

LEGISLATIVE HEARING

HEARING

BEFORE THE

SUBCOMMITTEE ON DISABILITY
ASSISTANCE AND MEMORIAL AFFAIRS

OF THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

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WEDNESDAY, MARCH 26, 2025

SUBCOMMITTEE ON DISABILITY ASSISTANCE &
MEMORIAL AFFAIRS,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:16 a.m., in room 360, Cannon House Office Building, Hon. Morgan Luttrell (chairman of the subcommittee) presiding.

Present: Representatives Luttrell, Bergman, Mace, Self, McGarvey, Pappas, Dexter, and Morrison.

Also present: Representatives Kim, Pfluger, Yakym, Barrett, and Bresnahan.

OPENING STATEMENT OF MORGAN LUTTRELL, CHAIRMAN

Mr. LUTTRELL. The subcommittee will come to order. Thank you all for joining us today. We are here to discuss 13 bills that would help veterans and their survivors navigate the U.S. Department of Veterans Affairs (VA) claims and appeals process, as well as improve access to VA benefits.

The bills we will discuss today would and will ensure that servicemembers and veterans can be buried together with their family members, improve the VA appeals process, including by increasing accountability and transparency for the VA Board of Veterans Appeals, ensure there is medical research available to pave the way to compensate military pilots and air crew for conditions due to service-related radiation and other exposures, make the VA claims process more transparent and understandable by providing veterans and their families with clear updates and instructions, ensure that VA issues accurate decisions on claims based on military sexual trauma (MST) and that MST survivors are not re-traumatized during the claims process, and require the VA to give equal attention to the needs of our Nation's veterans, as well as their survivors, including educating survivors who may not be aware of survivor benefits.

I am proud to introduce two bills on today's agenda, H.R. 2137, the Review Every Veteran's Claim Act, would prevent VA from denying a veteran's VA benefit claims solely because they missed their disability claims exams.

Under current law when a veteran misses their exams without providing good cause or rescheduling VA automatically denies their VA disability compensation claim. Many of these veterans have pursued their VA claims for years and appear for multiple exams.

Veterans should not—should not be forced to start their claims over because they miss one exam.

This bill would stop VA's unfair practice of automatically denying those claims by ensuring that VA makes a comprehensive decision on every veteran's claims after reviewing all the evidence, including every exam each veteran has already been through.

H.R. 2138, the Veterans Compensation Cost Of Living Adjustment (COLA) Act of 2025, would give a cost-of-living adjustment to veterans and survivors receiving certain VA benefits. They would receive the same increase as what Social Security recipients receive. This bill would adjust certain VA benefits with inflation rates to help veterans and their families pay their bills and put food on the table.

I would like to thank Ranking Member McGarvey for co-leading these bills with me. I look forward to working with Chairman Bost, Ranking Member McGarvey, and other members of the subcommittee to advance these important proposals today.

I thank the witnesses who are here and have joined us and look forward to discussing how these bills would improve the lives of veterans and their families.

I now yield to the ranking member for his remarks.

OPENING STATEMENT OF MORGAN MCGARVEY, RANKING MEMBER

Mr. MCGARVEY. Thank you, Mr. Chairman, and thank you for your leadership in today's committee hearing. I am honored to be sponsoring a lot of those bills with you that are going to make a difference in our veterans' lives.

I think in this committee we are fortunate. We are fortunate that our guiding light is not partisan or party. It is a veteran-centered committee, a veteran-centered approach where veteran-centered policy is not right or left. We deal more with right and wrong.

It is a deep thing that we held in this. It is a belief that we are here based on a commitment to those who stand for something greater than themselves, for the men and women who are willing to put on a uniform and quite literally sacrifice everything to keep us safe and free. We must do what we can to honor their service and give them the benefits they have earned.

I want to highlight a few bills, starting with the Veterans Claims Education Act by my colleague, Mr. Peters. This bill is a worthy measure to stop claim sharks from taking advantage of our servicemembers and their families.

It is a topic that we know is important as we repeatedly hear calls of do not feed the sharks. Our veterans are not chum and they cannot be treated like they are. This committee will not be complicit in the exploitation of veterans, so I support all the efforts to provide them with the information they need to make the best decision for their claims preparation.

Ranking Member Takano's Survivor Benefits Delivery Improvement Act seeks to capture important information regarding veteran surviving spouses, children, and parents to ensure we are serving all who earned their benefits, not just some.

Currently, as a direct result of the VA not dedicating sufficient staff and attention to the task, these benefits go underutilized. Re-

cent Department of Government Efficiency (DOGE) cuts have decreased the four-person team working on this down to three. Luckily, the employee was reinstated but you can do the math pretty quickly and understand that three employees is insufficient to manage a nationwide program of survivors.

Finally, I want to highlight my bipartisan bill, the Board of Veterans' Appeals (BVA) Attorney Retention and Backlog Act. I honestly wish we could come up with a better title for that because it does really important work.

This will help cut down the egregious amount of time veterans have to wait for their appeals to be reviewed. The bill is going to broaden the Board of Veterans' Appeals workforce by attracting highly skilled, educated, and effective attorneys to dig through the backlog and get our veterans these claims decisions in a timely manner.

To attract and retain the best talent the bill creates a GS-15 position for the best BVA attorneys. It does not matter how many attorneys we hire if they burn out and leave before a claim has been adjudicated. That level of turnover we are seeing right now is not efficient. It is not good for our veterans.

Right now, it is clear that the Board of Veterans' Appeals is not able to serve our veterans adequately. Appeal times are in excess right now of, like, 2 years. This is unacceptable and here is the truth.

The only way out is through. This is a problem that will not go away if we simply ignore it. If we do ignore it, the backlog will continue to grow. It will continue to frustrate veterans and placing BVA employees in an impossible situation where they simply cannot work every claim because there are not enough people to do the work and get them completed.

We must employ and retain more attorneys to get to the bottom of the pile and dig the VA out of the hole it is in. Let me be clear. This is not to say the VA does not serve our veterans, does not care about the process. That is far from the truth.

This bill does highlight the need to retain more skilled and professional employees at the VA to take care of these claims. We cannot expect things to get better for our veterans while we take the chainsaw to the very administration that is tasked with funding the benefits to them.

Mr. Peters, Mr. Takano, and I have proposed bills which have broad support in the veteran community but to deliver on those bills we must fight for a stable institution. We cannot attract quality professionals willing to serve if they are joining an organization that injects uncertainty into every aspect of their life with staff at the appropriate levels, pay grades to provide veterans and their families what they have earned.

Thank you, Mr. Chairman. I yield back.

Mr. LUTTRELL. Thank you, sir.

We will move on to member testimony. We have got a very full agenda today so I will be holding everyone to 3 minutes per bill so that we can get through them all. This morning, we are joined by several of our colleagues both on and off the committee who are going to be testifying about the bills that they have sponsored.

Representative Self, sir, you are recognized for 3 minutes to speak on your bill.

STATEMENT OF KEITH SELF

Mr. SELF. Thank you, Chairman, for holding this hearing. I share Ranking Member McGarvey's concerns with the appeals process. I am going to discuss one of my two bills that will deal with the appeals process today.

H.R. 1741, the Veterans Appeals Transparency Act. This bill is a crucial step toward restoring transparency through the VA Board of Veterans' Appeals process. Veterans have three docket options when filing an appeal. The board tells veterans that the average time to receive a decision on their appeal on the fast board docket is 1 year, but as of October 2024, even veterans who chose the fastest board docket, the direct review docket, are waiting an average of 1.5 years to receive a decision on their appeal.

There are veterans in the fastest board docket who have been waiting over 5 years to receive a decision on their appeal. It is clear to me that the average wait times that the board tells veterans and Congress are misleading. These averages provide veterans and their advocates with no accurate sense of where they are in line.

The board must do better to provide veterans with realistic expectations for how long they will have to wait for a decision. My bill will do just that.

The Veterans Appeals Transparency Act would require the board to publish weekly updates on its website about which appeals they are working on in each board docket. This will ensure greater transparency from the board for our veterans, as well as for Congress.

Additionally, my bill requires the board's weekly updates to include a statement clarifying that these weekly updates do not mean a decision will be made that week. This will prevent veterans from mistakenly believing that a decision is imminent. Our veterans deserve clarity and transparency in the appeals process. My bill will help to ensure exactly that.

Again, I would like to thank the chairman for his support and Ranking Member McGarvey for his concern on this process. We need to fix it, and I yield back.

Mr. LUTTRELL. Thank you, Mr. Self.

Ms. Kim, you are recognized for 3 minutes.

STATEMENT OF YOUNG KIM

Ms. KIM. Thank you, Chairman Luttrell and Ranking Member McGarvey for hosting us and holding this very important legislative hearing today. I am really excited to see H.R. 2201, the Improving VA Training for Military Sexual Trauma Claims Act that is on the docket and being discussed in today's hearing.

Approximately 1 in 3 women and 1 in 50 men experienced military sexual trauma, or MST as a servicemember. Currently, the VA must help veterans filing disability benefits claims for MST gather evidence for their claims.

Unfortunately, VA claims processors and examiners often do not have the sufficient training to recognize those indirect markers of MST or to avoid forcing victims to relive their trauma. In fact, dis-

ability compensation examiners are only required to complete an outdated online sensitivity training once every 5 years.

Filing these claims is burdensome enough. The examination process should not cause more pain. The bipartisan Improving VA Training for Military Sexual Trauma Act would require all VA employees involved with MST claims to complete annual training to identify evidence of MST claims and annual sensitivity training to avoid re-traumatizing those victims.

Additionally, to ensure victims cases are processed in a timely manner, the VA would be required to automatically obtain all service personnel medical records for a servicemember filing an MST disability claim. The VA secretary would also submit both an annual report to Congress on the progress of the MST sensitivity training program and a detailed plan to improve it.

H.R. 2201 is a common sense, bipartisan measure that ensures VA staff are prepared to provide veterans with the support and protection they deserve. Streamlining the MST claim process and improving VA training is a win for our veterans.

I want to thank the committee for considering H.R. 2201 and Representatives Budzinski, Houlihan and Bacon for co-leading this bipartisan bill with me. Thank you and I yield back.

Mr. LUTTRELL. Thank you, Ms. Kim.

Mr. Pfluger, sir, you are recognized for 3 minutes.

STATEMENT OF AUGUST PFLUGER

Mr. PFLUGER. Thank you, chairman and ranking member. I am not on this committee but this is my top priority in Congress. This bill that I am about to talk about is my number one priority, and I appreciate the opportunity.

Military aviators and crew members are tragically being diagnosed with various forms of cancer at alarming rates, which is why I am proud to lead H.R. 530, 530, the Aviator Cancers Examination Study, also known as the ACES Act.

The ACES Act directs the VA to partner with the National Academies of Science to study cancer prevalence among military aviators and identify service-connected factors ultimately saving lives through earlier detection, developing targeted screening protocols, and ensuring our veterans receive the specialized care they have earned.

This is critical because in 2021 an Air Force cancer incidence study revealed troubling findings about the health risks faced by fighter pilots and their crews. When compared to the general population, it shows air crew had a 29 percent greater probability of testicular cancer, a 24 percent higher probability for melanoma, and 23 percent higher rate of prostate cancer.

Additionally, the U.S. Department of Defense (DODs) military aviator cancer study also found elevated rates of cancer among military aviators and aviation ground personnel. I understand that there is potential duplication concerns. These are not true.

Let me clarify. The ACES Act is complementary. It is not duplicative. It leverages the National Academy's expertise in meeting the VA's evidentiary requirements for determining service connections and includes veterans who might not qualify under the Ser-

geant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act.

Through more comprehensive and focused research on this issue than the aforementioned studies, the ACES Act will help us develop tailored interventions, improve screening protocols, and provide better care for aviators affected by cancer.

This is not a partisan issue. Over 20 veterans' cancer and medical professional organizations have rallied behind this bill because they are tired of waiting year after year while aviators continue to suffer. They demand action now.

Moving this legislation forward is not just about providing critical care. It is about finally acknowledging the true cost of service that these aviators have paid and continue to pay daily.

Myself as an aviator, a fighter pilot with over 20 years of service, I have witnessed first-hand the incredible dedication, bravery, and resilience of our Nation's aviators but I have also seen many of my brothers and sisters affected by this. Their toughest battles actually were not in the air, unfortunately. They are in hospital rooms as they fight cancer.

That is why I am honored to invite my dear friend, Colonel Andrew Pablo Shurtleff who will testify with us today. You need to hear his story, his fight against non-Hodgkin's lymphoma.

The ACES Act is not just a bill. It is a lifeline for those who have already given and continue to give so much for our freedom. We owe it to them. They were wingman for our country. They provided the service to fight for our country for the freedoms and now is the time to do the right thing and be their wingman and provide the service and find the causal factors for what they are going through in the battles that they are currently fighting.

I yield back.

Mr. LUTTRELL. Thank you, Mr. Pfluger.

Mr. Bresnahan, you are recognized for 3 minutes, sir.

STATEMENT OF ROB BRESNAHAN

Mr. BRESNAHAN. Thank you, Mr. Chair, Ranking Member McGarvey. I appreciate you having me. I would like to open by thanking the committee for taking interest in my bill, the Simplifying Forms for Veterans Claims Act and inviting me to come speak on it today with you.

Our veterans must complete VA's standard forms to initiate and pursue their claims for VA benefits. These forms include those filled out by a surviving spouse or other family members following the passing of their veteran loved one. These are the benefits our veterans and their dependents have earned, yet these forms are often difficult to understand and complete.

Understandably, the complexity of these forms can be overwhelming for the veteran's grieving family. There is no reason for veterans or their survivors to be subjected to a process more difficult than necessary when these forms can be improved making them user friendly.

This bill would require the VA to contract with a nonpartisan federally funded research entity to conduct a study on and provide recommendations for revising VA forms to be more understandable for veterans and their survivors. The research entity would collabo-

rate with the VA and the veterans and survivors advocates and require the VA secretary to report the findings to Congress and implement the recommendations that are compliant with VA law.

The Simplifying Forms for Veteran Claims Act is common sense, bipartisan legislation that would ensure veterans are able to complete VA forms correctly without unneeded stress so they can receive fair and timely decisions on their claims for VA benefits.

I look forward to continuing to work with the committee to get this legislation signed into law, and I yield back.

Mr. LUTTRELL. Thank you, Mr. Bresnahan.

Mr. Barrett, sir, you are recognized for 3 minutes.

STATEMENT OF TOM BARRETT

Mr. BARRETT. Thank you, Mr. Chairman, appreciate you and the committee's attention to this bill, the bill that I sponsored and the opportunity to testify on the importance of my bill, H.R. 1039, the Clear Communication for Veterans Claims Act. I am proud to lead this bipartisan legislation with Chairman Bost and Representative Budzinski.

A priority of mine is to ensure that veterans understand how to access the benefits that they have earned and this bill will do just that. After a veteran files a disability claim the VA sends letters throughout the claims process. These notice letters are critical to ensuring that veterans understand how to pursue their claims and receive the VA benefits that they have rightfully earned through their service.

I have too often heard from my constituents and other veterans across Michigan and across our country that these claims letters are difficult to understand. They are filled with legal jargon. Many times, they are automated from computer systems that are antiquated and outdated and they can be upwards of 40 pages long making it extremely challenging to distill out from that exactly what the response and required information is.

This can discourage veterans and their surviving family members from pursuing their claims and receiving benefits and far too often we have heard stories of veterans who have given up their claim because the process becomes bureaucratically difficult to navigate.

Our veterans and their families deserve better and that is why I sponsored this legislation. These letters should be shorter, clearer, and more easily communicating for the veterans and their survivors. It should not take a lawyer to explain to them what a letter says.

My bill would require VA to contract with a third-party research entity outside of the VA to really review these notice letters to make them more understandable for veterans and their families. The men and women who serve in our military deserve a claims process that is simple and clear, not confusing and stressful.

I know first-hand just in my own interaction with the VA the confusion that can follow when you file a particular claim. You get a letter automated back in the mail. You do not know if it is requiring you to furnish further information. This is adjudicating a claim that you have put in. If it is summarizing what you have

done so far it can be very confusing to follow along in the next steps.

I am proud the first bill that I introduced into Congress is this bill which will help ensure veterans receive the support that they deserve. I am grateful to Chairman Bost and Congresswoman Budzinski's support, and Mr. Chairman, I appreciate you taking up this bill and look forward to our committee leading on this important issue.

I yield back. Thank you.

Mr. LUTTRELL. Thank you, Mr. Barrett.

We will forego a round of questioning for the members. Any questions may be submitted for the record. You are now excused, although I understand some of the members may be staying to ask questions during the next panel.

I now invite the second panel to take the table. In accordance with committee rules, I ask unanimous consent that the following members be permitted to participate in today's subcommittee hearings, Representative Kim from California, Representative Pfluger from Texas, Mr. Yakym from Indiana, Mr. Barrett from Michigan, and Mr. Bresnahan from Pennsylvania. Without objection, so ordered.

Is everyone ready and well-rested? That is rhetorical. You do not have to answer it. Thank you for coming today. Thank you for all of those that traveled to get here.

Our second panel includes Ms. Patricia Krisfalusy-Maxon, the sister of Master Sergeant Dennis Krisfalusy. Stand by.

I yield to Representative Pfluger to introduce our next witness.

Mr. PFLUGER. Thank you, Mr. Chairman. It really is an honor to introduce my friend, Colonel Andrew J. Shurtleff, but he is known to me as Pablo, and I have known Andy for over 20 years. He is an exceptionally distinguished and accomplished Air Force veteran fighter pilot, leader, husband to Julie, who is also here, and father.

He has flown over 1,500 hours. The accomplishments are too numerous to list. We would be here and I fear that you would gavel me out if I were to talk about all the accomplishments that Colonel Shurtleff has done throughout his career, but probably the most important one is that when there was a task given, when there was an assignment to be had, when there was any sort of activity that needed to be done he was the first person to raise his hand. He was the first person to volunteer. He was the first person to lead.

As a squadron commander and someone who served in many different roles, he was the most trusted individual that I have served with. He is fighting the biggest fight of his life right now against cancer and that is why we are here today.

Andy, I want to thank you for your courage. As I mentioned, you were a wingman to all of us at every moment throughout our active-duty career and it is time for us to be a wingman to you. Thank you for the courage, thank you for standing up, not just for you but for so many of our friends that we know who have fought the same battles that you are going through.

I want to sincerely thank you for being here and thank your family for allowing you to be here as well.

I yield back.

Mr. LUTTRELL. Thank you, Mr. Pfluger and Colonel, thank you for your service and your family's service. Mr. Pfluger speaks highly of you and I hold him in the highest regard so you must be one amazing human being, which as a Navy guy it is very challenging for me to say to you.

Next on the panel is Ms. Diane Boyd Rauber—good to see you again as always—executive director of National Organization of Veterans' Advocates (NOVA).

Ms. Leslie Witter, senior vice president of advocacy at the National Funeral Directors Association.

Would all the witnesses please stand and raise your right hand? Do you solemnly swear that the testimony you are about to provide is the truth, the whole truth, and nothing but the truth, so help you God? Thank you and let the record reflect that all witnesses answered in the affirmative.

[Witnesses sworn.]

Mr. LUTTRELL. Ms. Krisfalussy-Maxon, you are now recognized for 5 minutes to present your testimony.

STATEMENT OF PATRICIA KRISFALUSY-MAXON

Ms. KRISFALUSY-MAXON. Thank you for having me today. I greatly appreciate your help for veterans. I am here from my brother Dennis Krisfalussy.

My brother was raised in a small town in western Pennsylvania. We were blessed to have wonderful parents and siblings Chuck, Cindy, and Lisa.

My brother graduated from California Area High School class of 1961. We were very proud when he made the decision to join the military as my father served in World War II in the Army.

My brother Dennis' smile lit up the room. His kindness is memorable from bringing home stray animals and people, helping neighbors and friends, and creating a famous ball game called rubber hose. My brother was physically fit. He jogged, he lifted weights, and he ate very healthy.

Recently, a friend remarked, "Your brother was so kind but you knew better than to mess with him." Being around my brother was joyous filled with warmth, love, and pranks. The day he left for basic training was filled with tears and sadness.

When he came home it was a holiday. My mother always made his favorite ethnic foods and the house was filled with family and relatives.

He was stationed at Davis Monthan Air Force Base. He went to a dance one evening, came home, and immediately called my mother to tell her that he met a beautiful, kind girl and her name was Lois. They were married in June 19, 1965. He immediately was bonded with her family and her sisters and they welcomed him into the family as we welcomed her. They enjoyed traveling, their dog, family, and friends.

While they were stationed in Germany they got to travel Europe. Denny served a tour of duty in Vietnam. We were always concerned about his safety and Lois remained loyal and his very best friend. This time seemed to make them bond a little closer.

They built a house in Arizona. They completed 20 years of service. Denny became a mail carrier and he went to LA. In September

1985 they made a decision to go to Mexico to find a retirement home. The year before he made that decision my mother passed away suddenly.

He came home to Pennsylvanian discussed with us if something ever happened to Lois he would not want to live. At the time they traveled they always sent postcards home to our family. My grandmother received a postcard from Mexico City. She realized that my brother and sister-in-law were there during the earthquake, an 8.1 magnitude earthquake that killed 10,000 people September 19th, 1985, 7:19 a.m. in the morning.

This occurred before there was a computer, cellphones, Internet. Communication was impossible due to the devastation. We made contact with my brother's co-workers and friends in LA. and realized that my brother did not return to work, that he was lost in the earthquake.

We immediately contacted our family friend, Congressman Murphy, John Heinz, the Veterans Administration, and the Red Cross to help us. We were informed that the concern was for the living and they had to bury the dead. If my brother was alive they assured us that they would notify us.

I asked about going to Mexico. I was told that there would be devastation beyond my belief. We did not go to Mexico. We trusted that we were being led the right way.

The day that my brother died and we found that he did not make it was the day my father died. We buried my father in 2006. Lois' mother waited for her to come home until the day she died.

In 2023 we decided to finally honor Denny for in the Cemetery of the Alleghenies in Washington County. I contacted the cemetery. We worked with the veterans. We planned a beautiful ceremony.

We were told after everything was planned that Lois' name could not be permitted on the stone because of the time of her death. I worked very closely with the Veterans Administration, Congressman Reschenthaler's office, Senator Fetterman's office to see if we can make a change.

What I must tell you that I was treated so fairly with empathetic and respect. I was impressed with the constant communication of everyone that was involved in the situation.

What we were asking for today is that we hope we can continue to collaborate on changing the current law which prevents spouses of veterans like our Lois who died before 1998 from being honored by passing the Dennis and Lois Krisfalusy Act to ensure no veteran's spouse is forgotten. Thank you.

[THE PREPARED STATEMENT OF PATRICIA KRISFALUSY-MAXON APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, ma'am.

Colonel, you are recognized for 5 minutes, sir.

STATEMENT OF ANDREW SHURTLEFF

Mr. SHURTLEFF. Good morning, Chairman Luttrell, Ranking Member McGarvey, and committee members. Thank you for this opportunity to address you this morning and it is quite an honor to represent all active duty and veteran military air crew members on the topic of the ACES Act, H.R. 530.

I am joined this morning by my wife Julie, who is sitting behind me in the gallery and supports me each and every day. I retired from the United States Air Force in December 2022 after nearly 23 years of service to our Nation. I was trained as a fighter pilot in the F15C and the F22, culminating in approximately 1,500 total flight hours of flying operational missions and training the next generation of fighter pilots.

I had a promising career, hand-picked to stand up the sole F22 flying unit, early promotion to Lieutenant Colonel, top marks as a squadron commander and distinguished graduate from senior developmental education.

In 2018 while serving at Langley Air Force Base, Virginia, I was looking forward to the next challenge, promotion to Colonel, a flying O-6 command tour, and endless future possibilities.

I was also in the best shape of my life, training for my first half Ironman. Simply, I was on top of the world, and that world came crashing down on January 8th, 2019 when I received a call from my doctor saying I had cancer.

Scans revealed I have a fist-sized tumor growing on my left kidney. Additional tests revealed that the cancer had already spread to both of my lungs. I was 41 years old, married with 10 and 13-year-old sons at home and I had stage 4 cancer.

While I was selected for promotion to O-6 a few weeks after my diagnosis, I was also permanently grounded and eventually medically disqualified from aviation service. My promising flying career was over.

Scheduling and attending doctor appointments became a near full-time job for the next several months and in the last 6 years I have undergone two surgeries, multiple procedures, three rounds of radiation treatment, untold number of scans and blood draws. I participated in the clinical trial and quite frankly, I have exhausted all known treatment options.

In June 2019, following my partial lung resection surgery, I woke with a half-inch tube protruding from my back attached to a vacuum that was designed to siphon out additional fluid from my chest cavity. My friend and fellow fighter pilot August Photo Pfluger, now Congressman Pfluger, came to visit me in the hospital and slowly walked the halls with me while he carried that vacuum. It is something I will never forget.

The last 6 years have been an emotional rollercoaster for me and my family, and I still remain in the fight for my life today. I would say it is natural for people to question the need for the ACES Act when the PACT Act was just enacted in 2022.

The PACT Act is a great piece of legislation that expands VA healthcare and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances. The act removes the burden from the veteran of having to approve service connection for certain medical conditions.

While the PACT Act will likely help millions of veterans and their families, it is also limited to certain time periods and specific locations. To be clear, the PACT Act does not cover aviators like me and thousands of others who have been proven to have significantly elevated cancer diagnoses and deaths simply from doing

their daily flying duties, as is documented in three studies 2021 to 2024.

In a way I was lucky though because my cancer was diagnosed while I was on active duty and it was therefore automatically service-connected and as such, I do receive VA healthcare and benefits for my condition. There are an untold number of veterans who are not so lucky as the cancer is diagnosed after their military service and therefore, they do not receive those benefits.

The purpose of the ACES Act is to right this wrong by identifying the hazards in the military aviation operating environment that more likely than not cause cancer. We must identify the root cause affecting otherwise healthy air crew.

The health and continued service of our military air crew directly impacts national security and should be prioritized appropriately.

The United States needs to address the health risks posed to military air crew by their unique working environment by dedicating the resources to fully investigate, understand, and eventually mitigate those risks. That is why the ACES Act is needed.

Thank you again for this opportunity to address this subcommittee and I look forward to your questions.

[THE PREPARED STATEMENT OF ANDREW SHURTLEFF APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, Colonel.

Ms. Rauber, you are recognized for 5 minutes.

STATEMENT OF DIANE BOYD RAUBER

Ms. RAUBER. Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, on behalf of NOVA thank you for the opportunity to provide feedback on the bills before you today.

NOVA members are accredited attorneys and agents who represent veterans, family members, survivors, and caregivers in their VA disability claims and appeals. Therefore, our testimony today focuses on those bills designed to improve the adjudication process.

NOVA supports H.R. 1039, Clear Communications for Veterans Claims Act and H.R. 1286, Simplifying Forms for Veterans Claims Act. These bills would create centers to assess VA letters and forms and would include critical input from advocates.

We testified in March 2024 regarding VA letters and participated in the discussions led by the subcommittee on ways to improve them. Given the vast number of letters VA drafts and sends on a daily basis, this work needs to be ongoing.

Likewise, we have long advocated for simpler and clearer forms. While we support H.R. 1286, NOVA and other veterans' organizations have sought greater flexibility from VA when accepting forms from veterans.

We previously testified about the problem of VA rejecting a wrong form submitted by a veteran and asking for a different form even when it can be determined from the first form what benefit the veteran is seeking.

Last Congress Chairman Bost introduced legislation that would require VA to accept an incorrect form as an intent to file under 38 CFR 3.155. We urge the subcommittee to consider strengthening

this bill with a similar provision as detailed in our written statement.

NOVA supports the Review Every Veteran's Claim Act. This bill would prohibit VA from denying a claim solely because the veteran does not appear for a medical examination. NOVA members frequently report instances where a veteran communicates an inability to attend an exam for a host of reasons, conflict with work schedules, illness or mobility issues, family responsibilities, or a lack of transportation.

Sometimes they are unable to reach someone to reschedule. Sometimes that request is not honored, and sometimes they never receive notice of the exam in the first place.

This bill reflects a more veteran-centric policy. We expect it will also result in more scrutiny of a file to determine if the claim can be granted based on ongoing VA treatment or private medical evidence already of record as required under 38 USC Section 5125.

NOVA supports the Improving Training For Military Sexual Trauma Claims Act. This bill builds on successful bipartisan efforts of past Congresses to improve adjudication of these claims. We support all efforts to ensure veterans who make a claim for a condition based on military sexual trauma are not re-traumatized.

In particular, given that contract examiners handle most VA disability exams, training for healthcare professionals and those who communicate with veterans to schedule these exams is very important.

NOVA supports the Veterans' Appeals Transparency Act which would require the board to provide weekly notice of the assignment of certain docket dates to Veterans Law Judge (VLJs) for consideration. With the passage of the Appeals Modernization Act (AMA), claimants were provided with more choice and control over the course of their appeals.

The Board of Veterans' Appeals now operates three dockets, direct review, evidence, and hearing. On its website the board notes that it is finally deciding far more cases in the new AMA system than the legacy system. However, it also notes that as of December 2025, average days pending for a decision in the direct review docket is 506 days, with 713 and 791 days, respectively, for the evidence and hearing dockets.

Therefore, this is a good time for more transparency for veterans on where their case is in the process, as well as to help veterans and their advocates make informed decisions on how to proceed with current and future appeals.

We also support the Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act. This bill would allow for non-supervisory attorneys employed by the board to achieve promotion to a grade GS-15.

NOVA maintains that individuals with appeals pending at the board are best served by decision writing attorneys who are experienced and knowledgeable about the ever-changing field of veterans' law. Someone who has stayed at the board and produced quality work to be eligible for this grade but who chooses not to become a supervisor should not be penalized.

Finally, NOVA supports the Veterans' Claims Education Act. This bill would provide veterans, family members, survivors, and

caregivers with information to help them understand and select accredited representation if they seek assistance with their claims. Given the ongoing problem with unaccredited claims consultants, this information can save claimants from receiving potentially incorrect and costly information from unaccredited actors.

Thank you again for the opportunity today, and I will be happy to answer any questions you have.

[THE PREPARED STATEMENT OF DIANE BOYD RAUBER APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, Ms. Rauber.

Ms. Witter, you are recognized for 5 minutes.

STATEMENT OF LESLEY WITTER

Ms. WITTER. Thank you. Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, thank you for the opportunity to testify before you today on behalf of nearly 20,000 licensed funeral directors and embalmers from across the Nation who are members of NFDA, the National Funeral Directors Association. I am Leslie Witter and I am the senior vice president of NFDA.

The role of funeral directors in ensuring that veterans receive a dignified funeral and burial cannot be overstated. The vital collaboration between funeral directors, Congress, the Department of Veterans Affairs, and the Department of Defense is crucial in supporting bereaved veteran families during their time of profound grief and loss,

Mr. Chairman, NFDA supports H.R. 647, which is common sense legislation that would allow families to inter their veteran loved ones in a VA National Cemetery even if they had previously opted for the urn or plan benefit, thus ensuring that families have flexibility to make the best decision for their loved one's final resting place.

This legislation provides a thoughtful solution to a problem that adds unnecessary stress and grief to veteran families. I would like to thank Representative Yakym for his efforts to address this nuanced but incredibly important issue and NFDA encourages passage of this legislation.

I am also honored to speak today in support of H.R. 1344, the Dennis and Lois Krisfalusy Act. I want to thank Representative Reschenthaler for his efforts to ensure that no veteran or family member is denied the recognition they rightfully deserve for their service to our Nation.

H.R. 1344 corrects an injustice by addressing an arbitrary and outdated restriction that prohibits the VA from providing a memorial headstone or marker for military spouses and dependent children who passed away on or after November 11th, 1998 and ensures that military families are properly honored together.

By fixing this injustice, we are ensuring that families like the Krisfalusy family can be laid to rest together and memorialized with dignity and NFDA encourages passage of this legislation.

Mr. Chairman, in preparation for today's testimony I spoke with funeral directors who assist grieving families as they navigate their way through the sometimes-complicated process of applying for benefits from multiple agencies within the VA. The Office of Sur-

vivor Assistance is a crucial resource overseeing all benefits and services furnished by the VA to survivors and dependents of deceased veterans.

Recently the Office of Survivor Assistance (OSA) was moved out of the office of the secretary of Veterans Affairs and this hampers OSA's ability to serve as the principal advisor to the secretary of Veterans Affairs. That impacts survivor families so NFDA believes that there should be no barrier between the Office of Survivors Assistance and the office of the secretary of Veterans Affairs and for this reason we support H.R. 1228 and encourage passage of this legislation.

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, on behalf of the National Funeral Directors Association I want to thank you for your tireless leadership, dedication, and diligent work in support of our Nation's veterans and their families.

In closing, I would like to express my sincere gratitude for the opportunity to testify before you today on behalf of funeral service and NFDA and affirm our unwavering commitment to honoring our Nation's veterans and their families. I hope that my testimony has provided valuable insights, and I am happy to address any questions you may have.

[THE PREPARED STATEMENT OF LESLEY WITTER APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, Ms. Witter.

The written statements of our witnesses today will be entered into the hearing record. We will now begin questioning.

I recognize the ranking member for 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman.

First of all, Colonel Shurtleff, thank you so much for your service. We are gratefully appreciative for it and I just want to thank you again for your continued service in being here today to help all the aviators who come afterwards. To your family I hope you know we will say a prayer for you tonight and appreciate you being here.

I want to ask some questions of Ms. Boyd Rauber this morning and that we know the Board of Veterans' Appeals is already facing a lot of delays. Veterans are literally waiting years for their claims and their cases to be heard.

Keeping the attorneys who are reviewing these claims should be a priority but instead it seems like the BVA is making decisions that push people away like limiting promotions and forcing return to office rules that do not make sense. We are trying to fix these even if just a little so our veterans can get their claims in a timely manner.

Since your members regularly work with the Board of Veterans' Appeals as accredited attorneys, how crucial do you think it is for board attorneys to be skilled and knowledgeable in their roles?

Ms. RAUBER. It is absolutely vital. Those attorneys are more or less the frontline in reviewing a veteran's claim and assisting the VLJ that they are assigned to. Some veterans' claims files can be thousands of pages long so that attorney is tasked with digging through the files, selecting and understanding what the most important evidence is in the record, and putting together a draft decision that the VLJ can then review.

Again, they are really, sort of, the critical first line and it is absolutely understandable that they have to have a very high level of skill and knowledge to do the job.

Mr. MCGARVEY. We want the VA to have and use whatever tools it needs to attract the best and lightest attorneys that can find and to incentivize them to stay there so they get that knowledge base and can actually review these claims more efficiently?

Ms. RAUBER. Absolutely.

Mr. MCGARVEY. Great. Do you think that arbitrarily capping the promotion potential of board attorneys is a good thing or a bad thing in getting the best and brightest to stay and review these claims more efficiently?

Ms. RAUBER. Well, we do not think it is a good thing. We think that they should have the opportunities to advance and that, you know, those most skilled attorneys that choose to stay and actually make it their career are the folks that are there to help some of the other newer people as well who are coming in.

I did note that that was something that AFG talked about in their written statement and so they are actually you know really contributing to the life and the culture at the board and then that is important.

Mr. MCGARVEY. I appreciate that. I also want to ask you about another issue that we have dealt with frequently in this subcommittee since I have been here at least, and that is claim sharks, the unscrupulous actors, some of the illegal companies that are taking hundreds of millions of dollars from our veterans every year under the guise of helping them process these claims.

Look, I know veterans are frustrated. We have to do a better job of making these claims easier to navigate but we also have to understand that they need options. I believe they do. You know, there are thousands of companies that are accredited and that those representatives are ready to help.

Can you talk a little bit about the importance of informing veterans of the legal, accredited options available to them and how would Representative Peters' bill help with that?

Ms. RAUBER. Well, we maintain that more information is always good for veterans and that when people are making a decision about whether or not they want to do a claim on their own or seek assistance with the claim, we feel that it is critically important that a veteran understand that there are accredited that are in-service organizations.

There are accredited attorneys and there are accredited agents, and we really support anything that will help veterans, caregivers, survivors, family members be more informed about who is going to be assisting them.

Mr. MCGARVEY. Thank you very much, Mr. Chairman. I yield back.

Mr. LUTTRELL. Thank you, sir.

Mr. Pfluger, you are recognized for 5 minutes.

Mr. PFLUGER. Thank you, Mr. Chairman. You know, I would like to thank my friend Andy Pablo Shurtleff for being here and for sharing your testimony, as well as all the other witnesses for your time today.

Today we have three peer-reviewed aviator cancer studies that have occurred in the last 4 years and their findings are in full agreement. Veteran flyers in all fixed-wing seats, fleets, ranks, roles share in significantly elevated rates of cancer, so what do we do next? That is the reason that we are here exploring the ACES Act.

Common sense tells us that we need to ask what is causing the cancer and there is no other study under way or planned except for the ACES Act that can help our veterans with the why of their cancers. We certainly will not obtain this information from another cancer incidence study that reconfirms the high rates of cancer.

We know that. Now it is about the why. It is about the what. What is causing it? What I want to talk about is the cost of inaction if we do not do something and if we pivot away from getting to the cause of these cancers we are, in fact, telling our veteran flyers you are on your own and furthermore we are not going to help you figure it out. We are not going to help you figure out what made you sick.

It is my friend Pablo and others that we both know that we have served with, that we flew with that suffer. My first question for you, Pablo, is tell us about your journey and what would have been different had we had the ACES Act already and how would your journey have differed?

Mr. SHURTLEFF. Yes, thank you, Congressman Pfluger. I will answer that in a couple different ways. You know, right now we are we are hanging out our veterans and our active duty air crew members to dry a bit. We have identified that they are sicker than the human population or the U.S. population that they are pulled from.

At a micro scale, my son is a freshman in college. He already has his private pilot's license. He is a passionate aviator and he is already considering going into the Air Force to be a fighter pilot. I do not know if I can back him up on that right now. I have concerns for that.

When you expand that out now across all the different veterans' organizations that are backing the ACES Act, that are a lot of America's military families that are questioning whether or not they should send their sons or daughters into America's cockpits right now because cancer is not a fun thing. I would not wish it on my worst enemy.

We do need to figure out the what and the why behind it so that we can mitigate that and so we can put clear, definable, measurable instruments into place to mitigate those risks to protect our aviators and that way they can continue to do our Nation's business.

Mr. PFLUGER. What a great point, you know, when we think about it from the family members of those who have children that want to go serve. You know, are we prepared? Do we believe that our country is doing everything they can?

I want to say thank you to the VA in advance. I know they are going to testify here.

Thank you Mr. Chairman and ranking member for this opportunity. What words of advice do you have for the VA? I think they try to do their best every single day but now we have knowledge

and we must act. What words would you have for the VA specifically?

Mr. SHURTLEFF. Yes. I think we need to act and we need to act in a timely manner. You know, as you mentioned earlier and I said in my own testimony, we have very clear evidence at this point of the incidence. You know, we recognize that people who are pulled from the U.S. population, these are not people that walk right off the street.

These are highly screened medically, physically before they joined the military. If you become a military aviator, you go through additional screen. I personally went through an entire day of being poked and prodded in every way, shape, and form before I even began my flying career.

I was a healthy, incredibly healthy individual when I entered at 22 years old and less than 20 years later I had stage 4 cancer. There is something wrong there so we need to act.

We know there is something going on. We just need to figure out what that is. Again, that is why we need to work together between the National Academy of Sciences, who is being directed to conduct this study, to work with the VA on the study, and then report back to the appropriate agencies on what actions we need to take.

Mr. PFLUGER. This is anecdotal and not to put you on the spot with math in public, but both of us know many of our friends that have gone through these battles. I mean, any estimate or idea of how many friends that we both know that you have served with that have gone through cancer at a very early age in their lives?

Mr. SHURTLEFF. I know of dozens and I personally know probably around a dozen individuals who have gone through cancer, some who are with us today, some who are not with us today.

When I think about it on the civilian side or outside the military air crew population, for those who are under, say, 50 years old, I know two. I know two people and one was a baby. It is the statistics are there and it is very, very personal to me.

I lost a squadron commander who died of cancer just a few years ago. Every once in a while, I would get a phone call and say, "Hey, Pablo, I just found out I have cancer. What do I do?" It is very, very personal and it happens day in and day out.

Mr. PFLUGER. Thank you for testifying, for your courage for the fight that you are going through right now, and for being here today.

Mr. Chairman, I yield back.

Mr. LUTTRELL. Thank you, Mr. Pfluger.

Dr. Morrison, you recognized for 5 minutes.

Ms. MORRISON. Thank you, Mr. Chair.

Thank you to our witnesses for being here today to testify about the legislation before us today. I want to begin by thanking the chair and ranking member for their leadership on providing a cost-of-living adjustment for our veterans.

Our veterans have earned these benefits and it is critical that we pass this legislation to allow them to keep pace with inflation.

Ms. Boyd Rauber, I would like to begin with you. As you know, the rate of claims for military sexual trauma has increased significantly in recent years, up 18 percent from last year, up 40 percent from a decade ago. I am grateful to my colleagues Representatives

Kim and Budzinski for introducing bipartisan legislation to better train the Veterans Benefits Administration (VBA) workforce to handle these highly sensitive claims.

Can you speak to the importance of having VA and contract examiners who are well-prepared to manage claims for veterans who may have experienced MST?

Ms. RAUBER. Sure. As we noted in our testimony, we think it is just really critical that people who are filing these claims are not re-traumatized and that they are not made to tell their story over and over again to different people and that the people who are processing the claims and the medical examiners that who are going to be examining them and speaking to them have the sensitivity training to understand how to move forward with those exams.

Honestly, we think it is important generally because even if the claim is not specifically about MST there could be some other things in the claims process that is somehow related to that and it is important for them to have that kind of sensitivity training and be attuned to the experiences that some of these folks have had.

Ms. MORRISON. Thank you.

Colonel Shurtleff, thank you for your service, for your sacrifice, and for being here with us today. I am so sorry to learn of your diagnosis but I am heartened by your resolve and of working with your friend and my colleague Representative Pfluger on the ACES Act.

Both of my grandfathers were pilots in World War II and I have tremendous respect and admiration for aviators and recognize the unique risks that you face in your military service. You and Representative Pfluger got into this a little bit, but I am wondering if you could share a little bit more your perspective on how additional research into cancer rates among aviators and air crew could help identify some of the unique health risks associated with flying?

Also, how would you suggest making such research complementary to ongoing initiatives at VA and DoD?

Mr. SHURTLEFF. I think it is incredibly important to identify the what and the why that is causing the cancer. The sooner we do that the better. We have spent since 2021 proving time and time again that there is a higher incident rate among our air crew.

It is funny. When Congressman Pfluger and I learned to fly and throughout our flying career, we were always taught to maneuver our aircraft in relation to the threat. Understand your threat environment and mitigate those threats as best you could to accomplish your mission.

We talked about surface-to-air missiles, enemy aircraft, air-to-air missiles and things like that. We never talked about what could be happening within our own cockpits, within our own aircraft that could be making us sick.

The quicker we learn to understand and can clearly identify what those threats are within our own cockpit, within our own operating environment that is unique to military aviation, the quicker that we can protect our air crew, regain the faith of our air crew in our government, and allow them to continue to serve the way they want to defend our Nation.

Ms. MORRISON. Thank you. You know, your comments about your son hit me particularly hard. My husband is an Army combat veteran. He comes from a long tradition of military services, many military families do and continue that tradition. I think your hesitation about encouraging your son speaks volumes and we need to listen to that.

I wish you and your family all the best. My prayers to you and thank you for your testimony.

With that, I yield back, Mr. Chair.

Mr. LUTTRELL. Thank you, Dr. Morrison.

General, you are recognized, sir, for 5 minutes.

Mr. BERGMAN. Thank you, Mr. Chairman, and thank you for having this hearing today because I will just say in some cases it is overdue like so many things, but the bottom line is it is never a bad time to try to do the right thing going forward.

Thank you all for being here. Ms. Rauber, can you elaborate on why VA should always obtain the complete service personnel records for every veteran seeking benefits based on military sexual trauma?

Ms. RAUBER. Sure. The personnel service record and medical records from service are really the critical piece really of most claims, disability compensation claims, but these would be particularly important in the case of military sexual trauma because oftentimes that personnel record may contain some of the critical markers that VA needs to consider when it is deciding the claim.

Mr. BERGMAN. Okay. Kind of going down that road a little bit, can you elaborate a little bit on why you support the Improving VA Training for Military Sexual Trauma Claims Act?

Ms. RAUBER. Sure, because again, we think that it is really important. I think Representative Kim mentioned that some of that training is only happening once every 5 years. It seems that that training should be happening on a much more regular basis so examiners and claims processors are up to speed with the most important information and the most sensitive information for treating these cases.

Mr. BERGMAN. As we do evaluate all the cases that come before and are, you know, filed and reviewing personnel records and whoever might have a look at that to make a good decision going forward, you used in your testimony the word accreditation. In this particular case, should—well, in any case but let us just say this particular case, staying with the subject, who or what entity should be responsible for the accreditation of those entities?

Ms. RAUBER. Are you talking about the claims processors?

Mr. BERGMAN. Whatever. If you are accrediting, because again, specifically I was listening and you used the term accreditation.

Ms. RAUBER. Well, we—

Mr. BERGMAN. No matter what it is, I mean, it is going to be one or two entities. It is either going to be the Veterans Administration if they are going to be accrediting people to review and adjudicate all of those, whatever it happens to be or evaluate, can you just put a little meat on the bone of what it means to you about accreditation and who has the responsibility for that?

Ms. RAUBER. Well, in terms of the VA claims processors and the examiners I think that is really a question for VA in terms of who are the right people?

Mr. BERGMAN. Well, what I heard you say is VA is responsible for doing that.

Ms. RAUBER. I am——

Mr. BERGMAN. I am not trying to be arguing. I am trying to get a——

Ms. RAUBER. I mean, when——

Mr. BERGMAN [continuing]. handle on who you are talking about?

Ms. RAUBER [continuing]. we are talking about accredited I think we are talking about accredited representatives who might be helping a veteran.

Mr. BERGMAN. Yes.

Ms. RAUBER. Those folks are accredited by VA.

Mr. BERGMAN. Yes. VA has the responsibility——

Ms. RAUBER. Correct.

Mr. BERGMAN [continuing]. for accrediting and holding accountable those representatives who would be representing those individuals or families?

Ms. RAUBER. Absolutely.

Mr. BERGMAN. Okay. I just wanted to make sure and clarify that whose court the ball for validating when you think about it, because those of us who have served in the military here, whether you were, you know, you are flying, you are driving a ship, you are on the ground, whatever it happens to be, we all get, if you will, accredited.

In the case of in piloting we get certified every year or two that we can actually fly the airplane and do it right. Okay? Okay, so that is, kind of, where I was driving on this accreditation piece because there is a lot of good folks working in the VA who are trying to do the right thing and it is important to find whoever is running the Veterans Administration to make sure the accreditation process is airtight for those, you know, families seeking to get help. That is all.

Ms. RAUBER. Of course.

Mr. BERGMAN. With that, Mr. Chairman, I yield back.

Mr. LUTTRELL. Ms. Rauber, are you good? If you wanted to respond——

Ms. RAUBER. Oh, no, no.

Mr. LUTTRELL. Okay.

Ms. RAUBER. I would agree.

Mr. LUTTRELL. Mrs. Krisfalusy, how are you doing down there? Do not think you guys came all the way to Washington, DC. without something. I am going to engage with you, okay?

Ms. KRISFALUSY-MAXON. Okay, thank you.

Mr. LUTTRELL. Looks like you are getting a little lonely, so I just—can you elaborate a little bit more? The hard date seems to be 1998, but we know that, and as a veteran myself, I do not know if my spouse necessarily wants to be buried with me. That is a discussion she and I need to have together, but I do appreciate and respect the importance of that. Could you just elaborate to the committee?

Ms. KRISFALUSY-MAXON. What I could tell you in our case, which was very unique because Denny and Lois died together. They are buried in the common grave in Mexico City.

I am a resident of Washington County. We are proud of our cemetery. I decided it is time to honor my brother. It is time to do something to recognize his service and Lois serving with him because a military wife, as you know what she does.

When we went through the process, we were all amazed that her information could not be put on Denny's stone because of the time of the death. What I can tell you, on the front of my brother's stone I put beloved son, brother, and uncle. The reason I did that is because I wanted to make sure that my children, grandchildren, great grandchildren, nieces, and nephews will know about this uncle because he died how many years ago.

On the back of the stone was to be Lois' information, and I wanted it to say beloved wife and best friend. When I realized Lois her name's not going to be there, I did not put husband on the front of his stone. It broke my heart that we were not able to recognize the fact that he was a husband and had a beloved wife.

That is why I pursued this process. I was shocked to see that there was a date and that we were not able to do this, and I believe everyone around me was surprised, too. We were not aware of this.

However, as I have said, I am forever grateful of all the help that I have received from everyone involved in this situation.

Mr. LUTTRELL. Yes, ma'am, and you will most certainly continue to get it.

Ms. KRISFALUSY-MAXON. I thank you so much.

Mr. LUTTRELL. Colonel, get you a good drink. I am coming at you. Are you ready?

Mr. SHURTLEFF. Yes, Mr. Chairman.

Mr. LUTTRELL. Okay. The exam that you were given and when your doctor called you, like, hey, you have cancer and you are stage 4, was that an annual exam or was there something specific that you went in for?

Was this something that the aviators will get while they are on active duty and yours just happened to hit? Or were you in there for something specific and, hey, we found it.

As far as exit strategy goes, you know, I can only speak for myself, but they were not diving over barrels to get me to go to all these exams before. They were, like, hey, appreciate you. Later. Right?

Mr. SHURTLEFF. Before I answer, Chairman Luttrell, I would be remiss if I did not recognize and thank you and your family's service to our Nation. On behalf of my family, thank you.

No. My cancer was discovered not during a routine exam, and I will echo your statement that military aviators would rather not see the doctor because the doctor is one of the few people in the world that can ground them and prevent them from doing the thing that they love, which is fly. That is a culture that we will need to overcome within the military.

My cancer was discovered not during a routine exam but because I was seeing my doctor for another issue. I had some pain in my lower back is what it was.

I was doing some physical therapy and they ordered a X-ray, and the X-ray a very sharp captain in the Air Force, the technician, noticed a occlusion, as they call it, in my lower left area and said it could be part of the colon but we do not know.

Of course, I was busy with work and it was not 3 months before I came back, did another X-ray and that occlusion was still there. Then after a Computed Tomography (CT) scan that is how they found the cancer.

Mr. LUTTRELL. There lies the most important question in the room is how do you convince a culture? My previous career is the same mentality. How do you prevent it? How do you convince the culture that this is going to be necessary because the last thing after knowing everything that you and every other pilot has to go through to get in get in that aircraft is to have somebody who is not a pilot take them away.

Mr. SHURTLEFF. Right.

I think the culture is already shifting. I have seen it on active duty. We now have dedicated pilot gyms, nutritionists, physical therapists that are helping the pilots address issues in a supportive health way and not grounding them as doing so. That culture is already shifting, so—

Mr. LUTTRELL. That is good to hear.

It is going to have to be them that are on board.

Mr. SHURTLEFF. Yes.

Mr. LUTTRELL. We can legislate that all day long but they if they do not want it, you know the deal. I mean, if you are a veteran, you understand exactly what I am saying.

Mr. SHURTLEFF. I do.

Mr. LUTTRELL. It is, hey, we are not going to show up.

Mr. SHURTLEFF. Yes.

Mr. LUTTRELL. Then inevitably, you know, bad things will most certainly happen. Thank you again for your service.

Mr. YAKYM, sir, you are recognized for 5 minutes.

Mr. YAKYM. Thank you, Mr. Chairman, for holding this hearing today, and thank you to our witnesses for being here.

I was proud to reintroduce H.R. 647, the Ensuring Veterans' Final Resting Place Act at the beginning of the 2025 earlier this year. Under current law if a veteran family chooses to have the VA furnish a commemorative plaque or urn for their loved one, they may inadvertently forfeit their right to later inter the veteran at a National Cemetery. That would require either a headstone or a marker at the grave site.

This issue came to my attention because one of my constituents, Mrs. Jerry Simmons, was attempting to get a plaque for her late husband Gary, a Vietnam veteran. While working with the VA to secure Mrs. Simmons a plaque for her late husband, we discovered a problem.

Current law forces military families to make a choice between an urn or plaque or internment at a national cemetery, not both. However, a simple choice to temporarily hold the veteran's ashes in a VA urn nullifies the veteran's eligibility to be buried in a national cemetery after honorable service to our great country. We certainly do not want to prevent veterans from being laid to rest in national cemeteries if they wish.

This bill would provide much needed flexibility in difficult end of life decisions. The Ensuring Veterans' Final Resting Place Act of 2025 would allow a veteran survivor to choose to have their veteran loved one interred in a VA cemetery, even if the survivor initially chose an urn or a plaque in lieu of internment at a VA cemetery.

We grant veterans the final honor to be interred on solemn grounds at our national cemeteries, but those logistics are left to veterans' families. The death of a family member is always difficult and seldom do the arrangements go smoothly.

Sometimes families do not immediately know if they want to have the remains of their loved one interred at a national cemetery or they simply may not want to part with the ashes right away. They may opt for urn or plaque.

This snap decision has permanent consequences as the law is currently written. We must allow the grieving families of American veterans the flexibility to wait to choose whether or not to inter their loved one at a national cemetery and we should not deny veterans that right simply because their remains were placed in a VA urn.

Ms. Witter, is it difficult for families to make an informed decision about whether to place their veteran loved one's remains in a VA-furnished urn or lay them to rest in a VA national cemetery?

Ms. WITTER. Thank you for the question. I appreciate the work the committee has done on this issue. We have worked with the VA and the committee on this and I think it is really important to remember that the veteran earns funeral and burial benefits but so does the spouse. They are both entitled to them. I am sure the chairman's wife would, in fact, like to be laid to rest with him when the day comes, despite what you think.

I have spoken to a lot of veterans and their spouses and the overwhelming message I get is I want to keep my spouse's remains in an urn and then we will both be buried together. There are two separate benefits.

It is not double dipping, but as it stands at the moment if you accept the earned benefit and keep your spouse with you for 20 years then they are now forbidden from being buried, but you could still be buried in the cemetery.

I think that is a complicated thing. I think it adds extra stress. What the VA is doing in that situation is expecting the grieving loved one to make a decision in the moment with long-term consequences. They have to plan a funeral, grieve a loss, work through all of that, and then at the same time they have to figure out their own final disposition. The spouse has to decide, well, do I want to have a ground burial or do I want to put the veteran and not have them with me?

I think it is unfair, and I think it would be a small mercy for the VA to allow those grieving families to keep their loved one with them.

Mr. YAKYM. Thank you.

Ms. Rauber, can you elaborate on why you believe Congressman Barrett's bill, H.R. 1039, would ensure that the VA receives the assistance it needs to improve its vast number of notice letters?

Ms. RAUBER. Well, I think by having a center with people who have experience in those types of letters or issues and also having advocates and experts who will be assisting in that process would, sort of, continue part of what actually has already started in the last Congress. We think that is good work that should continue.

Mr. YAKYM. Thank you.

Mr. Chairman, I yield back.

Mr. LUTTRELL. Thank you, Mr. Yakym.

Thank you for your testimony and joining us today. You are now excused and we will wait for the third panel to take their seats.

Did we have a high school class walk in and join the committee? Where are you guys from? Somebody stand up and with a loud thunderous voice. Thomas Jefferson, is that a state? In Virginia, Okay. From what? Oh, science and technology, well, welcome to the Committee of Veterans Affairs. I am sure eventually we will get into science and tech. We are happy to have you. Are you enjoying your day in Washington, DC.? Yes? Hang on a little bit longer that may change.

Is everyone ready? Ms. Moses, how are you today?

Ms. MOSES. Good morning, sir, I am well. How are you?

Mr. LUTTRELL. I am great. Thank you for joining us today.

I thank all the witnesses from the Department of Veterans Affairs. We are ready to rock'n'roll? Everybody got a good deep breath and a glass of water?

The lead witness for VA is Ms. Kenesha Britton, assistant deputy under secretary of field operations at the Veterans Benefits Administration. Ms. Britton is accompanied by Ms. Moses, senior principal advisor for VBA's compensation services, Ms. Lisa?

Ms. POZZEBON. Pozzebon.

Mr. LUTTRELL. Say it one more time?

Ms. POZZEBON. Pozzebon.

Mr. LUTTRELL. Pozzebon, Okay. I am from East Texas. I was going to try to get that out but Pozzebon, got it, all right, executive director of cemetery operations, National Cemetery Administrations, and Mr. Evan Deichert? All right, outstanding. Acting deputy vice chairman at the VA Board of Veterans' Appeals.

I ask that all the witnesses please stand and raise your right hand. Do you solemnly to swear that the testimony you are about to provide is the truth, the whole truth, and nothing but the truth, so help you God? Thank you. Let the record reflect the witnesses answered in the affirmative.

[Witnesses sworn.]

Mr. LUTTRELL. Ms. Britton, you are now recognized for 5 minutes to present the department's testimony.

STATEMENT OF KENESHA BRITTON

Ms. BRITTON. Good morning, Chairman Luttrell, Ranking Member McGarvey, and other members of the subcommittee. Thank you for inviting us here today to represent our views on several bills that would affect the Department of Veteran Affairs' programs and services.

Joining me today are Ms. Jocelyn Moses, senior principal advisor, Compensation Service, Veterans Benefits Administration, Ms. Lisa Pozzebon, executive director, Cemetery Operations, National Ceme-

tery Administration, and Mr. Evan Deichert, acting deputy vice chairman, Board of Veterans' Appeals.

While my written testimony details the views on the bills including areas of concern and support, I would like to highlight several bills in my opening remarks.

First, VA fully supports the intent of H.R. 530, the ACES Act. VA would like to work with the committee on edits to the legislation to allow the department greater flexibility and make sure that the bill does not duplicate efforts already undertaken by DoD.

VA supports both H.R. 647, the Ensuring Veterans Final Resting Place Act of 2025, and H.R. 1344, the Dennis and Lois Krisfalusy Act. The department would like to discuss a more equitable cost solution for H.R. 647.

The department fully supports H.R. 1344 while suggesting amendments to eliminate the date of death limitations to ensure eligibility with minimum estimated costs.

VA supports the intent of H.R. 1039, the Clear Communications for Veterans Claims Act and H.R. 1286, while suggesting amendments to allow VA sufficient time and flexibility to comply with Information Technology (IT) and legal requirements. The VA also suggests additional amendments that would allow time to work through the federally funded research development centers' recommendations.

The department fully supports the Review Every Veteran's Claim Act of 2025 that would prevent denials solely based on a veteran's failure to attend a scheduled disability exam. VA would like to expand the bill language, however, to include pension claims and ensure a comprehensive review of all evidence within a claims file. The department fully supports the Review Every Veteran's Claim Act of 2025.

VA also supports the Improving VA Training For Military Sexual Trauma Claims Act while offering several amendments to avoid duplicate requirements and make sure the bill aligns with the existing VA practices. The current training is comprehensive, robust, and efficient and VA would support amendments to the bill to make sure it improves training requirements.

The VA would also support sensitivity training for contracted medical examiners but recommends modifying the legislative text to reflect the appropriate roles of individuals involved.

The department is also supportive of the Survivors Benefits Delivery Improvement Act of 2025 and the Veterans Compensation Cost of Living Adjustments Act of 2025. VA would suggest certain amendments to the Survivors Benefits Delivery Act to improve timely benefits delivery, outreach strategies, and resource alignment for survivors. The VA fully supports the COLA bill in its current form.

Finally, VA does not support the Veterans' Appeals Transparency Act of 2025 and the Board of Veterans' Appeals Attorney Retention and Reduction Backlog Act. The Veterans' Appeals Transparency Act would impose serious administrative burdens on the board while also causing major confusion and misperceptions among veterans.

The Attorney Retention and Backlog Reduction Act conflicts with the specific classification regulations, lacks clarity on improving de-

cision quality and processing speed, and could seriously impact the board's operations and budget.

Mr. Chairman, this concludes my statement. We appreciate the congressional intent and welcome the opportunity to work closely with Congress on all the bills on today's agenda. My colleagues and I are prepared to respond to any questions you or members about the subcommittee may have.

I would be remiss if I did not thank all of the veterans, dependents, caregivers, survivors, and others here today advocating for veterans and their families. Again, thank you.

[THE PREPARED STATEMENT OF KENESHA BRITTON APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you. The written statement of Ms. Britton will be entered into the hearing record. We will now move to questions.

I recognize the ranking member.

Mr. MCGARVEY. Thank you very much, Mr. Chairman.

Mr. Deichert, is that correct?

Mr. DEICHERT. Deichert.

Mr. MCGARVEY. Thank you. As I understand it, the Board of Veterans' Appeals has stopped or is planning to stop its program to reimburse attorneys for bar dues. Look, this is one of those things. I mean, I know.

I was an attorney in Kentucky. You have to pay bar dues to be a lawyer. That is part of it and it is a couple 100 bucks or about \$300 in Kentucky to be a licensed attorney.

You know, this is one of those things that could be a morale killer at the VA and so can you confirm for me has the Board of Veterans' Appeals terminated this benefit for its attorneys or does it have plans to? If yes, why?

Mr. DEICHERT. Thank you, Ranking Member McGarvey. At this point I cannot say that any final action has been taken on it. I can tell you that it is something that has been discussed.

To this point our primary focus is on making sure that our budget is as robust as possible to continue employing as many attorneys and staff as we can to do the mission of the board.

Mr. MCGARVEY. Well, I appreciate that. You used a lot of buzzwords there, though, so I am just going to ask you in pretty simple Kentucky terms. Is this something you are planning on doing?

Mr. DEICHERT. I would assume so.

Mr. MCGARVEY. Okay. I think in Washington that is as close as you can get to a yes. Why?

Mr. DEICHERT. Again, sir, in looking at our budget projections for this year looking down the line in terms of anything that we can do to prioritize keeping the highest number of attorneys, staff, and judges to continue working this down, that is what we want to do.

Mr. MCGARVEY. Yes. I am not asking this question for the attorneys who work at BVA. I am asking this for the people they serve, the veterans. We know there is a 2-year backlog.

We know that there is a problem right now with retention and recruitment. We know that the only way to get rid of this backlog is to go through it. The pile is not going to get smaller unless we

are intentional about getting through these claims so our veterans can get the care they can deserve.

I think things we are doing like this we are not allowing for promotion on one hand, we are taking things away on the other hand. This is how you kill morale in an institution. Who gets hurt are the veterans. That is what we are trying to get to here.

Did anybody consider how this might impact morale especially, you know, since you are already forcing these board attorneys to stop teleworking, to come back to an office that does not even have space for everybody? I heard today from Ms. Britton potentially opposing allowing another level for attorneys which makes no sense to me whatsoever. Have you guys thought about the impact this would have on the people who work there and then, again, on the veterans? That is where this ultimately goes.

Mr. DEICHERT. Respectfully, Ranking Member McGarvey, there are a couple things that I would want to push back on a little bit. In terms of our overall retention, our statistics have shown that since 2018 our overall attrition rate has dropped from 13.9 percent to 7.7 percent. Looking specifically at GS-14 attorneys, the highest level that you can ascend without being a supervisor at this point, that is even lower than 4 percent.

This year since—

Mr. MCGARVEY. What you are telling me is, again, this is Washington speak. You are losing people and you cannot afford to and you are taking things away from them while you are losing people. We agree on that.

Mr. DEICHERT. We are losing people but—

Mr. MCGARVEY. Can we agree on that? I bring this up because we were making some progress, that we actually were making some progress but you mentioned in your testimony that this is now at risk. The progress is now at risk.

We should be working hard to secure the progress to get those numbers even lower, not doing things that are actually going to undo it.

It seems that what we are doing, so at the very least, let us promote our good employees to match their peers at other agencies. Let us take care of our employees because these employees, the reason to take care of them is not just to take care of employees. It is to take care of our veterans.

Again, we can talk about all the recruitment and retention statistics that are not good enough and recognize that the people being hurt are the people who put on the uniform and we have made a promise to I do not think we are doing a good enough job honoring. I appreciate you all being here today.

Mr. Chairman, I yield back.

Mr. LUTTRELL. Thank you, Mr. McGarvey.

Mr. Self, sir, you are recognized for 5 minutes.

Mr. SELF. Mr. Deichert, I have got a series of fairly simple questions yes or no, hopefully.

Mr. DEICHERT. Yes, sir.

Mr. SELF. On average, how many years, the first one is real simple, do veterans wait for a VA Board of Veterans' Appeals decision on an appeal in the board's AMA direct review docket, the direct review docket?

Mr. DEICHERT. If you will allow me to consult my notes, sir? Currently as of March 23d, direct review was 1-1/2 years.

Mr. SELF. That is what I thought, so does VA still send veterans notice of appeal rights which tells them that the board on average issues a decision within 1 year of appeals on the direct review docket?

Mr. DEICHERT. Congressman Self, I believe that you are speaking specifically about the notice of appeal rights that would accompany a rating decision?

Mr. SELF. Correct.

Mr. DEICHERT. I believe that it says that we have a goal of 365 days, sir.

Mr. SELF. A goal.

Mr. DEICHERT. Yes, sir.

Mr. SELF. Can you tell me what the average is?

Mr. DEICHERT. Right now for veteran and dependent cases for live veteran and dependent our average days pending is 329 days.

Mr. SELF. Okay. Then is it true that the law requires the Board of Veterans' Appeals to issue decisions in docket order?

Mr. DEICHERT. Yes it is, sir.

Mr. SELF. Yes or no, is it true that many veterans have been waiting since 2019 for a decision on their appeal?

Mr. DEICHERT. I will say yes, sir.

Mr. SELF. Do you believe that veterans deserve transparency from the board? This is a real simple rhetorical question almost so that they can make informed decisions on how to pursue their very own claims?

Mr. DEICHERT. Yes we do, Congressman Self.

Mr. SELF. This is exactly why I filed the transparency bill, Mr. Chairman. I yield back.

Mr. LUTTRELL. Thank you, Mr. Self.

Mr. Pfluger, sir, you are recognized for 5 minutes.

Mr. PFLUGER. Yes. Thank you Mr. Chairman.

I want to thank everybody here. Thank you for your service. It may seem that I am going to ask some hard questions but it is only to actually help those that I have served with, those that you are already helping and to do it in a way that is targeted, to use a pilot term, that will prevent and will continue to find the reason.

As I mentioned, I think you all were here for the previous questions. We have peer-reviewed studies. DoD has done these. We know that there are correlative factors between certain types of cancer flying.

You heard my good friend Pablo testifying. Now, it is time to pivot to the what. It is time to pivot to what is causing this. Why is this happening when you sit in a cockpit that has a giant radar, that is filled with electronics, that is exposed to the sun, that, I mean, there are so many different factors and there is a lot of work already being done.

Ms. Britton, again, thank you. Currently today, I will just start with the simple question of with the PACT Act if a veteran aviator is diagnosed with cancer after he or she leaves the service, is that condition automatically presumptive under the PACT Act?

Ms. BRITTON. Thank you for that question, sir. I will defer to Ms. Moses to provide a detailed answer.

Ms. MOSES. Thank you very much for that question. In regards to whether or not the condition would be presumptive it definitely would depend on which specific condition was diagnosed. I am happy to take that back for specifics to answer your question.

Mr. PFLUGER. I think I will just go ahead and throw a guess out here that it is not. That is the problem that I think we are trying to address here is that we now know through three studies that are peer-reviewed that there is a linkage between flying, healthy individuals who are literally the most physically fit people, that they have been picked out of the society because they are physically fit.

We had to go through enormous amounts of medical examinations in order to fly. No, we do not want to go to the doctor but we were, you know, we had to under undergo lots of tests and the cancer rates just for the three that I mentioned are 24 to 30 percent higher in this population of very healthy people than the normal civilian population.

Ms. Britton, you mentioned in your oral testimony that you want to work with the committee. What edits do you see right now that we are proposing in ACES that the VA wants to suggest?

Ms. BRITTON. Sir, we do not have any specific edits at the time. What we are doing is still working to understand the studies that DoD is conducting, but I will defer to Ms. Moses to add further.

Ms. MOSES. Thank you so much, Ms. Britton. We do not want to limit the conditions to the 11 conditions that are listed. We want to make sure that we are comprehensive. We understand that there are also existing research studies under way.

We would like to leverage the data that is existing to identify what additional ways that we can identify causal factors.

Mr. PFLUGER. I will just push back just a little bit on that because why would not we go with what the National Academy of Science is already recommending? They know that these 11 are correlative so let us hone in on that as a starting point and go from there. Why are we waiting because then I will ask this? Can you explain how waiting years for the DoD studies to, you know, finish out serves veterans now because, like, we are in, kind of, crisis mode right now.

Ms. MOSES. Sure. Thank you very much for that question. If you will allow me to clarify, we are not stating that we are in objection to the 11 conditions. We just do not want to restrict to those 11.

We do support. We are in agreement with the 11 but we want to make sure that we are not restricting or limiting to those 11.

Mr. PFLUGER. Do you agree or Ms. Britton, do you agree that moving with an extreme sense of urgency right now is the right course of action?

Ms. BRITTON. Yes, sir, we do.

Mr. PFLUGER. Is VA committed to moving with that extreme sense of urgency right now to help Pablo, to help—this could be me. I mean, literally we are talking about people. This could be Mr. Bergman who was a pilot, the general.

Ms. BRITTON. We are 100 percent committed to resolving this, sir, in the most timely manner as possible.

Mr. PFLUGER. Will you all commit today to briefing the secretary, who also is an Air Force veteran by the way, on this issue, on the

ACES Act, on the need for ACES Act to move with extreme urgency?

Ms. BRITTON. Certainly, sir. We are always excited to brief the secretary on these type of issues.

Mr. PFLUGER. Thank you. Again, thank you for what you do. The questions, although direct, are built upon some frustration that I have over the last 3 years because it is 3 to 4 years we have been working on this. In that 3 to 4-year period both Pablo and myself know many people who have been diagnosed now in their thirties, forties, and fifties, which is, you know, the rates are just extremely high.

The data points to a need for ACES Act. We have a bicameral, bipartisan piece of legislation, ACES Act. Senator Mark Kelly, Mr. Tom Cotton, myself, and many others in the House and the Senate want to see this go.

We are counting on you. Thank you for the work that you do to help so many veterans. I mean that sincerely.

Mr. Chairman, again, thank you for allowing me to waive on to this committee for such an important issue. This is my top priority.

Mr. LUTTRELL. Thank you, Mr. Pfluger. Absolute honor to have you and we are going to carry this for you all the way to the finish line.

Ms. Britton, I am going to put this at you, but I have got a feeling you are going to deflect over Mr. Deichert, the Veterans' Appeals Transparency Act.

Ms. BRITTON. Your feeling is correct, sir.

Mr. LUTTRELL. Aha.

Ms. BRITTON. I am going to defer.

Mr. LUTTRELL. It is going to be a good day in Washington, DC. Tell me why that it is a no go. Before you start on that, can you give me an idea on just overall on the dockets how many outstanding claims are currently in place?

Mr. DEICHERT. Respectfully, Mr. Chairman, in terms of the dockets I do not have that in front of me but that is something I am happy to take back to the record and report back to you on, sir.

Mr. LUTTRELL. Do you have a plus or minus somewhere, because I have got a feeling it is, like, in the hundreds of thousands?

Mr. DEICHERT. I believe the last statistics I saw 197,000, if I am remembering correctly, from our report on Monday.

Mr. LUTTRELL. Okay, and that is from a report from Monday.

Mr. DEICHERT. Yes, sir.

Mr. LUTTRELL. All right. Now, I am going to let you dig in a little bit on this, why the VA shooting this down?

Mr. DEICHERT. Sir, we have three primary concerns as it comes to this bill as written. We definitely share this committee's desire to increase transparency as it comes to veterans appeals, but those three concerns that we have got are, number one, when we have done this in the past we have opened ourselves up to litigation at the veteran's court.

When you are listing out these are the docket dates that we are doing, if you are a person who sees, well, it looks like this range and I am not part of that, you are going to get concerned.

When you get concerned the place that you go is to the Board of Appeals for Veterans Claims to file a writ to say what are these

people doing? We had to spend a lot of time working with our fellow counsel at general counsel to say, well, this is what happened in this particular case and here is why we could not move that.

Even if we had a lot of good reasons that that particular case could not move it took up a lot of time on our part to prepare those declarations.

Mr. LUTTRELL. That sounds—okay. Something tells me this goes through many lawyers' hands before you put it in front of Congress.

Mr. DEICHERT. Well, yes.

Mr. LUTTRELL. I am not going to say that is a problem. There is risk aversion in here?

Mr. DEICHERT. Yes. Yes, sir.

Mr. LUTTRELL. Wholeheartedly 100 percent.

Mr. DEICHERT. Yes.

Mr. LUTTRELL. Okay. That does not fix the problem.

Mr. DEICHERT. No, sir.

Mr. LUTTRELL. I understand the defensive posture that they are taking for the VA. I got it but it is not solving the problem.

Mr. DEICHERT. I mean, to put everything aside—

Mr. LUTTRELL. Absolutely lay it out.

Mr. DEICHERT. The biggest thing that I would say, Chairman Luttrell, is that knowing that information is not going to help a veteran look at his or her claim and say this is the best path for me.

Mr. LUTTRELL. The one thing I would argue against—are you veterans, sir? I apologize.

Mr. DEICHERT. No, sir.

Mr. LUTTRELL. Okay. The one thing that I would argue, and this transcends the veteran community, but the one thing that we really, really like is being informed.

Mr. DEICHERT. Yes, sir.

Mr. LUTTRELL. From step out to mission success. The more information we have, you know, I say this every committee. You know, the veteran community, boy, we hard to handle.

You know, we get spun up and down quickly and one of the reasons we do that is if we have not been given the information that we want and need and it is important. Okay? Continue.

Mr. DEICHERT. We feel that the more important information that we can provide, sir, are those statistics regarding average days pending, average days to complete. If you can look at that and know this is going to take this long, this is going to take this long, I feel like this is the better path for me to go on the direct docket because I want an answer as quickly as I can.

Or I want to go on the evidence docket because I have got something else to submit, but I also want to make sure that I can take that to the board rather than back to VA in the regional office.

Mr. LUTTRELL. This is going to keep VA in its current position, correct? The since the VA disagrees on this piece of legislation that is going to keep the posture the same in the VA.

Mr. DEICHERT. Certainly we are willing to continue to work with a committee. Yes, it would not change.

Mr. LUTTRELL. I would have, I think I would have been happier if it would have said amendments were—VA will provide amend-

ments instead of saying VA just does not support because you just immediately said no. Instead, let us figure out how to get to yes.

Mr. DEICHERT. I appreciate that, sir.

Mr. LUTTRELL. Okay. We are not—I am not giving up on this little guy right here so this is going to be some discussions that we are going to continue to have. I would recommend that the VA, lawyers included, figure out again how are we going to get the yes instead of no?

At the end of the day he and I and the other members, we have to go home and talk to our veterans. All right? Since we have to do that guess who you have to talk to? You have got to talk to us.

Mr. DEICHERT. Yes, sir.

Mr. LUTTRELL. All right.

Then I had something for Ms. Moses, but do you have anything up for a second round of question and answer? Okay.

Thank you to all the witnesses for testifying today, and let me close with this. You guys are—I really respect and admire you guys for working with the VA. It is not an easy task. It is a big machine that is very, very complex. Those of us that you have to deal with, again, are not easy to deal with.

Please continue to do what you do and just understand that even if you are going to sit up in front of this committee, me as the chairman and the ranking member, I am going to wire brush you if it is necessary, okay?

It is not a perfect space and we will absolutely die trying to get us there, okay, because the veterans deserve that right.

I will pass it off to the ranking member for your closing remarks, sir.

Mr. MCGARVEY. Thank you, Mr. Chairman, and I agree with that. Look, too many times I think the VA comes in front of us and says no instead of trying to get to yes and why that is a problem is it is because our veterans who are feeling the consequences of it.

We have got to make sure we are busting through the status quo to do everything we can to help our veterans. Regardless of what you might see in Washington right now, I think this committee remains committed to that mission, so appreciate that.

Mr. LUTTRELL. I ask unanimous consent that the statements for the record we have received be entered into the hearing record. Hearing no objection, so ordered.

I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks and include extraneous material. Hearing no objection, so ordered.

I thank the members and the witnesses for their attendance and participation today. This hearing is adjourned.

[Whereupon, at 11:44 a.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Patricia Krisfalusy-Maxon

My brother, Dennis Krisfalusy, was raised in a small town in western Pennsylvania. We were blessed with wonderful parents, Charles and Mary, and siblings Chuck, Cindy, and Lisa. We also had a large extended family. After graduating from California Area High School, Class of 1961, Denny entered the Air Force. We were very proud of his decision, as our father was an Army veteran who served in World War II.

Denny's smile lit up the room. His kindness is memorable, from bringing home stray animals (and people), helping neighbors and friends, and creating the famous ball game "rubber hose." There was a constant revolving door of friends! Denny was physically fit; he lifted weights, jogged, and ate healthily; he had a slight build but was muscular. Recently, a friend remarked, "Your brother was kind, but you knew better than to mess with him." Being around my brother was joyous, filled with warmth, love, and pranks.

The day he left for basic training was filled with tears and sadness. When he came home on leave, it felt like a "holiday." My mom made his favorite ethnic foods and invited family and friends to celebrate his homecoming. Denny was stationed at Davis-Monthan Air Force Base in Tucson, Arizona. After attending a dance, he called home to let us know he had met a girl named Lois. He spoke of her beauty and kindness. When he met her parents and sisters, he felt an immediate bond. Lois and Denny were married on June 19, 1965. They enjoyed traveling, family, and their dog, Winston. While stationed in Germany, they toured Europe. During Denny's tour of duty in Vietnam, it was a tough time. We were always concerned about his safety, and Lois remained his loyal wife and best friend. This time seemed to make their bond even closer.

They built a house in Arizona, completed over 20 years of military service in the Air Force, and decided to move to Los Angeles. Denny became a mail carrier. In September 1985, they traveled to Mexico, searching for a retirement home. A year before their trip to Mexico, our mother died suddenly. At that time, Denny stated that he could never live if something happened to Lois. When they traveled, they always sent postcards to our family. My grandmother realized upon receiving their postcard that they were in Mexico during the 8.1 magnitude earthquake that killed 10,000 people on September 19, 1985, at 7:19 AM. This occurred before the internet, computers, or cell phones. Communication was impossible due to the devastation.

Contact was made with Denny and Lois's coworkers and friends in Los Angeles. No one had heard from them since they left for Mexico. We realized they did not survive the earthquake. We contacted a family friend, Congressman Austin J. Murphy, and Senator John Heinz for help. The Red Cross and the Veterans Administration also assisted us at that time. I remember contacting the American embassy in Mexico. I was informed that the concern was with the living, and the dead had to be buried. I was assured that if my brother and his wife were alive, we would be notified. When I asked if I could come to Mexico, I was advised that the devastation was beyond belief and it was something I would have to live with, with no guarantee of being able to get into the city. This led to years of heartache for our father, our family, and Lois's family. Lois's sister

Sheila recently said Lois's mother waited for her to come home until the day she died. My dad died on September 19, 1985, but we buried him in 2006. Lois's death certificate is dated November 15, 1985, as a female body was recovered near their room in the St. Regis Hotel. Denny's death certificate is dated July 24, 1989. Due to changes in Mexican law caused by the earthquake, his death certificate is dated later. At 7:19 AM, I always believed he was jogging when the earthquake occurred. This was an emotional time for our family and costly legally. Denny and Lois are buried in a common grave in Mexico City.

In 2023, plans were made to honor Dennis and Lois for their service. Working closely with the National Cemetery of the Alleghenies, a service was arranged, and a military headstone was ordered that would feature Denny's name on the front and Lois's on the back. However, we learned that due to the timing of her death, Lois was not eligible to have her name on the stone. I began working diligently with the Veterans Administration, Congressman Reschenthaler's office staff and Senator Fetterman's office members to change this policy. Despite rejection and delays, I was treated fairly, with respect and empathy. I was impressed by the consistent communication and feedback I received from everyone involved. I hope we can continue to collaborate on changing the current law, which prevents spouses of veterans, like our Lois, who died before 1998, from being honored by passing the "Dennis and Lois Krisfalussy Act" to ensure that no veteran spouse is forgotten.

Respectfully submitted,

Pat Maxon

Prepared Statement of Andrew Shurtleff

Chairman Luttrell and Committee Members, thank you for this opportunity to address you this morning on the topic of the ACES Act, H.R. 530. I am joined today by my wife, Julie, who is sitting behind me and is always supporting me.

My name is Andrew Shurtleff. I retired from the United States Air Force in December 2022 after nearly 23 years of service to our Nation. I was trained as a fighter pilot in the F-15C and F-22, culminating in approximately 1,500 total flight hours flying both operational missions and teaching the next generation of fighter pilots. I had a promising career – hand-picked to help stand-up the sole F-22 flying training unit, early promotion to Lieutenant Colonel, top marks as a squadron commander, and distinguished graduate from senior developmental education. In 2018, while serving at Headquarters Air Combat Command at Langley Air Force Base, Virginia, I was looking forward to the next challenge – promotion to Colonel, a flying O-6 command, and endless future opportunities. I was also in the best shape of my life training for my first Half Ironman. I was simply on top of the world!

That all changed on January 8, 2019, when I received a call from my doctor saying I had cancer. Scans revealed a fist-sized tumor growing on my left kidney. Additional tests showed the kidney cancer had already spread to my lungs. I was 41 years old, married with 13- and 10-year-old sons, and had stage 4 cancer. While I was selected for promotion to O-6 a few weeks after my diagnosis, I was also permanently grounded and eventually medically disqualified from aviation service. My promising flying career was over.

Scheduling and attending doctor appointments became a near full-time job for the next several months. In the last 6 years I have undergone two surgeries, multiple procedures, three rounds of radiation treatments, untold number of scans and blood draws, participated in a clinical trial, and have exhausted all known viable treatment options. In June 2019, following my partial lung resection surgery, I awoke with a 1/2-inch tube protruding from my back attached to a small vacuum used to remove fluid from my chest cavity. My friend and fellow fighter pilot, August 'Pfoto' Pfluger, now Congressman Pfluger, came to visit me in the hospital and slowly walked with me around the hallways while he carried that vacuum. It's something I will never forget. The last 6 years have been an emotional roller coaster for me and my family and today I remain in the fight for my life.

It's natural for people to question the need for the ACES Act when the PACT Act was just enacted in 2022. The PACT Act is a great piece of legislation that expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. The Act removes the burden from the Veteran of having to prove service connection for certain medical conditions. While the PACT Act will likely help millions of Veterans and their families, it is also limited to certain time periods and specific locations. To be clear, the PACT Act does not cover aviators like me and thousands of others who have been proven to have significantly elevated cancer diagnosis and deaths simply from doing their daily flying duties as documented in three studies from 2021–2024.

In a way I was lucky as my cancer was diagnosed while on active duty and was therefore automatically service connected. As such I receive VA health care and benefits for my condition. But there are an untold number of Veteran aviators who are not as lucky, whose cancer was diagnosed after their military service, and they do not receive any benefits. The purpose of the ACES Act is to right this wrong by identifying the hazards in the military aviation operating environment that more likely than not cause cancer. We must identify the root cause affecting otherwise healthy aircrew. The health and continued service of our military aircrew directly impacts national security and should be prioritized appropriately. The United States needs to address the health risks posed to military aircrew by their unique work environment by dedicating the resources to fully investigate, understand, and eventually mitigate those risks. That is why the ACES Act is needed.

Thank you again for the opportunity to address this subcommittee and I look forward to your questions.

Prepared Statement of Diane Boyd Rauber

On behalf of the National Organization of Veterans' Advocates (NOVA), I would like to thank Chairman Luttrell, Ranking Member McGarvey, and members of the DAMA Subcommittee for the opportunity to offer our views on pending legislation.

NOVA is a not-for-profit 501(c)(6) educational membership organization incorporated in the District of Columbia in 1993. NOVA represents over 850 accredited

attorneys, agents, and other qualified members practicing across the country and assisting tens of thousands of our Nation's military veterans, survivors, family members, and caregivers seeking to obtain their earned benefits from VA. NOVA works to develop and encourage high standards of service and representation for all persons seeking VA benefits.

NOVA advocates for laws and policies that advance the rights of veterans. For example, NOVA collaborated with Veteran Service Organizations (VSOs) and other accredited representatives, VA, and Congress on appeals modernization reform. Those efforts resulted in passage of the *Veterans Appeals Improvement and Modernization Act* (AMA), P.L. 115–55, 131 Stat. 1105, which was signed into law by President Trump in 2017. At the time of its passage, VA emphasized the AMA would provide claimants with more choice and control over the disability claims and appeals adjudication process by expanding their review options.

NOVA also advances important cases and files amicus briefs in others. *See, e.g., NOVA v. Secretary of Veterans Affairs*, 710 F.3d 1328 (Fed. Cir. 2013) (addressing VA's failure to honor its commitment to stop applying an invalid rule); *Procopio v. Wilkie*, 913 F.3d 1371 (Fed. Cir. 2019) (amicus); *NOVA v. Secretary of Veterans Affairs*, 981 F.3d 1360 (Fed. Cir. 2020) (M21–1 rule was interpretive rule of general applicability and agency action subject to judicial review); *National Organization of Veterans' Advocates, Inc., et al., v. Secretary of Veterans Affairs*, 981 F.3d 1360 (2022) (Federal Circuit invalidated knee replacement rule); *Arellano v. McDonough*, 598 U.S. 1 (2023) (amicus); *Terry v. McDonough*, 37 Vet.App. 1 (2023) (amicus); *Bufkin v. Collins*, 604 U.S. (2025) (amicus).

A critical part of NOVA's mission is to educate advocates. NOVA currently conducts two conferences per year, each offering approximately 15 hours of continuing legal education (CLE) credit for attendees. Experts from within and outside the membership present and train on the latest developments and best practices in veterans law and policy. NOVA sustaining members must participate in at least one conference every 24 months to maintain eligibility to appear in our public-facing advocate directory. In addition to conferences, NOVA offers webinars, online support, peer-to-peer mentorship, and other guidance to its members to enhance their advocacy skills.

NOVA is happy to provide feedback on the following bills.

H.R. 1039, Clear Communication for Veterans Claims Act

NOVA supports the Clear Communication for Veterans Claims Act. We incorporate by reference our prior testimony before this Subcommittee that addressed the notice letters VA sends to veterans, family members, survivors, and caregivers. National Organization of Veterans' Advocates, Inc., *Statement of Diane Boyd Rauber, Esq., Executive Director*, Before the House Committee on Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs Oversight Hearing, "Lost in Translation: How VA's Disability Claims and Appeals Letters Should Be Simplified" (March 20, 2024) (hereinafter NOVA Letters Testimony). In our testimony, we highlighted the lack of readable, understandable, and organized notice letters sent to claimants and appellants and made suggestions for improvements. Last year, we participated in discussion sessions with other stakeholders, VA leaders, and this Subcommittee on potential improvements to VA letters. We understand that, given the vast number of letters VA must draft, this work needs to be ongoing. With the assistance of a center to assess current letters and provide solutions for improvement—that considers the input of experts and advocates—VA can gain valuable assistance with this process.

H.R. 1286, Simplifying Forms for Veterans Claims Act

NOVA supports the intent of the Simplifying Forms for Veterans Claims Act, with suggested changes. First, like the letters that are the subject of the Clear Communications for Veterans Act discussed above, VA forms need to be readable, understandable, and organized. In addition, there needs to be fewer forms. We recommend expanding the term "covered entities" to mirror what is contained in the Clear Communications for Veterans Act. Subsection (e)(2)(D) should be broken into (D) "an entity that advocates for veterans" and (E) "an entity that advocates for the survivors of veterans," to allow for participation by more entities.

Furthermore, while we support this legislation, we maintain Congress should do more regarding VA forms. Last Congress, NOVA and other veterans organizations testified to the serious problem of VA rejecting a "wrong" form submitted by a veteran and asking for a different form even when it can be determined from the original form what benefit the veteran is seeking. Sometimes VA sends confusing instructions, resulting in the claimant being required to resend forms previously sent.

See, e.g., NOVA Letters Testimony at 9. This loop of submissions, rejections, and additional requests confuses and frustrates veterans and wastes valuable time for claimants and VA, contributing to unnecessary delays and backlogs.

Last Congress, this Subcommittee considered the Veterans Appeals Options Expansion Act of 2024. That bill contained a provision requiring VA to accept an incorrect form as an intent to file under 38 C.F.R. § 3.155. We urge the Subcommittee to again consider this measure. In addition, to make the process more veteran friendly, that provision should include an option for VA to accept the form as a claim for the specific benefit if it can be determined from the submission. If VA cannot determine what benefit is being sought, it can then accept the form as an intent to file and let the claimant know of the requirement to complete the application within the year.

H.R. 1578, Veterans Claims Education Act of 2025

NOVA supports the Veterans Claims Education Act. This bill would provide information to veterans, family members, survivors, and caregivers to help them understand and select accredited representation if they seek assistance with their claims. Given the ongoing problem of unaccredited claims consultants, this information can save claimants from receiving potentially incorrect and costly assistance from unaccredited actors.

H.R. 1741, Veterans Appeals Transparency Act of 2025

NOVA supports the Veterans Appeals Transparency Act of 2025. As noted above, NOVA participated in stakeholder discussions that led to the passage of the AMA. This legislation expanded the review options available to claimants after VA denies a claim. One of the options is to appeal to the Board of Veterans' Appeals (Board). When a claimant selects that option, they must choose to file on one of three dockets: direct review, evidence, or hearing.

Although it has taken longer than we had expected when the AMA was passed, the Board appears to have turned a corner, greatly reducing the remaining legacy docket and finally reaching AMA cases in greater number. According to the Board's website, "It took 5 years to change the decision output ratio from 99 percent Legacy appeals versus 1 percent AMA appeals to a 50/50 ratio in February 2024. However, it has taken only 7 months to reverse the trend with roughly 87 percent AMA appeals versus 13 percent Legacy cases adjudicated." Board of Veterans' Appeals, *More Board Personnel Address Pending AMA Appeals & Wait Times*, <https://www.bva.va.gov/more-board-personnel-address-pending-ama-appeals-wait-times.asp>. We appreciate this progress and the funds Congress provided to allow the Board to hire more decision-writing attorneys and Veterans Law Judges for this purpose.

Requiring the Board to provide a notice of the docket dates being assigned each week will provide greater transparency to veterans, family members, survivors, and caregivers as to where their case is in the process. It will also help veterans and their accredited advocates make informed decisions about how to proceed with current and future cases.

H.R. 2137, Review Every Veterans Claim Act of 2025

NOVA supports the Review Every Veterans Claim Act of 2025 and we thank Chairman Luttrell for reintroducing this bill. This bill would amend current 38 U.S.C. § 5103A to provide that, "[i]f a veteran fails to appear for a medical examination provided by the Secretary in conjunction with a claim for a benefit under a law administered by the Secretary, the Secretary may not deny such claim on the sole basis that such veteran failed to appear for such medical examination."

By eliminating denials based solely on the failure to appear for an examination, veterans will stop being unfairly penalized for situations often beyond their control. NOVA members frequently report instances where a veteran tries to communicate an inability to attend an examination for a host of reasons: conflict with work schedules, illness, family responsibilities, a lack of transportation, etc. Sometimes they are unable to reach someone to reschedule or that request is not honored. In other cases, the veteran never receives notice of the examination. Veterans who are homeless or at risk of homelessness are particularly vulnerable. Amending this provision reflects a veteran-friendly policy.

Furthermore, VA often schedules unnecessary examinations and reexaminations for veterans, which has been frequently reported by NOVA. See, e.g., National Organization of Veterans' Advocates, *Statement for the Record Before the House Committee on Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs Concerning "VA Disability Exams: Are Veterans Receiving Quality Services?"*

(July 27, 2023); National Organization of Veterans' Advocates, *Statement for the Record Before the Senate Veterans' Affairs Committee Concerning Pending Legislation to Include Discussion Draft, S. ___, No Bonuses for Bad Exams Act of 2022* (July 13, 2022); see also Department of Veterans Affairs, Office of Inspector General, *Veterans Benefits Administration: Veterans Are Still Being Required to Attend Unwarranted Medical Reexaminations for Disability Benefits* (March 16, 2023), <https://www.va.gov/oig/pubs/VAOIG-22-01503-65.pdf>. Unnecessary examinations are particularly troublesome considering the statutory requirement for VA to consider private medical evidence. See 38 U.S.C. § 5125 ("a report of a medical examination administered by a private physician that is provided by a claimant in support of a claim for benefits under that chapter may be accepted without a requirement for confirmation by an examination by a physician employed by the Veterans Health Administration if the report is sufficiently complete to be adequate for the purpose of adjudicating such claim"). By amending 38 U.S.C. § 5103A and prohibiting VA from denying a claim solely because of a missed examination, VA will be required to conduct a more fulsome review of the record to consider private evidence or ongoing VA treatment before ordering more examinations in a system that is already overloaded with requests.

We have one minor suggestion for clarification. The current bill would strike "COMPENSATION CLAIMS" and replace it with "CLAIMS FOR BENEFITS." This change appears overly broad as VA "claims for benefits" encompass a broad range of services and awards that do not require an examination as a condition for a grant. By contrast, a heading such as "CLAIMS FOR VA DISABILITY BENEFITS" would be clearer and ensure that this prohibition against denials solely because of a missed examination would extend to all VA disability benefit claims and appeals.

H.R. 2201, Improving Training for Military Sexual Trauma Claims Act

NOVA supports the Improving Training for Military Sexual Trauma Claims Act that builds on prior bipartisan efforts to ensure an accurate and sensitive adjudication of all claims that involve conditions related to military sexual trauma (MST). See *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, P.L. 116-315, Jan. 5, 2021, § 5501, 134 Stat. 4932; *An act to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide for peer support specialists for claimants who are survivors of military sexual trauma, and for other purposes*, P.L. 117-272, Dec. 27, 2022, § 1, 136 Stat. 4179. This bill will (1) require VA to conduct annual sensitivity training for each VA employee who processes a claim for an MST-related condition, communicates with a claimant regarding evidence, or decides a claim; (2) expand the duty to assist to require the Secretary to obtain the service personnel and service medical records of a claimant if there is no supporting evidence of an MST in the evidence of record; and (3) develop sensitivity training for health care professionals and those individuals who communicate with veterans to schedule examinations to ensure a veteran is not retraumatized during an examination.

As an initial matter, NOVA maintains that VA should always be obtaining the service personnel record and service medical record of every veteran seeking benefits as part of its regular duty to assist. See 38 U.S.C. § 5103A(c)(1).

NOVA supports all efforts to ensure that veterans who make a claim for a condition based on military sexual trauma are not retraumatized. See *NOVA Statement for the Record Before the House Committee on Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs*, "Supporting Survivors: Assessing VA's Military Sexual Trauma Programs," 5 (Nov. 17, 2021) (emphasizing the need for VA and contract examiners to receive trauma-informed training on an ongoing basis).

Some of the legislative strides already made and those being considered as part of this bill are an outgrowth of a March 2021 bipartisan letter sent from House members to VA. See Letter from Reps. Elaine Luria, Troy Nehls, Mark Takano, Mike Bost, Julia Brownley, Mike Levin, and Chris Pappas to Secretary Denis McDonough, March 29, 2021, https://veterans.house.gov/uploadedfiles/2021_3_29_hvac_dama_ltr_to_secva_re_vba_mst_policy_changes.pdf. In our November 2021 statement referenced above, we noted favorably other recommendations made by those members that should be considered here if they have not been implemented, e.g., ensuring that VA respects the veteran-appointed representative and informs them of all scheduled communication between VA employees and the veteran and that the Board is using protocols to conduct hearings in a trauma-sensitive manner.

H.R. xxxx, Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

NOVA supports the draft bill entitled Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act. This bill would allow for non-supervisory attorneys employed by the Board to be promoted to a grade GS-15. NOVA maintains that individuals with appeals pending at the Board are best served by attorneys who are experienced and knowledgeable about the ever-changing field of veterans benefits law. Someone who has stayed at the Board and produced the quality work to be eligible for this grade, but chooses not to become a supervisor, should not be penalized.

Conclusion

Thank you again for allowing NOVA to provide our views on these bills, and I would be happy to answer any questions the Subcommittee members might have.

For more information:

NOVA staff would be happy to assist you with any further inquiries you may have regarding our views on this important topic. For questions regarding this testimony or if you would like to request additional information, please feel free to contact Diane Boyd Rauber by calling NOVA's office at (202) 587-5708 or by emailing Diane directly at drauber@vetadvocates.org.

Prepared Statement of Lesley Witter

Chairman Luttrell, Ranking Member Pappas, and Members of the Subcommittee, Thank you for the opportunity to testify today on behalf of the nearly 20,000 licensed funeral directors and embalmers across the Nation who are members of the National Funeral Directors Association (NFDA). I am Lesley Witter, Senior Vice President of Advocacy for the National Funeral Directors Association.

The role of funeral directors in ensuring that veterans receive a dignified funeral and burial cannot be overstated. The vital collaboration between funeral directors, Congress, the Department of Veteran Affairs (VA), and the Department of Defense (DoD) is crucial in supporting bereaved Veteran families during their time of profound grief and loss.

Funeral directors work hand-in-hand with the Department of Veterans Affairs to coordinate funeral and burial services, assist families in filing benefit claims, ensure veterans receive proper grave markers, and collaborate with the Department of Defense and veterans' service organizations to provide appropriate military honors. While funeral directors are dedicated to ensuring that military honors are properly rendered, they also play a crucial role in helping families organize personalized services that celebrate the life of their loved one and honor their selfless service to our country.

Mr. Chairman, I would like to thank you, Ranking Member Pappas, Committee Members, and staff for holding this important hearing. Your efforts to advance vital legislation that will help ease the emotional burden on the grieving families of our nations heroes is deeply appreciated.

H.R. 647: Ensuring Veterans' Final Resting Place Act of 2025

Mr. Chairman, I would like to begin by thanking Rep. Yakym for his efforts to address this nuanced, but incredibly important, issue. I appreciate the Committee's efforts to address concerns raised by survivor families about a provision in section 2207 of P.L. 116-315 that authorized the VA to provide a veterans' survivor, an urn or a plaque in *lieu* of the veteran's burial in a VA national cemetery, thus taking away the eligibility of that veteran for a ground burial at a later date.

Currently, families of veterans who wish to bury their loved ones together after a veteran's survivor chooses an urn or plaque are not allowed to inter their veteran loved one in a VA national cemetery with their family members.

Under current law, families are forced to make difficult decisions with permanent consequences that they may not be fully able to comprehend during their time of mourning. We are concerned that a grieving spouse may decide to claim the urn benefit without realizing that their decision impacts the veteran's future eligibility for ground burial. It is unreasonable to expect a grieving spouse to mourn his/her loss, to plan a funeral, and consider their own their own final disposition options and eligibility for ground burial in a VA national cemetery.

NFDA supports H.R. 647 which is commonsense legislation that would allow families to inter their veteran loved ones in a VA national cemetery even if they previously opted for an urn or plaque, ensuring families have flexibility to make the best decision for their loved one's final resting place. This legislation provides a thoughtful solution to a problem that adds unnecessary stress and grief to veteran families, and we encourage passage of this legislation.

H.R. 1344: Dennis and Lois Krisfalusy Act

Mr. Chairman, I am honored to speak in support of H.R. 1344, the Dennis and Lois Krisfalusy Act today. I want to thank Rep. Reschenthaler for his efforts to ensure that no veteran or family member is denied the recognition they rightfully deserve for their service to our Nation.

As you know, NCA's authority under 38 U.S.C. § 2306(b)(2) to provide this benefit is currently limited to those family members who passed away on or after November 11, 1998. This arbitrary and outdated restriction prohibits the Department of Veteran Affairs from providing a memorial headstone or marker for military spouses and dependents if they passed after that date.

H.R. 1344 corrects an injustice by allowing the Department of Veteran Affairs to provide memorial headstones or markers for veterans, their spouses, and dependent children, regardless of when they passed away, ensuring that military families are properly honored together. By fixing this injustice, we're ensuring that families like the Krisfalusy family can be laid to rest together and memorialized with dignity. NFDA encourages passage of this legislation.

H.R. 1228: Prioritizing Veterans' Survivors Act

Mr. Chairman, in preparation for today's testimony, I spoke with funeral directors who assist grieving families as they navigate their way through the sometimes complicated process of applying for benefits from multiple agencies within the Department of Veteran Affairs, including the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA).

The Office of Survivor Assistance (OSA) is a crucial resource overseeing all benefits and services furnished by the Department of Veteran Affairs to survivors and dependents of deceased Veterans. Recently, the Office of Survivors' Assistance was moved out of the Office of the Secretary of Veterans Affairs, thus hampering OSA's ability to serve as a principal advisor to the Secretary on policies affecting survivor families.

NFDA believes there should be no barrier between the Office of Survivors' Assistance and the Office of the Secretary of Veterans Affairs. For this reason, we support H.R. 1228 and encourage passage of this legislation.

CONCLUDING REMARKS:

Chairman Luttrell, Ranking Member Pappas, and members of the Subcommittee, on behalf of the National Funeral Directors I want to thank you for your tireless leadership, dedication, and diligent work in support of our nations veterans and their families.

In closing, I would like to express my sincere gratitude for the opportunity to testify before you today on behalf of funeral service and NFDA and affirm our unwavering commitment to honoring our Nation's veterans and their families

I hope that my testimony has provided valuable insights, and I am happy to address any questions you may have.

Thank you.

Prepared Statement of Kenesha Britton

Chairman Luttrell, Ranking Member McGarvey, and other Members of the Subcommittee, thank you for inviting us here today to present our views on several bills that would affect VA programs and services. Joining me today are Jocelyn Moses, Senior Principal Advisor of Compensation Service, VBA; Lisa Pozzebon, Executive Director of Cemetery Operations, National Cemetery Administration (NCA); and Evan Deichert, Acting Deputy Vice Chairman, Board of Veterans' Appeals (Board).

H.R. 530 "ACES Act"

Section 2(a) of this bill would require VA to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (NASEM) under which

NASEM would conduct a study on the prevalence and mortality of cancers among covered individuals. Section 2(b) would require this study to identify exposures associated with military occupations of covered individuals (including relating to chemicals, compounds, agents, and other phenomena) and review the literature to determine associations between such exposures and the incidence or prevalence of overall cancer morbidity, overall cancer mortality, and increased incidence or prevalence of certain cancers. The study would also have to determine, to the extent possible, the prevalence of and mortality from these cancers among covered individuals by using available data sources (which could include health care and other administrative data bases of VA, the Department of Defense (DoD), and the individual services), the national death index, and the study conducted under section 750 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (P.L. 116–283). Section 2(c) would require NASEM, at the conclusion of the study, to submit a report to VA and Congress containing the results of the study required by subsection (b). Section 2(d) would define the term “covered individual” to mean an individual who served on active duty in the Army, Navy, Air Force, or Marine Corps as an aircrew member of a fixed-wing aircraft, including as a pilot, navigator, weapons system operator, aircraft system operator, or any other crew member who regularly flew in a fixed-wing aircraft.

VA supports this bill, subject to amendments and the availability of appropriations.

While VA supports the intent of this bill, VA is concerned it would duplicate existing efforts that are already underway. We believe there may be ways to amend the bill, though, to enhance these current efforts, and we welcome the opportunity to discuss these with the Subcommittee.

Pursuant to P.L. 116–283 § 750, DoD, in conjunction with the Directors of the National Institutes of Health and the National Cancer Institute, must conduct a study on cancer among covered individuals (a term generally consistent with the definition above) in two phases. The DoD Military Aviator Cancer Study (MACS) is designed to satisfy these requirements. The MACS study also covers helicopters, which this bill does not. The existing study has several phases that DoD and others are currently executing. This ongoing work is examining cancer incidence, mortality, and specific exposures that may be associated with cancer outcomes; the work is scheduled to continue through Fiscal Year (FY) 2029. DoD has worked with VA to secure VA health care data in support of the MACS study.

In addition, sections 2(b)(2) and 2(b)(3) of this bill would direct NASEM to focus on a prescribed list of 11 cancers. Although VA may expand this list, in consultation with NASEM, the bill may produce a report with inherent biases and limitations because the scope is unnecessarily limited to a specific set of 11 cancers, rather than studying all cancers. Other studies, such as MACS, are examining incidences of all cancers and will likely yield more meaningful results.

If this bill moves forward, we recommend it be amended to require VA *to seek to enter* into an agreement with NASEM, or another appropriate independent organization; this would be consistent with other, similar requirements and would provide VA flexibility in case it was unable to reach an agreement with NASEM.

Finally, we note that sections 502 and 505 of the Honoring our Promise to Address Comprehensive Toxics Act of 2022 (P.L. 117–168) already require VA to (1) analyze VA clinical data to try to determine the association, if any, between medical conditions of Veterans and toxic exposure, and (2) conduct a study on the incidence of cancer in Veterans to determine trends in the rates of the incidence of cancer in Veterans. In this context, it is not clear that the additional study the ACES Act would require would yield new information.

VA has other technical comments on this legislation that we would be happy to share with the Subcommittee.

H.R. 647 “Ensuring Veterans’ Final Resting Place Act of 2025”

This bill would amend 38 U.S.C. § 2306(h), which currently authorizes VA to provide, in lieu of burial and other memorialization, a plaque or an urn to commemorate the memory of a Veteran whose remains are cremated and not interred. This bill would allow a family that received a plaque or an urn to also receive burial or other memorialization benefits for the Veteran.

VA supports, if amended and subject to the availability of appropriations.

VA shares Congress’ apparent view that this authority should be amended.

Congress is aware of the negative comments VA received when it published a notice of proposed rulemaking implementing the plaque-and-urn benefit. VA took specific steps in its regulatory documents to ensure members of the public would be aware that acceptance of the plaque or urn benefit would be in lieu of other memori-

alization or burial benefits. Most of the comments received on the rulemaking raised concerns regarding the waiver of future eligibility for burial or memorialization benefits through acceptance of a commemorative plaque or urn. We appreciate Congress' effort to introduce this bill to address the concerns but note that the bill raises other concerns.

This bill would remove the current language in 38 U.S.C. § 2306(h) that prohibits VA from providing a headstone or marker or any burial benefit under 38 U.S.C. § 2402 for any individual who has received a commemorative plaque or urn. In doing so, families that choose cremation as the manner of disposition would be able to first receive a plaque or an urn and then apply for and receive a headstone or marker or burial benefits in a national cemetery. This arrangement would create an inequity for families that choose to inter their loved ones in a casket as the urn or plaque benefit is only available to individuals whose remains are cremated. Additionally, there are increased costs associated with this bill as headstones or markers and burial benefits would now be available in addition to the plaque or urn benefit and many more families would choose to receive the additional benefits.

VA has faithfully taken steps to implement the law as enacted. VA understands the desire of some survivors to retain the cremated remains of a loved one, as well as their desire to feel VA has provided appropriate recognition of their loved one's service. VA notes that two benefits are currently available to such families—burial flags and Presidential Memorial Certificates—neither of which require families to forfeit other benefits. We support Congress' efforts to provide a meaningful benefit to these survivors. VA would like to work with the Subcommittee to discuss more equitable or cost-effective solutions.

VA estimates this bill would have significant costs to the Discretionary account of \$3.3 million in 2026, \$67.3 million over 5 years, and \$210.3 million over 10 years.

H.R. 1039 “Clear Communication for Veterans Claims Act”

Section 2(a) of this bill would direct VA, within 30 days after date of enactment, to enter into an agreement with a federally funded research and development center (FFRDC) to assess benefit-related notification letters sent to claimants. Section 2(b) would require that FFRDC's assessment be made in consultation with covered entities and include a determination as to whether currently used notices may be feasibly altered to reduce paper consumption by, and costs to, the Federal Government. It would also direct the FFRDC to make recommendations on how VA could make such notices for claimants clearer, more concise, and better organized.

Section 2(c) would require VA to submit a copy of FFRDC's assessment to the House and Senate Committees on Veterans' Affairs and to implement the recommendations in compliance with laws administered by VA within 90 days after receiving the assessment. Section 2(d) would require VA to complete the implementation of FFRDC's recommendations within 1 year after the date such implementation commences. Section 2(e) would define the term “covered entities” as including the Secretary of Veterans Affairs, an expert in laws administered by VA, a Veterans Service Organization recognized under 38 U.S.C. § 5902, an entity that advocates for Veterans, and an entity that advocates for Veterans' survivors.

Last, section 3 of the bill would amend the loan fee table at 38 U.S.C. § 3729(b)(2) to extend to June 23, 2034, the applicability of a provision requiring Veterans to pay fees when obtaining a loan which VA guaranteed, insured, or made.

VA supports, if amended, and subject to the availability of appropriations.

While VA generally supports the intent of the bill, the deadlines it would impose are challenging, unrealistic, and difficult to implement. The binding nature of any recommendations the FFRDC issues is also of concern.

VA is concerned that the bill's requirement to enter into an agreement with an FFRDC within 30 days following enactment of the bill may hinder VA's ability to ensure an agreement is reached with the FFRDC most appropriate for the task under VA's contracting requirements.

VA is also concerned that the bill's mandate to implement the FFRDC's notification letter recommendations within 90 days of receiving the assessment would be challenging at best and potentially unachievable without significant risk. VA notes that making changes to notice letters is a thoughtful, considered, deliberative, time-consuming, and complicated process that also requires updating existing information technology (IT) systems. Updates to VA's technology systems, including the Veterans Benefits Management System, are prioritized far in advance. Implementation of the notice changes required by the bill, if required within 90 days, could require VA to push out current priority updates with more substantial impact on Veterans.

VA notes that the implementation deadline of 90 days mandated in section 2(c) contradicts the implementation deadline of 1 year from commencement as specified in section 2(d). A 90-day window to implement the recommendations in the assessment as specified in section 2(c)(2) is not feasible given the needed technological and system upgrades that would be required, as noted. VA recommends an implementation window of at least 24 months from the date of enactment to allow for adequate system development, testing, and implementation. VA notes that these enhancements are required since notice letters to claimants are not constructed in one uniform manner. Notice letter generation is complex, and current templates often require extensive editing, concurrence, deployment testing, and validation from subject expert, legal, regulatory, and technological standpoints to ensure that all case-specific factors for individual claimants can be captured.

Also, VA must exercise caution to ensure that its notification letters comply with existing statutes and controlling case law (which is protean in nature). VA is concerned that it could not adopt FFRDC's recommendations on a wholesale basis without adequate time to independently assure that they would not put VA at risk for non-compliance with its legal duties to claimants. Conducting such a review would require detailed collaborative efforts involving multiple VA business lines that would certainly require more than 90 days.

Additionally, VA notes concern with the language that would effectively make FFRDC's report binding on VA. This provision would leave no room for VA to refine or improve upon the recommendations, should the need arise. While an FFRDC report could yield valuable insights, VA views research and development processes as being designed to create recommendations, not binding policy. As such, we recommend changes to the bill allowing VA to retain final decision-making authority for implementation.

VA also notes that legislative action is not required for an enterprise-wide review of VA's notice letters. If VA internally reviews its enterprise-wide notice letters and reports on the findings, this will result in a cost-savings to the Federal Government. VBA already reviews and updates benefit claim letters internally on a regular basis.

For example, VBA utilizes a Language Change Control Board (LCCB) to review and approve all compensation and pension-related language change requests for letters, glossary texts, fragments, or any other external facing communications. The LCCB is responsible for ensuring that identified language changes are tracked, reviewed for accuracy, and sent to implementation in a timely manner. Members across various business lines within VBA, such as Compensation Service, Pension and Fiduciary Service, and the Office of Administrative Review make up the LCCB. Requests are generated by statutes, regulation, or policy, implementing procedures, or identified deficiencies within our products generate requests for changes.

Focusing on human centered design (HCD), VBA has collaborated with the Veterans Experience Office since October 2023 to conduct HCD co-design workshops to redesign benefit letters sent to Veterans. The objective is to enhance clarity, accessibility, and usefulness of these letters for Veterans seeking to understand their eligibility for benefits from VA. VA is currently working to implement the findings.

VA is also concerned with the language in the bill defining covered entities in section 2(e)(2). The bill is ambiguous as to whether the FFRDC or VA would select which covered entities should be consulted and how many covered entities should participate in the assessment.

Last, VA does not support section 3 of the bill, which would amend the loan fee table at 38 U.S.C. 3729(b)(2) to extend to June 23, 2034, the applicability of a provision requiring Veterans to pay fees when obtaining a loan which VA guaranteed, insured, or made. VA objects to using statutory loan fees associated with the VA Home Loan Program to fund the cost of other benefit programs.

A cost estimate is not currently available.

H.R. 1228 "Prioritizing Veterans' Survivors Act"

This bill would amend 38 U.S.C. § 321(a) to state that the Office of Survivors Assistance (OSA) would be reorganized under the Office of the Secretary of Veterans Affairs.

VA supports this bill, subject to the availability of appropriations.

OSA was established by the Veterans' Benefits Improvement Act of 2008, P.L. No. 110-389, section 222, 122 Stat. 4145, 4156. OSA serves as a resource regarding all benefits and services VA furnishes to survivors and dependents of deceased Veterans and members of the Armed Forces. OSA also serves as a principal advisor to the Secretary of Veterans Affairs, working to promote the use of VA benefits, programs, and services to survivors while ensuring they are properly supported as stated in VA's mission.

H.R. 1286 “Simplifying Forms for Veterans Claims Act”

Section 2(a) of this bill would direct VA, within 30 days after date of enactment, to enter into an agreement with an FFRDC to assess forms sent to claimants. Section 2(b) would require that FFRDC’s assessment be made in consultation with covered entities and include FFRDC’s recommendations regarding how VA may make such forms better organized and clearer to claimants. Section 2(c) would require VA, within 90 days after receiving FFRDC’s assessment, to implement the recommendations in the assessment that comply with laws administered by the Secretary and to submit a copy of the assessment to the House and Senate Committees on Veterans’ Affairs. Section 2(d) would require VA to complete the implementation of FFRDC’s recommendations within 2 years after the date of such implementation commences. Section 2(e) would define the term “covered entities” as including the Secretary of Veterans Affairs, an expert in laws administered by VA, a Veterans Service Organization recognized under 38 U.S.C. § 5902, and an entity that advocates for Veterans and their survivors.

VA supports, if amended, and subject to the availability of appropriations.

While VA generally supports the intent of the bill, the deadlines it would impose are challenging, unrealistic, and difficult to implement. The binding nature of any recommendations issued by the FFRDC is also of concern.

VA is concerned that the bill’s requirement to enter into an agreement with an FFRDC within 30 days following enactment of the bill may hinder VA’s ability to ensure an agreement is reached with the FFRDC most appropriate for the task under VA’s contracting requirements.

Section (2)(c)(2) would require VA, within 90 days after receiving the assessment, to “implement the recommendations in the assessment that are in compliance with laws administered by the Secretary,” and section (2)(d) would require VA to “complete the implementation of such recommendations pursuant to subsection (c)(2)” not later than 2 years after the date on which VA commences such implementation. These timelines appear to conflict. VA recommends replacing “implement” in subsection (c)(2) with “identify” if the intent is for VA to identify, within 90 days, which recommendations comply with the laws administered by VA. If this is the intent, VA notes that this timeline is likely infeasible as the volume of recommendations is unknown and would recommend a timeline of at least 180 days. Alternatively, if the intent is for VA to begin implementation within 90 days, VA recommends replacing “implement” in subsection (c)(2) with “initiate implementation of.” VA recommends the language in subsection (d) then be revised to align with the updated subsection (c)(2), as needed.

Additionally, the volume of recommendations from the FFRDC cannot be estimated. VA is consequently concerned that the bill’s mandate to complete the implementation no later than 2 years after VA commences such implementation may not allow sufficient time to put all the changes into effect considering Paperwork Reduction Act requirements and existing IT priorities. The volume and depth of recommended changes that the FFRDC may assess are not limited by the bill and cannot be estimated. Potentially hundreds of forms may be affected and the extent of changes for each one could be substantial. Making changes to VA forms is necessarily a thoughtful, considered, deliberative, time-consuming, and complicated process. VA must exercise caution to ensure that its forms comply with existing statutes and controlling case law. It also requires updating existing IT systems.

While VA agrees with the stated intent to make forms “better organized and clearer to claimants,” VA is concerned that it could not adopt the FFRDC’s recommendations on a wholesale basis without adequate time to independently assure that they would not put VA at risk for non-compliance with its legal duties to claimants. Doing so would require detailed collaborative efforts involving multiple VA business lines that would certainly require more than 90 days, assuming the intent of subsection (c)(2) is for VA to identify the recommendations that comply with laws administered by VA within 90 days, as discussed above.

The language would also effectively make the FFRDC’s report binding on VA if VA is required to implement the FFRDC’s recommendations. This provision would leave no room for VA to refine or improve upon the recommendations, should the need arise. While an FFRDC’s report could yield valuable insights, VA views research and development processes as being designed to create recommendations, not binding policy. If effectively implemented, the assessment process could enhance the clarity of VA forms, reduce paper usage, and lower costs, ultimately benefiting both the agency and Veterans. However, if VA is not afforded adequate discretion, it could lead to inefficiencies, delays, and additional administrative burdens and hinder existing IT modernization activities. As such, VA should retain decision-mak-

ing authority over final implementation to ensure any changes align with the broader needs of the Department and the Veterans it serves.

VA is also concerned with the language defining covered entities in section 2(e)(2). The bill is ambiguous as to whether the FFRDC or VA would select which covered entities should be consulted and how many covered entities should participate in the assessment. It is also unclear which VA entity would bear the costs of the contract or if additional funds would be appropriated. Additionally, as drafted, it is unclear whether Congress' intent is to have either paper or digital forms, or both types of forms, be reviewed. This bill would require IT resources to both support the FFRDC's review and to implement its recommendations.

A cost estimate is not currently available.

H.R. 1344 "Dennis and Lois Krisfalusy Act"

This bill would amend 38 U.S.C. § 2306(b)(2) to expand eligibility for memorial headstones and markers for certain spouses, surviving spouses, or eligible dependent children of Veterans and active-duty Service members. This bill would remove November 11, 1998, as the earliest date of death for these family members to be eligible. The limitation that the death must occur before September 30, 2032, would remain in the statute.

VA supports this bill subject to the availability of appropriations and seeks amendment.

VA supports this bill but also supports amending it to address the September 30, 2032, date in 38 U.S.C. § 2306(b)(2)(B) and (C) by which an eligible family member's death must occur for VA to provide a memorial headstone or marker. VA additionally supports amending the bill to address the same limiting date that appears in 38 U.S.C. § 2402(a)(5) so that covered family members of active-duty Service members would remain eligible for burial in a VA national cemetery even if their deaths occur on or after September 30, 2032. Rather than simply extending the date-of-death limitations in both sections 2306 and 2402 in the future, VA supports amendments to remove entirely the date-of-death limitations in both sections. Eliminating the date-of-death requirement in each of these statutes would ensure that active-duty Service members who lose their loved ones while serving the Nation would retain the opportunity to obtain a government-furnished memorial headstone or marker or to choose to inter their loved ones in a VA national cemetery.

VA estimates this bill would have insignificant costs to the mandatory Compensation and Pension account of \$28,000 in 2025, \$141,000 over 5 years, and \$282,000 over 10 years. VA estimates this bill would have discretionary costs related to the interment of spouses or dependent children who predecease active-duty Service members of \$55,000 in Fiscal Year 2026, \$286,000 over 5 years and \$601,000 over 10 years.

H.R. XXXX "Veterans Claims Education Act of 2025"

This bill would amend 38 U.S.C. § 5103A to require VA, upon receiving an initial claim, to provide specific notice to claimants without an accredited representative and require VA to regularly maintain an easily accessible online tool to allow claimants to search a list of accredited representatives that would be updated quarterly. The bill would provide definitions for "accredited person" and "represent" applicable to amended section 5103A. The bill would also direct VA to add a "warning" to all VA web portals through which an individual may file a claim for VBA or Veterans Health Administration (VHA) benefits regarding fees that accredited agents and attorneys may charge. The bill would require that the warning include a link to the aforementioned search tool for finding accredited representatives and a link to a website for reporting unaccredited individuals who represented the claimant and charged a fee for such representation. Finally, the bill would require VA to review VA's accreditation program under 38 U.S.C. § 5904 and submit to Congress recommendations for legislative or administrative action for improvements.

VA is still examining the legislation and is unable to provide comprehensive views currently.

H.R. XXXX "Review Every Veterans Claim Act of 2025"

This bill would restrict VA from denying a claim for benefits based solely on a Veteran's failure to report to a scheduled VA disability examination.

VA supports subject to the availability of appropriations and seeks amendment to this bill.

Generally, VA must review and consider all the evidence gathered in support of the claim. However, currently 38 C.F.R. § 3.655(b) requires VA to deny a claim if a Veteran fails to report for an examination as part of a supplemental claim, a claim

for increase, or an original claim other than an original compensation claim. This bill would prohibit denying such claims on the sole basis of failure to report to an exam. Revision to 38 C.F.R. § 3.655(b) would be required.

Currently, VA has a statutory duty under 38 U.S.C. § 5103A(d) to provide a medical examination or obtain a medical opinion when such examination or opinion is necessary to decide a compensation claim. A medical examination or opinion is necessary to decide a claim where the evidence of record contains competent evidence that the claimant has a current disability associated with their active military, naval, air, or space service but the medical evidence of record is insufficient for VA to decide the claim.

VA notes that while this bill would prohibit denial of a claim on the sole basis that a Veteran failed to appear for a medical examination, cases may remain where, without the examination, there is insufficient evidence to support entitlement. Hence, even if this bill were enacted, claims may still be denied in those circumstances. The only difference would be that the denial would be due to lack of sufficient evidence rather than for failure to appear for the examination.

VA supports this bill because it would reinforce VA's general practice of reviewing and considering the full body of evidence before deciding a claim.

VA suggests amending 38 U.S.C. § 5103(A)(d)(1) to include pension claims to align with the bill's apparent intent in amending the subsection's heading from "Medical Examinations for Compensation Claims" to "Medical Examination for Claims for Benefits." The current language within paragraph (d)(1) focuses solely on disability compensation claims and should include claims for pension.

A costing determination is not currently available.

H.R. XXXX "Improving VA Training for Military Sexual Trauma Claims Act"

Section 2(a) would amend 38 U.S.C. § 1166(c) to require annual sensitivity training regarding military sexual trauma (MST) for any VA employee who processes or decides MST claims or communicates with a claimant regarding evidence supporting such a claim. This bill would require VA to update such training not less than once annually and would require a report to Congress within 90 days of the bill's enactment regarding changes made to training provided to such employees.

Section 2(b) of the bill would amend 38 U.S.C. § 5103A(c) to expand VA's duty to assist in obtaining records for a disability compensation claim. The bill would require VA, for MST claims under 38 U.S.C. § 1166, to obtain the claimant's service medical records and, if there is no credible supporting evidence of MST in the evidence of record, obtain the claimant's service personnel records.

Section 2(c) of the bill would require VA to report to Congress on the required sensitivity training for medical disability examiners contracted under section 504 of the Veterans' Benefits Improvements Act of 1996 to perform examinations for MST claims, as well as for individuals who communicate with MST claimants to schedule examinations. The report would also detail plans to improve such training and ensure that such Veterans are not retraumatized during the medical disability examination process.

VA supports section 2(a), if amended, and subject to the availability of appropriations.

VA suggests that the requirements in section 2(a) are unnecessary, as they would be duplicative. VA notes that a comprehensive training curriculum already exists. The current VBA training curriculum contains training modules pertaining to posttraumatic stress disorder (PTSD) and personal assault, including claims based on MST. These training modules cover areas such as developing and gathering evidence, submitting examination requests, applying guidance for sympathetic reading of mental disorders, developing stressors related to personal trauma, evaluating evidence, deciding a claim for service connection for disabilities related to MST, and much more.

VA uses training curricula containing dynamic and practical training experiences for claims processors. This form of training enables claims processors to distinguish indicators of PTSD stressors that result from MST, such as deterioration in duty performance and requests for transfer or substance abuse. All training content stresses the importance of complete evidence development for signs of an in-service MST event and takes a comprehensive approach to identifying evidentiary markers that indicate the possibility of the MST event. Legal and policy considerations are also included as part of the curriculum.

Currently, the MST special issue indicator is assigned to any condition, mental or physical (including PTSD) resulting from MST. The MST special issue indicator must be used for all MST-related claims, including claims to establish service con-

nection and claims for increased evaluation, to facilitate routing of these claims to the appropriate personnel for processing and automatic notifications from VBA to VHA about certain upcoming events during the claims process. Only an individual who has completed the required MST trainings, has been designated an MST claims processor, and is assigned to a specialized MST claims processing site or special mission station responsible for the claim due to other special circumstances can take development action on claims involving MST.

Decisions made by Rating Veterans Service Representatives for MST-related disabilities require approval by a more experienced Rating Quality Review Specialist specializing in MST-related claims processing until the claims processor demonstrates an accuracy rate of 90 percent or greater. The accuracy rate is calculated based on a review of cases in which a condition claimed due to MST was either granted service connection, denied service connection, or received an increased evaluation. Further, MST claims processors are required to have three Individual Quality Reviews (IQR) each month. These reviews determine the employee's individual quality level as part of their overall performance evaluation. An MST-trained Quality Review Specialist processes and conducts all reviews. Additional training requirements may be added based on error trends and analysis following these IQR reviews. While the requirements of section 2(a) are unnecessary, the Department supports implementing additional accountability and oversight to ensure documentation of the training for all identified personnel.

VA supports section 2(b), if amended, and subject to the availability of appropriations.

Under 38 U.S.C. § 5103A, VA is required to make reasonable efforts to assist a claimant in obtaining evidence necessary to substantiate a claim. This assistance includes obtaining all relevant Federal records (38 U.S.C. § 5103A(c), 38 C.F.R. § 3.159(c)). These records include, but are not limited to, military personnel records, service treatment records, and records from other Federal agencies. In addition, 38 C.F.R. § 3.304(f)(5) outlines VA's policy concerning the adjudication of PTSD claims based on in-service personal assault, providing that evidence from sources other than the Veteran's service records may corroborate the Veteran's account of the stressor incident. This regulation also states that evidence of behavior changes following the claimed assault may constitute credible evidence of the stressor, including but not limited to a request for a transfer to another military duty assignment or deterioration in work performance.

If there is no credible supporting evidence of an MST in the evidence of record, section 2(b) of this bill would require VA, as part of its duty to assist, to obtain the MST claimant's service personnel record. Section 2(b) would also require VA to obtain the MST claimant's service medical records.

Service treatment records are always considered in claims for compensation, and personnel records are generally requested for PTSD claims based on personal assault as such records would be relevant to the consideration of behavioral changes following the claimed assault. However, in some cases, the Veteran may submit or identify credible supporting evidence to corroborate the stressor prior to requesting service personnel records. VA cites concerns with section 2(b) because VA already has a duty to obtain all relevant Federal records, to include military personnel records and service treatment records. VA suggests the requirements of section 2(b) are duplicative and, therefore, unnecessary.

VA supports section 2(c) of this bill, subject to appropriations, and seeks amendment.

While VA supports the Subcommittee's intent to improve sensitivity training for contracted disability examination providers, including individuals scheduling MST examinations, to ensure that MST claimants are not retraumatized during the medical disability examination process, there are potential resource concerns.

VA has recently released a guide to contracted disability examination vendors and providers titled "Trauma-Informed Communication with Veterans and Service Members Who Have Experienced Military Sexual Trauma." This guide reinforces the WE CARE values and provides important information and resources for examiners regardless of specialty or examination type to avoid re-traumatization during examinations.

VA suggests amending the language in section 2(c)(1) to remove the parenthetical mentioning "individuals who communicate with veterans to schedule examinations" as those individuals are generally not health care professionals. Instead, section 2(c)(1) could require VA to report on sensitivity training required for health care professionals contracted to perform examinations of MST claimants *and* for individuals who communicate with Veterans to schedule examinations.

A costing determination is not currently available.

H.R. XXXX “Survivor Benefits Delivery Improvement Act of 2025”

Section 2 of this bill, the “Survivor Benefits Data Collection Act of 2025,” would add a new 38 U.S.C. § 5322, which would require VA to collect the demographic data from recipients of survivors’ benefits or burial benefits for VA to designate underserved demographics. Section 2(b)(2) would provide applicable deadlines for the development of data collection, the designations of any underserved demographics, and submissions of annual reports. Section 2(c) would require VA to develop and submit to the House and Senate Committees on Veterans’ Affairs an outreach and education strategy for raising awareness regarding benefits specified in 38 U.S.C. § 5322(a) among covered survivors (which includes a surviving spouse, child, or parent of a veteran) who belong to an underserved demographic and benefits specified in 38 U.S.C. § 2303 among Veterans and other beneficiaries who belong to an underserved demographic. Section 2(d) would require VA to assess the resources of OSA and develop a strategy to ensure the availability of resources necessary for the function of such office.

Section 3, the “Survivor Solid Start Act of 2025,” would amend 38 U.S.C. chapter 63 in several places to add a definition for “covered individual” and replace “Veterans” with “covered individuals” where applicable. Additionally, this bill would require VA to provide outreach services for surviving eligible dependents of covered individuals. Section 3(c) would require VA to create full-time equivalent positions focused on outreach for survivors’ benefits at VA call centers.

VA supports section 2 of this bill, if amended.

VA highlights the need to edit proposed 38 U.S.C. § 5322(a)(1)(A) as that proposed provision would refer to “disability and indemnity compensation” under 38 U.S.C. chapter 13. However, under chapter 13, the term is properly referred to as “dependency and indemnity compensation” (DIC). VA recommends using the term currently used under chapter 13 to avoid any confusion.

VA notes that the collection of the data points specified in proposed section 5322(f)(2)(A)-(E) would require extensive development. It is presumed that future demographic data requests would also need to be incorporated within existing VA forms, which would result in significant additional work on the part of VA to implement this bill given the need to review, revise, and approve numerous administrative claim forms, as well as obtain the necessary clearances from the Office of Management and Budget and consultations with other entities as specified in proposed section 5322(b). Additionally, under current procedures, certain VA benefits awards are made via automated processes without the collection of additional data—for example, in certain situations, surviving spouses who were a dependent on a Veteran’s award can be granted benefits through automation if VA has sufficient information already on file at the time of the Veteran’s death. VA understands that a person’s failure to provide information is not to be considered in the receipt of benefits but, nevertheless, the Department would be in a position of issuing benefits without even having attempted to collect the data specified by this bill as existing systems would not necessarily have captured this data previously. For the reasons outlined above, VA recommends the 180-day implementation date under section (2)(b)(2)(A) of the bill be expanded to an implementation window of 24 months from the date of enactment to allow for adequate evaluation of forms as well as the development, testing, and implementation of system changes.

VA also views the implementation deadline for initial designations under section (2)(b)(2)(B) of the bill as not being feasible and again recommends the implementation window be expanded to 24 months from the commencement of the data collection. This would provide sufficient time for data collection and analysis prior to VA making initial designations of underserved demographics.

VA notes that section (2)(c)(2)(A) of the bill covers the development of an outreach strategy “regarding eligibility for burial in a national cemetery under [38 U.S.C. § 2303].” However, eligibility for burial in a national cemetery is covered by 38 U.S.C. § 2402. Therefore, VA believes that the reference in this portion of the bill should be changed to 38 U.S.C. § 2402.

VA supports section 3 of this bill if amended.

VA highlights that the mandated frequency of conducting outreach services to surviving eligible dependents once per quarter in the proposed language for 38 U.S.C. § 6308(c) is a more frequent cadence than the outreach provided to separating and retiring Service members under VA’s Solid Start (VASS) program and could be seen as disparate treatment. As a requirement of VASS, VA attempts contacts with newly retired and those newly separated Veterans in three general windows of time post-separation: 0–90 days, 91–180 days, and 181–365 days. VA recommends mir-

roring this cadence for survivors and supports using the date VA is notified of the Veteran's death to start the notification process timeline.

Section 3(b)(5) of the bill would require VA to conduct outreach for eligible dependents of a Veteran. Generally, VA is not notified of the death of a Veteran unless they were receiving VA benefits. Thus, VA does not determine eligibility until a claimant files an application for benefits, unless they were previously identified as a dependent on the Veteran's award. If VA was never provided information that identifies a dependent, then it would not be possible for VA to conduct outreach to those individuals.

As drafted, and as it pertains to beneficiaries that VA has on its rolls, the outreach services would continue until the eligible dependent files a claim for a benefit; however, 38 U.S.C. § 5101(a)(1)(B)(i) allows VA to pay benefits to survivors who have not filed formal claims if the record contains sufficient evidence to establish entitlement. Accordingly, VA recommends amending the bill's language so that VA would not be required to conduct outreach services to survivors who receive benefits without filing a formal claim.

Finally, VA recommends broadening the contact information provided to eligible dependents under proposed section 6308(c)(2)(A) to include "appropriate contact information for additional support" or similar. VA notes that the provision of contact information for only OSA may result in an unmanageable caseload for that office. By broadening the language in the bill, VA would be able to determine the most appropriate offices to refer eligible dependents, to include but not limited to OSA. Similarly, VA provides that the removal of the specified full-time equivalent position allocation in this section would allow for VA to properly assess staffing needs to support the required outreach.

A cost estimate is not currently available.

H.R. XXXX "Veterans' Compensation Cost-of-Living Adjustment Act of 2025"

Section 2(a) of this bill would increase payments of disability compensation and DIC, effective December 1, 2025. Specifically, section 2(b) would increase payment amounts for wartime disability compensation, additional compensation for dependents, clothing allowance, and DIC payable to a surviving spouse or child. Section 2(c) would increase the payment amounts described in section 2(b) by the same percentage as the percentage by which Social Security benefit amounts under 42 U.S.C. § 415(i) are increased effective December 1, 2025. Section 2(d) would authorize VA to adjust administratively the rates of disability compensation payable to individuals under P.L. 85-857 § 10 who have not received compensation benefits under 38 U.S.C. chapter 11. Section 3 would require VA to publish in the Federal Register the increased amounts covered in section 2(b) no later than the date of publication required by 42 U.S.C. § 415(i)(2)(D).

VA supports the bill.

Annual cost-of-living adjustments (COLA) to compensation rates tangibly express the Nation's gratitude and respect for the sacrifices service-disabled Veterans and their surviving spouses and children have made. This bill would ensure that the value of their well-deserved benefits keep pace with the costs of inflation.

VA also believes consideration should be given to amending 38 U.S.C. § 5312 to provide for automatic annual COLAs in the rates of disability compensation. Such an amendment could also provide for automatic COLA for clothing allowance and additional compensation for dependents. Currently, Congress must enact legislation each year to adjust those rates, which risks delaying timely COLA increases for compensation and clothing allowance payments to Veterans with service-connected disabilities.

VA supports the publication of annual COLA increases in the Federal Register. VA routinely publishes Federal Register notices of increased benefits following the enactment of law by Congress specifying the percentage by which payments will be increased.

H.R. XXXX "Veteran Appeals Transparency Act of 2025"

This bill would amend 38 U.S.C. § 7107 to require new weekly reporting of docket dates of the cases assigned to a Board member for a decision during that week.

VA does not support this bill.

VA believes that this new reporting requirement may be averse to Veterans by introducing unnecessary confusion, delays, and potential inequities in how appeals are adjudicated. Section 2 of this bill would add a weekly reporting requirement for the Board to publish the docket dates of all cases assigned to Board members for adjudication each week. However, VA believes that such a requirement would be ad-

ministratively burdensome to execute and, more importantly, would likely cause misperceptions and confusion for Veterans and representatives because the Board's docket can vary and change so significantly. Prior similar efforts to publish docket numbers being worked in the legacy VA appeals process resulted in numerous petitions to the U.S. Court of Appeals for Veterans Claims (Veterans Court) for a writ of mandamus seeking to have the Board decide particular cases out of order because erroneous expectations were created by publishing the information as suggested.

Governing law generally requires that cases be decided in docket order on a first-come, first-served basis with some exceptions. Those exceptions include cases advanced on the docket (AOD) and cases remanded back to the Board by the Veterans Court, which the law requires to be automatically moved to the head of the line. Additionally, legacy appeals that return to the Board from the agency of original jurisdiction (AOJ) (e.g., VBA, VHA, NCA) after a Board remand maintain their original place in docket order.

To put these types of cases into the context of the Board's overall docket, the Board adjudicates between 2,000–3,000 appeals per week. Approximately 25 percent of cases the Board adjudicated the last two fiscal years were AOD cases, which are moved ahead of other cases because they involve Veterans with serious health conditions, severe financial hardship, or advanced age. They will have docket dates that may be years later than others waiting. Another 30 percent of cases adjudicated were either expedited because they were remands from the Veterans Court or were cases that returned to the Board from the AOJ and retained their original older docket number.

On a weekly basis, the numbers of expedited appeals, older docket cases, and non-expedited appeals being adjudicated can vary widely. Additional challenges include the current influx of appeals from VBA and VHA, which causes fluidity in the number of cases in each docket, a different pace of movement for each docket, and changes in the number of cases worked in each docket. It would be impossible for the Board to provide an exact estimate for when a particular appeal may be adjudicated because each appeal's place in line is constantly changing based on which appeals are joining (or re-joining) the appeals queue each day. This bill's proposed requirement would be very frustrating and potentially misleading to Veterans on how many appeals remain to be adjudicated ahead of them because the number of cases moving to the head of the line each week is so variable.

H.R. XXXX “Board of Veterans’ Appeals Attorney Retention and Backlog Reduction Act”

Section 2 of this bill would amend 38 U.S.C. § 7101A to establish General Schedule (GS)–15 promotion (and pay) potential for all non-supervisory Board Staff Attorney Advisor positions to improve recruitment and retention. This bill would make no reference to an evaluation of the duties and responsibilities of the position, and it is unclear how this bill would lead to achieving the other stated goal of improvements in decision quality and claims processing speed. It would also require technical edits to meet apparent congressional intent. For example, it does not provide clear legal authority to establish classification and/or qualification standards for Board attorneys to overcome the statutory inconsistency with title 5 provisions.

VA does not support this bill.

This bill would not align with classification regulations and 5 U.S.C. § 5107, which states, “[e]xcept as otherwise provided by [5 U.S.C. chapter 51], each agency shall place each position under its jurisdiction in its appropriate class and grade in conformance with standards published by the Office of Personnel Management.” Consequently, amending section 7101A to allow *all* non-supervisory Board attorneys to be promoted to grade GS–15 would completely negate 5 U.S.C. § 5107.

The Board's retention incentives for attorneys have proven to be very effective in the past few years. Retention rates have improved dramatically, with attrition rates dropping by nearly 50 percent from 13.4 percent in Fiscal Year 2019 to 7.7 percent in Fiscal Year 2024. Retention incentives offer the Board necessary flexibility and do not count as basic pay.

As an aside, there is no current operational need at the Board for any non-supervisory GS–15 attorneys. The Board has existing flexibility to establish GS–15 attorney positions, consistent with the Office of Personnel Management (OPM) classification requirements. There are currently 33 supervisory GS–15 attorney positions at the Board, appropriately classified based on the OPM standards. Even if the Board could somehow create non-supervisory GS–15 positions outside the OPM factors, the pool of applicants for these more difficult supervisory GS–15 positions would likely diminish and have a correspondingly negative impact on Board operations.

Budget impacts are also important. All attorney advisor positions are eligible for promotion to GS-14 and an ever-increasing number of the Board's roughly 1,040 attorneys are at that highest non-supervisory grade level. Nearly 65 percent of the Board's non-supervisory attorneys are currently GS-14s and that number is growing because of increasing retention rates and regular upcoming promotions expected for the higher number of new attorney hires during the past 2 years. For example, payroll projections are expected to increase by nearly \$15 million from Fiscal Year 2025 to Fiscal Year 2026 even if the Board adds no new personnel during that same period.

Conclusion

This concludes my statement. We thank the Subcommittee for your continued support of programs that serve the Nation's Veterans and look forward to working together to further enhance delivery of benefits and services.

STATEMENTS FOR THE RECORD

Prepared Statement of American Federation of Government Employees, AFL-CIO

Chairman Luttrell, Ranking Member McGarvey, and Members of the Subcommittee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to submit a statement for the record on today's hearing on "Pending Legislation." AFGE represents more than 750,000 Federal and District of Columbia government employees, nearly 320,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees. These include front-line providers at the Veterans Health Administration (VHA) who provide exemplary specialized medical and mental health care to veterans, the Veterans Benefits Administration (VBA) workforce responsible for the processing veterans' claims, the Board of Veterans' Appeals (Board) employees who shepherd veterans' appeals, and the National Cemetery Administration employees (NCA) who honor the memory of the Nation's fallen veterans every day.

With this firsthand and front-line perspective, we offer our observations on the following bills being considered at today's hearing:

Discussion Draft of the "Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act"

AFGE strongly supports Ranking Member McGarvey's (D-KY) and Rep. Bilirakis's (R-FL) draft legislation, the "Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act." This legislation will help the Board with retention of its attorney workforce by making the full performance level for non-supervisory Board staff attorneys Grade 15 on the General Schedule (GS-15).

As AFGE Local President Doug Massey testified to the DAMA Subcommittee in November 2023, for many decades, the Board has had a GS-14 career path for attorneys. However, in November 2021, Board leadership downgraded the career path to GS-13, which is counterintuitive from a management perspective and does not help the VA's and this subcommittee's goal of recruitment and retention of talent. Any competent executive understands the importance of competitively remunerating the highest qualified candidates for any job based on their work and abilities. Eliminating this level of growth and compensation for attorneys dissuades qualified applicants from joining the Board or from choosing to stay long-term. Instead of attempting to remain minimally competitive with the private sector, Board management has effectively lowered the career path salary for attorneys, widening the pay gap faced by public employees. AFGE firmly believes that this Committee shares AFGE's commitment to ensuring that disability claims for veterans and their families receive the highest level of attention, and that this policy change is contrary to that goal.

At the same hearing, Mr. Massey provided additional testimony outlining the extraordinary and uncredited work that senior non-supervisory Board attorneys take upon themselves to train newer attorneys in the absence of suitable training from Board leadership, which has helped dozens of employees improve and now thrive at the Board.

From this testimony and additional conversations with subcommittee members and staff, it is clear that members of the subcommittee do not agree with Board leadership's penny-wise and pound-foolish treatment of Board attorneys, especially considering the critical role the Board plays for veterans, the relatively small size of the Board, and the nuanced expertise required of Board attorneys. To help reverse this trend, AFGE applauds Rep. McGarvey and Rep. Bilirakis for drafting the "Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act." If enacted, this bill will authorize the Board to promote non-supervisory attorneys to the GS-15 level, when appropriate. With this authority, the Board can fulfill the committee's goal of retaining senior attorneys at the Board who have institutional

knowledge of the Board and expertise in veterans' law. This will encourage senior attorneys to stay at the Board and not look for other GS-15 jobs elsewhere within the government, including within the VA Office of General Counsel, where these jobs do exist, and potentially delay retirement. Furthermore, by making the full performance level for Board attorneys GS-15, it will also undo the Board's promotional cap on new attorneys at GS-13 and allow attorneys who meet qualifications to be eligible for promotion to GS-14. This increased retention will also benefit the Board financially by reducing expenditures on recruitment of new attorneys by reducing turnover. Most importantly, this will help keep the most experienced and productive Board attorneys at the Board to continue serving veterans.

In 1994, Congress took legislative action to place Board Members and Veterans Law Judges on the Administrative Law Judge pay scale. By enhancing the compensation levels of the adjudicators signing Board decisions, retention levels for Board members significantly increased and the issue was resolved. Today, this legislation could also resolve the retention issues caused by highly qualified decision writing attorneys leaving the Board for the VA Office of General Counsel and to other agencies for greater compensation and a better work environment.

The "Best Places to Work in the Federal Government" rankings issued by the Partnership for Public Service and Boston Consulting Group in May 2024, have the Board of Veterans' Appeals ranked at 444 out of 459 Federal agency subcomponents. The Board is by far the worst rated component at all of VA. No other agency subcomponent of VA is ranked worse than 256. The VA Office of General Counsel is rated at 81. The dismal ranking at the Board reflects rock-bottom morale for Board attorneys due to unreasonable workloads, pay that is not commensurate with the complexity of veterans' law, and a disengaged and incompetent senior management team. Indeed, while the Board's ranking is 444, the effectiveness of Board senior leadership was ranked an abysmal 447 out of 458 subcomponents. In the Best Places to Work rankings released in March 2025, the Board was ranked at 130 out of 154 midsize agency subcomponents, and once again has the lowest engagement scores of any organizational component at VA. The effectiveness of the Board's senior leadership is rated at 151 out of 154 midsize agency subcomponents, which is in the bottom 2 percent. By contrast, in these rankings, the Veterans Benefits Administration is ranked 9 out of 30 large subcomponent agencies and the effectiveness of its senior leadership is at as 5 out of 30. Employee engagement scores are significantly higher across in all categories at the Veterans Benefits Administration than the Board of Veterans' Appeals.

This legislation, by establishing a career path to GS 15, will fix the compensation issues which have made recruitment and retention such a challenge at the Board and will accordingly help reduce the nearly 200,000 case backlog by incentivizing highly proficient and productive attorneys to stay at Board rather than leave for better opportunities.

Discussion Draft of the "Veterans Claims Education Act"

The "Veterans Claims Education Act," is draft legislation authored by Rep. Peters (D-CA) that will raise awareness among veterans of the resources available to them to assist in the preparation of their claims. In particular, the bill will highlight Veteran Service Organizations which may represent claimants at no charge to help navigate the complex veterans claims process. AFGE supports this bill and wants to highlight that the assistance VSOs provide helps veterans receive the benefits they have earned and assists VBA claims processors and Board of Veterans' Appeals attorneys to be more efficient in their work. Simply put, more complete and accurate claims mean fewer deferrals, appeals, and remands.

Discussion Draft of the "Improving VA Training for Military Sexual Trauma Claims Act"

The "Improving VA Training for Military Sexual Trauma Claims Act" is draft legislation authored by Rep. Kim (R-CA) that will improve training to VA Claims Processors and Contract Compensation and Pension Examiners related to Military Sexual Trauma (MST). AFGE supports the intent of this legislation and has suggestions and comments that we hope are considered by the committee.

AFGE strongly supports Section 2 Subsection (a) of the bill, which requires training for claims processors working on MST claims. MST claims are nuanced and highly sensitive and require the utmost care and understanding of both the veterans' needs and VBA's internal processes. However, as AFGE has previously noted to the subcommittee, VBA seldom if ever considers frontline claims processors' input when designing such training. AFGE hopes that the subcommittee uses this legislation as an opportunity to mandate that VBA consult with AFGE, as the union rep-

representative of claims processors, to identify common problems that workers have encountered while working MST claims, to address these issues, and to recommend best practices for claims processors who get assigned to the MST Special Operations Center. Absent that, AFGE believes that VBA will again create training that meets its bare legal obligations but does not meet the intent of Rep. Kim and the subcommittee.

AFGE also understands the intent of Section 2 Subsection (c) to train contract disability examiners conducting MST examinations to improve sensitivity and quality and prevent additional trauma. If contractors are going to perform these exams, veterans will benefit from this training. Over 90 percent of disability exams are currently performed by contractors. Exams performed by contractors cost more than exams performed by VA employees, and the contractors, irrespective of additional training, do not have the same familiarity and understanding of veterans and their specific needs as VA employees do. Considering the sensitive nature of MST claims and exams, AFGE would urge the committee that disability exams, particularly specialty exams such as MST exams, should be performed exclusively by VA examiners, which will also reduce the number of remands due to inadequate medical opinions provided by contracted examiners.

Discussion Draft of the “Review Every Veterans Claims Act”

AFGE supports the draft of the “Review Every Veterans Claims Act” authored by Chairman Luttrell (R-TX). This legislation would ensure that no veteran’s claim is denied for failing to attend a disability exam requested by the VA. While the VA allows veterans to provide reasons for missing exams that are often accepted, failure to provide a response can be used for an automatic denial of a claim. Additionally, the VA will also not accept the excuse that the veteran never received notice from the VA to attend the exam, which is a common reason given by veterans for missing VA exams. Denying benefits on the basis of missing a VA examination that the veteran may not have known was scheduled is deeply unfair and concerning.

Changing this statute and preventing VA from denying claims simply for missing an exam will help prevent the VA from wrongly denying veterans the benefits they have rightly earned. This will in turn better allow VBA claims processors and Board of Veterans’ Appeals attorneys to perform their duties and make sure veterans receive their benefits, instead of being forced to deny their claims for administrative reasons.

Discussion Draft of the “Veterans Appeals Transparency Act”

The “Veterans Appeals Transparency Act” is draft legislation authored by Rep. Self (R-TX) with the intent of increasing transparency at the Board of Veterans’ Appeals, and in turn allowing veterans to better track the status of their appeal. AFGE supports the spirit of this legislation and giving veterans more information while they wait for their appeal to be adjudicated.

However, AFGE also has concerns with the way the Board will carry out this law, and the additional administrative burden it will place on Board personnel, especially given the current hiring freeze and potential for Reductions in Force at the Board. With the Board processing between two and three thousand appeals every week, AFGE fears that the amount of time required to comply with this law may require Board employees to focus on this compliance instead of working on cases. In turn, we welcome the opportunity to work with Rep. Self to amend the bill to provide the desired transparency, with the most efficient and least administrative burden.

AFGE thanks the House Veterans’ Affairs Committee Subcommittee on Disability Assistance and Memorial Affairs for the opportunity to submit a Statement for the Record for today’s hearing. AFGE stands ready to work with the committee on this legislation and find solutions that will enable VA employees to better serve our Nation’s veterans.

Prepared Statement of Disabled American Veterans

Chairman Luttrell, Ranking Member McGarvey and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of this legislative hearing. As you know, DAV is a congressionally chartered and Department of Veterans Affairs (VA) accredited veterans service organization. We provide meaningful claims support free of charge to more than 1 mil-

lion veterans, family members, caregivers, and survivors. We are pleased to provide our views on the bills under consideration by the Subcommittee.

H.R. 530, the Aviator Cancer Examination Study (ACES) Act

This bill would address the pressing concerns related to cancer prevalence and mortality among active duty aircrew members of the Armed Forces. The bill mandates a comprehensive study by the National Academies of Sciences, Engineering, and Medicine (NASEM), focusing on identifying exposures to hazardous chemicals, agents, or phenomena linked to military aircrew duties. By utilizing available data from various defense and health organizations, the study aims to investigate associations between these exposures and both overall and specific cancer risks, such as brain, prostate, and thyroid cancer.

Congress ordered a study in the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (NDAA) in response to growing concern among retired pilots about an apparent rising incidence of cancer. The Defense Department examined health records for 156,050 aviators and 737,891 ground crew for the period 1992 to 2007, concluding that aviators were 24 percent more likely to be diagnosed with cancers of all kinds than members of the general population.

The study found even higher rates for specific types of cancer. For example, aircrew were 87 percent more likely to suffer melanoma, 39 percent more likely to have thyroid cancer, and 16 percent more likely to contract prostate cancer.

These findings strongly support the intent of the ACES Act. The Act aims to further investigate the prevalence and mortality of cancers among active-duty aircrew, building on the data from the 2021 NDAA study. By directing NASEM to conduct a comprehensive study, the ACES Act seeks to deepen understanding of the links between military service and cancer risks, ultimately improving care and policies for affected service members and veterans.

We strongly support this draft legislation in accordance with DAV Resolution No. 171, which urges Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and to provide adequate funding for research to identify all disabling conditions and effective screening and treatment for such disabilities that may have been caused by exposure to environmental hazards and man-made toxins while individuals served in the armed forces of the United States.

H.R. 647, the Ensuring Veterans' Final Resting Place Act of 2025

This bill would authorize eligible veterans who already received an urn or plaque and died after January 5, 2021, to be buried in a national cemetery. The legislation addresses a gap in the eligibility process by removing restrictions on duplication of benefits.

Allowing veterans to receive this duplicate benefit ensures they receive recognition and support for their service and sacrifice, alleviating the financial, emotional, and logistical challenges related to burial expenses for their surviving families.

DAV supports this bill in accordance with Resolution No. 104, which supports legislation to adequately fund the National Cemetery Administration, fund cemetery expansions and reform eligibility for burials and entitlement to headstones, markers, and medallions.

H.R. 1039, the Clear Communication for Veterans Claims Act

This bill would require the VA to partner with a federally funded research development center to assess and recommend improvements with more concise language in claimant notification letters.

Many VA notifications are overcomplicated and contain legal jargon that is difficult to understand. The complexity of these notification letters can be overwhelming for veterans with mental health issues and traumatic brain injuries (TBI), hindering their ability to make timely and accurate decisions during the claims and appeals process. Making these changes to notifications could simplify information and instructions allowing the claimant to make well informed decisions and take appropriate actions.

Veterans service organizations (VSOs) play a crucial role in assisting veterans and their families by translating information from notification letters into understandable terms. We agree with the provision in the bill to continue to involve accredited VSOs in the review process. This inclusion ensures that notification letters are improved with insights from those who intimately understand the challenges veterans and their families face, leading to a more efficient claims and appeals process.

DAV supports the Clear Communication for Veterans Claims Act in accordance with Resolution No. 306, which advocates for meaningful claims and appeals reform.

H.R. 1228, the Prioritizing Veterans' Survivors Act

This bill would organize the Office of Survivors Assistance (OSA) under the Office of the Secretary of Veterans Affairs.

This important adjustment ensures that the OSA has the visibility, resources, and direct connection to senior leadership necessary to fulfill its mission: serving as a crucial resource for survivors and dependents of deceased veterans and service members. By placing the OSA directly under the Office of the Secretary, the Act would enhance the Office's ability to advocate more effectively and provide comprehensive support, guidance, and assistance to grieving families navigating their benefits.

Although DAV does not have a specific resolution calling for this action, we have no objections to it moving forward.

H.R. 1286, the Simplifying Forms for Veterans Claims Act

This bill would require the VA to enter into an agreement with a federally funded research and development center to study and provide recommendations on making VA claims forms more user-friendly.

The complexity of these forms can be frustrating to the average person and overwhelming for veterans with mental health issues and TBI, hindering their ability to fill out complete, error-free, and timely claims. Making the forms user-friendly could lead to higher utilization rates and more accurate claims processing.

We agree with the provision to include accredited VSOs in the review process as they play a crucial role in assisting veterans with filling out VA forms. Their expertise and firsthand experience are invaluable throughout the claims process. This inclusion ensures that forms are improved with their specific insight from those who intimately understand the challenges veterans face, leading to more effective and user-friendly forms.

DAV supports the Simplifying Forms for Veterans Claims Act in accordance with Resolution No. 306, which advocates for meaningful claims and appeals reform.

H.R. 1344, the Dennis and Lois Krisfalussy Act

This bill would expand access to memorial headstones and markers for qualified veterans and their family members by eliminating the current date restrictions for veterans or eligible family members who died on or after November 11, 1998.

By eliminating the date restriction, this act would allow veterans and their families to be memorialized together regardless of when they passed away, providing emotional and financial relief to the remaining survivors.

DAV supports the Dennis and Lois Krisfalussy Act in accordance with Resolution No. 104, which supports reforming eligibility for burials and entitlement to headstones, markers, and medallions.

H.R. 1578, the Veterans Claims Education Act of 2025

The Veterans Claims Education Act of 2025 mandates that the VA provide specific notifications to claimants filing initial claims without representation by an accredited individual. The Secretary shall inform claimants that (1) representation by an accredited individual may be available; (2) VSOs recognized under 38 U.S.C. § 5902 may provide representation at no cost; (3) an online tool exists to search for accredited representatives; and (4) a publicly accessible VA website allows claimants to report non-accredited individuals who represented them and any fees charged for such representation. Additionally, the Secretary would be required to maintain an online tool that lists accredited representatives who assist claimants. These provisions aim to ensure that claimants are informed of their rights and available resources when seeking representation for VA claims.

This legislation seeks to distinguish between representatives who charge fees and those offering free services, providing veterans with clear guidance. This framework aims to protect veterans from unaccredited or predatory practices, simplifying the process of seeking legitimate support and enhancing accountability within the claims representation system.

We recommend VSOs be involved in any regulation review process to ensure changes are aligned with best practices and highest standards regarding lawful accreditation and representation.

DAV supports this bill in accordance with Resolution No. 306, which supports meaningful claims and appeals processing reform.

H.R. 1741, the Veteran Appeals Transparency Act of 2025

This draft legislation would add a new subsection to 38 U.S.C. § 7107 – “Appeals: dockets; hearing”. This would require the VA Board of Veterans’ Appeals (Board) to give weekly updates on the docketed cases that the Veterans Law Judges are working on for that particular week. This information would be accessible on the Board’s website for viewing by the public. Cases that have been advanced on the docket and remanded by the United States Court of Appeals for Veterans Claims will not be placed on the weekly update.

The Board understands that many veterans and appellants have been waiting a long time for a decision, which can be very frustrating. This draft bill seeks to give veterans and appellants useful information about their appeals status and an approximate time when their appeals will be reviewed.

In accordance with DAV Resolution No. 306, we support this draft legislation. It is important that veterans and appellants have the ability to track their appeals at the Board and be able to anticipate when a decision may be completed on their case.

H.R. 2137, the Review Every Veteran’s Claim Act of 2025

This bill addresses a critical concern in the adjudication of veterans’ benefits by prohibiting the denial of claims solely on the basis that a veteran failed to attend a medical examination.

Currently, 38 U.S.C. § 5103A(d)(2) provides, “the Secretary shall treat an examination or opinion as being necessary to make a decision on a claim for purposes...”. This requirement usually results in the Veterans Benefits Administration (VBA) denying a veteran’s claim if they did not attend the requested examination, even if the rest of the evidence of record contains service medical records, private medical records and lay statements from the veteran, supports the claim. This draft bill would strike that language from the statute and replace it with “provide for a medical examination or obtain a medical opinion.”

Veterans often face unique challenges, such as medical conditions, transportation barriers, or unforeseen circumstances, which can make attending these examinations difficult. Denying benefits on this sole basis unfairly penalizes those who have served our country and undermines the principles of justice and compassion that should guide the administration of veterans’ benefits. By ensuring that claims cannot be denied solely for this reason, this legislation promotes fairness, respects the sacrifices of our veterans, and reinforces the responsibility of the VA to make decisions based on the entirety of the evidence available.

In accordance with our Resolution No. 306, DAV supports the Review Every Veteran’s Claim Act, as this is meaningful and significant reform to the duty to assist.

H.R. 2138, the Veterans’ Compensation Cost-of-Living Adjustment (COLA) Act of 2025

The Veterans’ Compensation COLA Act of 2025 ties the rates of disability compensation and dependency and indemnity compensation for veterans and survivors to the cost-of-living adjustment made under Social Security. By doing so, it guarantees that the benefits our veterans and their families depend on will keep pace with the rising costs of everyday life.

Without annual COLAs, many disabled veterans who sacrificed their own health and family life for the good of our Nation may not be able to maintain the quality of life they deserve.

Consistent with DAV Resolution No. 159, we support H.R. 2138. We must ensure that veterans’ benefits keep pace for the many veterans and survivors who are on fixed incomes and largely rely on their compensation payments for basic necessities.

Draft bill, the Improving VA Training for Military Sexual Trauma Claims Act

This bill would improve the processing of claims related to military sexual trauma (MST) by enhancing training for VA employees and contracted health care professionals who process MST claims, communicate with a claimant, or decide on such a claim.

Markers of MST are often difficult to verify in medical records. This bill highlights the need, especially for claims related to MST to require VA to obtain personnel records and service treatment records and review them for these markers if there

is no other supporting evidence of record. This change will increase the veteran's ability to validate their claim and obtain the benefits they earned. By requiring those who process MST claims to attend annual sensitivity training and training tailored to MST, they are better equipped to handle these unique cases with care and professionalism and not retraumatizing veterans in the process.

DAV supports the Improving VA Training for Military Sexual Trauma Claims Act in accordance with Resolution No. 118, which supports oversight of VA practices in evaluating disability claims for residuals of military sexual trauma.

Draft bill, the Survivor Benefits Delivery Improvement Act of 2025 and the Survivor Solid Start Act of 2025

The Survivor Benefits Delivery Improvement Act of 2025 introduces critical measures to collect demographic data of beneficiaries of identified underserved groups and ensures benefits are equitably distributed among survivors and their families. Moreover, the legislation requires a comprehensive outreach and education strategy targeting these underserved demographics, along with enhanced awareness of burial benefits for veterans. The act also mandates periodic reviews and updates to ensure effectiveness.

Simultaneously, the Survivor Solid Start Act of 2025 expands the definition of individuals covered by VA outreach to include all who have served in uniformed services. The act prioritizes frequent and proactive outreach to dependents, particularly following the death of a service member, providing crucial information about benefits and assistance. Additionally, this legislation seeks to strengthen the Office of Survivors Assistance by assessing and addressing resource needs, as well as establishing additional personnel for call centers to improve the efficiency of outreach services.

Although DAV does not have a specific resolution calling for this action, we have no objections to it moving forward.

Draft bill, the Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

This draft bill would amend 38 U.S.C. § 7101A – “Members of Board: appointment; pay; performance review”, to reform and enhance the pay of Board of Veterans' Appeals attorneys for recruitment and retention, to increase the decision quality, and claims processing speed of the Board. The new paragraph would allow an individual employed by the Board as a non-supervisory attorney may be promoted to grade GS-15 of the General Schedule.

DAV has no specific resolution on this issue and takes no position on this bill. Mr. Chairman, this concludes DAV's statement for the record.

Prepared Statement of Paralyzed Veterans of America

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the pending legislation impacting the Department of Veterans Affairs (VA) that is being considered during today's hearing. No group of veterans understand the full scope of benefits and care provided by the VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D).

H.R. 530, the ACES Act

The results of many recent studies suggest that veterans who were aviators are diagnosed with cancer and die from it at rates significantly higher than the U.S. general population. PVA supports the ACES Act, which proposes a multi-year study conducted by the National Academy of Sciences-Engineering-Medicine (NASEM) to determine what causes elevated cancer rates among military aircrew members. Its goal is to better understand how cancer affects these individuals by identifying the types of hazardous exposures related to aircrew-related occupations that may contribute to cancer; attempting to establish links between these exposures and various types of cancers; and determining the prevalence of certain cancers, specifically among these aircrew members, and assessing mortality rates linked to these cancers. Once the study is completed, NASEM will be required to submit their findings to the VA and Congress.

H.R. 647, the Ensuring Veterans' Final Resting Place Act of 2025

Under current law, if a veteran's family chooses to have the VA furnish a commemorative plaque or urn for their loved one, they inadvertently forfeit their right to later inter the veteran at a national cemetery, which requires either a headstone or a marker at the grave site. PVA has no objections to this bill which allows surviving family members to have the veteran interred at a VA National Cemetery at a later date, as long as they cover the cost of the urn or plaque that was initially received from the VA.

H.R. 1039, the Clear Communication for Veterans Claims Act

Testimony from veterans service organizations received by this subcommittee on March 20, 2024, revealed many problems with the language the VA uses in its letters to veterans regarding the status of their disability claims and appeals. In recent years, these letters have become lengthy tomes that require veterans to obtain help to interpret them. The Clear Communication for Veterans Claims Act directs the VA to enter into an agreement with a federally funded research and development center for an assessment of notice letters that the department sends to claimants. PVA believes the VA should place greater emphasis on successfully communicating with the veteran, and focus less on legalese. Therefore, we appreciate and strongly support efforts like this to help demystify the VA claims process.

H.R. 1228, the Prioritizing Veterans' Survivors Act

VA's Office of Survivors Assistance (OSA) was established in 2008 (P.L. 110–389) to serve as a resource regarding all benefits and services furnished by the department to the survivors and dependents of deceased veterans and members of the Armed Forces. Congress also intended that OSA would serve as a principal advisor to the VA Secretary, and promote the use of VA benefits, programs, and services to survivors. In February 2021, the OSA was moved from the Office of the VA Secretary to the Veterans Benefits Administration's, Pension and Fiduciary Service, changing the span of control and altering a key role that Congress intended for the office. PVA supports this bill which seeks to realign the OSA back under the Office of the VA Secretary.

H.R. 1286, the Simplifying Forms for Veterans Claims Act

PVA supports this legislation, which seeks to simplify the VA claims process by requiring the department to contract with a federally funded research and development center to assess how to make the claims forms more user friendly. PVA believes that simplifying VA forms helps veterans to better understand the process and can help dissuade veterans from seeking outside, unaccredited help to pursue their VA claims and appeals.

H.R. 1344, the Dennis and Lois Krisfalussy Act

This legislation would authorize the National Cemetery Administration to provide a headstone, marker, or burial receptacle for an eligible spouse or dependent child buried in a national, state, or tribal cemetery regardless of the date of death. Currently, eligible dependents who passed before November 11, 1998, or after October 1, 2024, are ineligible to be so memorialized. This bill would also extend this authorization an additional 10 years past 2025. PVA has no objection to this bill.

H.R. 1578, the Veterans Claims Education Act of 2025

PVA supports this legislation, which would require the VA, upon receipt of a claim by an unrepresented veteran, to provide the information for accredited agents who could assist in the process going forward. Veterans who file a claim should not be victims of predators seeking to scam them out of their VA benefits. The VA should ensure that any veteran who files a claim be provided the contact information of accredited agents who can help them and answer their questions, steering them away from unaccredited agents.

H.R. 1741, the Veteran Appeals Transparency Act of 2025

PVA supports efforts like this bill to increase transparency of the Board of Veterans' Appeals (BVA) process by publishing the docket dates for cases assigned to the Board members for decisions that week. By requiring the BVA to post the docket dates, it would give a veteran who currently has an appeal at the Board a better understanding of how the appeals are being adjudicated and increase overall transparency.

H.R. 2137, the Review Every Veterans Claim Act of 2025

PVA strongly supports this legislation, which seeks to limit the VA's authority to deny a veteran's claim solely based on the veteran's failure to appear for a medical examination associated with the claim. Thousands of veterans' claims for service connection, claims for increase, and for other benefits like Total Disability Individual Unemployability and Aid and Attendance have been denied solely on the basis of missing an examination. There are many legitimate reasons why a veteran may not be able to attend a scheduled exam. We are also aware of numerous instances where VA contractors erroneously record the veteran as a "no show." Veterans with SCI/D often encounter multiple barriers in travel when compared to other veterans and are apt to miss some of these appointments. We believe that passage of this legislation will ensure that a missed exam isn't the only basis for denying a veteran's claim. VA should also more carefully consider whether an examination is needed since many veterans with SCI/D already receive the majority of their care through the department's SCI/D centers whose records have adequate information to provide an accurate disability picture for the veteran.

H.R. 2138, the Veterans' Compensation Cost-of-Living Adjustment Act of 2025

PVA supports this legislation, which directs VA to increase amounts payable for disability compensation, additional compensation for dependents, the clothing allowance for certain disabled veterans, and Dependency and Indemnity Compensation (DIC) for surviving spouses and children. Specifically, VA would be required to raise compensation amounts by the same percentage as the cost-of-living adjustment (COLA) in benefits for Social Security recipients that is effective on December 1, 2025. These COLA increases maintain the purchasing power of VA's compensation amounts but we believe that programs such as DIC, Special Monthly Compensation, and other monetary benefits should be revisited to ensure that the amounts are adequate in addressing the needs for seriously disabled veterans and survivors.

Discussion draft, the Improving VA Training for Military Sexual Trauma Claims Act

PVA supports this draft legislation, which would require every VA employee who processes a claim related to Military Sexual Trauma (MST), or who engages in communications with an MST claimant, to receive annual sensitivity training. Additionally, it would also require contracted providers who conduct compensation and pension exams to receive the training. The delicate nature of MST claims should be enough to recognize that each person involved in every step of the claims process should receive training to avoid revictimization of survivors and help to ensure that they are treated with care and dignity.

Discussion draft, the Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

This draft legislation would increase the cap for non-supervisory attorneys at the BVA to the GS-15 level on the Federal pay scale. Currently, attorneys at the BVA can reach a maximum of GS-14. PVA supports this legislation as it would encourage retention of trained and experienced attorneys, reduce turnover, and help recruit top candidates. Recruiting and retaining high quality attorneys at the BVA should be a top priority for the VA to help reduce the backlog of appeals and ensure high quality decisions from the BVA.

Discussion draft, the Survivor Benefits Delivery Improvement Act of 2025

PVA supports this draft bill, which directs the VA to collect demographic data on veterans' survivors. We believe the change would help the department and Congress better understand the utilization of survivor-related benefits and services. It also directs the VA to develop an outreach program for survivors, similar to the Solid Start program, to make sure that every survivor knows what benefits are available to them.

PVA would once again like to thank the subcommittee for the opportunity to submit our views on the legislation being considered today. We look forward to working with you on this legislation and would be happy to take any questions for the record.

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 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$502,000.

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.

Prepared Statement of Tragedy Assistance Program for Survivors



**STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES**

**DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS SUBCOMMITTEE
LEGISLATIVE HEARING**

MARCH 26, 2025

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2024 alone, 8,911 newly bereaved military and veteran survivors connected to TAPS for care and services, the most in our 30-year history. This is an average of 24 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 29 percent were grieving the death of a military loved one to suicide; and only 3 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other, more newly bereaved survivors by working and volunteering for TAPS.

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the House Committee on Veterans' Affairs, Disability and Memorial Affairs Subcommittee, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military and veteran loved one.

TAPS President and Founder Bonnie Carroll served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors*, where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

AVIATOR CANCERS EXAMINATION STUDY (ACES) ACT (H.R.530)

TAPS Strongly Supports

TAPS fully supports the bipartisan ***Aviation Cancers Examination Study (ACES) Act (H.R.530)*** and thanks Representative Austin Pfluger (R-TX-11) for reintroducing this important legislation in the 119th Congress, along with 13 original co-sponsors.

According to a 2021 study conducted by the U.S. Air Force and two studies conducted by the Department of Defense (DoD) in 2023 and 2024, military and veteran aviators are at a higher risk of developing certain cancers than the U.S. general population. To address this critical issue, the ***ACES Act*** would direct the Secretary of Veterans Affairs to oversee a multi-year study — conducted by the National Academies of Sciences, Engineering, and Medicine (NASEM) — on the prevalence and mortality rate of cancer among aviators and aircrew who served in the Navy, Air Force, and Marine Corps.

The ***ACES Act*** is supported by the Toxic Exposure in the American Military (TEAM) Coalition, a nonpartisan consortium of veterans, military service organizations, and subject matter experts. As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the TEAM Coalition, TAPS led efforts to pass the bipartisan ***Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022***.

The ***PACT Act***, signed into law by President Biden on Aug. 10, 2022, is the most significant expansion of benefits and services for veterans in more than 30 years. This historic law ensures veterans of multiple generations who were exposed to burn pits, toxins, and airborne hazards while deployed are eligible to apply for immediate, lifelong access to VA health care and benefits for their families, caregivers, and survivors.

The passage of the ***PACT Act*** is a tremendous victory, but the work does not stop. Each year, more survivors whose loved ones died due to toxic exposure-linked illness connected with TAPS for grief support and help navigating their benefits. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one due to illness, including toxic exposures.

TAPS remains committed to promoting a better-shared understanding of illnesses that may result from toxic and environmental exposures, radiation, or PFAS. We will continue to work with the VA to identify and expand ***PACT Act*** presumptive conditions. TAPS will also continue to work with Congress to advance further toxic exposure-related legislation to ensure impacted service members, veterans, their families, caregivers, and survivors receive critical health care and mental health support, and the benefits they have earned.

There is an urgency for early diagnosis and intervention, which saves and prolongs the lives of service members and veterans, beloved by family and friends who consider each day together as precious and irreplaceable.

To that end, TAPS also urges the use of the Individual Longitudinal Exposure Records (ILER) — an electronic database of service members' and veterans' exposures used in collaboration between the VA and the Department of Defense (DoD) — to identify trends, locations, and potential exposures to proactively reach out to service members and veterans to help save lives. We also request that these records be accessible to service members, veterans, and their families, to help them make better informed decisions regarding their care.

Col (Ret) Andrew Shurtleff, U.S. Air Force

"My name is Andrew Shurtleff. I retired from the U.S. Air Force in December 2022 after nearly 23 years of service to our nation. I was trained as a fighter pilot in the F-15C and F-22, culminating in approximately 1,500 total flight hours flying both operational missions and teaching the next generation of fighter pilots. I had a promising career — hand-picked to help stand up the sole F-22 flying training squadron, early promotion to lieutenant colonel, top marks as a squadron commander, and distinguished graduate from senior developmental education. In 2018, after graduating from the Naval War College and while serving at Headquarters Air Combat Command, I was looking forward to the next challenge — promotion to colonel, a flying O-6 command, and endless future opportunities. I was also in the best shape of my life and training for a Half Ironman. I was simply on top of the world!

"That all changed on Jan. 8, 2019, when I received a call from my doctor saying I had cancer. Scans revealed a fist-sized tumor growing on my left kidney. Additional tests showed the kidney cancer had already spread to my lungs. I was 41 years old, married with 13- and 10-year-old sons, and stage 4 cancer. While I was selected for promotion to O-6 a few weeks after my diagnosis, I was also permanently grounded and eventually disqualified from aviation service. My promising flying career was over.

"Scheduling and attending doctor appointments became a near full-time job for the next several months. In the last six years, I have undergone two surgeries, multiple procedures, three radiation treatments, and an untold number of scans and blood draws; participated in a clinical trial; and have exhausted all known viable treatment options. Following my partial lung resection surgery in June 2019, I had a half-inch tube protruding from my back attached to a small vacuum used to remove fluid from my chest cavity.

"My friend, August 'Pfoto' Pfluger, now Congressman Pfluger, came to visit me in the hospital and slowly walked with me around the hallways while carrying that vacuum. It's something I will never forget. The last six years have been an emotional roller coaster for me and my family. Today I remain in the fight for my life and continue to receive cancer treatment.

*"It's natural for people to question the need for the **ACES Act** when the **PACT Act** was just enacted in 2022. The **PACT Act** is a great piece of legislation that expands VA health care and benefits to veterans exposed to burn pits, Agent Orange, and other toxic substances. The **PACT Act** removes the veteran's burden of having to prove service connection for certain medical conditions. While the **PACT Act** will likely help millions of veterans and their families, it is also limited to certain time periods and specific locations. To be clear, the **PACT Act** does not cover aviators, like me and thousands of others, who have been proven to have significantly elevated cancer diagnoses and deaths simply from doing their daily flying duties as documented in three studies from 2021-2024.*

*"In a way, I was lucky, as my cancer was diagnosed while on active duty and was therefore service-connected. As such, I receive VA health care and benefits for my condition. But there are an untold number of veteran aviators who are not as lucky, whose cancer was diagnosed after their military aviation service, and do not receive any benefits. The purpose of the **ACES Act** is to right this wrong by identifying the things in the military aviation operating environment that are more likely than not to cause cancer. We must identify the root cause affecting otherwise healthy aircrew. The health and continued service of our aircrew directly impacts national security and should be prioritized appropriately. The United States needs to address the health risks posed to aircrew by their unique work environment by dedicating the resources to fully investigate, understand, and eventually mitigate those risks. That is why the **ACES Act** is needed."*

CDR (Ret) Scott Allen, U.S. Navy

"My name is Scott 'Stacker' Allen, and I served as a Navy instructor pilot in the E-2C Hawkeye (radar plane) as part of the Airborne Early Warning & Control (AEW&C) community. During my tenure, I participated in Operation Iraqi Freedom, Operation Enduring Freedom, and I deployed to the Arabian Gulf, Mediterranean, Adriatic, North Atlantic, and spent over five years training Hawkeye aircrew stateside. Over the course of my service, I logged more than 3,200 flight hours in the Hawkeye and executed over 290 carrier landings. It was an honor to serve my country in the United States Navy until my retirement from active duty in 2010.

"Four years post-retirement, at age 52, I was diagnosed with Stage 2 colon cancer. This prompted me to investigate whether others in my field had experienced similar health challenges. Through my research, I discovered that I was not alone. Consequently, I compiled a list of E-2 Hawkeye aircrew members I personally knew who were diagnosed with cancer and did not survive: Jim 'Goat' Godek, Ron 'Mad Dog' Marullo, Terry 'Bobby V' Vinton, Dennis 'Les Vegas' Hassman, John 'Q-Ball' Quinlan, Jason 'Chud' Chuderwitz, and James Ian 'Rev' Maize.

"These were my squadron mates in two different squadrons (VAW-120, VAW-124). Analysis of online obituaries indicates that the average age was 42, which suggests not only a higher risk of a cancer diagnosis but a significantly higher mortality rate — approximately 16 times greater — than that of the general population. This observation raises questions, given that aspiring Navy pilots and Naval flight officers (NFOs) must be in peak physical condition to be considered for training. It is perplexing how these men could deteriorate from peak health at age 22 to succumbing to various forms of cancer by age 42.

*"Understanding this phenomenon is crucial, and that is what H.R.530, the **ACES Act**, can provide. By supporting the **ACES Act**, we can find the source of this recurring tragedy and produce the answers that will bring closure to surviving families left behind. This isn't just the right thing to do — or the noble thing — it is the only way to ensure a better future for military aircrew who follow us. It's what they would want. It's what they all deserve."*

ENSURING VETERANS' FINAL RESTING PLACE ACT OF 2025 (H.R.647)

TAPS Strongly Supports

TAPS is grateful to Representative Rudy Yakym (R-IN-2) for reintroducing the ***Ensuring Veterans' Final Resting Place Act of 2025 (H.R.647)***. This important legislation would authorize the provision of certain additional burial benefits for individuals for whom an urn or plaque is furnished, if the cost of the urn or plaque is reimbursed by a non-Department entity.

We have been hearing from surviving families who initially elected to receive an urn or plaque in honor of their deceased veteran that they were unaware this election would forfeit burial benefits going forward. This legislation would allow surviving families to reimburse the VA for the cost of the urn or plaque if they later elect to inter their veteran in a VA National Cemetery. Under current law, families are not allowed to elect both. Unfortunately, this has caused additional emotional and financial burdens on military and veteran surviving families.

CLEAR COMMUNICATION FOR VETERANS CLAIMS ACT (H.R.1039)

TAPS Supports

TAPS is grateful to Representative Tom Barrett (R-MI-7) for introducing the ***Clear Communication for Veterans Claims Act (H.R.1039)***, which proposes that the Secretary of Veterans Affairs collaborate with a federally funded research and development center to evaluate notice letters sent to claimants for benefits under laws administered by the Secretary, among other purposes. The primary objectives of this evaluation are as follows.

1. Assess whether modifications to the letters could decrease paper usage and costs incurred by the federal government.
2. Enhance the clarity, organization, and conciseness of notices and letters to claimants in accordance with the laws administered by the Secretary.

TAPS is of the opinion that veterans, their families, caregivers, and survivors would derive significant benefits from receiving clearer communication from the Department of Veterans Affairs (VA), with legal disclaimers positioned at the conclusion of all notices. It is believed that this approach would contribute to a reduction in appeals and an increase in the accurate processing of claims for all veterans, caregivers, and survivors.

Should the involvement of a third-party entity be deemed beneficial in simplifying language while ensuring compliance with all relevant laws, TAPS fully supports this notion. It is critical that our veterans, families, caregivers, and survivors comprehend the requests made by the VA, and more importantly, that the VA provides accurate information to survivors while ensuring they understand what the letters mean for them.

PRIORITIZING VETERANS' SURVIVORS ACT (H.R.1228)

TAPS Strongly Supports

TAPS greatly appreciates Representative Juan Ciscomani (R-AZ-6) and Chairman Mike Bost (R-IL-12) for reintroducing the ***Prioritizing Veterans' Survivors Act (H.R.1228)***. This important legislation, which TAPS strongly supports, would return the Office of Survivor Assistance (OSA) organizationally to its previous location within the Office of the Secretary of Veterans Affairs (VA).

OSA was established in 2008 in recognition of the sacred obligation the nation has to the survivors of military service members and veterans. Its director was to serve as a principal advisor to the VA Secretary on policies impacting military service members' and veterans' survivors, and to serve as a resource for surviving family members regarding the benefits, care, and memorial services provided across the entire VA.

Unfortunately, this office has been relocated several times over the past 15 years — moved from within the Office of the Secretary under the Chief of Staff to the Office of the Secretary aligned with the Veteran Experience Office; then to the Veterans Benefits Administration, where it was placed in the Office of Outreach, Transition and Economic Development; then moved under the Pension and Fiduciary Service, and most recently to the Office of the Under Secretary for Benefits. These moves have made it difficult for survivors to understand its role, find needed information on resources, and access all the department's support with reliable consistency.

While the Department of Defense (DoD) is able to use existing contact information to reach out to grieving families in the event of the death of an active-duty service member to ensure that they have access to the comprehensive support provided by both the DoD and the VA, the VA lacks a similar proactive capability. Prior to the death of their veteran, family members are often unknown to the VA because they are not receiving benefits or services. Thus, following a veteran's death, the burden falls on grieving families to identify, interpret, apply for, and comply with the complex eligibility requirements and siloed administration of benefits, care, and memorial services across one of the largest agencies in the government.

Despite the best intentions of Congress and the VA leadership and employees, the multiple ongoing navigation challenges survivors must manage across their survivor journey too often become confusing, frustrating, and unmanageable, and many fail to even access the much-needed assistance available to them. For example, surviving spouses are expected to find and use the same entry points for information as veterans. Regrettably, survivors tell us that calls to the general helpline can result in inaccurate information, and some have even been told that they are ineligible for benefits during their initial call. Survivors share this experience with one another, and the unfortunate result is that they become less willing to turn to the VA for assistance. This is harmful to the survivor, and it undermines trust in the VA among the community it serves. Although survivors represent only 1 percent of those receiving VA services, it is essential that all VA staff they may come in contact with are properly trained and equipped to provide the same customer service that the department's motto expresses so clearly.

From the perspective of the community, OSA would be the logical entry point or “front door” to access VA assistance, but far too many survivors don't know it exists. It falls on organizations like TAPS to inform them of all the VA resources they may be eligible for and to reach out to OSA on their behalf. The frequent moves of OSA and its minimal staffing appear to the survivor community to reflect a less than full understanding of the comprehensive nature of their needs and willingness to support their access to the full range of care, benefits, and memorial services that they so desperately need at a most difficult time in their lives.

With more than 506,000 survivors currently eligible for DIC, OSA staffing should be significantly increased to better serve surviving families. OSA should be the official entry point into the VA for survivors, with the authority, bandwidth, expertise, and access needed to answer any and all challenges that survivors face regarding VA benefits and services.

There should also be a dedicated survivor helpline within the MyVA411 central call center to provide access to trained agents with the cultural competency to address survivor issues. We applaud the VA for implementing an education-specific helpline for survivors in 2019, which has been a huge success.

The limited awareness among survivors regarding OSA highlights the VA's need to more effectively communicate and promote this essential program. TAPS strongly believes that OSA should be elevated to the Office of the Secretary, and granted the necessary authority and access to all programs and services survivors are eligible to receive.

TAPS remains committed to working with Congress and the VA to ensure that the organizational placement, staffing, and department-wide connectivity are in place to enable OSA to serve as the "front door" for the department and the advocate for the increasing number of surviving veteran families seeking access to all VA benefits, care, and memorial services.

SIMPLIFYING FORMS FOR VETERANS CLAIMS ACT (H.R.1286)

TAPS Supports

TAPS thanks Representative Rob Bresnahan, Jr. (R-PA-8) for introducing the ***Simplifying Forms for Veterans Claims Act (H.R.1286)***, which would direct the Secretary of Veterans Affairs to seek an agreement with a Federally Funded Research and Development Center (FFRDC) for an independent assessment of claimant forms.

We understand that the term "claimant," as defined under Section 5100 of Title 38, United States Code, "means any individual applying for, or submitting a claim for, any benefit under the laws administered by the Secretary," would include both veterans and survivors. We appreciate that Section D under Definitions of this bill incorporates language that represents survivors, "an entity that advocates for veterans and survivors of veterans."

TAPS believes it is important to clearly represent survivors in legislative text to clarify the intent and coverage. The exclusion of "survivors" within legislative text can have unintended consequences, which we have seen in the past.

DENNIS AND LOIS KRISFALUSY ACT (H.R.1344)

TAPS Strongly Supports

TAPS thanks Representative Guy Reschenthaler (R-PA-14) for introducing the ***Dennis and Lois Krisfalusy Act (H.R.1344)***, which would expand eligibility for memorial headstones, markers, and receptacles in national, state, or tribal veterans cemeteries to eligible spouses or dependent children of veterans regardless of their date of death. This legislation is named in honor of Dennis and Lois Krisfalusy, who both died in the Mexico earthquake in 1985. Although Dennis was recognized with a memorial marker in 2023, his wife, Lois, is ineligible to be included on the memorial marker.

Current law restricts eligible spouses and dependent children who passed before Nov. 11, 1998, or who pass after Oct. 1, 2024, from being added to a memorial headstone or marker. This legislation would extend the federal law for 10 years until Oct. 1, 2034. TAPS strongly recommends we make this law permanent with no end date, to mirror the provision within the ***Preserving Veterans Legacy Act of 2025***. We respectfully urge its swift passage before the current law expires.

Military spouses and dependent children serve and sacrifice for our country alongside their veterans. Thus, these eligible family members should be afforded the honor and dignity of burial with their veterans and service members, and the shared recognition they have earned.

VETERAN APPEALS TRANSPARENCY ACT OF 2025 (H.R.1741)

TAPS Supports

TAPS thanks Representative Keith Self (R-TX-3) for introducing the ***Veteran Appeals Transparency Act of 2025 (H.R.1741)***, which would help improve the VA claims process and add transparency to the actions of the Board of Veterans' Appeals (BVA). This important legislation would require the BVA to publish weekly on the VA website the appeals cases assigned to the board for a decision during the upcoming week and the date they were filed with the court. However, it would not require the BVA to issue a decision on any or all of the appeals cases during that week, which would be reflected in a disclaimer on the VA website to add further clarity to the process.

The BVA has long played a critical role in ensuring veterans and survivors have a clear and affordable legal process to appeal an initial VA claims decision. TAPS believes this legislation will provide greater transparency to the appeals process for veterans and survivors, and we look forward to its passage.

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT (COLA) ACT OF 2025

TAPS Strongly Supports

TAPS appreciates Chairman Morgan Luttrell (R-TX-8) and Ranking Member Morgan McGarvey (D-KY-3) for introducing the **Veterans' Compensation Cost-of-Living Adjustment (COLA) Act of 2025** to ensure veteran and survivor benefits keep pace with the rising cost of inflation.

The **COLA Act** will help safeguard veterans disability compensation and Dependency and Indemnity Compensation (DIC) paid to survivors. The current monthly DIC rate for eligible surviving spouses is \$1,653.07 (Dec. 1, 2024) and has only increased due to cost-of-living adjustments (COLA) since 1993.

TAPS is committed to continuing to work with Congress and this committee to pass the **Caring for Survivors Act of 2025 (H.R.680)**, which would increase DIC from 43 percent to 55 percent (\$2,107.22) of the compensation rate paid to a 100 percent disabled veteran, providing parity with other federal survivor programs.

More than 506,000 survivors receive Dependency and Indemnity Compensation (DIC) from the VA. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of service members whose death was in the line of duty or resulted from a service-related injury or illness. TAPS is committed to strengthening DIC and providing equity with other federal benefits.

Lynn Tennant, Surviving Spouse of SSG Adrian Tennant of New York, U.S. Army

"Adrian, a 20-year retired Army veteran, lost his life after a very brief and hard 34-day battle with acute lymphoblastic leukemia (ALL) T-Cell. He left behind me, his wife of 18 years, and two young children, ages 13 and 9 at the time. Adrian had only been retired from the Army for seven years. He never truly got to enjoy his retirement, as he enrolled in college to pursue a career in information technology. I gave up my career to let him follow his goals and raise our children.

"His loss has put a great financial burden on me to raise our two children. I was awarded DIC finally after five years, which I am thankful for, but between that, Social Security benefits, and my job, it still isn't enough in these tough economic times. I am heading back to school to further my career in education, but the loss of his income and retirement pay has made things very difficult."

Katie Hubbard, Surviving Spouse of CSM James Hubbard, Jr. of Kansas, U.S. Army

"Due to his status at the time of my husband's death, the only financial benefit we are eligible for is DIC. James W. Hubbard, Jr. died May 21, 2009, while in treatment for leukemia caused by the burn pits in Iraq.

"Having your income cut by more than 60 percent while trying to navigate funeral costs, bills that aren't stopping, and unexpected ambulance and ER charges nearly took me out too. My mental health was not conducive to returning to the workplace quickly after being his caregiver and dealing with the unexpected loss, yet I had to figure out something to make up the income or lose our home too. My future, my best friend, and my normal were gone."

Heather Welker, Surviving Spouse of SSG Mark Welker of Missouri, Missouri National Guard

"My husband loved this country and gave it 21 years of his life. During those years he would always tell me, 'It's for our future.' So his career was first priority, which took time away from family. It was supposed to make retirement years easier for us, or so we thought.

"In October of 2022, he was diagnosed with cancer, and the tumor was in a location that had no possibility of surgery because of organs and arteries. It also denied him the ability to continue working, so he was granted disability compensation. I soon had to leave my employment of 18 years to be his caregiver.

"Fast forward to March 5, 2024, that morning my husband died from his service-connected cancer. We were robbed of our golden years together. I have not been able to find employment comparable to what I had before, plus the loss of any income he provided through disability compensation."

REVIEW EVERY VETERANS CLAIM ACT OF 2025

TAPS Supports

TAPS thanks Chairman Morgan Luttrell (R-TX-8) and Ranking Member Morgan McGarvey (D-KY-3) for introducing the **Review Every Veterans Claim Act of 2025**. This important legislation would preclude the VA from denying a claim based solely on the veteran's failure to appear for a VA examination, scheduled in conjunction with a claim. It would also require the VA to consider the evidence already in the veteran's claims file when making a decision on their claim.

IMPROVING VA TRAINING FOR MILITARY SEXUAL TRAUMA CLAIMS ACT

TAPS Strongly Supports

TAPS greatly appreciates Representative Young Kim (R-CA-40) for reintroducing the ***Improving VA Training for Military Sexual Trauma Claims Act***, which would improve claims based on military sexual trauma (MST) under laws administered by the Secretary of Veterans Affairs (VA).

This important legislation would establish sensitivity training for VA employees who process or decide MST claims, or communicate with claimants regarding evidence supporting such claims. It would also require the VA Secretary to update MST training annually to ensure the VA is exceeding its quality of care standards.

In addition, this bill would improve sensitivity training to ensure that a veteran who makes an MST claim is not retraumatized during an examination by a contracted health care professional.

Improving MST sensitivity training for VA employees and contracted health care professionals is critically important to safeguarding the physical and mental health of MST survivors during the VA claims process, and is paramount to their continued recovery and well-being. TAPS strongly supports this critical legislation and looks forward to its passage and implementation.

VETERANS CLAIMS EDUCATION ACT OF 2025 (H.R.1578)

TAPS Strongly Supports

TAPS thanks Representative Scott Peters (D-CA-50) for reintroducing the ***Veterans Claims Education Act of 2023 (H.R.1578)***, which would ensure that veterans and survivors are aware of the free resources that assist with filing a Department of Veterans Affairs (VA) claim. It would also reduce the chances of veterans and survivors being taken advantage of by predatory actors.

Since the ***Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022*** became law on Aug. 10, 2022, the VA and numerous Veteran Service Organizations (VSO) have noticed an influx of media advertisements and solicitations from predatory claims consultants.

With nearly 32,000 survivors who have applied for PACT Act-related benefits thus far, increased regulatory oversight is crucial to ensure survivors receive adequate care and representation throughout the VA benefits claim process.

Historically, surviving spouses have had a large target on their backs from predatory actors, and claim sharks are no different. TAPS wants to ensure that surviving spouses applying for benefits from the VA are not taken advantage of by predatory actors when there are so many free and low-cost options available.

Although veterans are considered a vulnerable population to predatory actors, TAPS believes that surviving spouses are as well. When a disabled veteran dies, surviving spouses lose more than half of their financial benefits and are provided limited support in figuring out how to file for benefits as a surviving spouse.

If you call the VA, they will provide you the form number for Dependency and Indemnity Compensation (DIC) or tell you to contact a VSO for free assistance in filing a claim. If you Google how to “file a DIC claim as a widow,” the first response takes you to the VA’s website. Seven of the next nine results are paid sponsorships from claim sharks. The 10th response takes you to the Disabled American Veterans (DAV) — the first true VSO result available.

This critical legislation would ensure that the VA informs all claimants of accredited assistance if an accredited representative did not help with the claim. Those representatives would be at no cost to the claimant. Additionally, it would create a tool similar to the GI Bill Comparison Tool that would provide the information of accredited VSOs that can assist with claims. It would also allow claimants to report any non-accredited representation they received that charged an illegal fee.

TAPS strongly supports these changes that will help create better-informed consumers, and reduce the risk of survivors being exploited by predatory actors or claim sharks.

BOARD OF VETERANS’ APPEALS ATTORNEY RETENTION AND BACKLOG REDUCTION ACT

TAPS Supports

TAPS thanks Ranking Member Morgan McGarvey (D-KY-3) for reintroducing the ***Board of Veterans’ Appeals Attorney Retention and Backlog Reduction Act***. This important legislation would amend Title 38, United States Code, to reform and enhance the pay of Board of Veterans’ Appeals attorneys to improve recruitment and retention, and increase the decision quality and claims processing speed of the board.

TAPS believes this legislation will help recruit and retain high-performing attorneys to the Board of Veterans’ Appeals, reduce the claims backlog, and improve decision outcomes for our veterans and their survivors. The VA currently faces recruitment challenges for attorneys, largely due to the higher pay in the private sector. Offering

competitive pay will attract attorneys who are genuinely motivated to work for the VA. Given the consistent backlog TAPS is seeing with claims and appeals, this critical legislation would significantly improve hiring and retention at the VA Board of Veterans' Appeals.

SURVIVOR BENEFITS DELIVERY IMPROVEMENT ACT OF 2025

TAPS Strongly Supports

TAPS greatly appreciates House Veterans' Affairs Committee Ranking Member Mark Takano (D-CA-39) for introducing the ***Survivor Benefits Delivery Improvement Act of 2025***, which would improve equitable access to certain benefits of the Department of Veterans Affairs (VA) for survivors of veterans, through the collection of demographic data, and would improve outreach services to individuals who served in the uniformed services, their dependents, and survivors.

In addition to collecting demographic data, TAPS recommends adding "Cause of Death" as a tracked demographic. This data would be incredibly important in understanding the different types of losses survivors face, as well as creating programming and resources that are relevant for all survivors.

The lack of data collection based on the cause of death has also led to issues with the implementation of the ***PACT Act***. For example, the VA estimates there are 382,000 potential survivors who may be eligible for PACT-related benefits, but this number includes all manners of death, including those who died of old age, by suicide, or in car accidents, not just those filing claims related to toxic exposure.

This helps explain why after extensive outreach by the VA and organizations like TAPS, more survivors have not applied for PACT-related benefits. Unfortunately, the potential survivor numbers have also informed the Congressional Budget Office's (CBO) scoring of current survivor legislation, such as the ***Love Lives On Act*** and ***Caring for Survivors Act***, almost doubling the cost and creating exorbitant scores, making it difficult to find funding.

The Survivor Benefits Delivery Improvement Act of 2025, would also require an assessment of the resources of the VA Office of Survivors Assistance (OSA) and the development of a strategy to ensure the availability of these necessary resources. TAPS strongly supports the development of such a strategy and will continue to work in partnership with the VA to ensure that survivor needs are included in this discussion.

CONCLUSION

TAPS thanks the leadership of the House Committee on Veterans' Affairs, Disability and Memorial Affairs Subcommittee, distinguished members, and professional staff for convening this important hearing to address key veteran and survivor legislation introduced in the 119th Congress. TAPS is honored to submit a statement for the record on behalf of the thousands of veteran and military surviving families we serve.

Prepared Statement of Veterans of Foreign Wars of the United States

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide testimony regarding this pending legislation.

H.R. 530, ACES Act

The VFW supports this legislation that would authorize a study by the National Academies of Sciences, Engineering, and Medicine (NASEM) on the prevalence and mortality rates of certain cancers in U.S. Armed Forces fixed wing aircrew members, and on any association between these cancers and exposures to various materials and environmental conditions in this military occupational field. A related study that NASEM conducted on behalf of the Department of Defense indicated heightened incidences of certain cancers in this population.

However, we make two recommendations. First, we recommend adding deadlines to enhance accountability and to ensure a timely product. Specifically, we favor setting deadlines for the Department of Veterans Affairs (VA) to enter into an agreement with NASEM and to deliver a final report to the House and Senate Committees on Veterans' Affairs. Second, we recommend a subsequent study focused on rotary wing air and ground crews.

H.R. 647, Ensuring Veterans' Final Resting Place Act of 2025

The VFW supports this legislation to authorize VA to provide an urn or commemorative plaque as personal property to the next of kin of a decedent who died/dies on or after January 5, 2021, but who is not interred in either a private cemetery or in a national, state, tribal, or county veterans' cemetery. Current law prohibits additional burial benefits for the veteran decedent after the next of kin chooses the urn or commemorative plaque option. However, qualified family members retain eligibility for burial in a VA national cemetery, which creates a situation in which the entire family could not be interred together. We agree that future interment of an urn alongside eligible family members is an appropriate option for VA to provide so survivors may choose how to best memorialize their loved ones.

H.R. 1039, Clear Communication for Veterans Claims Act

The VFW supports this legislation to streamline communication and messaging from VA. It would establish a collaboration between VA and a federally funded research and development center (FFRDC), in consultation with Veterans Service Organizations and other stakeholders, to assess disability notification letters to make them clearer, better organized, and more concise for claimants.

One of the primary challenges veterans encounter when reviewing these letters is their intricate language and terminology. Legal jargon and medical terms can be overwhelming, especially for veterans without a background in law or medicine. This complexity often leads to confusion and frustration, hindering veterans from understanding the full scope of their benefits entitlements.

Frequently, accredited representatives spend considerable time explaining letters that make sense to them because of their training and experience, but that can be nearly incomprehensible to a layperson. The VA disability system involves a multitude of regulations, policies, and procedures. Understanding the full spectrum of benefits associated with a disability rating is another hurdle. The notice letter may mention various forms of compensation, health care coverage, and vocational rehabilitation. However, veterans may struggle to understand the significance of the information and its applicability, and in some cases they may mistakenly limit their participation in beneficial programs because they erroneously assume they are not eligible. Consequently, this unfamiliarity may impede their ability to make informed decisions about their health care and overall well-being.

H.R. 1228, Prioritizing Veterans' Survivors Act

The VFW supports this legislation to relocate the Office of Survivors Assistance (OSA) from its current placement in the Veterans Benefits Administration to the Office of the Secretary, where it resided prior to 2021. As the large cohorts of Vietnam and subsequent Gulf War veterans age and die, demand for OSA services will significantly increase. This placement would restore OSA's direct access to the Secretary, ensuring prioritization of survivors' needs, and enabling the Secretary to better assess the effectiveness of the survivor benefits program. Survivors who may be unfamiliar with the military or VA will have to successfully navigate a bureaucratic process to access benefits while simultaneously coping with grief, significant up-

heaval, and loss of income. In this context, VA must optimally locate and robustly resource OSA for maximum effectiveness and ease of access for survivors.

H.R. 1286, Simplifying Forms for Veterans Claims Act

Veterans deserve straightforward, clear communications from VA that they can independently understand. The VFW supports this legislation to revise the forms VA sends to claimants to make them more intelligible and better organized. An FFRDC collaborating with Veterans Service Organizations and other stakeholders should facilitate a comprehensive assessment from diverse viewpoints and yield more concise, easy to understand forms. However, in order to realize the potential benefits, Congress must provide adequate resources for assessment and implementation of the recommendations prior to the 2-year deadline specified in this legislation.

H.R. 1344, Dennis and Lois Krisfalussy Act

The VFW supports this legislation to authorize VA to place a headstone or marker in specific types of cemeteries for any eligible spouse or dependent child who dies prior to September 30, 2032. Per current United States Code (U.S.C.), spouses and dependent children who died before November 11, 1998, are ineligible for this benefit. This legislation would remove this date restriction that currently prohibits memorializing eligible family members alongside veterans or active duty beneficiaries. The VFW recommends removing the September 30, 2032, end date and making the law permanent.

The bill's namesakes, veteran Dennis Krisfalussy and his spouse, Lois, died in a Mexico earthquake in 1985, with no recoverable remains. In 2023, VA provided a memorial marker for Dennis, but current statute prohibits VA from inscribing Lois' name on the marker because she died prior to November 11, 1998.

H.R. 1741, Veterans Appeals Transparency Act of 2025

The VFW supports this legislation to provide veterans greater clarity and transparency regarding cases residing at the Board of Veterans' Appeals (BVA). However, veterans must realize the BVA adjudication process is not linear, and manage their expectations accordingly. Special situations as highlighted in the proposed Title 38 U.S.C. Section 7107(f) may accelerate cases or reposition them in the docket queue entirely, sometimes dramatically ahead of cases that have been in queue much longer. Additionally, the weekly docket date publication would not apply to those exceptional cases. With those caveats in mind, this proposal could still provide appellants useful information. However, the VFW urges Congress to robustly resource this proposal to facilitate its success.

H.R. 2137, Review Every Veterans Claim Act of 2025

The VFW supports this legislation that would amend Title 38 U.S.C. Section 5103A(d) to limit the authority of the Secretary to deny a veteran's disability claim solely on the basis of missing a compensation and pension examination. VA has made the disability claims filing process significantly easier for veterans, except for this practice of denying a claim. Veterans miss appointments for many reasons and would benefit from a less harsh process. This legislation is a positive development and should facilitate continued improvements.

The VFW has assisted countless veterans who had to reapply for benefits because they missed examination appointments. Restarting a disability claim solely for this reason is burdensome and unnecessary. In such a case, we recommend returning the claim file to the work queue with a specific flag denoting "missed medical examination." This method would enable the veteran to resume processing the claim at the point of the missed appointment instead of starting over from the beginning.

H.R. 2138, Veterans' Compensation Cost-of-Living Adjustment Act of 2025

Every year Congress introduces legislation to make cost-of-living adjustments to the rates of compensation for veterans with service-connected disabilities, the rates of Dependency and Indemnity Compensation for survivors, and the amount of the clothing allowance.

The VFW supports this legislation that codifies the correlation between veterans' and survivors' compensation rates and Social Security benefits increases, reassuring beneficiaries that their compensation is sufficient to counterbalance inflation. We are grateful for the bipartisan and bicameral commitment each year to ensure compensation for the cost-of-living. However, we recommend broadening the language, if possible, to allow an automatic renewal and obviating the need for annual legislation.

H.R. XXX, Improving VA Training for Military Sexual Trauma Claims Act

The VFW supports this proposal that would mandate sensitivity training for VA employees and contracted medical providers who process claims related to military sexual trauma (MST), expand VA's duty to assist claimants in obtaining records, and provide congressional reports on implementing these actions.

Some MST survivors are hesitant to report their incidents for a variety of reasons, one of which is a fear of retraumatization during the claims process. A claims processor asking probing questions or a claimant having to repeatedly recount assault details could be a trigger. To help prevent these situations, the VFW fully supports mandating this sensitivity training to teach claims processors how to elicit vital information for claims adjudication without retraumatizing.

This proposal would expand VA's duty to assist MST-related claimants. The VFW recommends that VA offer this enhanced service with all claims related to mental health. Though their records may not contain traditional evidentiary support such as a medical examination directly attributable to a trauma, an investigation report, or a police report, they may include "markers" that could substantiate a claim or provide cause for further medical examination or opinion. For example, personnel records could include abrupt or nonstandard transfer requests or performance evaluations that indicate an inexplicable drop in performance. VA automatically obtaining these records for claims related to MST and mental health would standardize and therefore streamline procedures for these typically complicated and nuanced claims.

H.R. XXX, Veterans Claims Education Act of 2025

The VFW supports this proposal that would educate and inform veterans about VA disability claims filing options, promote the use of accredited representatives, and provide an avenue to report unaccredited representatives and their unlawful fees. Leaving military service is a daunting process filled with many tasks to complete during the transition back to civilian life. Filing a VA disability claim is one of those substantial tasks that the veteran can complete him/herself or by using the services of an accredited representative. Accredited representatives employed by a Veterans Service Organization must offer this service at no cost. Other accredited representatives who may be attorneys or claims agents may charge a fee as determined by VA. Accredited representatives have VA oversight, must conform their fee schedules to VA guidelines, and may legally represent veterans before VA.

Unfortunately, entities comprised of unaccredited representatives have sprung up promising quicker claims adjudication with higher disability ratings than accredited representatives. Using aggressive marketing and complicated, unregulated contracts, these unaccredited representatives advertise themselves as a better choice than accredited representatives. Because they are unaccredited, these individuals may not legally represent veterans' claims before VA. The veterans actually compile and file their own claims while the unaccredited representatives offer advice as "coaches" or "consultants." Consequently, VA cannot hold them liable for fraudulent or erroneous claims. In those cases, VA would hold the veterans responsible. VA does not have oversight of the unaccredited representatives, does not regulate their fee schedules, and cannot require scrupulous business practices.

H.R. XXX, Survivor Benefits Delivery Improvement Act of 2025

The VFW supports this proposal to improve access to survivors' benefits by establishing a data-informed education and outreach program. Focused outreach using demographic data to confirm survivors most in need is a smart and efficient practice that would enable VA to best use its limited resources to accurately disseminate critical information, particularly immediately needed burial benefits.

The VFW agrees with Section 3 and the proactive, personal, and multi-media *Survivor Solid Start Act of 2025* in which VA would maintain a quarterly outreach to each eligible dependent until that person files a claim for a benefit. A particularly attractive feature is VA assisting survivors with accessing accredited representatives to file claims. This action would aid survivors coping with the loss of a loved one to fulfill basic needs as soon as possible, and hopefully debunk common misconceptions about VA benefits. For example, as indicated in previous VFW testimony, VFW Service Officers report that some survivors do not realize their deceased loved one's VA benefits are not transferrable, resulting in a loss of income when the survivors start receiving lower Dependency and Indemnity Compensation amounts.

The VFW appreciates the explicit mention of call center manning levels to facilitate this outreach and education plan. Accordingly, we urge Congress to robustly resource VA to facilitate it fully implementing all the provisions in the legislation.

H.R. XXX, Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

The VFW supports this proposal that would promote attorney retention at the Board of Veterans' Appeals by eliminating the current GS-14 cap on BVA non-supervisory attorneys and allow promotion to GS-15, which is an approximate \$10,000 salary increase. Currently, other VA departments such as the Office of General Counsel allow GS-15 non-supervisory attorneys, luring some attorneys away from the lower paying positions at BVA.

Attorney attrition also adversely affects the appeals decision backlog at BVA, so this proposal could help reduce the backlog by retaining experienced attorneys. Of note, it does not mandate new hiring or attorney promotion, but gives BVA the flexibility to increase pay within its existing appropriations like other VA entities.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any Federal grants in Fiscal Year 2025, nor has it received any Federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.

