth noting that DOD has implemented emergency BAH rate corrections for the last two years to address the "financial burden of rising housing costs facing Service members" and circumstances making "it especially challenging for Service members and their families in the affected [areas] to find affordable housing…"[21] Data also show that more than a quarter of student veterans take out student loans, with 58 percent doing so to cover living expenses and the most common being housing costs.[22] Whether it be the lower subsistence rates for VR&E compared to Post-9/11 MHA, the lack of payment for periods between academic terms, the flat rate for overseas learners, or inequities in distance learners' MHA, students have raised concerns about the efficacy of MHA broadly and its disconnect from the needs of today's students. SVA believes it is time to review certain fundamental assumptions underlying MHA.

The inclusion of factors such as Veteran Readiness & Employment (VR&E), break pay, and online instruction is

[21] Press Release, Department of Defense, DoD Authorizes a Temporary Increase to 2021 Basic Allowance for Housing Rates for Certain Locations (Sept. 24, 2021), https://www.defense.gov/News/Releases/Release/Article/2788871/dod-authorizes-a-temporary-increase-to-2021-basic-allowance-for-housing-rates-fl/; *DoD Authorizes an Automatic Increase to 2022 BAH Rates for Certain Locations*, DEPARTMENT OF DEFENSE (Sept. 22, 2022), https://www.travel.dod.mil/About/News/Article/Article/3167951/dod-authorizes-an-automatic-increase-to-2022-bah-rates-for-certain-locations/.

[22] Phillip Oliff, Scott Brees & Richa Bhattarai, *Why Veterans with GI Bill Benefits Still Take Out Student Loans*, PEW (Jan. 7, 2022), https://www.pewtrusts.org/en/research-and-analysis/articles/2022/01/07/why-veterans-with-gi-bill-benefits-still-take-out-student-loans,

essential for accurately reflecting the full cost of living for student veterans. We encourage Congress to consider the following recommendations to ensure MHA meets the needs of today's student veterans.

*VR&E subsistence rates*. For years, student veterans have shared concerns about affording basic necessities while pursuing their VR&E individualized training and education plans, concerns echoed in a 2014 Government Accountability Office (GAO) report which found that veterans may discontinue their plans before completion due to financial pressures.[23] This issue exists primarily due to VR&E having two different subsistence rates: the internal VR&E subsistence rate and the much higher Post-9/11 MHA rate.

The standard VR&E rate is substantially lower than the Post-9/11 MHA rate and based on several factors, such as rate of attendance, number of dependents, and training type.[24] The maximum rate possible under this model requires a student to have two dependents and scarcely reaches the national average MHA under Ch. 33. Raising the VR&E subsistence rate to the Post-9/11 MHA rate reduces bureaucracy, eliminates confusion, encourages program utilization, and ensures greater fairness in benefits for veterans with service-connected disabilities.

*Break pay.* Break pay provisions are crucial for addressing financial gaps that arise during academic breaks, such as summer recess or holiday periods. Many student veterans rely on housing allowances to cover living expenses during these breaks, but current MHA policies may not adequately address these periods of non-enrollment. The Post-9/11 Veterans Educational Assistance Improvements Act of 2010 removed interval pay, otherwise known as break pay, from the GI Bill. Reinstating break pay is one of the top policy recommendations shared by student veterans.

We understand there are significant cost considerations when it comes to break pay, but it is important to remember that student veterans are post-traditional, meaning they are pursuing education without parity in the support structure many traditional students use during school breaks. We continue to hear from student veterans throughout the year about the financial difficulties that occur between terms. SVA asks that Congress explore options to provide relief to our student veterans in a way that is both consistent with the intent of the law and fiscally responsible. Updating the MHA to include break pay ensures continuous financial support for student veterans throughout the academic year, reducing the risk of financial instability during periods of transition between semesters.

*Overseas rates.* Recognizing the unique circumstances of student veterans attending overseas institutions is essential for promoting access to higher education opportunities abroad. Many student veterans choose to pursue academic programs offered by international institutions, either through study abroad programs or distance learning options. We have also heard from students about the overseas MHA rate, recently changed to the U.S. national average, not being adequate for their training locale. However, existing MHA policies may not accurately reflect the cost of living in foreign countries, or the additional expenses associated with studying abroad.

By updating the MHA to account for overseas institutions, Congress can facilitate greater educational mobility for student veterans and promote global engagement through higher education. We recommend these Committees review ways to either more appropriately match the MHA rate with overseas locations, or simply use the relevant DOD Overseas Housing Allowance (OHA) rate or national average, whichever is greater. VA already uses DOD's BAH rates to determine MHA rates for domestic students and OHA rates for those in U.S. territories. We believe using the OHA rate for overseas GI Bill students is a common-sense solution that provides a more equitable housing rate and establishes consistency in the

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[23] U.S. GOVERNMENT ACCOUNTABILITY OFFICE, VA VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM – FURTHER PROGRAM MANAGEMENT IMPROVEMENTS ARE NEEDED 6 (Feb. 27, 2014), available at https://www.gao.gov/products/gao-14-61.

[24] *Veteran Readiness and Employment (VR&E) Subsistence Allowance Rates*, U.S. DEPARTMENT OF VETERANS AFFAIRS (Sept. 29, 2021), https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp.

methods VA uses to establish those rates.

*Distance learner rates.* Many student veterans opt for online degree programs to accommodate their military obligations or family responsibilities or have been shifted into online courses by their institution, post-pandemic, but current MHA rates may not adequately account for the cost of living in their respective locations. By adjusting the MHA to reflect the unique needs of online learners, Congress can ensure that student veterans receive equitable financial support regardless of their mode of instruction.

SVA supports H.R. 5702, *the Expanding Access for Online Veteran Students Act*, which would increase the online Monthly Housing Allowance (MHA) rate to the full national average for GI Bill students enrolled fully online during the summer. While SVA would have preferred full parity between local in-person and the online rates, we recognize that this bill will nevertheless have a substantially positive financial impact on VA education beneficiaries enrolled online over the summer by helping them cover a far greater percentage of their housing cost.

We thank the House Veteran Affairs Committee – Economic Opportunity Subcommittee staff for their work on this legislation, and we applaud the leadership of Representatives Ciscomani, Stanton, Stansbury, and Van Orden in introducing this forward-thinking legislative proposal. For years, online GI Bill students have received only half the national average in MHA. This is despite the GI Bill paying tuition and fees similarly for both in-person and online students. Due to the steadily increasing number of online courses at many institutions, including flagship colleges and universities, we now see this disparity, paradoxically, even impacting otherwise in-person students.

*Lag in BAH rate revisions and updates translating to MHA.* Student veterans do not see updates to their MHA reflective of changes to underlying BAH rates until August of every year. This issue was brought to our attention by student veterans at the Massachusetts Institute of Technology, an institution located in an area for which DOD had sanctioned a temporary BAH increase in 2022. As noted above, DOD has implemented temporary BAH increases for the past two years to address the fact that rates weren't keeping pace with the cost of living in certain areas. DOD also implements new standard rates every January. Statute requires MHA rates be updated every August, but that means there is a period of several months where student veterans are receiving what is, by that time, an outdated housing allowance.[25] SVA believes this lag time is wholly unnecessary and that it negatively impacts student veterans' ability to pay for housing. We ask that Congress eliminate the gap period by requiring MHA rates to be updated immediately upon DOD implementation, whether on a temporary or standard basis.

We thank the Committees for considering the various buckets of MHA reform that are needed to ensure the benefit appropriately and adequately addresses the needs of today's student veterans to pursue higher education without facing undue financial strain. By addressing factors such as VR&E participation, break pay, overseas institutions, and online instruction, Congress can promote equity, accessibility, and opportunity for those who have served our country in uniform. Failure to act risks undermining the educational aspirations and economic well-being of our nation's veterans, with far-reaching consequences for individuals, families, and communities across the country.

3. *Ensure National Guard and Reserve parity of benefits and expand protections against administrative issues that create barriers to degree completion.*

Also from our GI Bill improvements policy priorities section, SVA advocates for improvements to the GI Bill to ensure that all veterans, including members of the National Guard and Reserves, receive equitable education benefits. This includes addressing disparities in benefits for those on active duty versus those serving in Guard and Reserve components. Regardless of when and where, those who made the decision to raise their right hand

[25] *See* 38 U.S.C § 3313(i) (requiring that "[a]ny monthly housing stipend payable under this section during the academic year beginning on *August 1* of a calendar year shall be determined utilizing rates for basic allowances for housing payable under section 403 of title 37 in effect as of January 1 of such calendar year.") (emphasis added).

and swear to defend the constitution deserve equity in benefits. Firstly, National Guard and Reserve members play a vital role in our nation's defense. They often serve alongside active-duty servicemembers and are subject to the same risks and sacrifices. Many National Guard and Reserve members are deployed to combat zones or participate in other high-risk missions, just like their active-duty counterparts. Therefore, denying them equitable education benefits undermines the principle of equity for those who serve our country.

National Guard and Reserve members face unique challenges when pursuing higher education due to the nature of their service. Unlike active duty servicemembers who may have more predictable schedules and access to on-base resources, National Guard and Reserve members typically balance their military obligations with civilian careers and family responsibilities. This dual commitment can make it difficult for them to attend classes, complete assignments, or participate in extracurricular activities. Equitable education benefits can help alleviate some of the financial burdens associated with pursuing higher education, making it more feasible for National Guard and Reserve members to balance their military service with academic pursuits. Additionally, we urge Congress to expand protections for National Guard and Reserve members who face challenges balancing their military obligations with their studies, and to address administrative burdens that negatively impact student veterans, such as inefficiencies in VA education policies. Many student veterans juggle their military responsibilities with coursework and exams, and it is essential that they receive adequate support to succeed academically while serving their country.

Maintaining a disparity in education benefits between National Guard/Reserve and active-duty servicemembers and the inequities in policies can have detrimental effects on morale and retention within the Component. If National Guard and Reserve members perceive that they are being unfairly treated compared to their active-duty counterparts, they may become disillusioned with military service and choose to leave the Component altogether. This could weaken our nation's overall military readiness and diminish the pool of highly trained and experienced personnel available to respond to national security threats. Additionally, denying equitable education benefits to National Guard and Reserve members can perpetuate socioeconomic disparities within the military community. Many National Guard and Reserve members come from diverse socioeconomic backgrounds and may rely on education benefits to improve their economic prospects and provide for their families. By denying them access to the same level of education benefits as active duty servicemembers, we risk widening the gap between those who can afford higher education and those who cannot, exacerbating inequality within the military community. Ensuring equitable education benefits for National Guard and Reserve members is not only a matter of equity but also essential for maintaining morale, retention, and military readiness. Denying them these benefits can have detrimental effects on individual servicemembers, their families, and the overall effectiveness of our Armed Forces. Therefore, it is imperative that Congress takes action to address and rectify any disparities in education benefits between National Guard/Reserve and active duty servicemembers.

SVA would like to recognize efforts from the 17th Congress to address this issue, and, specifically, Representative Levin's H.R. 1836, *the Guard and Reserve Parity Act of 2021*. We thank Chairman Levin of the HVAC EO Subcommittee for his tireless work to make every day in uniform count the same for everyone who wears it. SVA continues to work with members and committee staff to refine bill language to reintroduce. We encourage these Committees to pass legislation that finally brings parity to benefits for members of the Guard and Reserve who undertake the same duties and risks as their active-duty counterparts.

SVA encourages Congress to work in tandem with ED, VA, and DOD to explore other ways to provide student service members with additional protections and flexibility so military duty does not negatively impact academic progress. We look forward to working with these committees and others to reduce the friction that can be caused by military activations for members of the National Guard and Reserve in higher education.

*4. Better integrate and support VA healthcare on campuses, particularly through the VA VITAL program.*

A recent report from the Government Accountability Office (GAO)[26] inspired this top policy priority from the post-traditional student support section and reinforced what student veterans have demonstrated to us, that student

[26] See VA Health Care: Opportunities Exist to Further Meet Student Veterans' Mental Health Needs. (2024). GOVERNMENT ACCOUNTABILITY OFFICE. GAO-24-106620 https://www.gao.gov/products/gao-24-106620

veterans are more inclined than other veterans to seek mental healthcare services. A recommendation from the report suggested that the VA make mental healthcare options more readily available to student veterans. We agree vehemently, as Congress should prioritize efforts to better integrate and support VA healthcare on campuses, particularly through initiatives such as the VA VITAL program, for several reasons.

Many student veterans rely on VA healthcare services for their medical needs, including physical and mental health care related to their military service. Student veterans have often noted that institutional support in these facets have not been appropriate for post-traditional students. Integrating VA healthcare on campuses ensures that student veterans have convenient access to comprehensive healthcare services without having to navigate complex and potentially inaccessible healthcare systems off-campus. This can lead to improved health outcomes, better management of chronic conditions, and enhanced overall well-being among student veterans. Primarily, the VA VITAL program aims to establish partnerships between the Department of Veterans Affairs (VA) and academic institutions to expand access to VA healthcare services on college campuses. By leveraging existing infrastructure and resources within academic settings, the VA VITAL program can enhance the accessibility and availability of healthcare services for student veterans, including primary care, mental health services, and specialized care for service-related disabilities. This integrated approach to healthcare delivery promotes continuity of care, facilitates collaboration between VA providers and campus health professionals, and ensures that student veterans receive comprehensive and coordinated care tailored to their unique needs.

Better integrating and supporting VA healthcare on campuses can contribute to the overall success and retention of student veterans in higher education. Access to timely and accessible healthcare services can alleviate barriers to academic success, such as untreated medical conditions, mental health challenges, and disabilities. By addressing these health-related barriers, student veterans can more effectively focus on their academic pursuits, engage in campus life, and achieve their educational goals. Additionally, integrating VA healthcare on campuses can foster a culture of support and inclusion for student veterans within the academic community. By providing on-campus healthcare services through VA VITAL specifically tailored to the needs of student veterans, colleges and universities demonstrate their commitment to supporting the health and well-being of this population. This, in turn, can enhance the sense of belonging and connectedness among student veterans, promote peer support networks, and facilitate their successful transition to civilian life.

To fully realize VA's commitment to treating the whole health of veterans, we call on Congress to prioritize efforts to better integrate and support VA healthcare on campuses, particularly through initiatives like the VA VITAL program, to ensure that student veterans have access to the healthcare services they need to thrive in higher education and beyond. By improving access, coordination, and collaboration between VA healthcare providers and academic institutions, policymakers can enhance the health, well-being, and success of student veterans in college and beyond.

5. *Explore ways to modernize federal student financial aid to account for the unique circumstances of student veterans, military connected students, their families and caregivers-- transitioning service members.*

SVA has heard from transitioning veterans that say their federal financial aid packages do not reflect their true economic circumstances, prompting SVA to include this as a top priority from our post-traditional student success category. Modernizing federal student financial aid to accommodate transitioning service members is critical for ensuring fair access to higher education. The current FAFSA system, tailored for traditional students, often fails to accurately assess the financial status of transitioning service members. One major issue lies in the calculation of the expected family contribution (EFC), which may not reflect the actual financial situation of service members transitioning from active duty. Adjusting the EFC calculation formula to exclude certain military benefits and allowances or developing alternative methodologies for income assessment is vital. Additionally, implementing flexible documentation requirements, such as accepting military separation paperwork, can streamline the application process and accurately assess the financial needs of transitioning service members.

Moreover, establishing dedicated support services within federal student aid offices can provide personalized guidance to transitioning service members throughout the application process. Trained counselors can help navigate the complexities of the FAFSA, explore available aid options, and advocate for their unique needs.

Increasing awareness through targeted outreach efforts in collaboration with military transition assistance programs and veterans' organizations is crucial for informing transitioning service members about available financial aid opportunities and support services. By modernizing federal student financial aid to address the specific circumstances of transitioning service members, policymakers can ensure equitable access to education, supporting their successful transition to civilian life and integration into the workforce.

We ask the Committees to explore ways in which VA may be able to partner with the Department of Education to automatically identify recently transitioned veterans and provide them with the option to have their financial aid award reevaluated based on a change in financial circumstances. There is an existing process called professional judgment, which could be leveraged for this very purpose. SVA believes that through inter-departmental collaboration, there may be ways to automatically notify recently transitioned veterans about the professional judgment option—one many students may not be familiar with and that takes individual action to initiate.[27] This is just one example of how this issue could be addressed. SVA is eager to work with these Committees to explore solutions to this issue.

6. *Understand these multifaceted dimensions of economic outlook disparity is crucial for informing policies and interventions aimed at fostering economic equity and opportunity for veterans as they transition to civilian life.*

SVA is currently investigating the significant potential for veterans, even those with higher education degrees, to experience disparities in their economic outlook when compared to their civilian peers, prompting this to be included in our top priority efforts from the transparency and accountability section.[28] Amongst conservative estimates between veterans and nonveterans with bachelor's degrees, the gap in wealth experienced by veterans can reach 41 percent, as measured by retirement savings.[29] To achieve parity, veterans would have to work for an additional 7 years. These disparities highlight the unique challenges faced by veterans in achieving economic stability and prosperity. One significant aspect of the veteran wealth gap is the variance in employment opportunities. Veterans may encounter obstacles such as employer perceptions, difficulties in transferring military skills to civilian jobs, and gaps in civilian work experience.[30] These challenges can limit veterans' access to certain industries or occupations with limited prospects for career advancement,[31] hindering their ability to secure meaningful employment and achieve financial security.

Additionally, while veterans earn more on average than non-veterans,[32] there are still disparities in economic potential. Despite their higher earnings, veterans may face barriers to wealth accumulation, such as limited access to financial resources like inheritances or family wealth. This disparity in wealth accumulation can lead to divergent economic trajectories, with non-veterans enjoying greater opportunities for investments,

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[27] *See generally What is professional judgement?*, FEDERAL STUDENT AID, https://studentaid.gov/help-center/answers/article/what-is-professional-judgment (last accessed Feb. 16, 2023).

[28] Fitzgerald, K. G. (2006). The Effect of Military Service on Wealth Accumulation. Research on Aging, 28(1), 56-83. https://doi.org/10.1177/0164027505281574

[29] *Preliminary findings in* Kinch, A., Wooten, M. (forthcoming) An assessment of potential opportunity cost of military service: The Veteran Wealth Gap. STUDENT VETERANS OF AMERICA.

[30] Keeling, M., Kintzle, S., & Castro, C. A. (2018). Exploring U.S. Veterans' post-service employment experiences. Military Psychology, 30(1), 63–69. https://doi.org/10.1080/08995605.2017.1420976

[31] See LinkedIn. Veteran Opportunity Report (November 2023). LINKEDIN showing that veterans are less likely to attain executive-level positions due to their service. https://socialimpact.linkedin.com/content/dam/me/linkedinforgood/en-us/veteran-report-2023/veterans-opportunity-report-2023.pdf

[32] Gumber, C., & Vespa, J. (2020). The employment, earnings, and occupations of post-9/11 veterans. US Department of Commerce, US Census Bureau.

homeownership, and retirement savings, while veterans struggle to build long-term financial security. Veterans are often more vulnerable to economic downturns, layoffs, or unexpected expenses due to factors such as service-related disabilities or challenges transitioning to civilian life.[33] These financial vulnerabilities can exacerbate the economic divide between veterans and non-veterans, further widening the wealth gap. Differences in access to benefits and support services compound the economic disparities faced by veterans. Veterans navigate a complex system of entitlements, which may not adequately address their needs or provide sufficient support for economic stability. In contrast, non-veterans may have broader access to social safety net programs, offering them greater financial security and stability.

Finally, the prospect of a wealth gap or disparities in economic outlooks for veterans may serve as a disincentive for military service. Understanding the multifaceted dimensions of these inequities for veterans is crucial for informing policies and interventions aimed at fostering economic equity and opportunity as they transition to civilian life. By addressing the systemic barriers and disparities that contribute to this disparity, we can help ensure that veterans have the support and resources they need to achieve economic success and prosperity after their military service.

## Additional Priorities

The following priorities represent the remainder of SVA's policy recommendations to the committees. While not listed amongst our top priorities, these issues continue to impact student veterans, students who are active duty or members of a National Guard or Reserve component, as well as family members, caregivers, and survivors every day. They should, therefore, be considered with the urgency deserved by the population.

### VA Modernization

SVA supports VA modernization of IT and communications as it is essential for improving efficiency, enhancing care coordination, strengthening cybersecurity, leveraging emerging technologies, and demonstrating commitment to innovation in serving veterans. By investing in modernization efforts, we can ensure that veterans receive the best possible care and support. Recall from our top priorities, SVA's advocacy to monitor VA's ongoing efforts to modernize IT and communications systems, closely tracking the rollout of initiatives like the Digital GI Bill with a sharp focus on how these upgrades affect GI Bill users navigating their studies.

7. *Expand and Improve VA Work Study to bring awareness to the program and barriers to increase pay and expand job opportunities, so they better align with student goals.*

Improving the VA Work Study program can help address the unique needs and circumstances of student veterans as they transition from military service to civilian life and higher education. Many student veterans face financial challenges, family obligations, and other responsibilities that may impact their ability to pursue traditional part-time employment opportunities. The VA Work Study program offers a flexible and supportive alternative that accommodates these needs while providing valuable experiential learning and professional development opportunities.

SVA recommends that Congress advocate for improvements to the VA Work Study program by increasing pay rates and expanding job opportunities to better align with student veterans' goals. Currently, the program offers valuable work experience and income for student veterans, but the pay rates may not adequately reflect their skills and qualifications. By raising pay rates, Congress can ensure fair compensation for student veterans' contributions, making the program more attractive and beneficial. Additionally, SVA's research shows that most student veterans who are working while in school are not in a position that aligns with their future career goals,

[33] Rolf Pendall, Brett Theodos & Kaitlin Franks (2012) Vulnerable people, precarious housing, and regional resilience: an exploratory analysis, Housing Policy Debate, 22:2, 271-296, DOI: 10.1080/10511482.2011.648208

with a majority working in food service or retail.[34] Expanding job opportunities across various departments within the VA and other eligible organizations can expose student veterans to diverse career pathways and environments that are aligned with their goals, helping them make informed decisions about their futures. By aligning work-study positions with student goals and aspirations, Congress can enhance the program's effectiveness in supporting student veterans' academic and career success, ultimately promoting their overall well-being and satisfaction with the program.

To begin addressing this disparity, the recent Isakson-Roe bill re-established the ability of students to qualify for VA Work-Study when performing veteran liaison duties for members of Congress.[35] This is a step in the right direction, and we greatly appreciate the work these Committees did to expand the program to include these opportunities, but more can be done to expand opportunities available to student veterans through the program. Congress can do more to ensure that student veterans have access to valuable work experiences, financial support, and professional development opportunities that contribute to their overall well-being and success in higher education and beyond.

While not a member of these Committees, SVA recognizes Congressman Cartwright's stellar leadership on this issue. Representative Cartwright introduced what is arguably the most comprehensive VAWS improvement legislation. H.R. 3600, *the VA Work Study Improvement Act*, which would make critical refinements to the VAWS program so it can better serve participants. It would expand the type of qualifying activities participants can pursue to better align with academic and professional goals, increase pay, modernize the time-keeping process, and require VA to report detailed information about how the program serves participants. H.R. 3601*, the Student Veteran Work Study Modernization Act.* would allow VA education beneficiaries to participate in the Department of Veterans Affairs (VA) Work Study (VAWS) program if they are enrolled on a half-time basis. According to SVA's most recent census, roughly 50 percent of respondents have children and approximately 20 percent identify as single parents.[36] For some of these individuals, enrolling at a rate that is less than ¾ time might be the best fit for them and their families, but it cuts them off from the benefits of VAWS. We applaud Congressman Cartwright for his leadership on this issue and his staff for their extensive work on these bills.

*8. Protect and restore study abroad opportunities for GI Bill and VR&E students.*

In August 2020, VA enacted a revised interpretation of 38 U.S.C. § 3680A(f), the statute underlying the approvals of study abroad programs for student veterans. These requirements restricted students' ability to attend some of the most common and popular study abroad programs available.[37] In response to these changes, SVA and NAFSA wrote a letter to Secretary McDonough asking him to reconsider these administrative changes that create obstacles to student veterans pursuing opportunities to study abroad.[38] VA's response to our letter made clear that the agency believes their revised interpretation is strictly compliant with the underlying statute and they have no room to provide relief to the affected students.[39]

While we understand VA's position as appropriate to the letter of the law, we believe this change creates unnecessary obstacles to an increasingly necessary component of many higher education programs and inequity

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[34] Kinch, A.& Wooten, M. Student Veteran Census Survey 2011-2023. Student Veterans of America, Washington, D.C. (on file with authors).
[35] Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315, Title I, Subtitle A, § 1006.

[36] DR. ABBY KINCH, STUDENT VETERANS OF AMERICA, 2022 SVA CENSUS (2023) (on file with author).

[37] Institute of International Education (IIE), "Duration of Study Abroad," Open Doors Report 2020 (New York: IIE, 2020), https://opendoorsdata.org/data/us-study-abroad/duration-of-study-abroad.

[38] Letter from NAFSA and SVA to the Honorable Denis R. McDonough, Secretary of the Department of Veterans Affairs (April 20, 2021), https://www.nafsa.org/sites/default/files/media/document/nafsa-sva-042021.pdf.

[39] Letter from Thomas J. Murphy, Acting Under Secretary of Benefits to NAFSA and SVA (June 15, 2021), https://www.nafsa.org/sites/default/files/media/document/va-nafsa-061521.pdf.

between the treatment of student veterans and Title IV students as it relates to studying abroad. SVA believes that student veterans should be given the same opportunity to study abroad and develop the skillset they need to enter a global workforce as ED provides their Title IV classmates.

In short, and as seen in our joint letter to VA:

> *"It is vital to ensure all students have access to a quality education that will prepare them for the global workforce into which they will graduate. Therefore, we urge the Department to work with relevant stakeholders in higher education and study abroad to review the current VBA guidance on the use of Post-9/11 GI Bill benefits for study abroad and to consider following a similar approach to that of the U.S. Department of Education's Title IV Federal Student Aid program, which allows the use of these funds for study abroad programs that award academic credit."*[40]

Thankfully, these Committees stewarded critical legislation that passed as part of the *Veterans Auto and Education Improvement Act of 2022*, which provides a five-year grace period allowing additional study abroad programs to be approved for VA education benefits subject to certain requirements. SVA is grateful for the Committees' work on this issue.

We look forward to working with the Committees to ensure timely and effective implementation of the study abroad approval provision.

9. *Prioritize the successful transition of servicemembers into civilian life through VA-led programs and services, to include the Transition Assistance Program (TAP), that close the economic opportunity gaps caused by military service with elevated structural focus from VA administration.*

In December of 2022, the GAO reported failures in the DOD implementation of the National Defense Authorization Act for Fiscal Year 2019 (FY 2019 NDAA) required improvements to the Transition Assistance Program, citing critical failures for those most in need of the program's services.[41] Almost six months later, the office published a supporting report further outlining the need for improvements to TAP, under the DOD.[42]

A successful implementation of TAP is crucial because, simply, TAP helps servicemembers transition from military service to civilian life smoothly by providing them with the necessary tools, resources, and information to navigate the process effectively. Where enlistees are required to participate in 8-to-13-week transition programs preparing them for military service through the branches' Basic Military Training, [43] the TAP requirements to transition out of the military must be managed as rigorously.

TAP provides information about educational opportunities and training programs available to servicemembers, including how to use their GI Bill benefits for higher education or vocational training. This empowers servicemembers to pursue further education or training that can enhance their career prospects in the civilian workforce. Arguably, this key service included in the TAP program has not been implemented with the impetus that SVA feels is required for 21st century veterans.

Moreover, TAP ensures that servicemembers are aware of the benefits and support services available to them as

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[40] Letter from NAFSA and SVA to the Honorable Denis R. McDonough, Secretary of the Department of Veterans Affairs (April 20, 2021), https://www.nafsa.org/sites/default/files/media/document/nafsa-sva-042021.pdf.

[41] GAO. (December 2022). Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways. GOVERNMENT ACCOUNTABILITY OFFICE. GAO-23-104538 https://www.gao.gov/products/gao-23-104538

[42] GAO. (May 2023). Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways. GOVERNMENT ACCOUNTABILITY OFFICE. GAO-23-106793 https://www.gao.gov/products/gao-23-106793

[43] Broadhurst, L., McNeill, K. M., Hendrix, R. M., Wright, J., & May, L. (2003). The basic training environment. Textbook of Military Medicine, Military Preventive Medicine, Mobilization And Deployment Vol, 1.

veterans, including healthcare, disability compensation, and housing assistance. By understanding their entitlements, servicemembers can access the support they need to thrive in civilian life. Overall, TAP plays a vital role in supporting servicemembers as they transition to civilian life by providing them with the needed knowledge, skills, and resources to succeed in the next chapter of their lives.

SVA feels that TAP is best housed within the VA due to the agency's extensive experience and expertise in veterans affairs. As the primary federal agency responsible for veterans' affairs, the VA is uniquely positioned to understand the needs and challenges faced by transitioning servicemembers and veterans. With access to a wide range of resources, including funding, facilities, and personnel, the VA can offer comprehensive support to transitioning veterans, including employment assistance, education benefits, healthcare services, and more. Placing TAP within the VA ensures seamless access to VA benefits for transitioning veterans, who may also require ongoing support beyond their initial transition period. Additionally, the VA can easily integrate TAP services with other VA programs aimed at supporting veterans' transition to civilian life, providing veterans with a comprehensive and coordinated approach to transition support. Overall, the VA's expertise, resources, and commitment to serving veterans make it the ideal owner of the TAP program, ensuring that transitioning servicemembers receive the support and assistance they need to successfully transition to civilian life.

Currently, various VA programs support veterans' economic integration and transition to civilian life, including education benefits, vocational rehabilitation, job training, entrepreneurship assistance, and small business support. However, the fragmented organizational structure and lack of centralized leadership can lead to inefficiencies, duplicative efforts, and gaps in service delivery. By establishing a dedicated administration with comprehensive oversight and leadership, Congress can ensure that these programs are effectively coordinated, aligned with veterans' needs, and optimally resourced to support their economic success and well-being by not only moving the existing TAP program into alignment with these other transition supports within VA, but by additionally establishing them within an elevated structural position with focus from VA administration.

SVA thanks Representative Wenstrup and Senator Rubio for championing H.R. 3738 and S. 291, Veterans Economic Opportunity, and Transition Administration Act.

*10. Expand and improve VA VET TEC program.*

SVA advocates for the expansion of and improvement to the VA VET TEC program as an additive in the competitiveness of veterans graduating with higher education degrees. VET TEC offers veterans an opportunity to gain valuable skills and training in high-demand fields, aligning with the evolving needs of the job market.[44] By expanding the program, more veterans can access training in industries such as information technology, healthcare, and advanced manufacturing, increasing their employability and economic prospects. The program additionally provides veterans with a pathway to successful civilian careers by partnering with reputable training providers and offering rigorous, job-ready programs.

Expanding VET TEC contributes to closing the skills gap America is currently facing in key industries[45] and bolsters the nation's workforce competitiveness. As industries continue to evolve rapidly, particularly in technology and healthcare sectors, investing in veteran training through VET TEC can help address critical shortages and drive innovation in these fields. Additionally, improving VET TEC involves streamlining administrative processes, increasing funding, and enhancing outreach efforts to ensure that all eligible veterans are aware of and can access the program's benefits. This includes simplifying the application process, providing adequate support services, and promoting the program through targeted outreach campaigns.

Overall, expanding and improving the VA VET TEC program not only supports veterans in their transition to civilian careers but also strengthens the nation's economy and workforce readiness.

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[44] Dortch, C., Bradley, D. H., & Hegji, A. (2020). Direct Federal Support of Individuals Pursuing Training and Education in Non-Degree Programs. CRS Report R46306, Version 2. Congressional Research Service.

[45] *See* How to Address the Skills Gap. (2021). SOCIETY FOR HUMAN RESOURCE MANAGEMENT. https://www.shrm.org/topics-tools/tools/how-to-guides/how-to-address-skills-gap

**GI Bill Improvements**

SVA supports GI Bill improvements because it is not only a matter of fulfilling our moral obligation to support those who have served our country but also a smart investment in our nation's future prosperity and security. By enhancing the GI Bill, we can empower veterans to succeed in civilian life and continue to make valuable contributions to our communities and society. Recall from our top priorities SVA's advocacy to comprehensively review and update Monthly Housing Allowance (MHA) calculations to address gaps and disparities such as those related to Veteran Readiness & Employment (VR&E), break pay, overseas institutions, and online instruction. Recall also from our top priorities SVA's advocacy to ensure National Guard and Reserve parity of benefits and expand protections against administrative issues that create barriers to degree completion.

11. *Address concerns with VR&E processes and personnel to ensure accountability and consistency for eligible veterans.*

In 2021, VA announced a self-identified change in how it assesses eligibility for VR&E as it relates to other veterans' education benefits. In short, a veteran may use their VR&E eligibility up to a 36-month cap and then, separately, use another education benefit, such as the Post-9/11 GI Bill, up to its own 36-month cap, with a total cap of 48 months.[46] SVA would like to commend VA for identifying and changing its interpretation. This change provides a greater benefit to eligible veterans and complies with the underlying statute.

To continue this positive trend, SVA encourages more discussion around the VR&E program with VA and a focus on specific areas of concern, such as the lack of counselors, difficulty in contacting VA to determine eligibility, long timelines in the assessment process, inconsistent counselor guidance and accessibility, among others.[47]

VR&E is one of the most flexible and important programs in VA's portfolio. Indeed, in certain scenarios, it provides a vastly greater benefit than even the generous Post-9/11 GI Bill. Particularly considering the recent change to entitlement charges by VA, it is more important than ever to thoroughly review this program for obstacles, barriers, and shortfalls that prevent it from fulfilling its true potential as a benefit. We look forward to working with the Committees on the best path forward for the program.

12. *Address negative trickle-down impacts of institutional administrative burdens by reviewing VA education policies for inefficiencies and exploring ways to add more school certifying officials (SCO) on campuses.*

Over the last three years, a myriad of important requirements passed into law that govern the administration of VA education benefits. VA has worked diligently to implement these provisions. Unfortunately, in many cases, implementation has not been as timely or seamless as necessary.

SVA has heard from many school certifying officials (SCO) about the increased administrative burden resulting from these policies, which is exacerbated by a lack of timely and consistent guidance from VA. The resulting confusion and strain on SCOs' time diminishes their ability to serve student veterans at the level many hope to. Based on extensive feedback from SCOs, this appears to be an issue impacting many institutions, with the negative impacts ultimately trickling down to student veterans.

Our organization does not represent SCOs, but their concerns become ours when they relate to an SCO's ability to properly serve student veterans. We also hear from student veterans that there are not enough SCOs on their campuses to adequately address the needs of all the student veterans using benefits.[48] This overlap in feedback from SCOs and the student veterans they serve is concerning because it suggests there may be a very real

[46] *See* VBA FAQ: 48 Month Rule FAQ. DEP'T VETERANS AFFAIRS. https://www.benefits.va.gov/GIBILL/docs/48_Month_Rule_FAQs.pdf
[47] *See* VA VOCATIONAL REHABILITATION AND EMPLOYMENT Additional Assessment Could Enhance Consistency among Counselors (2019). GOVERNMENT ACCOUNTABILITY OFFICE. GAO 20-28 https://www.gao.gov/assets/gao-20-28.pdf
[48] Dudley-Miller, V., & Radel, J. (2020). Experiences and challenges of students with a military background at an academic medical center. Journal of Veterans Studies, 6(1), 112-121.

problem with VA's currently recommended ratio of one SCO to every 200 GI Bill students.

SVA encourages these Committees to review VA education benefit policies to identify redundancies and inefficiencies that can be eliminated to decrease the current administrative burden on SCOs. We also ask the committee members to explore ways to better support SCOs, including options for encouraging institutions to hire more of these professionals so our student veterans have appropriate access to their critical services and timely access to their earned benefit.

Further, by monitoring the approval processes for institutions seeking to enroll GI Bill students. The Committees are able to remain committed to properly supporting student veterans using their GI Bill to earn a degree or credential. They are additionally empowered to stay informed about trends and developments in the higher education landscape for veterans, including emerging challenges and opportunities facing veterans as they pursue their education and career goals. This enables effective responses to changing needs and circumstances, ensuring that the GI Bill program remains relevant and responsive to the evolving needs of veterans and their families.

**Post-traditional Student Success**

SVA supports post-traditional student success, particularly among veterans, as a moral imperative and a wise investment in our nation's future. By providing the necessary support and resources, we honor veterans' service, maximize the return on their education benefits, strengthen the workforce, enrich our communities, and empower individuals to achieve their aspirations. Recall from SVA's top policy priorities our recommendation to better integrate and support VA healthcare on campuses, particularly through the VA VITAL program, and to advocate for the exploration of ways to modernize federal student financial aid to account for the unique circumstances of student veterans, military connected students, their families and caregivers-- transitioning service members.

*13. Identify and establish better support for post-traditional students' basic needs, including food, shelter, and childcare.*

In December 2018, the GAO released a report on food and housing insecurity among college students.[49] After reviewing 31 separate studies, they concluded that "[n]one of these studies… constitute a representative study" of our nation's students.[50] In fact, no federal agency has assessed food and housing insecurity among postsecondary students and that will remain true until the most recent National Postsecondary Student Aid Survey (NPSAS) is completed. [51]

Other research designed to fill current gaps paints a potentially concerning picture. A 2020 survey conducted by The Hope Center found that in 2019, nearly 40 percent of student respondents reported being food insecure during the previous 30 days, more than 46 percent reported experiencing housing insecurity in the past year, and 17 percent reported being homeless during the past year.[52]

While SVA works to collect its own data through our Student Veteran Basic Needs Survey, we call on Congress to support efforts to collect additional data at the federal level on student basic needs.

Childcare needs are another pressure point for post-traditional students, including many student veterans. Increasing access to childcare is a near-universal conversation among SVA Chapters. This is no surprise given

[49] GOVERNMENT ACCOUNTABILITY OFFICE, FOOD INSECURITY: BETTER INFORMATION COULD HELP ELIGIBLE COLLEGE STUDENTS ACCESS FEDERAL FOOD ASSISTANCE BENEFITS, GAO-19-95. December (Dec. 2018.), *available at* https://www.gao.gov/assets/gao-19-95.pdf.

[50] *Id.*

[51] *Real College Survey 2020: Five Years of Evidence on Campus Basic Needs Insecurity*, THE HOPE CENTER, https://hope4college.com/wp-content/uploads/2020/02/2019_RealCollege_Survey_Report.pdf (last visited Feb. 24, 2021).

[52] *Id.*

that more than fifty percent of student veterans are parents. [53] Childcare challenges create added pressures for student veterans and other post-traditional students which can complicate academic journeys.

With childcare costs comprising about 10 percent of an average family's income, and presumably more for single parents, financial pressures can compound more quickly for student parents.[54] These pressures have predictable outcomes: twenty-four percent of students pursuing bachelor's degrees reported that they have considered stopping taking courses in the latter half of 2020 due to childcare or caregiver responsibilities.[55] This number rises to thirty-two percent for those students pursuing associate degrees.[56]

According to the Center for Community College Student Engagement (CCCSE), twenty-two percent of parent students reported a lack of childcare made it difficult for them to complete their coursework.[57] And, of those that manage to graduate, the Institute for Women's Policy Research (IWRP) reports that "[m]edian student parent debt is nearly 2.5 times higher than debt among students without children."[58]

The only federal program dedicated solely to providing childcare assistance for lower-income students in higher education is Child Care Access Means Parents in Schools, or CCAMPIS, but historical challenges with underfunding and available childcare providers, particularly in evening and weekend hours, limit its effectiveness.[59] Other federal programs that provide childcare assistance, such as the Child Care Development Block Grant (CCDBG), have more difficult eligibility rules, thus limiting their effectiveness as a support pillar for post-traditional students.

SVA recommends that Congress increase funding for CCAMPIS and build in enhanced flexibility for CCDBG applicants. We also recommend Congress investigate how they might expand or create new programs modeled off the pilot programs established for childcare at VA medical facilities.

Finally, we recommend that the members of these Committees renew their consideration of draft legislation first proposed by former VFW-SVA Fellow El'ona Kearney of The Evergreen State College as part of the VFW-SVA Legislative Fellowship. El'ona's work highlighted the lack of assistance for non-traditional childcare options, such as care from relatives and neighbors who are more likely to be available and willing to assist with childcare during off-peak times like evenings and weekends. This stipend proposal would provide at least some flexibility and assistance to student veterans, many of whom need alternative childcare options.[60]

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[53] *The 2020 SVA Census Survey: Student Veteran General Breakdowns*, STUDENT VETERANS OF AMERICA 6 (Jan. 2021), https://studentveterans.org/wp-content/uploads/2021/04/SVA-Census-2020-Report.pdf

[54] Rasheed Malik, Working Families Are Spending Big Money on Child Care, CENTER FOR AMERICAN PROGRESS (June 20, 2019), https://cdn.americanprogress.org/content/uploads/2019/06/19074131/Working-Families-SpendingBRIEF.pdf (citing U.S. CENSUS BUREAU 2014 SURVEY OF INCOME AND PROGRAM PARTICIPATION, WAVE 3 (2019)), <https://www.census.gov/programssurveys/sipp/data/datasets/2014-panel/wave-3.html (last visited Feb. 24, 2021).

[55] Gallup. *Gallup State of the Student Experience: Fall 2020 Report.* https://www.gallup.com/education/327485/state-of-the-student-experience-fall-2020.aspx.

[56] *Id.*

[57] CCCSE. The Impact of COVID-19 on Entering Students in Community Colleges. Spring 2021. https://cccse.org/sites/default/files/SENSE_COVID.pdf.

[58] Institute for Women's Policy Research. *The Student Parent Equity Imperative: Guidance for the Biden-Harris Administration.* https://iwpr.org/wp-content/uploads/2021/04/Student-Parent-Equity-Imperative_final.pdf.

[59] *See generally* TERRY BRIDGET LONG, THE HAMILTON PROJECT, HELPING WOMEN TO SUCCEED IN HIGHER EDUCATION: SUPPORTING STUDENTPARENTS WITH CHILD CARE (Oct. 2017), available at http://www.hamiltonproject.org/assets/files/higher_education_student_parents_womenLong.pdf

[60] Discussion Draft, To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to pay to certain veterans, who receive certain educational assistance furnished by the Secretary, a weekly stipend for childcare services (2021), available at

*14. Call for additional funding for VetSuccess on Campus (VSOC) locations and veteran centers.*

The VSOC program is one of the few SVA hears about that is uniformly positive**.** Despite this, over its lifetime, the program has only expanded to approximately twenty schools beyond its original ninety-or-so. This program is popular, providing tremendous help and guidance to student veterans and schools. We encourage Congress to provide adequate funding to ensure it can expand to meet the growing needs of student veterans everywhere.

On-campus student veteran centers are crucial to student veteran success. According to the results of a survey conducted by Operation College Promise, "the most beneficial campus service was a veteran center on campus especially one with a specific office/lounge where veteran students can meet, work together, and learn about veteran/military student benefits and programs."[61] This closely parallels what SVA hears directly from student veterans, many of whom often request additional support for their veteran centers. These requests for additional support are coming at a time when veteran-support services are facing reduced funding on many campuses.[62] We thank Representative Frankel and Senator Rosen for their efforts to address this issue through *The Veteran Education and Empowerment Act*, which would, among other things, reauthorize grant funding to support student veteran centers on campuses across the country.[63]

We encourage the committee to prioritize support for VSOC and campus veterans' centers.

*15. Expand access to reliable broadband internet.*

As SVA has testified before, higher education's rapid transition to online instruction in the wake of COVID-19 has made students' access to affordable and reliable broadband internet more important than ever.[64] This transition has accelerated investment in online program infrastructure at institutions around the country. As a result, we expect online learning to play an increasingly mainstream role in higher education, even well after the pandemic. It is concerning, then, that millions of Americans cannot either access or afford reliable broadband internet. Put another way, the digital divide in this country is real, and the pandemic laid bare these inequities.

SVA would like to recognize the passage of the *Infrastructure Investment and Jobs Act* which provides $65 billion to improve broadband access in rural areas and affordability in lower-income communities.[65] As part of this, the Emergency Broadband Benefit Program, which we applauded for its direct benefit to communities of need, has been turned into a permanent program called the Affordable Connectivity Program. Programs like this, with funding to support and flexibility in how they are applied, serve as remarkable examples of how Congress can help those in need quickly.

However, despite the much-needed influx of funding to support these programs, the work to bridge the digital

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https://docs.house.gov/meetings/VR/VR10/20210921/114046/BILLS-1172ih-U1.pdf.

[61] WENDY A. LANG ET AL., COMPLETING THE MISSION II: A STUDY OF VETERAN STUDENTS' PROGRESS TOWARD DEGREE ATTAINMENT IN THE POST 9/11 ERA 10 (Nov. 2013), *available at* https://campussuite-storage.s3.amazonaws.com/prod/1280306/3a32f069-629b-11e7-99ef-124f7febbf4a/1691064/278b511c-024e-11e8-8b36-0a8d44716112/file/completing_mission_ii-Nov2013.pdf (emphasis added).

[62] Military Times Staff, *About 1 in 3 colleges have cut funding for veteran-support programs, survey says*, MILITARYTIMES (Feb. 22, 2021), https://www.militarytimes.com/education-transition/2021/02/23/about-1-in-3-colleges-have-cut-funding-for-veteran-support-programs-survey-says/.

[63] Veteran Education and Empowerment Act, H.R. 3686 (2021); Veteran Education and Empowerment Act, S. 1881 (2021).

[64] Student Veterans of America, Testimony of Justin Monk before the U.S. Senate Committee on Veterans' Affairs hearing on the topic of "SUCCESS AFTER SERVICE: IMPROVING VETERANS' EMPLOYMENT, EDUCATION, AND HOME LOAN OPPORTUNITIES." <https://www.veterans.senate.gov/imo/media/doc/10.27.21%20Monk%20SVA%20Testimony1.pdf>.

[65] Infrastructure Investment and Jobs Act. https://www.epw.senate.gov/public/_cache/files/e/a/ea1eb2e4-56bd-45f1-a260-9d6ee951bc96/F8A7C77D69BE09151F210EB4DFE872CD.edw21a09.pdf.

divide is not yet complete. According to the FCC, there are at least 2.2 million veteran households in this country without either fixed or mobile broadband connections, with price and location described as the top barriers to adoption.[66] For student veterans, over half of whom are parents, the consequences of being unable to access reliable broadband extend beyond themselves to their dependents.

The digital divide has had an outsized impact on communities of color and low-income households.[67] Courses shifting online during the pandemic only worsened these inequities. Without other options than dropping out entirely, students increasingly began to sit outside their schools, local libraries, or coffee shops to connect to free wireless internet and complete their schoolwork, a practice FCC Chairwoman Jessica Rosenworcel has called "Parking Lot Wi-Fi."[68]

SVA recognizes that much has been done recently to address these concerns, and we applaud that work. But with so many more veterans still in need of help, we urge these Committees and Congress to continue exploring innovative ways to make sure students can access this essential service, which will continue to play an ever-larger role in their higher education journeys.

**Strengthening Higher Education**

SVA advocates for strengthening the systems and institutions within higher education because it is essential for advancing individual opportunity, promoting social mobility, driving economic prosperity, fostering innovation, and upholding democratic values. By investing in higher education systems and institutions, we invest in the future of our nation and ensure a brighter, more inclusive, and more prosperous future for all.

*16. Pass a comprehensive reauthorization of the Higher Education Act.*

Reauthorizing the Higher Education Act (HEA) and ensuring student veterans' voices are heard during the process remains a priority for SVA. While HEA generally falls outside the jurisdiction of these Committees, SVA implores all Members, as engaged veteran advocates, to prioritize and participate in efforts to reauthorize HEA. VA significantly impacts the lives of student veterans and military-connected students, but the agency's education business lines handle only a fraction of the higher education legislation and regulation that ultimately affect student veterans, service members, and their families.

The unfortunate reality is that HEA is woefully out-of-date, and as a result, unable to adequately serve students in a 21st Century higher education system. Reauthorization is well overdue given the frequency with which Congress has addressed the statute in the past. SVA encourages Congress to take the steps necessary to reauthorize the HEA.

*17. Empower the higher education triad to prevent predatory practices across all education sectors.*

Empowering the higher education triad—comprising federal, state, and institutional stakeholders—to prevent predatory practices across all education sectors, prioritize student outcomes, and support innovative learning practices is crucial for student veterans. Student veterans often face unique challenges and vulnerabilities as they

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[66] The Federal Communications Commission, *Report on Promoting Broadband Internet Access Service for Veterans, May 2019*. Accessed July 20, 2020. https://docs.fcc.gov/public/attachments/DOC-357270A1.pdf.

[67] *See* Sara Atske and Andrew Perrin, *Home Broadband Adoption, Computer Ownership vary by race, ethnicity in the U.S.*, PEW RESEARCH CENTER (July 15, 2021), https://www.pewresearch.org/fact-tank/2021/07/16/home-broadband-adoption-computer-ownership-vary-by-race-ethnicity-in-the-u-s/; Emily A. Vogels, *Digital Divide Persists Even as Americans with lower incomes make gains in tech adoption*, PEW RESEARCH CENTER (June 22, 2021), https://www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/.

[68] STATEMENT OF JESSICA ROSENWORCEL COMMISSIONER FEDERAL COMMUNICATIONS COMMISSION BEFORE THE SUBCOMMITTEE ON COMMUNICATIONS & TECHNOLOGY COMMITTEE ON ENERGY AND COMMERCE UNITED STATES HOUSE OF REPRESENTATIVES SEPTEMBER 17, 2020. <https://docs.fcc.gov/public/attachments/DOC-366984A1.pdf>

transition from military service to higher education. Predatory practices, such as aggressive recruiting tactics, misleading marketing, and low-quality educational programs, disproportionately target veterans, exploiting their GI Bill benefits and leaving them with substantial debt and few marketable skills.[69] By empowering the higher education triad to prevent predatory practices, Congress can protect student veterans from exploitation and ensure that they have access to high-quality, reputable educational opportunities that lead to meaningful career outcomes.

Prioritizing student outcomes is essential for ensuring that student veterans receive the support and resources they need to succeed academically and professionally.[70] Student veterans may require additional assistance and accommodations, such as academic counseling, disability services, and mental health support, to address the unique challenges they face during their transition to civilian life and higher education. By prioritizing student outcomes, the higher education triad can allocate resources and implement programs that specifically address the needs of student veterans, promoting their retention, graduation, and post-graduation success.
Supporting innovative learning practices is important for meeting the diverse needs and preferences of student veterans, many of whom are non-traditional students with family, work, and military responsibilities.[71] Flexible learning options, such as online courses, hybrid programs, and competency-based education, can accommodate veterans' busy schedules and provide them with the flexibility to balance their academic pursuits with their other commitments. By empowering the higher education triad to support innovative learning practices, Congress can enhance access and equity for student veterans and promote their academic and professional success.
Fostering collaboration and coordination among federal, state, and institutional stakeholders within the higher education triad can facilitate the sharing of best practices, resources, and expertise for supporting student veterans. This collaborative approach can help identify and address systemic barriers and challenges that hinder student veterans' access to and success in higher education.

18. *Ensure accurate and timely implementation of the improved 90/10 Rule, which now counts VA and DOD educational benefits as federal education funds.*

Congress has finally closed the harmful 90-10 loophole in a move that will protect student veterans and service members from bad-actor institutions more interested in prioritizing profit than student outcomes.

The 90/10 rule was intended to serve as a market viability test to ensure proprietary schools were fit enough to attract healthy, diverse sources of revenue.[72] In other words, it was intended to prevent bad-actor schools from subsisting entirely off federal taxpayer money. To that end, Congress crafted a rule requiring that proprietary schools obtain a minimal amount of their revenue, now just 10 percent, from sources other than federal financial aid.[73]

Unfortunately, the law suffered from a critical oversight—it excluded VA and Department of Defense (DOD) education benefits like the GI Bill and Tuition Assistance.[74] This loophole created a perverse incentive for bad-

[69] Government Accountability Office. (2018). Va needs to ensure that it can continue to provide effective school oversight (GAO Publication No. 19-3). U.S. Government Printing Office. https://www.gao.gov/assets/gao-19-3.pdf

[70] Lopez, J. (2019). Evaluating the Efficacy of Programs for Veteran Students. University of Arkansas.
[71] Kinch, A. Life-Cycle Atlas Project. Student Veterans of America. (with author)

[72] *See generally Cleland v. National Coll. of Business*, 435 U.S. 213, 216 (1978) (discussing the purpose of the Department of Veterans Affairs' 85-15 rule—the model for the 90/10 rule—as "allowing the free market mechanism to operate" by ensuring "[t]he price of the course…respond[ed] to the general demands of the open market as well as to those with available Federal moneys to spend.").

[73] The original rule required proprietary institutions to obtain at least 15 percent of their revenue from sources other than title-IV federal financial aid. Pub. L. No. 102-325 (1992). Congress amended the rule in 1998 to require that these schools earn just 10 percent of their revenue from sources other than federal financial aid. Pub. L. No. 105-244 (1998).

[74] It is clear the loophole was an unintentional oversight because that is how congressional staff who drafted the rule's statutory language described it afterward, and because excluding such massive sources of federal education assistance flies in the face of the law. *See* WALTER OCHINKO, VETERANS EDUCATION SUCCESS, DEPARTMENT OF EDUCATION DATA SHOWS INCREASED TARGETING OF VETERANS AND SERVICE MEMBERS, HIGHLIGHTING URGENCY OF CLOSING 90/10 LOOPHOLE 3-4 (Nov. 2017), *available at*

actor schools to target student veterans and service members for their earned education benefits.[75] These students became the linchpin of a scheme by low-quality, bad-actor schools to evade the 90/10 rule.[76] For every one VA or DOD education benefit dollar that bad-actor schools took in from service members and veterans, they gained access to another nine dollars in federal financial aid.[77] The result was that bad schools had a pathway to subsist entirely off federal taxpayer dollars.

The loophole's impact on student veterans and service members has been disastrous. Bad-actor institutions employed well-documented, deceptive, aggressive, and downright fraudulent recruitment tactics to enroll student veterans.[78] Some student veterans attending these schools fully expended their earned VA education benefits, and many took out federal student loans in addition.[79] Low-quality schools have left student veterans with worthless degrees, non-transferrable credits, depleted benefits, and mountains of debt.[80] Simply put, the loophole emboldened bad-actor schools and negatively impacted the academic and financial futures of thousands of student veterans and service members.[81]

Fortunately, Congress saw fit to close the loophole, an effort which garnered bipartisan support.[82] The law requires that all "federal education assistance" be appropriately counted on the 90 percent side of the 90/10 equation.[83] Congress delayed the law's implementation until January 1, 2023, and subjected the change to

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https://static1.squarespace.com/static/556718b2e4b02e470eb1b186/t/5a043bdfc83025336298845f/1510226911840/VES+90%3A10+Report+-+FINAL.pdf (citing Daniel Golden, *For Profit Colleges Target the Military*, BLOOMBERG NEWS (Dec. 30, 2009), *available at* https://www.bloomberg.com/news/articles/2009-12-30/for-profit-colleges-target-the-military).

[75] *See* Tanya Ang and Lauren Augustine, *The '90-10 rule' in higher education is a target on veterans' backs*, THE HILL (June 24, 2019, 7:00 AM), https://thehill.com/opinion/education/449445-the-90-10-rule-in-higher-education-is-a-target-on-veterans-backs.

[76] *See* ALEXANDRA HEGJI, CONGRESSIONAL RESEARCH SERVICE, R46773, THE 90/10 RULE UNDER HEA TITLE IV: BACKGROUND AND ISSUES 40 at n.50 (April 26, 2021) (referencing "several reports of false or predatory marketing or advertising practices on the part of some proprietary IHEs attempting to enroll GI Bill and TA participants, in part to pass the 90/10 requirement."), *available at* https://files.eric.ed.gov/fulltext/ED614219.pdf.

[77] OCHINKO, *supra* note 53 at 4.

[78] *See generally Why For-Profit Institutions are Targeting Veterans Educational Benefits*, VETERANS EDUCATION SUCCESS (Jan. 1, 2014), https://vetsedsuccess.org/why-for-profit-institutions-are-targeting-veterans-education-benefits (summarizing numerous accounts of predatory recruitment of student veterans at bad-actor proprietary institutions); U.S. SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS COMM., 113TH CONG., IS THE NEW G.I. BILL WORKING? FOR-PROFIT COLLEGES INCREASING VETERAN ENROLLMENT AND FEDERAL FUNDS 9-11 (July 30, 2014), *available at* https://static1.squarespace.com/static/556718b2e4b02e470eb1b186/t/56100b87e4b0147725a71e86/1443892103628/GI-Bill-data-July-2014-HELP-report.pdf.

[79] IS THE NEW G.I. BILL WORKING?, *supra* note 57 at 10-11; OCHINKO, *supra* note 53 at 13 (discussing reports of proprietary schools aggressively steering student veterans toward federal student loans or fraudulently authorizing loans on behalf of these students).

[80] *See generally* IS THE NEW G.I. BILL WORKING?, *supra* note 57 at 9-11 (discussing the aggressive and deceptive recruitment of student veterans at proprietary institutions and the consequences for these students such as debt, inability to find a job after graduation, and wasted GI Bill benefits); *Why For-Profit Institutions are Targeting Veterans Educational Benefits, supra* note 57 (discussing student veterans attending bad-actor proprietary institutions and being left with worthless degrees, non-transferable credits, and debt).

[81] *See generally* Kimberly Hefling, *Vets snared in for-profit college collapse want GI Bill Money back*, POLITICO (July 2, 2015), https://www.politico.com/story/2015/07/veterans-gi-bill-for-profit-colleges-119697; Chris Kirkham and Alan Zarembo, *For-profit colleges are using the GI Bill to make money off veterans*, LOS ANGELES TIMES (Aug. 18, 2015), https://www.latimes.com/business/la-fi-for-profit-colleges-gi-bill-20150809-story.html; Danielle Douglas-Gabriel, *Veterans are getting short shrift as for-profit colleges close down, report says*, THE WASHINGTON POST (Oct. 21 2016), https://www.washingtonpost.com/news/grade-point/wp/2016/10/21/veterans-are-getting-the-short-shrift-as-for-profit-college-close-down-report-says/.

[82] Pub. L. No. 117-2, § 2013 (2021); *U.S. Senate Closes 90/10 Loophole in Bipartisan Amendment to COVID Relief Reconciliation Package*, VETERANS EDUCATION SUCCESS (March 6, 2021), https://vetsedsuccess.org/u-s-senate-closes-90-10-loophole-in-bipartisan-amendment-to-covid-relief-reconciliation; *see also* Protect Veterans' Education and Taxpayer Spending Act of 2019, S. 2857, 116th Cong. (2019) (demonstrating landmark bipartisan support for an earlier legislative effort in the Senate to close the 90/10 loophole).

[83] Pub. L. No. 117-2, § 2013 (2021).

negotiated rulemaking to begin no later than October 1, 2021.[84]

Encouraged by ED's release of regulations that appropriately complement the statute, SVA is committed to ensuring the updated 90/10 rule is faithfully implemented and that parties beholden to its requirements comply with the full letter of the law.[85]

*19. Restore a strong Gainful Employment rule and protect the improved Borrower Defense rule to defend students and taxpayers against fraud, waste, and abuse.*

Borrower Defense to Repayment (BD) and Gainful Employment (GE) are important policies that can protect students against bad actors and low-quality institutions in higher education. The BD rule is supposed to provide federal student loan relief to students who were defrauded by bad-actor schools.[86] The GE rule was designed to ensure certain programs provide a worthwhile education—one that is affordable relative to earnings after graduation.[87] Together, these measures can help protect both students and taxpayers against fraud, waste, and abuse.

The BD and GE policies were meant to provide critical assurances that guard students against bad actors in higher education. The 2015 and 2016 closures of ITT Technical Institute and Corinthian Colleges respectively highlight why these policies are so important for student veterans. These schools closed abruptly after being mired in controversy for having allegedly engaged in false or deceptive representations to students. After the schools closed, thousands of students were left with debt, depleted education benefits, and few, if any, viable ways to transfer credits to other institutions to continue their educations.[88] The events surrounding ITT and Corinthian Colleges were not isolated occurrences, with thousands of student veterans impacted by other proprietary school closures in the years that followed.[89] The documentary *Fail State* illuminates the practices of bad actor schools in higher education by revealing their aggressive recruiting practices, poor student outcomes, and how they contribute to growing student debt in America.[90]

The Forever GI Bill sought to correct some of the damage done by low-quality institutions that shut down by allowing beneficiaries to restore GI Bill entitlement. However, for student veterans and service members who hold federal student loans, BD may be their only option for relief after being defrauded. The Gainful Employment rule could work to protect students at the outset of their academic journey by ensuring that only quality career education programs have access to title IV funds.

Unfortunately, BD was substantially weakened in recent years, and GE was rescinded altogether in 2019. SVA opposed these rollbacks and continues to work to restore these important student safeguards. In 2020, SVA was

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[84] *Id.*

[85] *See generally Education Department Unveils Final Rules to Protect Veterans and Service Members, Improve College Access for Incarcerated Individuals and Improve Oversight When Colleges Change Owners*, U.S. DEP'T OF EDUCATION (Oct. 22, 2022), https://www.ed.gov/news/press-releases/education-department-unveils-final-rules-protect-veterans-and-service-members-improve-college-access-incarcerated-individuals-and-improve-oversight-when-colleges-change-owners.

[86] *Why Students Need a Strong Borrower Defense Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS, 1 (2021), https://ticas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Borrower-Defense-Rule.pdf.

[87] *Why Students Need a Strong Gainful Employment Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS, 1 (2021), https://ticas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Gainful-Employment-Rule.pdf.

[88] *See generally Why Students Need a Strong Borrower Defense Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS (2021), https://ticas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Borrower-Defense-Rule.pdf.

[89] Natalie Gross, *Thousands of veterans had education derailed when for-profit college chains abruptly closed*, MILITARY TIMES (June 20, 2019), https://rebootcamp.militarytimes.com/news/education/2019/06/20/thousands-of-veterans-had-education-derailed-when-for-profit-college-chains-abruptly-closed/.

[90] DIRECTOR ALEX SHEBANOW, FAIL STATE, FAILSTATE.COM (A SDCF LLC Film 2018), https://failstatemovie.com.

proud to partner with a diverse coalition of student groups and VSOs that led the charge to overturn ED's weakening of the BD rule. That effort resulted in a bipartisan rebuke of the regulation in both houses of Congress.[91]

ED recently reevaluated BD and GE regulations through the Negotiated Rulemaking process as required under the HEA.[92] This process incorporates input from diverse experts representing constituencies throughout higher education who debate and work toward consensus on HEA regulations. SVA was privileged to have one of our staff represent service members and veterans in the negotiated rulemaking session that addressed BD. The negotiations produced strong draft regulatory language that enjoyed near universal consensus among negotiators. SVA was pleased to see the Department release a vastly improved BD rule resulting from this thorough negotiation and comment process.[93]

We look forward to continued participation in the rulemaking ahead and eagerly await the Department's proposed rule on GE, which is expected later this year.

SVA encourages members of Congress to support, defend, and strengthen these critical policies that protect student veterans, service members, and their families.

*20. Protect and monitor the Public Service Loan Forgiveness program.*

Protecting and monitoring the Public Service Loan Forgiveness (PSLF) program is critically important for veterans. Primarily, ensuring that military service counts toward the public service requirement is essential in ensuring that veterans gain credit for their service. Many veterans choose to pursue careers in public service fields, such as government, non-profit organizations, and public education, following their military service. The PSLF program offers a pathway for these veterans to manage their student loan debt by forgiving the remaining balance of their federal student loans after making 120 qualifying payments while employed full-time in a qualifying public service position.[94] By incentivizing veterans to pursue careers in public service, the PSLF program not only supports their professional development but also enables them to continue serving their communities and country in meaningful ways.

Veterans, particularly those with service-connected disabilities, may face unique financial challenges that make managing student loan debt burdensome. The PSLF program provides financial relief to veterans by offering a mechanism for loan forgiveness, reducing the financial strain associated with student loan repayment and enabling veterans to focus on their career and personal goals. Moreover, the PSLF program serves as a vital recruitment and retention tool for public service organizations, including those that employ veterans.[95] By offering loan forgiveness as an employee benefit, public service employers can attract and retain talented veterans who may otherwise be deterred by student loan debt. This helps ensure a skilled and diverse workforce within public service sectors, benefiting both veterans and society as a whole.

SVA supports S. 2949, *Ensuring Military Access to Higher Education Benefits Act of 2023*.The bipartisan bill puts this initiative back on track by requiring DOD and ED to share existing information, so borrowers receive

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[91] Michael Stratford, *Congress sends rebuke of DeVos 'borrower defense' rule to Trump's desk*, POLITICO (May 19, 2020, 9:29 PM), https://www.politico.com/news/2020/05/19/congress-devos-rebuke-270077.

[92] *Negotiated Rulemaking for Higher Education 2021-21*, U.S. DEP'T OF EDUCATION, https://www2.ed.gov/policy/highered/reg/hearulemaking/2021/index.html (last updated January 10, 2023).

[93] *See generally Education Department Releases Final Regulations to Expand and Improve Targeted Debt Relief Programs*, U.S. DEP'T OF EDUCATION (Oct. 31, 2022), https://www.ed.gov/news/press-releases/education-department-releases-final-regulations-expand-and-improve-targeted-debt-relief-programs.

[94] Federal Student Aid, *Public Service Loan Forgiveness (PSLF),* https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service#qualifying-employment

[95] VA Careers, *Let a VA career pay you back for school with loan forgiveness*, VA | News (2022), https://news.va.gov/104348/let-a-va-career-pay-you-back-for-school-with-loan-forgiveness/#:~:text=If%20you're%20looking%20for,work%20in%20high%2Dneed%20fields.

automatic credit toward PLSF for their qualifying military service. SVA applauds Senators Cortez Masto and Moran for their leadership on this common-sense legislation to ensure military borrowers get the PSLF credit they have earned

*21. Improve oversight and accountability of trends in higher education such as institutional conversions, online program management, and lending practices.*

Today's students, including student veterans, have more learning options than ever, with many, quite literally, right at their fingertips. These new, often innovative ways of learning are compelling options for post-traditional students, like student veterans, especially as the cost of higher education and student loan debt continue to rise. As higher education changes, it is important that policy makers weigh the risks and benefits posed to students by new learning options and investigate ways to address affordability more broadly.

Bad-actor proprietary schools in higher education have come under increased scrutiny in recent years, due in large part to numerous high-profile closures and repeated allegations of fraud. As these schools face growing attention from legislators, regulators, and law enforcement, there has been a corresponding trend in schools converting to non-profit status or being acquired by or rebranding under the umbrella of public institutions.

The overarching concern with conversions is that a converting proprietary school may not sufficiently untangle itself from its former profit-driven motives and structure.[96] This means students, including veterans and service members who enroll at these institutions at disproportionate rates,[97] run the risk of believing converted schools are dedicated to a public or non-profit mission when, in reality, the schools may still prioritize profits over student outcomes.[98]

These concerns are exacerbated by the growing adoption of online content in higher education, which has been compounded itself by the forced shift to online learning during the pandemic. The growth in online programs has given rise to a concerning method of conversion where public or non-profit institutions acquire for-profit schools to manage online courses.[99] This is an appealing maneuver for some public and non-profit schools looking to expand online options because certain proprietary institutions have well-established, robust capacity for online program management. These arrangements have also come under scrutiny because schools—even prominent ones—will cede core responsibilities, like student recruitment, to proprietary OPMs in lucrative revenue-sharing

[96] *See generally* Robert Shireman, *How For-Profits Masquerade as Non-profit Colleges*, THE CENTURY FOUNDATION (Oct. 7, 2020), https://tcf.org/content/report/how-for-profits-masquerade-as-nonprofit-colleges/.

[97] CAREN A. ARBEIT AND LAURA HORN, U.S. DEPARTMENT OF EDUCATION, A PROFILE OF THE ENROLLMENT PATTERS AND DEMOGRAPHIC CHARACTERISTICS OF UNDERGRADUATES AT FOR-PROFIT INSTITUTIONS 16 (Feb. 2017), *available at* https://nces.ed.gov/pubs2017/2017416.pdf (explaining that "Compared with other undergraduates, larger percentages of students at for-profit institutions were military students (9 percent vs. 4 percent in public and nonprofit). Military students constituted a larger percentage of students enrolled at for-profit 4- year institutions than at any other level of for-profit institution (12 percent vs. 2–7 percent), public (3 –5 percent), or nonprofit institution (4 percent).").

[98] *See generally* Robert Shireman, *These Colleges Say They're Nonprofit—But Are They?* THE CENTURY FOUNDATION (Aug. 6, 2018), https://tcf.org/content/commentary/colleges-say-theyre-nonprofit/; Robert Shireman and Yan Cao, *Dubious Conversions of For-Profit Colleges: Decoding the GAO Report*, THE CENTURY FOUNDATION (Jan 27, 2021), https://tcf.org/content/commentary/dubious-conversions-profit-colleges-decoding-gao-report/.

[99] *See generally* Lindsay McKenzie, *University of Arizona's Big Online Push*, Inside Higher Ed (Aug. 4, 2020), https://www.insidehighered.com/news/2020/08/04/university-arizona-acquires-ashford-university.

deals.[100] Such contracts run the risk of recruitment and profits being prioritized over quality student outcomes.[101]

Institutional conversion was addressed to some extent in VA laws through additional oversight measures passed in the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.* Specifically, the law increased oversight of converted proprietary institutions by subjecting them to annual risk-based reviews for three years following conversion.[102] We thank Congress for passing this important oversight measure. Still, as a recent GAO report illuminates, these conversions continue to pose major risks to students.[103]

In recent years, higher education has seen a boom in innovations with the potential to expand pathways to higher education to untold numbers of new students. These innovations, like distance education programs and competency-based education models, offer compelling incentives to students and institutions as alternatives to traditional brick-and-mortar classes. The affordability and flexibility of these programs are key selling points among post-traditional students, like veterans, but these new trends are not without risk.

As we reshape how we think of workforce development, and the interactions between students and institutions, we must commit to fully understanding these trends and establish appropriate guardrails to protect students from unscrupulous actors and low-quality programs. We encourage Congress to continue monitoring institutional conversions as well as online program management and to legislate additional safeguards where appropriate to protect students. SVA was encouraged by ED's launch of a review of the prohibition on incentive compensation for recruiters in higher education, an effort specifically intended to address issues with OPMs. We intend to follow this process closely.[104]

Institutional lending practices are also worthy of Congress's attention. The CFPB recently signaled they would begin reviewing such activity. The Bureau identified the following areas of concern: enrollment restrictions, transcript withholding, improper payment acceleration, failure to issue refunds, and improper lending relationships.[105]

Some institutions have also begun offering an alternative financing product to traditional private student loans. This product, known as an Income Share Agreement (ISA), is an arrangement between the institution or other lender and a student which provides the student with up-front cash to pay for their studies and ties their monthly repayment amount to their post-graduation earnings. These agreements are attractive to students because there is no interest and because repayment is often capped both as to term and amount. As with any financial product, however, there are risks involved, and students may be unable to identify them.[106] This is particularly problematic

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[100] *See TCF Analysis of 70+ University-OPM Contracts Reveals Increasing Risks to Students, Public Education*, THE CENTURY FOUNDATION (Sept. 12, 2019), https://tcf.org/content/about-tcf/tcf-analysis-70-university-opm-contracts-reveals-increasing-risks-students-public-education; *See also* Linsday McKenzie, *Key Senators Turn Up Heat on OPMs*, INSIDE HIGHER ED (Feb. 5, 2020), https://www.insidehighered.com/news/2020/02/05/online-program-management-companies-face-washington-microscope.

[101] *See TCF Analysis of 70+ University-OPM Contracts Reveals Increasing Risks to Students, Public Education*, THE CENTURY FOUNDATION (Sept. 12, 2019), https://tcf.org/content/about-tcf/tcf-analysis-70-university-opm-contracts-reveals-increasing-risks-students-public-education.

[102] Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315, Title I, Subtitle A, § 1022.

[103] *See* Robert Shireman and Yan Cao, *Dubious Conversions of For-Profit Colleges: Decoding the GAO*, THE CENTURY FOUNDATION (Jan. 27, 2021), https://tcf.org/content/commentary/dubious-conversions-profit-colleges-decoding-gao-report/.

[104] *U.S. Department of Education Launches Review of Prohibition on Incentive Compensation for College Recruiters*, U.S. DEP'T OF EDUCATION (Feb. 15, 2023), https://www.ed.gov/news/press-releases/us-department-education-launches-review-prohibition-incentive-compensation-college-recruiters.

[105] *Consumer Financial Protection Bureau to Examine Colleges' In-House Lending Practices*, CFPB (Jan. 20, 2022), https://www.consumerfinance.gov/about-us/newsroom/consumer-financial-protection-bureau-to-examine-colleges-in-house-lending-practices/.

[106] STUDENT BORROWER PROTECTION CENTER, SOLVING THE STUDENT DEBT CRISIS OR COMPOUNDING THE CRISIS? (2020), *available at* https://protectborrowers.org/wp-content/uploads/2020/07/SBPC_Hayes_Milton_Relman_ISA.pdf.

given that many proponents of ISAs argue that these agreements are exempt from federal consumer credit laws.[107]

We ask that Congress be mindful of these and other institutional lending issues as it crafts legislation that may provide the opportunity for any needed oversight in this area.

**Transparency and Accountability**

SVA supports transparency and accountability for student veterans through robust data collection, sharing, and analysis processes as it is essential for protecting veteran interests, preventing fraud and abuse, ensuring quality education, promoting equity and inclusion, and building trust within the higher education community. Recall from SVA's top policy priorities our urging that the committees understand the multifaceted dimensions of economic outlook disparity is crucial for informing policies and interventions aimed at fostering economic equity and opportunity for veterans as they transition to civilian life.

22. *Improve data collection and sharing practices across government agencies and call for more publicly available data, including timelier and more accurate counts of transitioning servicemembers.*

There are many ways to improve data collection practices across government so we can better serve student veterans and military-connected students. One of the most important things we need is accurate and timely data on how many service members transition each year. From the government agencies most closely connected with and specifically tasked with serving this population, including DOD, DOL, and VA to private research initiatives, like the Veterans Metrics Initiative, the commonly cited figure is that approximately or more than 200,000 service members transition every year.[108] SVA has reason to believe that is not accurate. As such, we are calling on Congress to put greater pressure on DOD to release more accurate and timely data on the number of transitioning service members.

23. *Call for improved data and studies on how student debt impacts student veterans, service members, and their families.*

The rising level of student debt is a well-documented issue facing today's college students, with this debt growing by more than 100 percent between 2010 and 2020 and the cumulative national total surpassing $1.7 trillion.[109] What is less understood is how student debt specifically impacts student veterans. SVA's annual census data confirms that some veterans graduate with student debt, but exactly why this is and how it affects their academic and financial futures remains unknown.

SVA has been privileged to welcome the Pew Charitable Trusts to our National Conferences in recent years to present research about veteran student debt. Findings indicate more than a quarter of student veterans borrowed

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[107] STUDENT BORROWER PROTECTION CENTER, CREDIT BY ANY OTHER NAME 5 (2020), *available at* https://protectborrowers.org/wp-content/uploads/2020/07/Pearl.Shearer_Credit-By-Any-Other-Name.pdf.

[108] *Military Discharge Data*, DODSKILLBRIDGE, https://skillbridge.osd.mil/separation-map.htm (last updated, April 22, 2022); THE U.S. DEPARTMENT OF VETERANS AFFAIRS, THE MILITARY TO CIVILIAN TRANSITION 2018 III (2018), *available at* https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf; *Your VA Transition Assistance Program (TAP)*, THE U.S. DEP'T OF VETERANS AFFAIRS, https://www.benefits.va.gov/transition/tap.asp (last updated Nov. 10, 2022), HARRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE, THE VETERANS METRICS INITIATIVE 1 (202), *available at* https://www.hjf.org/sites/default/files/2020-11/TVMI%20FinalRpt_4%5B1%5D.pdf.

[109] *See* Abigail Johnson Hess, *U.S. student debt has increased by more than 100% over the past 10 years*, CNBC (Dec. 22, 2020), https://www.cnbc.com/2020/12/22/us-student-debt-has-increased-by-more-than-100percent-over-past-10-years.html (citing Federal Reserve figures).

student loans in the 2015-16 academic year.[110] Pew's analysis also shows most student veterans who borrow student loans do so to cover living expenses.[111] The research so far has been illuminating, and SVA looks forward to the release of additional insights.

We believe more can be done at the federal level to improve data collected on veteran student loan debt and to make it available to the public. Better understanding this debt is critical before determining what must be done to address it. To do so, SVA recommends these Committees consider creating new federally funded research grants to support student veteran research initiatives.

We look forward to amplifying future data in this area and working with Congress, VA, and ED to identify ways the federal government can improve data gathered on student loan debt held by veterans.

*24. Support ongoing improvements to the GI Bill Comparison and Feedback Tools.*

The Comparison Tool can be invaluable to veterans trying to understand the value of their GI Bill as they consider their educational options.

As it stands, the lack of coordination between ED and VA on College Navigator, College Scorecard, and GI Comparison Tool reduces the overall delivery of powerful data to veterans.[112] The Comparison Tool has unique data, justifying itself as a separate tool from ED's options, but the underlying data is not being shared effectively between these tools, leaving prospective students an incomplete view of their options. We encourage members to explore ways to better share and integrate the data across ED and VA resources.

SVA also believes student outcome measures should be displayed in the GI Bill Comparison Tool. Establishing the appropriate data feeds and displaying the information in the tool would require IT upgrades that fit neatly alongside those currently happening at VA. In one of the most common-sense recommendations we have, each institution should be required to disclose how effective it is at delivering on its promise to students. By informing military-connected students about the effectiveness of GI Bill-eligible programs, we allow them to make informed decisions about how to spend their education benefits.

Additionally, we ask that these Committees encourage VA to note whether an institution participates in the VA VITAL Program. The GI Bill Comparison Tool highlights whether institutions participate in the Yellow Ribbon Program; it should do the same for VITAL which can provide critical mental health support for student veterans, assistance with academic accommodations, and foster a more veteran-inclusive culture on campuses.

The GI Bill Comparison Tool also suffers from a lack of detailed information about student complaints. For any given school, the tool simply shows a tally of complaints across broad categories. The tool also only publishes complaints from the prior 24 months. We have previously provided specific recommendations to address these issues in a public comment on VA's continued collection of information through the GI Bill Feedback Tool:

> VA should publish and maintain a comprehensive database of all school-specific complaints submitted through the Feedback Tool. Students should be given the option to disclose their

[110] Phillip Oliff, Ama Takyi-Laryea, Scott Brees & Richa Bhattarai, *Veteran Student Loan Debt Draws New Attention*, PEW (Sept. 13, 2021), https://www.pewtrusts.org/en/research-and-analysis/articles/2021/09/13/veteran-student-loan-debt-draws-new-attention.

[111] Phillip Oliff, Ama Takyi-Laryea, Scott Brees & Richa Bhattarai, *Why Veterans With GI Bill Benefits Still Take Out Student Loans*, PEW (Jan. 7, 2022), https://www.pewtrusts.org/en/research-and-analysis/articles/2022/01/07/why-veterans-with-gi-bill-benefits-still-take-out-student-loans.

[112] *See generally College Navigator*, NATIONAL CENTER FOR EDUCATION STATISTICS, US DEPARTMENT OF EDUCATION, https://nces.ed.gov/collegenavigator (last visited March 1, 2020); *College Scorecard*, US DEPARTMENT OF EDUCATION, https://collegescorecard.ed.gov (last visited March 1, 2020); *GI Bill Comparison Tool*, US DEPARTMENT OF VETERANS AFFAIRS, https://www.va.gov/gi-bill-comparison-tool/ (last visited Feb. 24, 2021).

> narrative comments publicly, and those comments should be included in the database. The feedback database should be presented in a familiar interface, preferably one that mirrors other popular review websites. This means it should include helpful user features like search, filters, and sorting. We further recommend the Department include a link on each school's profile page in the GI Bill Comparison Tool that directs students to a full, detailed list of complaints submitted about that institution. This will help students identify and better understand the true nature of complaints submitted about each school. It will also improve the ability of advocates and researchers to monitor and analyze past and present institutional compliance with the Principles of Excellence and other laws.[113]

To address concerns about fake or inaccurate reports, we believe VA should verify that reports come from current or former students of the institution for which feedback is being provided and that schools be given the opportunity to issue public responses to complaints.

VA should also place caution flags on schools in the GI Bill Comparison Tool that receive an inordinate number of student complaints. VA currently only places caution flags on schools with a program of education subject to "increased regulatory or legal scrutiny" by VA or other federal agencies.[114] We support this use of caution flags, but student veterans also deserve to be alerted when a school has received a troubling number of student complaints.

We also ask that VA develop a mechanism to maintain closed schools within the tool, versus having them simply disappear. This removal of schools from the tool means associated data also disappears, leaving significant gaps in the overall picture for how those schools served students. We look forward to working with Congress and VA to update this valuable resource so it can better serve student veterans, service members, and their families.

SVA recommends that the DOD equivalent to the GI Bill Comparison Toolkit, called Tuition Assistance (TA) DECIDE, undergo the same stringent oversight in order to provide the best information for active-duty servicemembers using their TA dollars to achieve their higher education goals.

SVA applauds Senators Schatz, Rounds, Portman, and Coon's leadership on this issue with their championing of the *Student Veterans Transparency and Protection Act* last congress. The bill would make numerous improvements to the GI Bill Comparison and Feedback tools, while also providing entitlement restoration for beneficiaries that are the victims of misconduct perpetrated by bad-actor institutions. We look forward to that bill being reintroduced this Congress and encourage the Committees' members to support it as well the other improvements we have outlined here. Finally, we acknowledge and applaud VA's current efforts to address many of the recommendations above, and we look forward to working in close collaboration with the Department as it continues to refine these important tools.

*25. Provide a pathway to permanent status for Afghans who have entered the United States since August 2021.*

Passing the Afghan Adjustment Act (AAA) provides a humanitarian solution for Afghan evacuees who fled their country in the wake of political instability and conflict. Many of these individuals risked their lives to support U.S. missions in Afghanistan, including interpreters, translators, and other personnel who played critical roles in supporting American forces, many supporting those veterans currently working on their higher education degrees, who would not be with us today if not for the support of our Afghan allies.[115] By offering a path to permanent status and eventual citizenship, the AAA honors the sacrifices and contributions of these individuals, providing

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[113] *SVA Comment on OMB Control No. 2900-0797 Agency Information Collection Activity: Principles of Excellence Complaint System Intake*, STUDENT VETERANS OF AMERICA 3 (2020), *available at* https://www.regulations.gov/comment/VA-2020-VACO-0001-0084.

[114] *GI Bill® Comparison Tool: About This Tool*, U.S. DEPARTMENT OF VETERANS AFFAIRS (June 11, 2020), https://www.benefits.va.gov/gibill/comparison_tool/about_this_tool.asp#sourcedata.

[115] Secretary Mayorkas Designates Afghanistan for Temporary Protected Status https://www.uscis.gov/newsroom/news-releases/secretary-mayorkas-designates-afghanistan-for-temporary-protected-status

them with the opportunity to rebuild their lives in safety and security. This is essential for upholding America's moral obligation to protect vulnerable populations and provide refuge to those fleeing persecution and violence. The United States has a long history of serving as a beacon of hope and freedom for individuals seeking asylum and refuge from oppression and tyranny. By passing the AAA, Congress reaffirms America's commitment to humanitarian values and demonstrates solidarity with Afghan evacuees who have been forced to flee their homes due to circumstances beyond their control.

Additionally, moving forward on AAA is in the national interest of the United States, promoting stability and security both at home and abroad. Providing a pathway to permanent status and eventual citizenship for Afghan evacuees strengthens America's reputation as a compassionate and welcoming nation, fostering goodwill and cooperation with other countries and international partners. Moreover, integrating Afghan evacuees into American society contributes to the diversity, resilience, and strength of our nation, enriching our communities and strengthening our social fabric.[116] This bill demonstrates Congress's bipartisan commitment to addressing humanitarian crises and upholding American values of freedom, democracy, and human rights. By coming together across party lines to support legislation that provides relief and protection to Afghan evacuees, Congress sends a powerful message of unity and solidarity, transcending political divides and demonstrating the best of American leadership and compassion.

SVA supports the passage of the Afghan Adjustment Act (AAA) because it is important to student veterans as it reflects America's moral responsibility to protect vulnerable populations, promotes national security and stability, and upholds bipartisan values of compassion and solidarity. By providing a pathway to permanent status and eventual citizenship for Afghan evacuees, the AAA honors their sacrifices, strengthens America's reputation as a beacon of hope and freedom, and reinforces our commitment to humanitarian principles and human dignity.

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In closing, SVA is grateful for the opportunity to submit testimony on our policy priorities for the 2023 legislative calendar. Our top priorities are codifying the temporary COVID-19 protections, improving support for student veterans' basic needs, Guard and Reserve benefit parity, MHA reform, integrating VHA onto college campuses, and making Vet Tec permanent. They are the best ways we have identified to improve our nation's student veterans' physical, emotional, and financial well-being. By addressing these issue areas, our country delivers on the promise we made every veteran the day they chose to serve – that service to our country would not just be rewarding on its own but would leave veterans better off than when they joined.

President Franklin Delano Roosevelt transformed America into the modern nation we know today. His administration launched massive programs and agencies like Social Security, the SEC, and more. Then in 1944, he signed into law a 'little' program being called "the Servicemen's Readjustment Act," better known as the GI Bill. But this 'GI Bill idea' almost never made it out of congress; there were some who said this new program would be the ruin of our returning GI's.

The President of Harvard famously penned, "We may find the least capable among the war generation, instead of the most capable, flooding the facilities for advanced education in the United States." And the President of the University of Chicago, a World War I veteran himself, argued, "Colleges and universities will find themselves converted into educational hobo jungles."

In 1948, just four years after their original opposition, there was widespread retraction, with Harvard's president stating, "for seriousness, perceptiveness, steadiness, and all other undergraduate virtues," the veterans of World War II were "the best in Harvard's history."

The continued success of veterans in higher education in the Post-9/11 era is no mistake or coincidence. At SVA we use the term, "the best of a generation." In our nation's history, educated veterans have always been the best

[116] Re-Introduction of Afghan Adjustment Act Provides Chance
Uscri
https://refugees.org/re-introduction-of-afghan-adjustment-act-provides-chance-to-fulfill-promise-to-afghan-allies/

of a generation and the key to solving whatever problems our nation faces, this is the legacy we know today's student veterans carry.

We thank the Chairmen, Ranking Members, and Committee Members for your time, attention, and devotion to the cause of veterans in higher education. As always, we welcome your feedback and questions, and we look forward to continuing to work with the Committees and the entire Congress to ensure the success of all generations of veterans through education.

NATIONAL HEADQUARTERS
WASHINGTON, DC

**Jared Lyon, National President & CEO**

Jared Lyon was appointed National President & CEO of Student Veterans of America (SVA) in 2016. He leads the organization's efforts to empower student veterans using the transformative power of higher education. Since he took office, Lyon has overseen SVA's growth to a network of more than 1,600 chapters on campuses in all 50 states and three countries representing over 750,000 student veterans.

During his tenure, he co-authored the National Veteran Education Success Tracker (NVEST), a comprehensive study of the first 854,000 student veterans to use the Post-9/11 GI Bill. In 2017 Lyon led SVA's commitment to pass the "Forever GI Bill," the largest expansion of college aid for military veterans in a decade with an economic impact of $3.4 Billion. A veteran of the U.S. Navy, he served as a submariner and diver, taking part in multiple deployments in support of the Global War on Terrorism.

Before joining the headquarters team at SVA, Lyon held key positions, including National Program Manager at the Institute for Veterans and Military Families Entrepreneurship Bootcamp for Veterans, and Manager of Florida Operations for the Washington Nationals Major League Baseball team. He is an active member of the U.S. Department of Veterans Affairs Veterans' Advisory Committee on Education, the Board of Advisors for the Global War on Terrorism Memorial Foundation, the Florida State University (FSU) Veteran Advisory Board, and the FSU Student Affairs Development Council. Additionally, Lyon was recognized as a 2018 Presidential Leadership Scholar and the 2011 SVA National Student Veteran of the Year.

He holds an Associate of Arts from Eastern Florida State College, a Bachelor of Science from Florida State University, and a Master of Public Administration from the Maxwell School of Citizenship and Public Affairs at Syracuse University, where he is currently pursuing his PhD in Social Science. Jared and his wife Chayla reside in Alexandria, Virginia with their sons, Campbell and Nolan.

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Statement for the Record

Bill Clark
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs

March 6, 2024

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and distinguished members of the House and Senate Committees on Veterans Affairs, I am honored to present you with the 2024 legislative priorities and policy recommendations of AMVETS. For over 75 years, our organization has led the charge in veterans' advocacy work. As the largest veteran non-profit open to all of our nation's veterans, this annual address allows AMVETS to share the voices of our membership and ensure they remain part of the legislative decisions that serve their interests across the country.

We are thankful for your staff's time, efforts, and attention throughout the 118th Congress. AMVETS continues to make meaningful connections with these individuals that speak to the heart of what makes these Committees so critical: serving those who have served. We work with them, your offices, and other veteran organizations to ensure that the hard work does not stop as this Congress comes to a close. We have a lot of work to do, but having so many caring Members of Congress and Staff Members makes all of the difference in tackling the many difficult challenges the mil-vet community faces.

Since the last time we addressed both Committees, we have seen progress of which we can be proud. On both sides of the aisle, you have shown a remarkable capacity for cooperation and resolution around key areas of priority for AMVETS. We ask that this momentum continues through the end of the year so we can pass meaningful legislation for our nation's veterans.

Our veterans deserve more than empty words and large platitudes. While AMVETS appreciates the hard work of these Committees, our organization wants to see laws passed that back them up. AMVETS asks Congress to consider these overarching policy goals as a roadmap to

successfully representing American veterans. They need your support now more than ever, and AMVETS is proud to help lead the way.

**AMVETS Primary Legislative Goals for the 118th Congress**

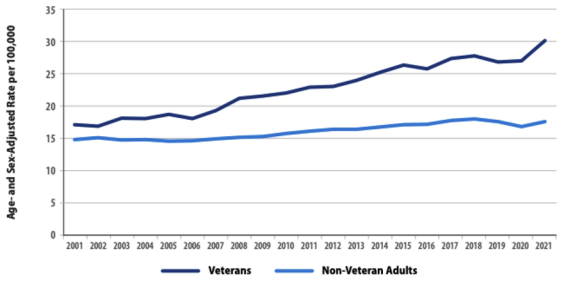
- Mental Health and Suicide Prevention in the VA and Armed Forces
- Create Equitable Non-Profit Policies for Veteran Non-Profits
- Support the Immediate Passage of the Major Richard Star Act
- Support the Increase of DIC for Our Survivors
- Support the Completion of a Successful and Seamless Electronic Healthcare Record
- Increase Women Veterans' Voices in Policy and Government to Address Issues Disproportionately Affecting Them
- VA Must Prioritize and Properly Compensate Optometrists to Ensure Quality Eye Care for Veterans
- Create a National Veterans Strategy to align care and benefits to focus on outcomes and success
- POW/MIA
- Readiness/Recruitment for the Next Generation of Veterans

**Ending Veteran Suicide & Pursuing Positive Mental Health Outcomes**

This year signifies the sixth consecutive year that AMVETS will emphasize its top legislative priority: the development and funding of effective programs and services aimed at substantially reducing suicides within the VA and the Department of Defense.

Veteran suicides have continued to climb, as displayed in the VA's National Veteran Suicide Prevention Annual Report released last November. AMVETS adamantly urges Congress and the VA to do everything in their power to prevent the loss of veteran life by suicide. We have seen numerous hearings held and listened to our Representatives and Senators say: "Enough is enough." This trend is destroying the lives of those who served, their families, and the broader community. Enough *is* enough, and AMVETS asks Congress to seek innovative solutions to get these numbers down.

*Figure 3: Age- and Sex-Adjusted Suicide Rate, Veterans and Non-Veteran U.S. Adults, 2001–2021*




Recent discussions concerning the VA's' mental health services are part of a broader conversation about how our nation supports those who've risked their lives for our freedom. We

are not simply asking for an improvement to this model; we are pleading with Congress and the VA to consider transformation in the face of demonstrated systemic struggle and outright failure.

For context, while the general U.S. adult population's suicide rate remained fairly consistent, a JAMA report indicates a ten-fold rise in suicides among post-9/11 veterans from 2006 to 2020.[1] This increase persisted despite, or possibly due to, the VA's budget for mental health services skyrocketing from $600 million annually to over $16.6 billion.

AMVETS strongly advocates for a reevaluation of existing strategies and tactics. With such a significant annual budget, Congress and the VA must strive for clear, measurable outcomes instead of minor adjustments and unfulfilled promises. Given that a large portion of the VA's budget is allocated to interventions that have proven ineffective, AMVETS suggests that exploring innovative solutions focused on holistic mental health could provide more substantial benefits to veterans while providing a better value for our taxpayers.

Immediate reform is necessary. Our veterans deserve leadership as committed as they were to our country and services that genuinely improve their lives. We are proud of the work done by these Committees and Secretary Denis McDonough, and we want to see everyone deliver on their promises to American veterans and save their lives.

We commend Congress for its recent focus on the critical issue of veteran suicide through hearings and discussions about veterans' mental health by Committee members. However, we firmly believe that the actions taken thus far amount to little more than superficial, and unfortunately wasteful in time and lives, adjustments over the last twenty years. The practice of naming new legislation after veterans who tragically lost their lives to suicide after undergoing VA clinical interventions highlights the need for a more profound change. We argue that it's crucial to go beyond the failed promises of better outcomes from the mental health and pharmaceutical sectors, which have not materialized despite increased clinical interventions, suicide prevention campaigns, and the expenditure of hundreds of hundreds of millions of dollars in research funds searching for a nonexistent "golden" clinical solution.

AMVETS encouraged Congress and the VA to take a new tack six years ago. Congress has largely stayed the course except for some small and meaningful changes such as providing grant funding for “new and novel approaches,” as recommended by JAMA nearly eight years ago.

With two decades of data and efforts, we can now say the following have failed to reduce the ratio of veterans’ deaths by suicide:

- Veterans who utilize VA are more likely, not less, to die by suicide.
- Despite massive increases in funding for clinical interventions, the veteran ratio of suicide has risen, not dropped. Civilian suicide, without this massive infusion of clinical and negative public campaign intervention, has largely stayed static, insinuating that VA interventions are likely systematically contributing to these negative outcomes.

[1] Howard JT, Stewart IJ, Amuan ME, Janak JC, Howard KJ, Pugh MJ. Trends in Suicide Rates Among Post-9/11 US Military Veterans With and Without Traumatic Brain Injury From 2006-2020. JAMA Neurol. Published online August 28, 2023. doi:10.1001/jamaneurol.2023.2893

- The first (and last) joint VA/DoD Suicide Prevention Conference (2004)
- The Joshua Omvig Veterans Suicide Prevention Act (2007)
- The launching of the Veterans Crisis Line (2007)
- The Clay Hunt SAV Act (2015)
    - Further, Congress has not held a hearing on the Clay Hunt SAV Act report, which Congress required in this legislation to understand better the effectiveness of VA mental health interventions or lack thereof.
- Numerous negative and reinforcing public campaigns (billboards, radio ads, etc.) highlighting veterans as suicidal
- Combatting suicide as a public health issue
- VA's campaign highlighting suicide as their number one clinical priority

We are heartened to see an awakening in Congress to the reality that our community has been misled regarding the costly lack of tangible positive outcomes due to clinical interventions. Another positive development is the growing recognition among veterans and their families of the benefits of adopting healthy, positive, holistic approaches over traditional clinical and psychotropic treatments. It's imperative that the VA modernizes its approach and that funding priorities shift to support these proactive and positive interventions early in veterans' journeys. Only through such transformative measures can we hope to achieve a meaningful reduction in the rate of veteran suicides.

This Memorial Day weekend, AMVETS will remember those service members who never made it home, including those who died by suicide, were killed in action, or are still listed as POW or MIA. Our Rolling to Remember event, the largest motorcycle rally in the nation, aims to occupy the streets of Washington, DC, raising awareness of veterans' mental health issues and highlighting the plight of our missing. We invite Congress to demonstrate its support for this crucial event and its powerful message to veterans and their families by understanding that the relic approach of more funding for more of the status quo will only result in more deaths by suicide.

**Creating Equitable Non-Profit Policies for Congressionally-Chartered VSOs**

AMVETS is spearheading efforts to pass legislation enabling 501(c)(19) congressionally chartered veteran nonprofits to accept tax-deductible donations, challenging a long-standing restriction. We thank the members of these Committees who have cosponsored the VSO Equal Tax Treatment Act (H.R.1432/S.677) and encourage the support of those who still need to.

This initiative seeks to amend current tax laws, which limit deductions to donations made to organizations where at least 90 percent of members are war veterans, and include those without the wartime service requirement. The proposed change reflects a modern, long overdue understanding of military service, recognizing the contributions of all veterans, regardless of their service period.

The existing rule needs to be updated, failing to represent the diverse experiences of today's veterans, particularly the 2.4 million who served outside of official wartime periods. This discrepancy has placed a significant financial strain on VSOs like AMVETS, uniquely serving all honorably discharged wartime and non-wartime veterans. Consequently, in 2015, AMVETS lost

its eligibility to receive tax-deductible contributions, impacting its funding and ability to support its 250,000 members, of whom 38% are non-wartime veterans.

AMVETS was proud to observe the House Ways & Means Committee's markup of the VSO Equal Tax Treatment Act in November 2023, a critical step towards fixing the tax code's existing inequity. We remain optimistic about the bill's progress through Congress, aiming to secure equal treatment for all VSOs and ensure they can continue their vital support for America's veterans.

**Immediately Passing the Major Richard Star Act**

AMVETS joins numerous VSOs in supporting the swift enactment of the Major Richard Star Act, reinforcing nearly two decades of support alongside the Bilirakis family to abolish an outdated and unjust law that hinders veterans from concurrently receiving their deserved retirement pay from the Department of Defense and disability compensation from the VA.

The current policy, which deducts every dollar of disability pay from a veteran's retirement benefits, is fundamentally unfair to those who have sacrificed immensely for our country's safety and freedom. It is a disservice to veterans who have dedicated their lives to national defense, penalizing them for injuries sustained in service. AMVETS believes that correcting this policy is not just a matter of legislative action but a moral imperative to honor and properly support our veterans' sacrifices and contributions.

**Supporting the Increase of DIC for Our Survivors**

For many years, advocates have been tirelessly working towards securing equity between military surviving spouses and federal surviving spouses through a modest raise in the Dependency and Indemnity Compensation (DIC) for those who have lost their loved ones. The current disparity in DIC payments highlights an unfulfilled promise to the families of those who have died for our country. It's imperative that we, as a nation, ensure that the families of those who have made the ultimate sacrifice are taken care of and adequately supported. This adjustment is a way to acknowledge our debt of gratitude and to demonstrate our appreciation for their service.

On January 30 of this year, the House Veterans Affairs Committee held a hearing focused on this very topic. They explored the possibility of increasing DIC payments, among other issues pertinent to the surviving spouses and children. AMVETS remains committed to endorsing these initiatives to enhance the welfare of these surviving families, reinforcing our support for those who have endured the loss of their servicemembers. This ongoing work underscores the importance of recognizing and addressing the financial and emotional needs of the survivors, ensuring they receive the support and recognition they deserve.

**Supporting the Completion of a Successful and Seamless Electronic Healthcare Record**

AMVETS wholeheartedly endorses the VA's initiative to develop a unified and efficient electronic health record (EHR) system. For years, the transition of veterans from the Department of Defense to the VA has been hampered by a dysfunctional system characterized by missing

information, misplaced data, and reliance on outdated paper records. With the recognition that VISTA is no longer viable, AMVETS acknowledges the urgent need for a modern solution to serve both current and future veterans effectively.

AMVETS firmly opposes exploiting this critical issue for political advantage and actively opposes efforts to discontinue the EHR project—a stance far removed from reality. The efforts to implement this system align with the best interests of our nation's veterans and should be supported by all members of these Committees.

However, AMVETS advocates for stringent oversight, particularly emphasizing the VA's responsibility to efficiently advance this project. Drawing from the DoD's experience, which saw the successful deployment of similar initiatives under the guidance of skilled technical leaders with decisive authority, AMVETS notes a significant gap in the VA's handling of the EHR rollout. Despite these challenges, AMVETS is determined to resolve this pressing issue, urging the VA to demonstrate greater accountability.

AMVETS is keenly anticipating the forthcoming implementation of the EHR system at the Lovell Federal Health Care Center in Chicago, Illinois, this weekend, viewing it as a critical step towards rectifying a longstanding problem and vastly improving healthcare management for veterans. We are also confident that Oracle's acquisition of Cerner will be a positive outcome for this overall project, and we are grateful that such a large and impressive IT company will be at the helm to again bring VA healthcare into the forefront of healthcare and technology. Our veterans deserve nothing less.

**Increasing Women Veterans' Voices in Policy and Government to Address Issues Disproportionately Affecting Them**

AMVETS considers the mental health challenges faced by female veterans as a critical concern. According to the VA's 2021 National Veteran Suicide Prevention Annual Report, the suicide rate among female veterans is alarmingly 166 percent higher than that of their non-veteran female counterparts. In contrast, male veterans have a 43 percent higher likelihood of suicide compared to men who have never served in the military. Notably, the pandemic has seen a surge in suicides among female veterans, four times the rate of increase observed in male veterans, with a strong link identified between such tragedies and experiences of military sexual trauma (MST).

AMVETS has been at the forefront of influential legislation aimed at curtailing military sexual trauma and enhancing the provision of healthcare and benefits. This commitment to advocacy remains steadfast, with ongoing efforts to raise awareness and drive policy changes on Capitol Hill concerning women in the military, female veterans, and their unique challenges.

Moreover, AMVETS has highlighted the disproportionately low representation of veterans, particularly women and minorities, in policy-making roles on Capitol Hill. In response, we continue collaborating with the HillVets Foundation to increase the presence and impact of these underrepresented groups in such critical positions, aiming to ensure a diverse range of perspectives and experiences informs veteran-related legislation and policy initiatives.

**VA Must Prioritize and Properly Compensate Optometrists to Ensure Quality Eye Care for Veterans**

VA must immediately address the issue of optometrists at the VA being among the most undervalued practitioners within the system. Despite their integral role in providing essential eye care services to Veterans, VA optometrists are the only independently licensed practitioners not included on the VA Physician pay scale. This oversight has led to a significant and troubling trend: a mass exodus of highly qualified optometrists from the VA and considerable challenges in recruiting top-tier talent. The disparity in recognition and compensation not only undermines the quality of care available to our nation's Veterans but also fails to acknowledge the critical, specialized services that optometrists provide. Addressing this disparity is essential for maintaining the standard of care that Veterans need and deserve, ensuring they have access to the best possible eye and vision healthcare services.

Adding insult to injury, recent inner VA politics have led to certain VA leaders suggesting that VA optometrists cannot practice at the top of their licensing and training. This double whammy will result in even more optometry recruitment and retention issues. Ultimately, this will leave the VA critically short on optometrists and force the VA to pay increased costs to send veterans to optometrist in community care instead of at their preferred provider: the VA.
AMVETS strongly supports the position that the Department of Veterans Affairs (VA) must ensure Veterans have access to the full range of eye and vision care services that doctors of optometry are trained and licensed to provide under state laws. The urgency for this action is underscored by the significant demand for eye and vision care among Veterans, making it the third-most requested healthcare service. VA optometrists play a pivotal role, delivering care in over 70% of all Veteran eye care visits and practicing at 95% of VA sites offering eye care. However, the forthcoming Optometry National Standard of Practice and VA policies must not restrict Veterans' access to comprehensive care, including medical eye care services, injections, and surgical procedures that optometrists can perform in many states. Ensuring that Veterans have access to such comprehensive care aligns with practices in other federal health programs and acknowledges the established capability and safety of optometrists providing these services.

**Creating a National Veterans Strategy to Align Care and Benefits to Focus on Outcomes and Success**

AMVETS recognizes the complexity of modernizing a VA system that is indispensable to many veterans. Regrettably, the existing shortcomings have left many veterans worse off, highlighting the need for a more forward-thinking approach that was absent in the past. A new direction is necessary, as the current approach is not only misaligned but also fosters negative incentives and results in poorer outcomes.

To address this, we advocate for the establishment of a new office, backed by substantial funding, tasked with developing a National Veterans' Strategy. This would lay out the future objectives and vision for a VA centered on promoting veterans' holistic wellness. This strategy should emphasize proactive outreach, training, and the provision of benefits and services, all

aimed at enabling veterans to lead fulfilling lives, achieve physical wellness, and understand the essentials of a mentally healthy lifestyle.

**Promoting the Display of the POW/MIA Flag**

AMVETS is proud of former President Trump's signing of Senator Elizabeth Warren's legislation, the National POW/MIA Flag Act, into law in November 2019. This bi-partisan legislation requires the display of the POW/MIA flag outside of high-profile federal buildings and national war memorials throughout the year. Previous law only required the POW/MIA flag to be displayed on Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day, and Veterans Day.

AMVETS continues to encourage members of Congress to display the flag outside their offices, as is protocol. This legislation requires the Architect of the Capitol (AOC) to display the National League of Families POW/MIA flag outside of the entrance of the office of each Member of Congress, unless the Member directs the AOC to not display the flag. This requirement applies only to a Member's office in a House or Senate office building within the U.S. Capitol Grounds.

**Promoting Readiness and Recruitment Efforts for the Next Generation of Veterans**

AMVETS holds the view that the bedrock of a nation's defense lies in its military readiness, ensuring the armed forces are consistently primed to counter various threats. We understand that effective recruitment is essential for sustaining a capable and skilled military force poised to tackle any challenges and protect national interests.

In alignment with this belief, AMVETS has actively participated in initiatives with the Military Coalition (TMC), supporting letters and endorsing legislation focused on enhancing recruitment efforts. Furthermore, AMVETS is engaged in forging partnerships with entities dedicated to boosting the health and operational readiness of military personnel. We wish to see recruitment strategies that prioritize physical well-being and promote healthy living, joined with military programs aimed at elevating the overall physical condition and fitness levels of its members.

**Conclusion**

As AMVETS continues to lead and support a wide range of initiatives aimed at enhancing the lives and well-being of our nation's veterans, it is imperative that Congress recognizes and supports these critical efforts. From the pressing need to address and reduce veteran suicides, to ensuring equitable treatment and support for all veterans through legislative reforms such as the Major Richard Star Act and the VSO Equal Tax Treatment Act, the urgency of these matters cannot be overstated.

We call upon Congress to actively support and expedite the overarching initiatives championed by AMVETS this year. This support is not just a reflection of our nation's gratitude for the service and sacrifices of our veterans but also a critical investment in the future of our armed forces and the health and prosperity of our nation. By working together, we can ensure that our veterans receive the care, recognition, and opportunities they deserve, laying a strong foundation for a more resilient and supportive society for all who have served.

**National Commander, Bill Clark**

William (Bill) Clark has been an integral part of AMVETS since he joined Post 906 in Southport North Carolina in 1998. He was one of the first founding officers of that post. Throughout his long-standing involvement with AMVETS, Bill has taken on various leadership roles, including serving as First, Second, and Third Vice Commander at the post, department, and national levels. His commitment and dedication led him to hold the highest-ranking position of National Commander of AMVETS since last year.

Bill Clark's journey of service to his country began with 14 years of dedicated service in the Marine Corps, encompassing both active duty and reserve duty. He was deployed to the Western Pacific and Korea during his service but not during wartime, and he had the honor of serving aboard the USS Blue Ridge Marine helicopter, the flagship of the 7th Fleet, with a Marine detachment onboard. His military career culminated with an honorable discharge as a 1st Sergeant in 1986.

Following his military service, Bill ventured into the world of federal service contracts as a consultant. Three years later, he founded his own successful business, which continues to thrive today.

As the current National Commander of AMVETS, Bill Clark's top priorities include raising awareness and prevention of veteran suicides, increasing the visibility of AMVETS to become a household name, embracing the digital age for the organization, and addressing current challenges to ensure a brighter future for AMVETS.

**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 has been 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 118th 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 2023 - None
Fiscal Year 2022 - None
Fiscal Year 2021 - None
Fiscal Year 2020 - None
Fiscal Year 2019 - None

Disclosure of Foreign Payments – None

## Statement for the Record

**EHD Statement - Joint House and Senate Veterans Affairs Committee Hearings for VSOs**

**March 6, 2024**

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, Ms. Brownley, and your hardworking staff: thank you for inviting me to speak in support of legislation that I believe to be a lifeline for America's veterans and their caregivers.

I'm grateful to our many partners here today showing their support for this legislation, particularly my good friend General Mike Linnington. (To Mike): Mike, I know this is your last hearing as CEO of Wounded Warrior Project. Thank you for being a transformative leader and advocate, a true partner, and for the immeasurable difference you have made in the lives of so many veterans and caregivers.

Ladies and gentlemen, serving as a United States Senator was one of the great honors of my life. I held positions confirmed by this body, and my beloved late husband Bob served with distinction in these chambers for 35 years. Together, we held this institution in the highest regard. While we never thought Washington should attempt to fix all the nation's problems, we firmly believed that some of America's greatest challenges could *only* be solved with the leadership, power, and resources entrusted to you, our elected representatives.

I am truly honored that the omnibus of veterans' bills and the act for veteran caregivers are named for me. Though I am even more grateful for the promises they hold for those who serve our nation and their caregivers.

The resources, reforms, and improvements contained in this legislation are precisely the types of advancements that only this body can provide. And I don't see how we can be a nation that truly cares for our military and veteran communities if we wait another day to get it passed.

The Elizabeth Dole Home Care Act, in particular, is smart, bipartisan legislation that will make it possible for severely ill and injured veterans to spend more time recovering at home with their family, rather than in an institutional setting.

I think of Americans like Lara and Tom Garey, and their son, Trey, from Texas. Tom was an Air Force veteran who tragically passed away last year due to his service-connected ALS. Like so many veterans, Tom wanted to be home with his family for as long as he could. As his condition deteriorated, Tom's wife Lara had to fight to get the appropriate support in their home so Tom could continue to enjoy family movie nights, opening gifts on Christmas morning, and even attending Trey's makeshift high school graduation in their living room—all of which he would have missed if he were in the closest facility capable of providing him care, two hours away.

It was Tom's greatest wish to remain at home, surrounded by the peace and love of his family during the hardest of times. He deserved that choice, and Lara fought every day to make it possible until he passed away.

By easing access to necessary programs and services, the Elizabeth Dole Home Care Act will make the very difficult path the Gareys, and so many others walk, much easier. It will allow veterans and caregivers to focus on the things that really matter.

You know, Bob and I always said that the most meaningful change happens when our leaders work across the aisle. At a time when compromise and consensus are hard to come by, you, your colleagues and your staff have done it. You have come together to create a significant package of legislation that will impact so many veteran and caregivers' lives for the better. Now, I urge you to remain united, put veterans and caregivers first, and pass these bills. This community has earned it, and they desperately need your bipartisan leadership to do it.

Thank you all for your consideration, and a special thanks to the MSO and VSO leaders we work with every day to support our nation's veterans, their families, and caregivers.

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