

**LEGISLATIVE PRESENTATION OF THE VETERANS
OF FOREIGN WARS OF THE UNITED STATES
AND MULTI VSOs: PARALYZED VETERANS OF
AMERICA, IRAQ AND AFGHANISTAN VETERANS
OF AMERICA, STUDENT VETERANS OF AMER-
ICA, TRAGEDY ASSISTANCE PROGRAM FOR
SURVIVORS, THE ELIZABETH DOLE FOUNDA-
TION, AND NATIONAL COALITION FOR HOME-
LESS VETERANS**

JOINT HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

OF THE

UNITED STATES SENATE

AND THE

UNITED STATES

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINETEENTH CONGRESS

FIRST SESSION

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ELIZABETH DOLE FOUNDATION, AND NA-
TIONAL COALITION FOR HOMELESS VET-
ERANS**

TUESDAY, MARCH 4, 2025

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

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

Present:

Senators Moran, Cassidy, Sullivan, Tuberville, Banks, Sheehy, Blumenthal, Hirono, Hassan, King, and Gallego.

Representatives Bost, Coleman Radewagen, Hamadeh, Takano, Pappas, Cherfilus-McCormick, Ramirez, Conaway, and Morrison.

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

Chairman MORAN. Good morning, everyone. The hearing will come to order. I welcome everyone in the room and certainly welcome the Commander. I thank my colleague from the House, Chairman Bost, along with Ranking Members Blumenthal and Takano, and the rest of my Senate and House colleagues for joining us here today in this joint hearing, the final of three hearings our Committees hosted this year.

I, of course, specifically welcome Commander Al Lipphardt, his wife Carol, and the rest of his team at the VFW. I also welcome all of the organizations represented on the second panel and those of you who have traveled here from across the country to represent veterans, servicemembers, caregivers, families, and survivors. I also want to give a special hello, of course, to the Kansans in the audience and those watching at home. The VFW is a major and im-

portant organization in our state. I appreciate the relationship I have with them.

The work we do on our Committees would not be possible without the work and the dedication of the VSO community. Our accomplishments are a result of your advocacy and the efforts to hold Congress and VA accountable for doing what is in the best interest of our veterans and military communities.

One example of this is the Elizabeth Dole 21st Century Veterans Health Care and Benefits Improvement Act which was signed into law last Congress and supported by the organizations, all of the organizations, we will be hearing from today. We are working to make certain this legislation is implemented in a timely manner and in adherence with congressional intent so that it lives up to the promise for veterans, caregivers, and survivors.

All of the policies and programs that we will discuss today depend upon a strong and effective VSO community and a strong and effective VA workforce to deliver the care and benefits veterans and their families deserve.

As the VA implements new Federal workforce guidance, and we work together to root out any waste, I am committed to making certain that the necessary VA workforce is preserved. In that regard, it would be useful to retain the inspector general to work to help the Department and Congress better inform our decisions.

The VA must be forthcoming and transparent with Congress, VSOs, and the public about how it is implementing workforce, contract, and other changes. The VA must also work to avoid or correct actions that could in any way undermine access to the care and benefits that veterans and their loved ones rely on.

I again thank you for you all being here today. I look forward to the testimony of the witnesses on both panels.

And I now yield to Chairman Bost for his opening remarks.

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

Chairman BOST. Thank you, Chairman Moran. Good morning.
[Chorus of "Good morning."]

Chairman BOST. I want to thank you all for being here, and I want to thank you to my Senate colleagues, Chairman Moran, Ranking Member Blumenthal, for hosting us this week. And I would like to thank the VFW National Commander, Alfred Lipphardt, for being here today. Thank you, Commander.

I would also like to give a shout-out to the VFW Auxiliary National Commander, Brenda Bryant. Thank you for being here. And I am pleased that there are folks here from the great State of Illinois, and if you would, I just want you to stand if you can, or raise your hand, and be recognized. There they are. Thanks for being here.

[Applause.]

Chairman BOST. And I want to thank you all for traveling here to your nation's capital for such important issues.

This Congress marks a decade on this sacred Committee for me, and it is my second term as Chair. It is an honor to serve all of you. The mission of the VA Committee has always been personal to me. I grew up in a home with veterans, and many of you have

heard it before, but I am still going to say it again. My dad and his brothers, Army, Korean War.

[Chorus of hooahs.]

Chairman BOST. My grandfather, one was Navy, Second World War.

[Chorus of hooyahs.]

Chairman BOST. Other grandfather, Marine.

[Chorus of oohrahs.]

Chairman BOST. Oohrah, Korea. Uncle, Marine, Vietnam, victim of the ultimate oxymoron, friendly fire, but because of VA has had a very successful life, and he is up in his years now. I, peacetime Marine. My son is a lieutenant colonel, a reservist now, but was active for many years, and my grandson, the son of my daughter, just got out of the Corps about 6 or 8 months ago. He was an F-18 mechanic.

So as you can tell, it is kind of personal to me, but it is an honor to serve you. And every time I sit at the dais, when we are getting in debates, whether it is with an agency or another side of the aisle, my focus is not on the person I am discussing. It is on the veterans we are serving. It is always about you. It is always about the veterans, because that is why the VA was created, not for bureaucrats, but for the veterans.

Now I know the sacrifice each of you has made, because my family made them. Each of you have fought to protect our constitutional rights. I am particularly proud of the work VFW has done to improve transition from active duty to civilian life. You wrote in your testimony about the Transition Assistance Program can be improved, and how it can be improved, to ensure all transitioning servicemembers are connected to benefits and resources as soon as possible, and I am looking forward to working with you on making improvements, where we can, to modernize the delivery of care and services at VA and DoD when we are using the TAP program.

Now under my leadership we have listened to the men and women serving around the world who just wanted a simple program that meets their needs. There is more to do through legislation to increase the ability of DoD, their accountability, but to make DoD accountable to putting the TAP program as a right priority for those people who are leaving service. I am optimistic that with our new leadership in the Pentagon this will finally happen.

I do want to let you know, though, 1983, when I left the Marine Corps, they had a TAP program. The colonel tapped me on the shoulder and said, "See you later." [Laughter.] That was it. So we are doing our job to make sure that we help you. But remember, like we talk about the VA—if you see one VA, you have seen one VA—if you have seen one TAP program, you have seen one TAP program. We have to have the ability to help these servicemembers as they leave, to make sure they know and understand what is available to them.

VFW will play a vital role, an important role, in making sure we advance commonsense proposals and conduct oversight to meet the needs of the entire veteran community, no matter where they live or where they want to work. Veterans should have the freedom to use the benefits of VA, no matter where they are at, to meet their individual needs, and they should not be spending hours driving in

a car to get there or combing through wonky paperwork for months on end to figure out what is available to them, or needlessly waiting on a phone call to get a simple answer. You know where the VA is falling short, and you know where we need to push the Agency to bring it out of the stone age and into the modern age. We cannot let the bureaucracy continue to grow without concrete results for you, the men and women who serve.

You have my commitment that as long as I am in charge, I will continue to fight for you and the voices that you represent, the hundreds of thousands of veterans outside the D.C. beltway who just want their health care on time, their benefits when they need them. This old corporal takes this mission seriously, and I know our new VA Secretary and my friend, Doug Collins, does too. Under President Trump's leadership, I know we are going to put you, the veteran, the VA services back at the center of the VA mission. And when the bureaucrat tries to get in the way, I will continue to be the first one to hold them accountable and get the answers for you.

We made great progress through the Dole Act to provide support for homeless program, to ensure VA continues to lift veterans out of homelessness and get them back living fulfilling lives. My door will continue to always be open. We must deliver for our veterans to protect their health care choices, expand economic opportunity and education, streamline benefits to move VA and the services it provides forward. Now, I promise to keep up the fight together with you, and I look forward to completing our mission alongside of you.

I want to thank the Senator again for having us here today, and with that I yield back.

Chairman MORAN. Chairman Bost, thank you. You said as long as you are in charge. I just want to remind you that you are in the Senate today.

Chairman BOST. I am in the Senate now. That's true. I will be on my best behavior.

[Laughter.]

Chairman MORAN. We look forward to that.

[Laughter.]

Chairman MORAN. I now yield to the Ranking Member of the Senate Committee, Senator Blumenthal, for his opening remarks.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman. Thank you to everyone for being here today, Commander Lipphardt, Chief Lipphardt, and all of your team and all of the VFW and other veterans who are here today. I hope we have a few veterans, a few members of the VFW from Connecticut. If you are here—yes, indeed. Thank you.

I have particular honor and pleasure to welcome you today, Chief Lipphardt, because the VFW has been a key partner in helping pass important legislation for veterans and their families, keeping our promises to our Nation's heroes. And I want to thank you very, very deeply for the very forthright and powerful statement you made in reaction to the firing and the funding freezes, in effect saying—and I think I am quoting directly—“stop the bleeding.”

I quoted you last week at both of our hearings extensively, and I put your statement into the record. And I think your leadership at a time when others perhaps kept their heads down is typical of the VFW, and provides a guiding light for other similar organizations, and an alarm, a wake-up call. Sounding that alarm is a real public service.

It is tough to focus on efforts and legislative priorities when so many of our previous efforts are being rolled back, without consulting us. In other words, how do we go forward with new legislation when the priorities can simply be ignored and the legislation violated?

For instance, on hundreds of contracts, Secretary Collins proudly announced that he had canceled a number—in fact, 875—and we are confused now as to which of those cancellations has been rescinded. There was an announcement, I think just in the last 24 hours, that perhaps now the number has been reduced to 600. I have demanded information and clarity as to those contracts. I believe others on the Committee may have done, as well.

We have been informed that one of those canceled contracts is the Veteran-Directed Care Program, something we codified and expanded in a bipartisan matter, with the Dole Act. This program allows aging and disabled veterans to receive care in their home, a cost-effective alternative to nursing home care. It is absolutely integral to the VA's continuing of long-term care services. But it is just one of the hundreds of contracts that Secretary Collins seems intent on canceling. Contracts that provide critical services to veterans and their families and allow the VA itself to identify waste, fraud, and abuse.

We cannot confirm that this specific contract is on the list of 585 that he canceled last night, or the 875 he announced he would cancel last week, because he will not share the list with us. He just wants to use the numbers for his press release, no transparency, no accountability, no consultation.

In the process, he continues to claim that abruptly canceling hundreds of services will not impact veterans' care and benefits in any way. If that sounds realistic to anybody in this room, I would like to talk to you.

Mr. Chairman, I would like to submit for the record an article from the Kentucky Public Radio, published on February 25, titled "Kentucky business among hundreds losing veteran service contracts amid Trump cuts." I have it here.

Chairman MORAN. Without objection.

[The article referred to appears on page 211 of the Appendix.]

Senator BLUMENTHAL. Thank you, Mr. Chairman. In this article, Army veteran Neil Riley is quoted, quote, "Secretary Collins said specifically that it wouldn't impact veteran health care or benefits in any way, and that is specifically a lie," end quote. Mr. Riley's company is a federally certified, service disabled veteran-owned small business that had all of its VA contracts canceled last week, all of them canceled last week. And it is just one of dozens of veteran-owned small businesses who had their contracts canceled and were forced to lay off hundreds of employees. Many of those employees were veterans themselves.

These contracts help ensure the safety of low-income housing for veterans who are homeless or transitioning from care. It is not simple waste. It is not waste at all. It is not hypothetical. It is not abstruse or abstract. It is one of many human examples of impacts of this Administration's actions, and it is not happening on some imaginatory mind. It is happening in real life.

It is just the tip of the iceberg. We have also heard directly from VA employees and veterans that the VA has terminated critical researchers, plan to cancel a PACT Act Enterprise Program Management Office contract that could derail implementation of the PACT Act. It has delayed facility openings and reduced inpatient beds. It has canceled 50 patient appointments at a VA facility last week due to staff shortages. It has fired Veterans Crisis Line employees in one wave of termination, rehired them after receiving the backlash, and then fired even more during a second wave, not to mention the thousands of other VA employees and veterans fired without cause.

I will introduce, later today, a resolution. I will seek unanimous consent for it, asking that these firings be reversed. Each of them has their own story. They are men and women serving alongside your doctors and nurses. They process your disability compensation claims. They ensure veterans have a final resting place that honors their service to a grateful nation. Many of them are veterans who choose to continue their service by serving their fellow veterans. They have been callously discarded.

Chief, your testimony says that VFW members prefer the VA to remain the primary provider of their health care. We need your help to ensure the VA has the workforce and capabilities to provide that health care, which is the rock of our VA health care system. And I want to thank you for staying true, keeping faith, and being a powerful and eloquent advocate for our veterans. We need you now more than ever.

Thank you, Mr. Chairman.

Chairman MORAN. Thank you. I now yield to the Ranking Member, Ranking Member Takano, for his opening remarks.

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

Mr. TAKANO. Thank you, Mr. Chairman. Thank you, Chairman Moran.

Today we close out our annual series of joint hearings with the veterans service organizations, and I am pleased to welcome our first panel, the National Commander and representatives of the Veterans of Foreign Wars and its auxiliary, as well as our second panel, representatives from the Paralyzed Veterans of America, Iraq and Afghanistan Veterans of America, Student Veterans of America, the Tragedy Assistance Program for Survivors, the Elizabeth Dole Foundation, and the National Coalition for Homeless Veterans.

And I would like to extend a special welcome to VA's Commander in Chief, Mr. Al Lipphardt, and National Auxiliary President, Ms. Brenda Bryant. Welcome.

Before I begin my remarks I have to ask, are there any Californians in the room?

[Cheers.]

Mr. TAKANO. I just had to do it.

I just want you to know, I grew up with stories about my three great-uncles who served in World War II in the famed 442nd Infantry Regiment. And one of my uncles who fought in Vietnam sadly died by suicide when I was young. Since joining this Committee, I have had the honor of visiting the graves of the fallen around the world at cemeteries managed by the Department of Veterans Affairs and the American Battle Monuments Commission. I urge all Americans watching this hearing to put it on your bucket list, to visit some of these amazing, hallowed grounds that we meticulously keep and maintain.

It is for those servicemembers and veterans, and for all of you, that I fight to ensure that our country honors the debt that can never be repaid. Honoring that debt means listening to veterans' voices about issues impacting their daily lives and how we can address them, and one of the ways we do that is by holding these hearings with veterans service organizations.

It was at these hearings in 2022, when the VSOs stood in solidarity, calling on Congress to pass the Honoring our PACT Act. Without you, we would never have passed the largest expansion of veterans health care and benefits since the Vietnam War. Without VFW and countless other VSOs, millions of veterans would still be struggling to access health care for the toxic exposures they experienced in their service to our country. I will always be grateful to you for helping us get it done.

The PACT Act was never meant to be a one-and-done. There is still so much more work to be done, because our pact with our Nation's veterans is not only about toxic exposures, it is also about our promise to ensure that veterans have access to their care and benefits, and that we do everything we can to end veteran homelessness and veteran suicide; address new categories of illness and injury associated with military service, for example, blast injury and military traumatic brain injury; finally achieve Guard and Reserve parity; ensure that VA is welcoming to all, and I mean all, veterans who have earned the right to be at a VA facility; ensure that VA's infrastructure can support its mission, and so much more.

Instead of focusing on these critical issues facing veterans, we are being distracted by unnecessary chaos. I have grave concerns about how President Trump's Executive orders are being carried out across the Federal Government, most especially at the Department of Veterans Affairs, and the impacts that these orders are already having on veterans.

Under the Trump administration, more than 2,400 VA employees have been illegally fired, and many more have opted to leave rather than put up with the chaos and uncertainty that has been inflicted upon them. The worst part is they are not done yet. We expect the Administration to continue its efforts to further dismantle the Federal workforce. I question how purging the workforce, firing the watchdogs, making VA hostile to women and minority veterans is helping VA serve veterans better.

Now, I have sent numerous letters to VA, seeking information on the Department's implementation of President Trump's disastrous

Executive orders, and have had zero—zero—meaningful responses from Secretary Collins, and this is extremely troubling.

I was grateful to see VFW's statement supporting Federal employees, especially the veterans, who have been unlawfully terminated by this Administration. VFW continues to be a leader when it comes to standing up for veterans and what they need.

So I am heartened to see that the courts appear to be paying attention. Last week, a judge in my home state called these firings illegal. While it is unclear how this ruling will impact the thousands of Federal employees who have already lost their jobs, I am hopeful the courts will continue to stand in the constitutional role of providing relief for all the damage that the Administration has done.

And yes, damage has already been done. Cuts at the Cleveland VA Medical Center have made it harder for veterans to access mental health care and prosthetics, among other services. Restricting access to these crucial mental health services, while we are fighting the crisis of veteran suicide, is the height of tone deafness. Arguments that veterans are taxpayers too are tantamount to asking veterans to sign up to die for their country again. This is unacceptable.

I have been accused of putting bureaucracy over veterans, but I dispute that. What about the veterans who lost their jobs to the Trump administration's indiscriminate firings of Federal employees? What about Black veterans who are unable to access VA home loans due to redlining? What about women veterans whose services still are not valued as much as their male peers, and are now worried about the loss of gender-specific care at VA? What about LGBTQ+ veterans whose health is in jeopardy because of the Administration's denial of their very existence?

Ensuring the institution is there to serve veterans is putting veterans first. It is our job to ensure access to world-class health care and benefits to all—all veterans who have earned the right, and I take that responsibility very seriously. It is my hope that I can count on the VSO community to help us hold VA accountable to all veterans, and that you will also hold Congress accountable by making sure that we walk the talk, that we are carrying out our constitutional oversight responsibilities by asking tough questions, demanding answers, and taking legislative action when it is needed.

We cannot waver in this because we know that veterans, their survivors, and caregivers are depending on us.

Thank you, Mr. Chairman, and I yield back.

Chairman MORAN. Thank you, Ranking Member Takano. I am going to, in a moment, recognize the Senator from Georgia, Senator Ossoff. I was going to indicate while the Committee members are here, when we were in the House we called on members to ask questions based upon their seniority in the Senate. I do not know whether it is more egalitarian than the House, but we call on people in order of their arrival time. So if you came here, and started here, and you were early, you get rewarded for good behavior. Maybe it is just the Senate needs some kind of incentive for good behavior.

In that regard, let me recognize our colleague from Georgia, Senator Ossoff.

**INTRODUCTION BY HON. JON OSSOFF,
U.S. SENATOR FROM GEORGIA**

Senator OSSOFF. Well, thank you, Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, for the privilege of addressing the Joint Committee today and the privilege of introducing to you a great Georgian, an American hero, a friend of mine, and someone I deeply admire, Al Lipphardt, who is Commander in Chief of the Veterans of Foreign Wars.

Born and raised in Hamilton, Ohio, Al moved to Georgia shortly after enlisting as an infantryman in the United States Army in 1965, and while training in Georgia he attended Officer Candidate School, and was commissioned as an infantry officer.

During his time on active duty, Al earned his VFW eligibility through two combat tours during the Vietnam War, from 1967 to 1968, and from 1970 to 1971, and through his distinguished service he received the Combat Infantryman's Badge, Bronze Star with a "V" device, the Purple Heart, and numerous other awards, concluding his service at Fort McPherson, Georgia, in 1979, with the rank of captain.

After his military service, Al devoted himself to a life of servant leadership in charitable and fraternal organizations. He also received his Bachelor of Science degree in business administration from Pacific Western University in 1990.

In 2002, Al joined the VFW at Post 12002 in North Fulton, Georgia, as a charter member, and maintains his Gold Legacy Life Membership in VFW Post 2667, Newnan, Georgia—that is Coweta, County, right, Al?—along with his family members, who are also VFW Department of Georgia Auxiliary Post 2667 life members.

Al has served in elected and appointed positions at all levels of leadership through the organization, earning the coveted Triple Crown Award, achieving All-American Commander status at his post, district and department levels. And at a moment that brought great honor to the State of Georgia, Al, on August 1, 2024, you were elected as the 116th National Commander in Chief of the VFW. We are so proud of you and so grateful for your service throughout your life.

And he has been on the road, taking the pulse of veterans across the Nation, servicemembers and military families alike, traveling across the country visiting with veterans and their families in nearly all 50 states, and visiting veterans and our men and women in uniform living and serving overseas, in Europe and in the Indo-Pacific.

He lives by the words, "Believe in what you do and do what you believe in." Al is a great American, and it is a privilege for the Senate and the House to have him testifying today.

And I would be remiss, Chairmen and Ranking Members, if I didn't conclude by noting and honoring the tremendous record of bipartisanship, bipartisan commitment to veterans that has been a hallmark of the Veterans' Affairs Committees in both chambers of Congress. And I know I speak for veterans in Georgia and people of all political persuasions today who are deeply alarmed by the unnecessary chaos that has been brought to the VA in Georgia and across the country in the last few weeks. And I humbly urge you to sustain that bipartisanship that has been a hallmark of your

work and conduct the rigorous apolitical oversight that you are obligated to do, beginning today with hearing from these distinguished American heroes.

Again, a pleasure to introduce my friend, Al, to the Committee, and Chairmen and Ranking Members, thank you so much for the honor of being here today.

Chairman MORAN. Senator Ossoff, thank you for your introduction of this great American and hero veteran. I hold in highest regard our veterans, and maybe slightly higher than that, veterans who serve other veterans. And clearly the description you gave of Al Lipphardt demonstrates he is that.

So, may I now recognize the 116th National Commander of the Veterans of Foreign Wars, Al Lipphardt, for his testimony. Commander.

PANEL I

STATEMENT OF ALFRED J. "AL" LIPPHARDT, COMMANDER IN CHIEF, VETERANS OF FOREIGN WARS OF THE UNITED STATES, ACCOMPANIED BY PATRICK MURRAY, ACTING EXECUTIVE DIRECTOR OF THE WASHINGTON OFFICE; KRISTINA KEENAN, DIRECTOR, NATIONAL LEGISLATIVE SERVICE; MICHAEL FIGLIOLI, DIRECTOR, NATIONAL VETERANS SERVICE; AND MITCH FULLER, CHAIRMAN, NATIONAL LEGISLATIVE COMMITTEE

Mr. LIPPHARDT. Thank you, Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, Members of the Veterans' Affairs Committee. It is my honor to testify today on behalf of the more than 1.4 million members of the Veterans of Foreign Wars and its Auxiliary, America's largest war veterans organization.

While the benefits we afford our all-volunteer force may seem generous to those who have never served, these benefits are simply the warranty of the service contract each of us signed before we put on the uniform. In addition to the servicemember's obligations, each contract explicitly entitles servicemembers to certain benefits as a result of honorable service. This is why the VFW calls on our Nation to honor the contract.

The basic enlistment contract reads, "My enlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces." And one line that stands out on this contract, "As a member of the Armed Forces of the United States, I will be entitled to receive pay, allowances, and other benefits, as provided by law and regulation."

This is not charity. This is a contract. Everyone who has served honorably, like every member of the Veterans of Foreign Wars, met our end of this agreement. We demand our leaders do the same. By contract, you must ensure the VA has the resources and staff to provide veterans their full earned benefits. This is not an ask. Honor the contract!

[Applause.]

Mr. LIPPHARDT. The historic passage of the PACT Act in 2022 provided health care and benefits to a tremendous number of veterans and survivors, some of whom had waited years for relief. The

VFW is grateful to these Committees for drafting and passing this critical legislation.

[Applause.]

Mr. LIPPHARDT. The PACT Act is not the end of the journey for toxic exposed veterans and their survivors. This legislation was enacted to address health conditions related to burn pits and Agent Orange exposure. Just as important, the PACT Act included a framework for VA's evaluation of toxic exposures not included in the legislation. Veterans frequently tell the VFW about their health conditions resulting from exposure.

The military is inherently a hazardous profession, and we must take care of our K2 veterans, those who served at Fort McClellan, veterans exposed to radiation, forever chemicals, and others. The VFW urges Congress to conduct oversight of VA's presumptive process because veterans cannot keep waiting.

[Applause.]

Mr. LIPPHARDT. The transition from military to civilian life is a critical moment that requires active participation by both the Department of Defense and VA. Veterans can face difficult transitions, including housing insecurity, underemployment, and health concerns. We know that the first year from separation has the highest rate for suicide. VA currently includes accredited claims representatives in its portion of TAP classes, and the VFW leads the way in providing critical assistance on major installations across the country.

The VFW urges Congress to pass legislation like the TAP Promotion Act to codify this practice, ensuring that servicemembers receive their benefits at the earliest possible moment.

[Applause.]

Mr. LIPPHARDT. Furthermore, the VFW believes that military commanders must prioritize transition services. The VFW urges Congress to establish an Under Secretary of Defense for Transition. This position is essential for effective management and accountability. Improving transition has the potential to enhance recruitment and retention, lowers risk for suicide, and sets veterans on a path to success.

[Applause.]

Mr. LIPPHARDT. Many veterans live with PTSD. VA most often provides antidepressants and other medications, combined with therapy. Veterans are concerned the VA may be overprescribing these medications. While these treatments are successful for some individuals, many veterans report experiencing only temporary relief, adverse side effects, and difficulties when going off medications. Not all treatments work for all veterans, which is why the VFW is working with Grunt Style Foundation, urging Congress and VA to research and provide alternative, nonconventional solutions for veterans, and break the cycle of overmedication.

[Applause.]

Mr. LIPPHARDT. Treatments that have shown potential include HBOT, medical cannabis, MDMA, and other plant-based alternative therapies.

The VFW believes there are additional ways to effectively treat PTSD. VA should receive funding to research and deliver those treatments today.

[Applause.]

Mr. LIPPHARDT. Now, onto our favorite subject—claim sharks.

[Chorus of boos.]

Mr. LIPPHARDT. The VFW continues its fight against unaccredited, predatory claims consultants that we call “claim sharks.” Charging veterans for initial claims assistance is prohibited by law. Claim sharks often charge veterans the equivalent of 5 to 10 months of their future disability payments. This could put them in debt simply for trying to access their earned benefits. Some claim sharks obtain fraudulent medical opinions, from their own providers; access veterans’ log-in credentials for VA websites and call centers, which are egregious practices. Anyone who assists veterans with the preparation of VA claims should adhere to Federal law.

[Applause.]

Mr. LIPPHARDT. The VFW understands that some veterans are willing to pay for claims help, but these companies cannot be allowed to line their pockets with taxpayer dollars at the expense of disabled veterans. The VFW would support commonsense legislation to require that everyone who charges veterans for claims is accredited. Veterans should never go into debt to access their earned benefits.

[Applause.]

Mr. LIPPHARDT. The service of National Guard and Reserve members is still overlooked despite a stark increase in deployments since September 11, 2001. Though they have served alongside active duty servicemembers, both domestic and abroad, they do not earn their VA education benefits at the same rate. This inequity has been amplified in recent years during the frequent activations due to natural disasters, the COVID–19 pandemic, and border security missions. The VFW urges Congress to pass the Guard and Reserve GI Bill Parity Act of 2025, to allow any day in uniform for which military pay is received to count toward Post-9/11 GI Bill eligibility.

This is a joint legislative priority for both the VFW and the Student Veterans of America. The current VFW/SVA legislative fellows have advocated on their college campuses around the country to bring awareness to this issue. The time is long past for parity. This inequity must end now.

[Applause.]

Mr. LIPPHARDT. For more than two decades, Congress has failed to address the longstanding injustice of withholding military retirement pay from disabled veterans. Retirement pay and disability compensation are separate benefits, earned for different reasons. Congress continues to wrongly treat their concurrent receipt as double dipping. The VFW has advocated for the Major Richard Star Act and other legislation to provide full concurrent receipt to all deserving veterans. Congress passed the Social Security Fairness Act in the last session, ending a similar unjust offset for Social Security recipients.

It is time to correct this injustice for our military retirees. The VFW calls on Congress to fix this now.

[Applause.]

Mr. LIPPHARDT. Lastly, I would like to end with a solemn reminder of what is at stake when we go to war. I would like to recognize five members of my unit with whom I served in Vietnam: Private Lewis Sloan of East Point, Georgia; Corporal Kenneth Adams of Santa Barbara, California; Corporal Philip Adams of Croton Falls, New York; Private First Class Robert Waddell of Batavia, Ohio; and Corporal Rodney Loatman of Newark, New Jersey. I would ask these men to stand and be recognized, but they can't. Their names are on the Vietnam Wall, along with all those who gave the last full measure of devotion to this Nation, acknowledged by the contract that we signed.

They died on November 23, 1967, Thanksgiving Day. Their names and the recognition of their supreme sacrifice must never be forgotten. Our nation must never forget our warfighters. This is why we persistently call for the full funding of DPAA's mission, proper recognition of American Expeditionary Forces, deterring our enemies abroad, and proper support to overseas veterans who augment these critical missions.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, Members of the Committees, thank you for the opportunity to discuss these important issues. My team and I are ready to answer any questions that you may have. Thank you.

[Standing ovation.]

[The prepared statement of Mr. Lipphardt appears on page 59 of the Appendix.]

Chairman MORAN. National Commander, thank you for your thoughtful and solid testimony, your compelling testimony.

We are now going to have that opportunity for us to ask you and your team questions. We are going to begin a round of 3-minute questions, and I will begin those questions by highlighting a couple of things that you said.

The first question I was going to ask you about, and am going to ask you about, you highlighted first, and that is the PACT Act. You highlighted that it was not a one-and-done deal and that there was more to come, and that there are veterans that are not yet receiving the benefits that some now are eligible for because the PACT Act requires further action by the Department of Veterans Affairs.

We established a framework to make decisions regarding new presumptions of service-connection in an attempt to make it easier for toxic exposed veterans to file for and receive disability compensation and access to VA health care.

What are you hearing from VA and from veterans about this new presumptive decision process? What are you hearing about concerns from veterans whose conditions are not covered by presumption service-connection or whose location or years of service are not included in the existing presumption? Would you please share that with me and the Committee?

Mr. LIPPHARDT. Thank you very much, sir. But I would like for Mike Figlioli from our National Veteran Service to more fully answer that in detail.

Chairman MORAN. Mr. Figlioli.

Mr. FIGLIOLI. Thank you, Commander in Chief. Thank you again for the passage of the PACT Act. And we have said before, it is a framework that needed to be looked at, that needed to be updated, that needed to be kept up with.

We are aware that some veterans are not covered by those provisions. We have attempted to engage VA. We have not really had many meaningful engagements about upcoming disabilities or presumptives that might be involved. We have not been able to discuss with them the conditions that are being reported to us. There has not been much discussion about what conditions they plan to review related to any other exposure. We have seen Federal Register notices that have been published without stakeholder input, and there has been a severe lack of transparency from VA, which is been required by the PACT Act.

So we are aware of other maladies, diseases. We keep hearing about these things that VA needs to consider, but they have been less than forthright in coming to the table.

Chairman MORAN. Thank you for your testimony. It is something that we clearly, in cooperation with you, need to follow up, to make sure the VA follows the law.

Let me ask next about the Guard and Reserve GI Bill Parity Act, also what you highlighted, National Commander. I appreciate the strong support of the VFW. Can you please go into any greater detail on why this bill is needed, what gaps in education benefits National Guards and Reserve components are currently experiencing, and how it impacts recruitment and retention.

Mr. LIPPHARDT. Thank you very much again, sir. Well, I could answer that question for you. I would rather turn it over to Ms. Keenan, who is our National Legislative Director, for more detail.

Chairman MORAN. Ms. Keenan.

Ms. KEENAN. Thank you, Chief. I served in the National Guard myself, and even though I deployed twice, I only earned 60 percent of my Post-9/11 GI Bill benefits. We know that Guard and Reserve members are deploying more overseas but also domestically, to support natural disasters, border security, and other missions, and currently a lot of that service does not count toward GI Bill eligibility.

So we just want parity that every day in uniform, where a servicemember is receiving pay, counts toward their eligibility for Post-9/11 education benefits. Thank you.

Chairman MORAN. Thank you for your answer. I now recognize Chairman Bost.

Chairman BOST. Thank you, Chairman. Commander, last year, just before Congress was leaving town, VA reported a massive budget shortfall that claimed that would impact the delivery of benefits for our veterans. It scared our veterans, okay, around the Nation. Now we know, though, that that was not the case. So moving forward, do you think it is necessary for VA to receive annual audits and report to Congress to prevent another claiming of a shortfall, scaring people? Do you think we need to do that?

Mr. LIPPHARDT. Thank you very much, sir, and the answer to that question, in one word, is yes. But to answer it a little more fully, and then I am going to ask Mr. Murray to follow up, we need

to ensure that the VA is fully funded and fully staffed. That needs to be taken care of first.

Mr. MURRAY. Chairman Bost, we are very appreciative of Congress stepping in to take care of that emergency funding, when needed. However, it turns out it might not have been. We fully support transparency from VA and making sure that our taxpayer dollars are being accounted for properly.

Chairman BOST. Thank you. Commander, for veterans suffering from substance use disorder, many may need help, and showing up is the foundational moment in the road to recovery. Do you think the VA current Community Care process enables VA to get them into the immediate treatment that they need?

Mr. LIPPHARDT. Thank you very much, sir. I am going to ask Pat to give you more detail, and then I would like to follow it up.

Mr. MURRAY. Simply, no. The ACCESS Act and the Elizabeth Dole Home Care Act had a provision to help try to address that. We want to make sure that when veterans are brave enough to step up and ask for help, there is someone there to answer the phone. There is someone there to take care of that and not send them away or make them wait months, drive far too long. All those things will hopefully save veterans' lives.

Chairman BOST. So then I will follow up with that, because the passage of H.R. 740, the Veterans' ACCESS Act of 2025, would eliminate that red tape. Do you agree with that?

Mr. MURRAY. We hope so.

Chairman BOST. Commander, VA must be held accountable for care and benefits that our veterans receive. We would also like to see the Committee conduct more oversight of the Department to drive improved services to our veterans. Would you like to see that?

Mr. LIPPHARDT. In a word, sir, absolutely.

Chairman BOST. Thank you. I want to thank you for being here today, and I will yield back. I will yield back, and I will yield to Senator Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman. I want to say, very enthusiastically, I support the goals of the GUARD Act. I have been working and fighting for it. Likewise the Parity legislation that is so important to our Reserve and National Guard. They should be treated equally. There is no question that it is a matter of fairness.

Chief Lipphardt, you referred to that contract that we make. When anyone in this room went into the service they raised their right hand and they swore allegiance to the Constitution and laws of the United States. That contract is legally binding on the United States of America, on this Congress. And we owe it to our veterans to keep our promises and follow the law.

[Applause.]

Senator BLUMENTHAL. And that is why I am so angry and disappointed that the VA is firing workers who are integral to implementing the PACT Act, and terminating contracts that are essential to provide those benefits under the PACT Act.

Would you agree with me that those workers and contracts should be reinstated so that the PACT Act is made fully available,

on a timely basis, to every veteran deserving of care and benefits because of their toxic exposure?

Mr. LIPPHARDT. Thank you very much, Senator. We certainly agree that the contract must be honored. We deploy when ordered. We served. When I was wounded in Vietnam, I was wounded in the neck and the left arm with shrapnel. But instead of just taking my arm off, the medics took the time to just pick out the pieces. That is the way that we need to be addressing these issues. It needs to be with a scalpel and not just a saw. We must take time to look at what is happening, who it is happening to. So yes, I do.

Senator BLUMENTHAL. I think that is a very, very powerful statement of the way waste should be eliminated in the VA, not with a meat ax but with a surgeon's scalpel, cautiously and carefully. And right now my fear is that veterans are regarded as trash on the road to some waste removal indiscriminately, and draconian actions that, in fact, involve taking off the VA's arm in the name of eliminating waste and abuse, in fact, creating bigger costs as a result.

I have two sons who have served, one in the Marine Corps in Afghanistan, the other is a Navy SEAL. And I worry about the VA being there for them, for our young people, for our future generation. I know the VFW is seeking to attract more younger veterans, and I think your powerful advocacy is going to be a beacon for them. I thank you for being here.

Mr. LIPPHARDT. Thank you, sir. And again, veterans are not numbers. We are people. We are people that put ourselves out there, to secure this Nation. And we deserve to have the VA fully funded, fully staffed, so we can receive the best care available, period. So thank you again, Senator.

Senator BLUMENTHAL. Thank you.

[Applause.]

Chairman BOST [presiding]. Ranking Member Takano, you are recognized for 3 minutes.

Mr. TAKANO. Thank you, Mr. Chairman. Commander Lipphardt, as I mentioned in my opening, I applaud VFW's statement calling for an end to the indiscriminate firing of Federal employees, especially veterans, who make up roughly a third of the Federal workforce. I am worried that these haphazard cuts, indiscriminate cuts are going to have on the immediate and long-lasting impact on veterans.

And, you know, it seems like it is fire first, analyze after. Cancel contracts first, analyze after. I commit to working with you and other VSOs willing to stand with us to undo these illegal and unconscionable firings.

So Commander Lipphardt, recently VA announced the termination of \$2 billion worth of contracts, and one of those contracts was the Program Office at VA tasked with the implementation of the PACT Act. How important is the PACT Act and toxic exposures to the VFW?

Mr. LIPPHARDT. Senator Takano, military service is inherently dangerous. I think we could all agree on that. One of the dangers is exposure to toxins. I would like to take this moment to ask our members in the audience to stand up if any of them have been exposed to toxins at any point during their military career.

[Majority of room stands.]

Mr. LIPPHARDT. There is your answer.

[Applause.]

Mr. LIPPHARDT. As you saw from our members, this issue is very important to us. These are the men and women who placed themselves between the weapons of our enemies and these shores. We need to be cared for. Thank you.

Mr. TAKANO. Wow. All I can say is we owe you. We owe you, to honor the contract, to honor the PACT. Thank you. I am very sad to see so many affected, but this highlights the importance of the PACT Act and why we cannot allow the Cost of War Toxic Exposures Fund to be dismantled. We owe it to these veterans to ensure that the funding to care for them will always be available.

Commander, as I mentioned in my opening, I applaud VFW's statement calling for the end to the indiscriminate firing of Federal employees. I am worried that these haphazard cuts—I already did that.

You highlighted the results of VA's last survey on the VA health care that showed that veterans are still overwhelmingly preferring to get their care from VA, when available. I absolutely agree that there is a time and a place for community care, and I am concerned that continued growth its utilization is having a catastrophic impact on VA's direct care budget.

What can Congress do to protect VA's direct provision of care, where available?

Mr. LIPPHARDT. The key is consistency of care, and I am going to ask Mr. Murray to expound on that.

Mr. MURRAY. Mr. Takano, we support community care as VA care. We believe it is a necessary supplement to VA care. We would never want that to supplant VA care, though. What we want is consistency. When veterans do need to access community care, like our members from Senator Hassan's state, New Hampshire, are all automatically eligible for community care because they do not have those facilities.

So when veterans need to access it, they expect consistency, they expect to be told up front what to expect. That is what we want with our community care, not necessarily more. We want it to be better.

Mr. TAKANO. Thank you. I yield back.

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

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

Mrs. RADEWAGEN. Thank you. Commander Lipphardt, in VFW's testimony you mentioned inconsistencies in servicemembers reporting to TAP on time. Can you please expand on the barriers servicemembers face when trying to go through the TAP program?

Mr. LIPPHARDT. Thank you, ma'am, and I would like to ask Ms. Keenan to expound.

Ms. KEENAN. Thank you for the question. We have heard from veterans that say that they were not able to get to TAP on time because of mission readiness. So not all servicemembers have the ability to choose when they have their free time because of the mis-

sion. So we want to be able to ensure that commanders at DoD take transition seriously, that there is some accountability, and that they can get all of their servicemembers who are leaving, and 80 percent of the force leaves before retirement. Make sure they get to those transition courses and that they get there on time.

Mrs. RADEWAGEN. Commander Lipphardt, how can this Committee best support veterans to ensure they have the opportunities and resources to maintain meaningful employment?

Mr. LIPPHARDT. Thank you, ma'am, for the question. We need to codify that contract.

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

Chairman BOST. Senator Hassan, you are recognized for 3 minutes for your questions.

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

Senator HASSAN. Thank you so much, Mr. Chairman, and I want to thank you and Chairman Moran and our Ranking Members for this hearing. I want to acknowledge and thank all the veterans who are here today, especially those from the Granite State. My dad was a World War II veteran who survived the Bulge, so I try to make sure that I honor his memory as best as I can in my work here.

Commander Lipphardt, thank you for testifying here today and for your military service. I will add my thanks to those of Senator Blumenthal for your advocacy for veterans, especially those who are Federal employees. The recent mass layoffs within the Federal Government have a direct impact on both the veterans who have lost their jobs as well as on the service that they provide to our citizens, including to our other veterans.

And to your point about honoring contracts, we talk about honoring veterans, and the best way we can do that is with actions and not words, which means keeping our commitment. Just as you all kept your commitment to our country, the country needs to keep its commitment to all of you, and I am committed to doing that.

[Applause.]

Senator HASSAN. And I will add, my dad would have said that when a country begins ignoring contracts or laws, it begins to lose its freedom. And so I thank you all for fighting for freedom, and we all have to be together in this pursuit of maintaining it.

[Applause.]

Senator HASSAN. Commander, I had two questions for you. As has been discussed, your written testimony discusses the VFW's most recent health survey, which showed that veterans prefer using VA medical facilities, but they have concerns about appointment availability and travel distance to VA facilities. I have been working with Senator Boozman on a bipartisan bill to help address this very issue, and I want to thank the VFW for their support of this bill.

Under the VA's current process, it can be difficult for veterans to coordinate all of their appointments for the same day, something that is especially important for rural veterans who may have to travel long distances to receive their care. So this bill that Senator

Boozman and I have would ensure that veterans can view available VA appointments and fully schedule them in one easy step, either by going online or placing one call.

Can you please discuss the importance of making sure veterans have easy, reliable access to VA-provided care?

Mr. LIPPHARDT. Thank you for the question, ma'am, and I am going to ask Pat Murray. Mr. Murray?

Mr. MURRAY. Ma'am, in an ideal world, veterans can access care at VA facility all in one shot.

Senator HASSAN. Yes.

Mr. MURRAY. Right? Be able to go to your primary care, be able to stop by an orthopedics appointment, then be able to swing by the pharmacy on the way out. That is in an ideal world. That is tough to do, to try to schedule all that in one. Our ask, though, is in developing this scheduling tool, to the best extent possible, to buy it, instead of trying to develop their own.

Senator HASSAN. I hear you.

Mr. MURRAY. VA's IT development is not good.

Senator HASSAN. I hear you, and I thank you. Mr. Chair, with just one other quick point, I want to highlight the work that the Defense POW/MIA Accounting Agency does. For those who don't know, this agency works to repatriate and identify American servicemembers who have gone missing, solemn work to show that Americans never leave a fallen comrade behind. The agency has accounted for almost 3,500 missing Americans since 1973.

And I will submit a question for the record, but as the Administration is looking at cutting the Pentagon's budget, I am concerned that the mission of the Defense POW/MIA Accounting Agency could be undermined or hampered, and I hope we can all come together to prevent that from happening. Thank you.

[Applause.]

Chairman BOST. Congressman Hamadeh, you are recognized for 3 minutes.

**HON. ABE HAMADEH,
U.S. REPRESENTATIVE FROM ARIZONA**

Mr. HAMADEH. Thank you, Mr. Chairman. First off, thank you to our distinguished guests from the Veterans of Foreign Affairs, Foreign Wars. As a fellow veteran, I deeply appreciate your organization's vital work in ensuring we fulfill our promises to those who have sacrificed so much for our country.

Today I have been particularly interested in discussing how we can improve access to quality health care for veterans, especially those in suburban and rural areas within Arizona. We must ensure that all veterans, regardless of where they live, have timely access to the care and benefits they have earned. I appreciate your insights on these critical issues and how Congress can better support the VFW's mission to serve veterans.

Now, Commander, the VFW has been a strong advocate for concurrent receipt. Can you elaborate on how the current offset between military retired pay and VA disability compensation impacts veterans?

Mr. LIPPHARDT. Thank you very much, sir, for the question, and it is not a compatible thing. It seems like—that we are combining

the retirement pay with compensation. Retirement pay is for retirement. Compensation is for those service-connected disabilities that we incurred as a result of our service. They are two separate, distinct things, and the time is now to stop. It needs to be separated.

Mr. HAMADEH. I agree.

[Applause.]

Mr. HAMADEH. What specific legislation do you ask Congress to support regarding this?

Mr. LIPPHARDT. I am going to ask Mr. Murray for the specifics.

Mr. MURRAY. You start by passing the Richard Star Act.

[Loud applause.]

Mr. MURRAY. There are other parts of concurrent receipt that need to be addressed, as well, including those who have lower than a 50 percent disability rating, those who received separation pay from their services. Those are all being offset by current VA disability compensation plans. We want to eliminate all those. But Major Richard Star Act would be a good start. Seventy-five percent of Congress co-sponsored that last year and it never saw a single vote. We need to stop that, put it on the floor, pass it, and get it to the President's desk.

[Applause.]

Mr. HAMADEH. Very good. And Commander, I know you alluded earlier to the PACT Act, but what feedback has the VFW gotten from veterans about their experiences accessing the newly expanded benefits in health care?

Mr. LIPPHARDT. Our National Veteran Service Director, Mike Figlioli, sir, if you would please respond to that.

Mr. FIGLIOLI. Thank you, Commander in Chief. Thank you for the question. You know, like VA there continues to be challenges with wait times, access, scheduling, traveling to and from facilities. Generally, veterans are comfortable with the PACT Act, but those challenges still remain. We have still got to invest in IT systems that allow people access to handle their own case management, allow them to get into the facilities quicker, and make sure that everything is fully staffed and fully funded.

Mr. HAMADEH. Thank you. Mr. Chairman, I yield back.

Mrs. RADEWAGEN [presiding]. Congressman Pappas, you have 3 minutes for questions.

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

Mr. PAPPAS. Thank you very much. Commander, thank you for your testimony. I want to welcome all the veterans who are here today. This is an impressive show of force, not just for VFW but for veterans all across our country. And I want to give a special shout-out to any veterans from the "Live Free or Die" State of New Hampshire, who are joining us here.

I was really glad, Commander—oh, we have got a couple back there. All right.

Commander, I was really glad that you mentioned the GUARD VA Benefits Act, which, as we know, would reinstate criminal penalties for these claim sharks who are charging unauthorized fees for assisting veterans with their claims. I have to say, we have educated our colleagues on this issue; you have. We have gained a sig-

nificant number of co-sponsors on a bipartisan basis for this bill. This is going to be the Congress where we get this across the finish line. We have got the claim sharks on the run. Let's finish the job.

[Applause.]

Mr. PAPPAS. Thank you for your help in that regard, and your leadership. It is so important.

I wanted to ask about another issue. You mentioned about breaking the cycle of overmedication, and mentioned a number of alternative therapies that I think are groundbreaking for veterans to improve quality of life and outcomes. One thing that I hear from veterans is about the benefit of alternative therapies like acupuncture and massage therapy, that can be really game-changing in terms of alleviating physical pain. But we know that therapy providers face obstacles due to VA reimbursement policies that sometimes limit their ability to care for veterans.

So I am wondering if you could discuss the need to be able to focus on alternative therapies like massage therapy and the difference that can make for veterans.

Mr. LIPPHARDT. Thank you, sir. I am going to ask our National Legislative Director, Chair. We are very lucky to have him on the panel today. He is very, very knowledgeable in this area, to include his work with Grunt Style Foundation. So I would like to ask Mr. Fuller to please, take that.

Mr. FULLER. Thank you, Commander in Chief and Congressman. Thank you for the question. And you mentioned three great alternatives, and many veterans suffer from post-traumatic stress disorder and physical injuries. If PTSD is not treated, the effects could be detrimental in many ways, including the risk of homelessness, substance abuse, relationship problems, financial instability, difficulties in transitioning back to civilian life, or even in the worst case, suicide.

Veterans show a willingness to confront mental health challenges with the alternative treatments that you mentioned, and we are also advocating for more access to other alternative modalities, so we can address our own unique mental and physical health challenges. These include psychedelics such as MDMA, psilocybin, and ibogaine, ketamine infusion, and cannabis, which includes medical marijuana and hemp-derived consumables, which were made legal by the 2018 Farm Bill.

Our ask here is simple. We ask the VA to give veterans every option in the toolbox. Move beyond merely studying the effectiveness of these tools. And if they work, and we are confident that they do, start executing the implementation of these options. The pharmaceutical cocktail, as the lone default option, causes harm for many of us in this room and those that are watching. This must end. Our lives are at stake.

[Applause.]

Mr. PAPPAS. Thank you. Thank you very much for those comments. And Commander, you said it—not all treatments work for all veterans. And we have got to be working together on an evidence-based approach to make sure we are opening doors of opportunity for veterans to get the care that works for them.

I yield back my time.

Mr. LIPPHARDT. Thank you, sir.

Mrs. RADEWAGEN. Senator Tuberville, you are now recognized for 3 minutes for your questions.

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

Senator TUBERVILLE. Thank you very much, and thanks to all the veterans here and for your service, especially those traveling from Alabama. Got anybody from Alabama here?

[Cheers.]

Senator TUBERVILLE. We have got to get louder than that. Come on.

[Cheers.]

Senator TUBERVILLE. Also all the veterans service organizations, thanks for what you do. A lot of times your work goes unnoticed.

You know, our VA operates the largest health care system in the United States and is one of the largest systems in the world. And as a member of these Committees, we must ensure our veterans are receiving the best around the world.

Now, we have got to get rid of the fraud, and we have got to get rid of the waste. I know President Trump has taken a hit from a lot of people, but folks, we are not going to have a country if we do not get this mess all straightened out. We are in trouble. Our veterans are going to be in trouble if we do not get this straightened out. We have got to get it going in the right direction.

Commander, you mentioned in your testimony dissatisfaction among veterans with the community care referral process. I, too, am very dissatisfied. I get more calls on that than anybody. We are at 60 percent rural in the State of Alabama, and we have almost 500,000 veterans. The red tape is disastrous. Veterans must cut through this red tape, and we need to be provided community care.

Would you say your members receive mental health care more frequently through the VA directly or the community care network, Mr. Commander?

Mr. LIPPHARDT. For a more complete answer, sir, I am going to ask Pat, Mr. Murray.

Senator TUBERVILLE. Okay.

Mr. MURRAY. Yes, and that one, Senator, we will take for the record and get back to you. We actually do not know the breakdown of the mental health care they receive in the community versus at VA, but we would be more than happy to learn more about that. I believe there a bill coming up in the Senate Veterans' Affairs Committee next week that looks to maybe address that.

VFW Response: The VFW does not currently have data from our members on mental health care usage through direct VA care compared to VA's community care network. We will discuss potentially including more questions on mental health care usage in future surveys.

VFW survey data from 2024 indicates high satisfaction with VA health care. Of the 3145 respondents, 77% were enrolled in VA health care. Of the participants enrolled in VA health care, 85% said they would recommend VA health care to others.

Senator TUBERVILLE. Mr. Murray, let me ask you this. If a veteran gets denied community care, what is your advice to these vet-

erans, if they get denied community care and are told, "Hey, you've got to drive 3 hours to a VA." What is your advice to them?

Mr. MURRAY. My advice would be to urge that if they are eligible for community care, based on drive time or wait time access, to press that issue, because that is what the MISSION Act put in place. That is the law. We want VA to adhere to the law. When applicable, community care is incredibly helpful. So if a veteran will receive better care through the community, instead of driving 3 hours, for example, then yes, we want that to be the case.

Senator TUBERVILLE. Yes, there is no doubt. In a lot of states, community care is going to have to be a necessity, because veterans can't drive for hours and hours.

Commander Lipphardt, in your testimony you mentioned the importance of veterans having accessible treatments. I have got a bill on the floor, hyperbaric chambers, where veterans can use a hyperbaric chamber. I am being fought at every turn. What is your thought on that?

Mr. LIPPHARDT. Thank you very much, Senator. I am going to send it back to Mr. Fuller.

Senator TUBERVILLE. Thank you.

Mr. FULLER. Senator, as you may have heard me say earlier, we advocate for all alternatives, like the hyperbaric oxygen chamber, which has proven to be an effective treatment for traumatic brain injury, PTSD, and tissue regeneration, which can prevent amputations. It has proven very effective, and I would bet you have a good understanding of TBI and CTE as a former football coach.

Senator TUBERVILLE. Exactly.

Mr. FULLER. So it is effective, and it is something that we will advocate for.

Senator TUBERVILLE. It helps football players. It helps anybody with concussions—

Mr. FULLER. Yes, sir.

Senator TUBERVILLE [continuing]. And it damn sure would help veterans, and we need to get that done.

Mr. FULLER. Yes, sir.

Senator TUBERVILLE. Thank you very much.

Mr. FULLER. Yes, sir.

[Applause.]

Mr. LIPPHARDT. And I just would like to add one thing to that, and it is kind of a general for all our conversations this morning. I don't think there is any group of people that appreciates effort more than a member of the Veterans of Foreign Wars. Actually, all veterans appreciate effort. But, you know, it is achievement that we can celebrate. Until it is done, it ain't done, and we have got to get it done.

[Applause.]

Mrs. RADEWAGEN. Representative Morrison, you are now recognized for 3 minutes for your questions.

**HON. KELLY MORRISON,
U.S. REPRESENTATIVE FROM MINNESOTA**

Dr. MORRISON. Thank you, Madam Chair. Thank you, Commander Lipphardt, and all the witnesses for being here to testify today. I just want to start by saying, as the daughter-in-law of a

disabled Vietnam veteran and the wife of an Army combat veteran, I want to offer my profound gratitude to every veteran in this room.

Last week, I received the devastating news that the VA's mass firings hit the Minneapolis VA, which serves veterans in my district. My team and I have heard some truly gut-wrenching stories about employees who are terminated—combat veterans, disabled veterans, people who put their lives on the line to defend our country, people who may not have served but were honored to work for those who did. All of them, terminated without cause, through no fault of their own.

In my view, there are two big problems here. First, the impact on VA's ability to deliver care and benefits to our veterans. The Minneapolis VA is already dealing with staffing shortages. The last thing we should be doing is firing people for no good reason. And as a doctor, let me tell you, the whole team plays a role in optimizing the delivery of care, from the provider to the facilities workers to the person who greets the veteran at the door.

My second point is one that I think we need to be talking about more. Veterans make up a tiny percentage of the population, but 30 percent of our Federal workforce are veterans. So if you slash 1,000 Federal jobs, odds are you are putting about 300 veterans out of work. And at the VA we are talking about firing veterans who made the conscious decision to serve their fellow veterans, after serving their country.

So regardless of whether or not you agree with the wave of terminations we are seeing across the Federal Government, I think it is clear that these actions will disproportionately harm veterans, which is incredibly troubling to me.

So Commander Lipphardt, my first question for you is simple. Do you think firing thousands of VA employees will be helpful or harmful for your members?

Mr. LIPPHARDT. With all due respect, ma'am [laughter], it is going to kill us.

[Applause.]

Mr. LIPPHARDT. Of course it is going to impact us. To me, there is nothing more sacred than taking care of those who served this Nation, who stopped their own lives to give service to this Nation. And it has got to be fixed. It has got to be fixed.

We have 1.4 million members. Those are our members. That is not who we represent. We represent 18 million veterans, all veterans. All veterans need to be respected, need to be treated with respect. They have been honorably discharged. Thank you, ma'am.

[Applause.]

Dr. MORRISON. Thank you. Sir, if you would allow me one more brief question. I can say confidently that preventing veteran suicide is a top priority of every member here today, House and Senate, Democrat and Republican. We know that access to mental health care is essential. But can you share a little bit more about how transition assistance and housing access can also have a role to play in eliminating veteran suicide?

Mr. LIPPHARDT. Thank you, ma'am. I am going to ask Pat, Mr. Murray, because he has got some examples of what is happening.

Dr. MORRISON. Thank you.

Mr. MURRAY. Thank you, Commander. Ma'am, we know that there is more to combatting veteran suicide than simply mental health appointments. We have heard too often that at VA it is their number one clinical priority. It needs to be the number one priority, period.

We are very focused on also the benefits that can help alleviate that, including housing. Things like a roof over your head, food on your table, being gainfully employed, money in your wallet can be preventers to help veterans from starting to take that negative slide and ultimately make a fatal final decision.

So housing is one of the key components that we see as keeping veterans not just from dying by suicide but helping launch them forward for success. That is really what we want to focus on, making veterans the best Americans that they can be.

Dr. MORRISON. Thank you very much, and a shout-out to any Minnesota vets out there.

[Cheers.]

Chairman MORAN [presiding]. The Chair now recognizes Senator Sullivan.

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

Senator SULLIVAN. Thank you, Mr. Chairman. Commanders, veterans, great to see you.

Last year I retired, after 30 years on active duty and in the Reserve in the United States Marine Corps.

[Cheers.]

Senator SULLIVAN. I knew that would get a shout-out. So I am now joining another esteemed group of Americans and Alaskans. I am officially a United States veteran. I love that.

[Applause.]

Senator SULLIVAN. I am a proud member of VFW Post 9785 in Eagle River, Alaska.

[Applause.]

Senator SULLIVAN. Now, I know my fellow Alaskans, we travel far for these meetings. I know we have some here, hopefully in the audience. Any Alaskans? By the way, Alaska has more veterans per capita than any state in the country. I have some of my fellow Alaska veterans in the audience. How about a round of applause for them, traveling the furthest way, maybe with the exception of Hawaii.

[Applause.]

Chairman MORAN. Senator Sullivan, with all due respect, you have 3 minutes time.

[Laughter.]

Senator SULLIVAN. I am just very happy to see everybody.

Let me begin by an issue that I know the VFW and the American Legion have all really supported, and I just want to thank you, but I want you to keep an eye on it. This is the Camp Lejeune Act that passed. You are seeing ads on TV, relentless ads. They are not helpful ads. We passed that act to help sick Marines and their families from Camp Lejeune, and the TV ads are all these law firms that are charging 60 to 70 percent contingency fees to take the money from the sick Marine families and put it in their pockets.

That is one of the most disgusting things I have seen in my 10 years in the U.S. Senate.

Commander, can I just get your commitment, working with all the VSOs, the Department of Justice, and others, to not allow that to happen, where these law firms were doing these ads? Billions of dollars of ads, by the way, not to help Marines but to take their money. Can I get your commitment? The law firms will get paid, to a certain degree, but no 60 and 70 percent contingency fees. That is highway robbery. Commander, can I get your commitment on that, staying with us?

Mr. LIPPHARDT. Absolutely. VFW is committed.

Senator SULLIVAN. Thank you. All right.

[Applause.]

Senator SULLIVAN. Thank you. We have got to take care of sick Marines and their families, not law firms that do not need the extra money.

One final question I have. I know it matters to a number of my colleagues. Senator King and I are actually working on legislation with Senator Cramer, that we are going to be introducing soon, called Supporting Rural Veterans Access to Healthcare Services. In big states like ours that are very rural, our veterans, who live in rural communities, have a harder time accessing their services. But they have earned their benefits, just like anyone who lives in a big city.

So can we work with the VFW once we introduce it to get your support on this bill, that really tries to emphasize making sure every veteran, whether you live in a big city or a small little community in rural Alaska or rural Maine, gets the benefits that they have earned. Can I get your commitment to work with the VFW on this important bill?

Mr. LIPPHARDT. Absolutely, sir. We will certainly be honored to work with you.

Senator SULLIVAN. Great. Thank you. Thank you very much, Mr. Chairman.

Chairman MORAN. Senator Sullivan, thank you, and thank you for your service.

[Applause.]

Chairman MORAN. Now, Representative Conaway.

**HON. HERB CONAWAY,
U.S. REPRESENTATIVE FROM NEW JERSEY**

Dr. CONAWAY. Thank you, Mr. Chairman. As a veteran myself, hailing from New Jersey, I want to express my gratitude for you, Mr. Lipphardt, for your testimony, for your colleagues here who have offered valuable information to this Committee, to help our deliberations.

As Members of Congress, it is our responsibility to ensure that every veteran receives high-quality medical care and mental health services. We heard today you do not leave a comrade in the field, and I fear that across many administrations we have been doing exactly that, and it is shameful and it needs to end. I would add, we do not leave an ally in the field either, and sadly we are seeing that, as well.

Increased enrollment in VA care, it is important that we prioritize equipping our medical facilities with tools and technology of the 21st century so that veterans can get the care they richly deserve.

We have heard about canceled contracts. We have heard about mass firings across various facilities in our country. And as a practicing physician myself, and worked in hospitals for much of my career, I understand fully well how important it is that a team is there and ready and willing to take care of those who present themselves for care.

And we know that many veterans, particularly as they are leaving the service, suffer from PTSD, they might have experienced military sexual trauma, anxiety, stress, and other mental health and addictive disorders, just to name a few.

What is your thought about the shortfalls that we are seeing in health services for our veterans? Do you agree with me that we are seeing shortfalls, and are there particular things that you would like to see the VA do in respect to those deficiencies?

Mr. LIPPHARDT. Thank you very much, sir, and again, for a more detailed answer—I am kind of a big picture guy. I am not the detail guy. So I am going to ask Mr. Murray.

Dr. CONAWAY. Always travel with one. That is a good idea.

Chairman MORAN. Mr. Murray.

Mr. MURRAY. Thank you, Chief. Sir, we have already heard for many years that VA has been struggling to fill all these vacancies. There are tens of thousands of open positions that VA cannot fill. What we have seen in the past few weeks is the indiscriminate firing of people, not for performance but simply because they are in a probationary status.

In order to get those services that veterans have earned, it needs to be a fully staffed and fully funded VA. There are examples all across the country. In fact, we are joined here by Mike Slater, who gave us this picture at the Vet Center in Springfield, Massachusetts. “Due to abrupt and unplanned staff shortages, we are not able to greet you at this time. If you have a scheduled appointment, your counselor will be out to get you at the time of your appointment. If you are here for any other reason, please call and leave a message. We apologize for this impact on your care.”

That is reducing services for veterans. Vet Centers are critical points of contact for VA. If we want to improve services, we have got to make sure that people are there to actually answer the phones and greet them at the door, when they show up for that care.

[Applause.]

Dr. CONAWAY. And yet we have seen the indiscriminate cancellation of contract design to make sure that we are recruiting health care providers into VA care. And, of course, as we have heard, and I think it needs to be put in this, if you cancel contracts and there are statutes and there are constitutional mandates, then you don't have your freedom. And we have got to make sure that stops.

Thank you, Mr. Chairman. I appreciate it. Thank you, veterans.
Chairman MORAN. Senator Hirono.

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

Senator HIRONO. Thank you, Mr. Chairman. I am glad to join my colleagues from both the House and Senate today, and it is good to see all of the veterans out there. I think every state is represented, from what I heard in the time that I have been here. But of course, I want to acknowledge, I hope, the presence of the people from Hawaii. I hope you are still out there.

[Cheers.]

Senator HIRONO. Yes, Okay. You deserve to get a shout-out.

Each of us sits on a number of committees. I sit on five. But one thing about the Veterans' Committee is that we each have a commitment to listen to and working with the veterans to be of assistance. I cannot say that about every committee that I sit on, but this is one Committee where we are united in wanting to be of service to all of you who have been of service to our country.

So we have, through so much of the advocacy that you have presented to us, made some major legislation, most recently, of course, the PACT Act. But we have the Dole Act. We have had the Isakson and Roe Act. We have had a number of very significant pieces of legislation that have served to help veterans, and that is so much because of your advocacy and your continuing pointing out to us that more needs to be done in terms of, for example, the area of PTSD care, suicide. Women veterans, yes, women veterans, finally acknowledging that women veterans should have care that is very specialized to them. So thank you very much.

We are in the midst of thousands of people getting fired, and as mentioned, every group that gets fired, because right now they happen to be in probationary status, includes a lot of veterans. So it is not just the VA that fired, most recently, 1,400 people who are on probationary status, but you have the DoD, Department of Defense, you have the Department of Justice. Thousands of people are getting fired, not because of any indication of fraud or waste but indiscriminate firings.

So there is chaos and fear all across the country at the moment. This is not the way to run a government. This is certainly no way to treat Federal workers, of whom many are veterans. And at the same time, the 1,400 people from VA were fired, we get a notice that some 300,000 job openings need to be filled at the VA. And in Hawaii, just in Hawaii, in our system, we have 5,000 vacancies.

Now there are a lot of other departments that have had to deal with a hiring freeze, but because of the hue and cry and the need for the veterans, the hiring freeze was lifted for the VA. But we are talking about hundreds of thousands of vacancies. [Pause.] The word "crazy" comes to mind.

So as we continue to work with you, I just want you all to know that so many of us have been here to reinforce our commitment to work with you. I will continue to do so, because obviously there is a lot more that needs to be done. And I want to thank the Chairs of both the House and Senate Committees for this hearing, and each one of you. And, Commander, thank you so much for coming here with your team. Aloha.

[Applause.]

Chairman MORAN. Senator Hirono, thank you. And I recognize Senator King.

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

Senator KING. Thank you, Mr. Chair. I don't think it has been noted yet that this hearing happens to fall on a very appropriate day, the only day of the year that is a military command, March 4th.

[Applause.]

Senator KING. And we should be marching forth on the GUARD Act, on the Richard Star Act, and on protecting our veterans that work for the U.S. Government. Marching forth.

[Applause.]

Senator KING. Go ahead, Mr. Commander.

Mr. LIPPHARDT. I was just going to say thank you for your invitation to come back.

[Laughter.]

Senator KING. Yes, sir. Any time.

Mr. LIPPHARDT. We remembered 1930.

Senator KING. Any time. Any time.

These staffing cuts. Now, we talked about 1,400. Actually, there have been 2,400 firings at the VA, but then there was the hiring freeze, which left a couple of thousand places open. So we are really down 5,000 people in the last month at the VA.

And here is how random it is. First they were going to have the hiring freeze apply to doctors and nurses, and then they said, "Oh no, those are direct care workers. We are going to exempt them." If nobody is there to answer the phone when a veteran calls for an appointment, that is a denial of benefits.

[Applause.]

Senator KING. And I think the point has been made, about 30 percent of Federal employees are veterans, so when you see a headline that says 1,000 people fired at the CIA or wherever it is, that is 300 veterans. In our hospital in Togus, in Maine, we just had 7 people laid off; 5 were veterans. That is a hell of a way to treat somebody who has put their life on the line for this country.

Mr. LIPPHARDT. Absolutely.

Senator KING. So the other piece that you ought to realize, they say they are firing people who are on probation, and probation meaning go to work in the last year or two. In the Federal Government, if you are promoted you are on probation. So you can have somebody that has worked for an Agency, for the VA, for 10 years. They get promoted, they happen to be on probation, and they are getting fired. And I hate the picture of that guy with the chainsaw, laughing about firing people from our government.

[Applause.]

Senator KING. In fact, you put it really well in your statement. I love it. You said, "I was wounded in combat during Vietnam. I am thankful that medics who treated me chose not to take my whole arm for the sake of efficiency. It took a trained eye, a skillful hand, and human intuition to fix me up and get me back in the fight."

Here is the quote: “in my experience, those operating with a scalpel have a better chance of saving limbs than those who operate with a chainsaw.”

Thank you, Mr. Commander, for making that statement.

Another point is transition. In my view, we should be putting as much money, time, and effort into the transition out as we do on the recruiting in.

Mr. LIPPHARDT. Yes, sir.

Senator KING. That is a real disservice to veterans.

[Applause.]

Mr. LIPPHARDT. Absolutely.

Senator KING. And finally—my wife says I say “finally” too much and it gets people’s hopes up [laughter]—but finally, your voice, is more important right now than perhaps it has ever been. We need to hear from the veterans of America. They need to speak up about what is going on and how we protect those who, as I said, when they signed up for their job, put their lives on the line for this country.

So thanks to the VFW. Thanks for your advocacy. Keep at it. We need you.

[Applause.]

Mr. LIPPHARDT. Senator, thank you. Thank you very much. And please know that the Veterans of Foreign Wars has changed the direction. We are moving forward. You are going to hear from us, and you are going to see us a lot more. So thank you.

[Applause.]

Chairman MORAN. Senator King, thank you. Senator Banks is recognized.

**HON. JIM BANKS,
U.S. SENATOR FROM INDIANA**

Senator BANKS. Thank you, Mr. Chairman, and thank you to all of you for being here. As the only Hoosier on the House or Senate Veterans’ Affairs Committee, the work that goes on in this Committee is so important, but we can’t do our job without the help of all of you. So on behalf of all the Hoosiers in the room, it is an honor to represent you, and all of the fellow veterans who are here, thank you for your important work.

Commander, I am new to the Senate. I served in the House for 8 years. I served on the House Committee for 6 of those 8 years. I am rolling up my sleeves and I am getting to work on a lot of issues important to veterans and all of you.

So real quickly, I am preparing to reintroduce legislation that I worked on in the House to refund certain veterans their Montgomery GI Bill contributions, who later became eligible for the Post-9/11 GI Bill. Is that something we can work on together?

Mr. LIPPHARDT. In a word, sir, absolutely. And I would like to call on Ms. Keenan for some detail on the legislation.

Senator BANKS. Very good.

Chairman MORAN. Ms. Keenan.

Ms. KEENAN. Yes, thank for the question. We are happy to work with your office to look at that. That kind of money back for student veterans can be really beneficial at a critical time where they

are going to need that funding. So love the idea and happy to work with your office.

Senator BANKS. Very good. Secondly, Commander, I am also working on legislation to make sure that veterans can always be buried with their spouses, regardless of what kind of burial they choose. Is that something we can work on together, as well?

Mr. LIPPHARDT. Again, sir, thank you very much, and the answer is absolutely.

Senator BANKS. I look forward to that, and I appreciate that very much.

Commander, the VA has been cooperating with nonprofit mental health organizations and public-private partnerships to prevent veteran suicides. Since Congress passed the Commander John Scott Hannon Act, that you all were such a big part of helping us get over the finish line, and other legislation, what results have we seen from those efforts and how can we expand them?

Mr. LIPPHARDT. Thank you very much sir, and I am going to ask Pat to respond for the specifics.

Mr. MURRAY. Thank you, Chief. Senator Banks, we know that some of those community connections, whether it is with mental health or whether it is with transition, that is where the rubber meets the road. That is what we want to see, because they are the folks that are in the community that know these things. VA can do a great job for a lot of these, but they cannot do it for everything. We want to really focus, put resources into some of those great organizations in the community that can really effect change. The Commander John Scott Hannon Act provided that. We want to make sure that those connections, those contracts, and that funding stay in place for that critical mission.

Senator BANKS. Very good. My last question, Mr. Commander, the VA has been resistant to new approaches when it comes to leasing and construction. It takes the VA about 5 years to lease a clinic and 10 to 20 years to build a new hospital. Similar to the innovation in mental health, how do you think that the VA should be partnering with local governments and private health care systems to develop new medical facilities?

Mr. LIPPHARDT. Again, sir, thank you very much, and I am, again, going to ask Pat to respond.

Mr. MURRAY. Thank you, Commander. Senator, VA construction is behind. If you look at the \$130 billion worth of backlog, there is a lot that needs to be done. They need to figure out more dynamic ways to do that, like the private sector does. If you look at other major health systems, like Kaiser, they put 3 percent of their operating budget into their infrastructure. VA is closer to 1 percent.

There are certain things you can do to move the process along so you are not designing, then bidding, then building. There is an integrated way you can do that that will hopefully shorten the length of the overall construction contracts. But we need to make sure that VA also has proper staffing at Central Office for the project management positions. We do not have to talk about doctors and nurses, but there are people that oversee the building of VA facilities. They need some help there, as well.

Senator BANKS. I agree. I look forward to working on that with you, and all those other issues. Thank you again for being here. God bless. I yield back.

Chairman MORAN. Senator Banks, thank you. Senator Gallego.

**HON. RUBEN GALLEGO,
U.S. SENATOR FROM ARIZONA**

Senator GALLEGO. Thank you, and Senator Banks, I would join you because I am one of those veterans, actually, that paid into the GI but never used the modern GI Bill. So you have got a co-sponsor there.

Thank you again to Veterans of Foreign Wars for being here.

[Applause.]

Senator GALLEGO. Look at that. Things get done. I am glad my dues are going to something like this. I am a member of Chapter 720 in Scottsdale, so thank you again for everything you do.

Honestly, I am concerned. The guys I serve with are relatively young. We were in Iraq in 2005. They are in their early 40s, and they have committed their lives to service. They left the war and then came back, and they are working for different parts of the DoD, VA and other parts of the government, and they are scared. They feel like they are being disrespected. They passed up good, lucrative careers in the private sector because they wanted to have a mission-oriented job that was still in service to the country. And now some of them are questioning about whether they are going to be able to pay the rent if something goes bad, or the mortgage. And the fact that veterans are being treated this way, in such a disgraceful manner, by the guy with the chainsaw and a bunch of 20-year-old kids that probably have served or even gotten close to a weapon ever in their lives, really scares the heck out of me.

So I really encourage, obviously, us to worry about our veterans that are being serviced in the VA, but when 30 percent of the workforce is veterans, and we know, at least from my experience coming back from the war, the thing that was the most stabilizing for me coming back with PTSD was that I was able to get a job right away, but the fact that 30 percent of our workforce is potentially endangered and fired, you could really put these men and women into a very hard situation.

But more to the VA, Commander Lipphardt. What concerns do your members have about the way these cuts are being handled, and what would you ask those making these types of staffing and budget decisions to take into account before acting on VA cuts or layoffs, or even just the reparametering of contracts that are very important for veterans, veteran outreach, and suicide hotlines?

Mr. LIPPHARDT. Thank you very much, sir. I am going to ask a member of the panel here who, I believe, shared the same dirt that you did while you were deployed, and that is Mr. Murray.

Chairman MORAN. Mr. Murray.

Mr. MURRAY. Thank you, Chief. Senator, I believe we probably just crossed paths. I was there in '06.

You have our commitment to make sure that these cuts, these firings, are stopped. We often care about veteran unemployment. If we do not care about veterans not having jobs then what are the Veterans of Foreign Wars doing here? That is something that we

have to make sure stays in place. Because while every position may not be deemed essential, you know, per government shutdown rules, they are very important positions, as we highlighted, the people who answer the phones. We need to make sure that these veterans are gainfully employed, and the ones who are high performers are not let go indiscriminately.

Senator GALLEGRO. Thank you.

Chairman MORAN. Thank you, Senator. Senator Cassidy.

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

Senator CASSIDY. Thank you. Thank you all for being here. Happy Mardi Gras to my people from Louisiana and for everybody who wishes you were from Louisiana, if only on Mardi Gras day.

[Laughter and cheers.]

Senator CASSIDY. Mr. Lipphardt, in your testimony you talked about how investing in technology can help with the backlog for veteran benefit applications. Way back when, multiple Secretaries ago, I remember asking him something, and he said the main point we should be about is the veteran.

And so with that spirit, I have thought about how AI could take a stack of papers required for someone's application for you name it, and in 5 minutes has done everything that has to be done for a human to sit there and review it intelligently. Wouldn't that be great? Because I think I have learned that it can take up to 40 days for the VA claims management system to simply register a new claim submission. If 40 days is shrunk to 5 minutes, or 30 seconds, how much better is it for the veteran? That is where I am coming at this from.

And by the way, we know that if you miss the deadline then everything starts over. So if you can catch the deadline, even if you suddenly realize that there is something else you have to add, and it can just quickly put it back in, how much better for the veteran?

Is there anything else—and I am struck. I do not mean to offend you, but you might be like the oldest guy on the panel. So I am struck that maybe the oldest guy is the one who is talking about using tech in order to make things work better for the veteran. What other ideas do you have, or anyone else has, how we can do this, so that we can kind of channel it into our conversations with Secretary Collins to maybe up the game?

Mr. LIPPHARDT. Thank you very much, sir, and I guess my first comment, relative to that, is that is 2025. Technology is here. We need to use technology. That is how we are going to move ahead. The Department of Defense has implemented it. It is about time that the Veterans Administration adds it.

I would like for Pat to be a little more specific.

Chairman MORAN. Mr. Murray.

Mr. FIGLIOLI. Mr. Figlioli.

Chairman MORAN. Sorry.

Mr. FIGLIOLI. Thank you, Commander in Chief. Senator, we are looking at AI. We understand its value and its processing times will be reduced for claims, especially when VA is processing more claims than ever. VA is using AI in some areas already for certain disabilities, looking at that evidence, trying to get that claim grant-

ed as quickly as possible. So it is not out of the question. It is here. As the Commander in Chief said, it is the way of the world, very similar to looking at health records and other advancements.

AI on the way. Getting those claims processed faster, absolutely. The transformation of the electronic health record, which is another electronic initiative, I think that needs to be completed, as well.

But again, if we do not look forward, we end up looking backward. And we need to keep pushing VA forward to invest in IT infrastructure, make sure the programs are up to date, people are trained on them, and those programs are fully funded.

Senator CASSIDY. So I am a physician, as well. So you are discussing—I am over but I will quickly finish up. You also bring in the electronic health records. Part of the problem in some of this, is this related to service activity or not, is there is so much noise and you have got to get the signal. And I think what you are saying is that if we use AI and couple it with our massive amount of electronic health record data, we could pick out the signal of that which is, my gosh, this is service-related after all, we were never able to detect it before, and that is one more way we can serve the veteran.

Mr. FIGLIOLI. I would agree with that, and we also, at the same time, the only run-in on AI may not be exactly it. People still make mistakes. Machines make mistakes. Working with AI I think has its place, but it also needs to be subject to human review.

Senator CASSIDY. A human has to be in the loop. I am totally with you on that.

Mr. FIGLIOLI. Yes, sir.

Senator CASSIDY. Thank you all for your service. Once more, Happy Mardi Gras.

[Applause.]

Chairman MORAN. Senator Cassidy, thank you.

Before we close out this panel and transition to our second panel, let me again thank you, Commander. I often give our witnesses the chance to provide any additional momentary thoughts, things that you wanted to correct if you made any errors, or anything you would like to make certain that you reiterate. Commander?

Mr. LIPPHARDT. Thank you very much, sir. I would like to just, again, comment about the contract. You know, contracts are contracts. There is an obligation there. I wish we could go back to shaking hands, because my word is my bond. It is the only thing that belongs to you. It is the only thing that belongs to me. Our word must be honored, and that is all we are asking.

As Senator Ossoff introduced, my life's mantra is, "Believe in what you do. Do what you believe in." And I know that is what this Committee does. I know that you are dedicated. But again, where are we frustrated here, as veterans? Efforts appreciated, but we have got to get across the goal line.

I am an Army guy. I remember the Army-Navy game from a couple of years ago. Navy had the ball, on the goal line. It was like 6 inches away, and the touchdown, it would have changed the game. But they made a good effort, but they did not get it across the goal line, and so Army celebrated. We celebrated.

[Laughter.]

I am so honored to have been here.

UNIDENTIFIED VOICE. I object.

Mr. LIPPHARDT. I am so honored that we have so many of our members as well as others here in the room. It is just, I think, is a testimony to the passion that we feel and the change that we are making to better serve you.

Chairman MORAN. Commander, we also feel that. We thank you and your members and your leadership team for being with us today.

I smiled when you said what you said because occasionally I am complimented—occasionally I am complimented—for my efforts. And my standard response is, “Someday I would like to be complimented for my results.”

Mr. LIPPHARDT. There you go. Absolutely.

[Applause.]

Chairman MORAN. And we are going to take a brief recess. Commander, I am going to come down and shake your hand, in the days of shaking hand meaning something important. It still means something important to me. But we are going to recess.

We would ask the VFW audience, as they depart, to depart on this side, and your colleagues with other VSOs—we will see if this works—will come in the room on this side. Let’s see a lot of organization from the VFW.

We stand at recess.

[Recess.]

Chairman MORAN. The Committee will return to order, and we will proceed to a second panel of witnesses, and we are, as we said earlier, delighted that you are here. We will say it again in this setting. Thank you very much for your presence, for your members and other veterans who are joining us today in this hearing room. And this is our final panel of four panels for the joint sessions that we have had for a long history.

With us today, our second panel consists of Mr. Robert Thomas, the National President of the Paralyzed Veterans of America; Ms. Allison Jaslow, Chief Executive Officer of the Iraq and Afghanistan Veterans of America; Mr. Jared Lyon, National President and Chief Executive Officer for the Student Veterans of America; Major Bonnie Carroll, President and Founder of Tragedy Assistance Program for Survivors; Meredith Beck, Vice President for Government Affairs and Community Engagement at the Elizabeth Dole Foundation; and Ms. Kathryn Monet, Chief Executive Officer for the National Coalition for Homeless Veterans.

I looked at the list of witnesses on this second panel before I attempted to pronounce your names, and there was no one that I thought I was going to have any difficulty with. But my takeaway, in addition to that relief that I know how to pronounce your names, is there is no one on this panel that I do not know, no one on this panel that this Committee has not worked well with, and we are delighted to have the opportunity to hear from each of you today.

With that, let us begin to do so, and I now recognize Mr. Thomas, Paralyzed Veterans of America.

PANEL II

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

Mr. THOMAS. Chairman Moran, Chairman Bost, and Members of the Committees, thank you for the opportunity to testify on behalf of the tens of thousands of veterans with spinal cord injuries and disorders.

Today I want to focus on PVA's top priority, preserving VA's specialty care system, specifically the VA's preeminent system of care for veterans with spinal cord injuries and disorders.

On more than one occasion I have testified before these Committees about our concerns that the SCI/D system of care is being slowly starved of staffing, infrastructure upgrades, and funding needed to ensure its survival, not for the sake of VA but for the sake of the veterans it serves.

My friend, Rick, a fellow PVA member, received care in the community for 8 years for his SCI, until he was introduced to the VA's SCI/D system of care. Once under VA care, his health improved. He believes he would have died if he had not begun to receive specialized health care from VA medical professionals who understand our injuries and illnesses.

Despite best intentions, community health care providers are not as well equipped to meet our complex needs. That is why so many veterans like myself choose care provided by the VA. The entire model is designed with us in mind. That is why thousands of PVA members and their families and supports have signed a petition opposing any effort to dismantle the VA's SCI/D system of care and the lifesaving services it provides. We choose VA.

Unfortunately, this system is facing challenges of epic proportions, and the consequences if not addressed now will prove devastating for veterans with specialized health care needs.

For example, more than 25 SCI/D centers can only use half its beds because staffing vacancies exceed 50 percent. The leadership there recently denied again the center's request to backfill vacancies. As a result, overtime is increasing, and we expect additional resignations due to burnout and/or closures of additional SCI beds.

Staffing shortages in the system are not new. The SCI/D system of care has been short hundreds of nurses for years, with total staffing vacancies hovering around 35 percent. The Department has been concealing its vacancy problems through the use of overtime, which, if taken away, may reveal much more staffing issues. Without proper staffing, veterans may be forced to accept care in the community, even when it is not the quality or type of care they would receive at a VA facility, and most importantly, when it is not their decision to do so.

In addition to staffing shortages, the system also continues to suffer from infrastructure deficiencies. The average age of an SCI/D center is nearly 40 years old. Consequently, we saw major incidents at several centers last year. For example, a plumbing system failure at one facility flooded half of the center. It took one month to repair the system, restore the impacted areas, and move patients back to the SCI/D center.

We call on Congress to invest in necessary funds to ensure sufficient specialty care staffing and address infrastructure deficiencies to meet the demands for care.

For those of us with catastrophic injuries, VA is the cornerstone of our care. The cause of inaction is clear. The lives of veterans like Rick and myself and thousands of other veterans with SCI/D are at stake.

In recent weeks there have been many changes in Federal Government staffing and funding. While we understand and generally support the underlying desire for veterans to streamline access to the care and benefits, the arbitrary and haphazard way that these efforts are being approached is failing that mission and harming veterans.

PVA members are concerned that VA-provided care will not be available in the future, and that the lifesaving research will be curtailed. Even though many clinical providers may be protected by staffing changes, not all are included, including recreational therapists who help teach veterans with SCI/D how to reengage in the social part of community following a catastrophic disability. They are equally concerned about access to benefits like home modifications being delayed because of new staffing shortages.

How can we expect physicians, nurses, claims raters, vocational rehab counselors, and other staff to be focused on their mission to care for the veterans while the specter of losing their jobs hangs over their heads? They carry the workload of multiple positions. They can't. As the body charged with VA oversight, I urge you to act before veterans are harmed any further.

I would be happy to answer any questions you may have.

[The prepared statement of Mr. Thomas appears on page 89 of the Appendix.]

Chairman MORAN. Mr. Thomas, thank you. Ms. Jaslow.

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

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

Being the CEO of IAVA has been the privilege of a lifetime. The young second lieutenant who boarded a plane en route to Iraq a little more than 20 years ago certainly did not envision that this is where I would be today. But here I am, and for every day that I have sat in this seat, I have sought to bring it for my generation of veterans. I have done my best to show up for our members, regardless of where they live in the country, or what their racial or ethnic background is, or how they vote.

I can also spend my time here today articulating a list of legislative priorities for you so that you and your staff can effectively pander to our community, along with the rest of your colleagues. But as our staff and our cavalries are sitting behind me today know at this point, that is not really my style.

One of the most profound experiences I have had in my life was being appointed as a summary courts officer following a fellow platoon leader's death in Iraq in 2005. I will never forget our battalion's paralegal looking me in the eyes that same day, as he handed me his orders, and said, "This is the literal definition of soldiering on, ma'am."

The following morning I entered that lieutenant's quarters on our base in Taji, Iraq, with a noncommissioned officer that was also appointed to help me inventory his belongings, pack them up, and ship them to Dover Air Force Base behind his body.

My soldiers were also soldiering on that day, back on the road, providing security to convoys, dodging roadside bombs, and ducking small arms fire, and continuing the mission that their country had asked them to see through, even if it no longer made any sense.

Soldiering on is something that many of us who have served have gotten good at. It helped me get through a second 15-month deployment in Iraq, and even after I got out of the Army, it is a mindset that served me well as I sought to be a force of good in places like this very body, where we find myself today.

I may well be good at soldiering on at this point in my life, but frankly I am tired of it, and I know our members are tired of it too. We are tired of soldiering on after we learn that another one of our buddies has taken their life because they just couldn't deal with the torment that war had inflicted on them anymore. We are tired of soldiering on when the rest of America seemingly does not notice. And we are tired of soldiering on as our elected leaders give us lip service instead of the leadership we deserve.

Our nation is at the hill of a crossroads right now, and our members, while they may want care for the cancer that they got from prolonged exposure to a burn pit in Afghanistan, or the ability to use cannabis to bring relief to their wartime wounds, what they really want is what the rest of America wants. They want leadership. And not just from their President but also from the rest of their government, including this Congress that has abdicated so much of its authority in recent decades. Whether it be its war powers authority as Post-9/11 generation veterans have gotten deployed over and over again without question, or the simple need to tell a President, even if that President is from their own party, that they have crossed the line that the average citizen knows they should not have crossed.

It then makes me wonder what the hell we fought for. If you asked many of us who served in wartime, we will likely tell you that despite the complicated politics of the conflicts we found ourselves in, what helps us soldier on in battle was our commitment to the men and women to the left and right of us. That was true for me when I was a 22-year-old platoon leader, and it remains true today.

But I wish it were not the case. I joined the Army because I love my country, and what we stand for, and was willing to put it all on the line to defend it. But what I did not realize back then, but do now, is how much that made and my fellow Post-9/11 unique.

What I also did not realize as a young, naïve lieutenant was how different it made us from the very people who sent my generation of veterans to war, despite the fact that we all swore a similar

oath, that many of the same people who asked us to risk our lives in defense of our country were so lacking in courage themselves that they were unwilling to risk their political lives to do the same. And that should weigh more heavily on your conscience than it seems to these days.

So if you really want to get the backs of the Post-9/11 veterans, how about you stop asking us and our fellow Americans to keep soldiering on when none of us is satisfied with the leadership we have in this country right now. How about you follow my generation of veterans lead and make sacrifices on behalf of our country that prove that you are worthy of the office that you hold. And if you really care about troops who are still serving in uniform and this country we all love, you will do so starting today.

Later this evening, the eyes of the entire country will be focused on this building and watching to see who is and who is not meeting the moment tonight. Our IAVA cavalry members will be watching too, and have every right to judge, and judge harshly. If you want their stamp of approval going forward, it is my recommendation that you meet what the moment of asking of you tonight and of the days ahead.

The time for asking us to soldier on has come to an end. Thank you for your time.

[Applause.]

[The prepared statement of Ms. Jaslow appears on page 110 of the Appendix.]

Senator BLUMENTHAL [presiding]. Thank you, Ms. Jaslow. I assume that is directed to Members of this Committee and the United States Congress.

Ms. JASLOW. Yes, sir. All 535.

Senator BLUMENTHAL. Thank you. We need you to be specific, forceful, and direct as you have been, and to name names.

Mr. Lyon, you are recognized for 5 minutes.

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

Mr. LYON. Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, as well as Members of this Committee, thank you for inviting Student Veterans of America to share our legislative priorities this year.

I am honored to represent the 840,000 students using their GI Bill and our over 1,600 chapters worldwide, building stronger communities for student veterans, military-connected students, their families, caregivers, and survivors.

Research shows that belonging is essential to student success, be that in a traditional college environment, online learning, or vocational training. This is especially true for veterans transitioning to campuses that may not fully understand the value of their military service. SVA chapters foster that sense of community, offering mentorship, peer support, and clear pathways to academic and career achievement.

If you are here with SVA today, I would ask that you please stand or raise your hand so we can recognize your commitment.

[Applause.]

Mr. LYON. Thank you. Our mission is to empower veterans to succeed to, through, and beyond higher education, that goes beyond earning degrees and certificates. It is about strengthening our workforce, fueling innovation, reinforcing our economy, and elevating civic life. For student veterans that are here today and the thousands more who could not be in Washington this week, meaningful success depends on financial stability, a sense of belonging, and access to rewarding careers.

Like many veterans, I followed a path of post-military service from community college to a state university, and then earning a master's, all while juggling work obligations, family obligations. And my experience taught me that earned benefits must work seamlessly to encourage further engagement with VA services.

When benefits fall short, delays in housing payments, or stagnant book stipends, veterans lose their trust and they may walk away entirely. That is why we ask for these Committees to see the GI Bill as the front door to the VA for recently separated servicemembers. We thank representatives Ciscomani, Stansbury and Van Orden for introducing the Expanding Access for Online Veteran Students Act last Congress. We urge support for legislation that mandates the monthly housing allowance, ensuring veterans are not penalized for enrolling online, where many pursue coursework while working full-time, raising children, or managing their service-connected disabilities. A full national average MHA for online learners would move us toward true parity.

[Applause.]

Mr. LYON. We also request an increase in the annual book stipend, which has not been updated since 2009. Many veterans in science, technology, engineering, mathematics, or law programs see material costs that easily surpass \$1,000 per semester. We appreciate those in Congress who have already championed raising this to a more realistic level. Nearly 75 percent of student veterans are working while they are attending school, often in jobs that are unrelated to their degrees. Modernizing VA work study to include career-relevant placement such as cybersecurity, accounting, engineering, or health care would open doors for veterans balancing academics and employment. We applaud the bipartisan efforts to reintroduce legislation that supports this goal.

These women and men bring discipline, life experience, and leadership to the classroom and their campuses. They often outpace civilian student peers in GPA and graduation rates, and they graduate into fields where American employers urgently need talent. By investing in them, Congress boosts our economy, our campuses, and our communities. Working with Congress, the VA, DoD, Department of Education, and Department of Labor helps SVA power scholarships, leadership training, research, and professional development for thousands of veterans annually. When universities partner with SVA chapters through Veterans Centers, collaborative programs, and flexible policies, they create a culture where student veterans thrive, benefiting the entire institution.

Our full written testimony goes further into areas like bridging childcare gaps for student veterans, ensuring parity for National Guard and Reserve benefits, and expanding accountability in high-

er education. We encourage you to review it for a more complete picture of our policy recommendations.

At SVA we believe ensuring veterans receive earned education benefits transcends politics. This is about fulfilling America's promise to those who serve, and we know that promise yields tremendous returns for veterans, schools, employers, and communities alike.

Thank you, Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of these Committees for your leadership. Your work reinforces that this Nation truly values service and the interests of those who wear the uniforms. I welcome your questions. Thank you.

[Applause.]

[The prepared statement of Mr. Lyon appears on page 121 of the Appendix.]

Chairman MORAN [presiding]. Thank you, Mr. Lyon. The Chair recognizes Major Carroll.

STATEMENT OF BONNIE CARROLL, PRESIDENT AND FOUNDER, TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS

Major CARROLL. Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished Committee members, the Tragedy Assistance Program for Survivors is grateful for the opportunity to share issues of importance to the 120,000-plus surviving family members of all generations, representing all services, and with losses of all causes of death, who TAPS is honored to serve.

As a Gold Star spouse of Brigadier General Tom Carroll, I want to express TAPS' deep gratitude to Congress and this Committee for passing the bipartisan Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvements Act. This important law included multiple long-term priorities for surviving families, many of whom were caregivers first, such as expanding eligibility for the Fry Scholarship and provisions within the Love Lives On Act.

A top legislative priority for TAPS is ensuring surviving spouses are allowed to remarry and retain benefits, at any age, not wait until age 55. Today's surviving spouses are often widowed in their 20s and 30s, yet the law forces them to wait decades, sometimes half a lifetime, to remarry without losing their earned benefits.

Grief does not expire, and love after loss should not come at the cost of financial stability. TAPS urges Congress to end this unjust penalty and honor the sacrifice of our Nation's young widows with fairness and dignity.

TAPS is proud to work with Chairman Moran, Senator Warnock, and 22 original Senate co-sponsors, along with Representatives Hudson, Neguse, Van Orden, Morrison, Luttrell, and Khanna on the Love Lives On Act, and we urge swift passage of this legislation.

TAPS has advocated for many years to strengthen dependency and indemnity compensation. Stringent limitations on DIC payments have widespread negative impacts on finances, housing, employment, transportation, food security, and the medical and men-

tal health care for surviving families. Raising DIC from 43 to 55 percent of the compensation paid to 100 percent permanent disabled veterans will increase DIC by an average of \$454 a month, and provide long overdue parity with other Federal survivor benefits.

TAPS strongly supports the Caring for Survivors Acts and thanks Senators Blumenthal and Boozman and Representatives Hayes and Fitzpatrick for reintroducing this important legislation.

TAPS is also working to expand CHAMPVA coverage for eligible surviving children up to age 26, to align with private insurance plans. Surviving families who have lost loved ones as a result of military service should be provided the same access to affordable health care and mental health services as their civilian counterparts. TAPS strongly supports the CHAMPVA Children's Care Protection Act and appreciate Ranking Member Blumenthal and Congresswoman Brownley for their leadership on this issue.

As a leading voice for the families of those who have died as a result of illnesses connected to toxic exposures, TAPS was instrumental in the passage of the historic PACT Act. Though a tremendous victory, the work does not stop. Of the survivors seeking our care in 2024, 37 percent, or more than 3,200, were grieving the death of a military loved one due to illnesses.

TAPS is working with Congress to ensure PACT Act implementation and funding and to expand presumptive conditions. We fully support the Aviation Cancers Examination Study Act and the Ensuring Justice for Camp Lejeune Victims Act, and creating a presumption of service-connection for all conditions from K2 deployments.

Ensuring timely, comprehensive health care and mental health support for our Nation's benefits, their families, caregivers, and survivors is not just a priority. It is a moral imperative that will uphold the sacred promise we make to those who serve and sacrifice. We thank Chairmen Moran and Bost for introducing the Veterans' Assuring Critical Care Expansions to Support Servicemembers Act of 2025, which will improve health care and mental health outcomes.

Military service exposes individuals to unique stressors and potential traumas. The presumption of service-connection for veteran suicides would acknowledge that mental health challenges veterans face are often a direct consequence of their service. TAPS strongly supports the introduction of the Service-Connected Suicide Compensation Act.

TAPS has stood beside more than 27,000 survivors grieving the death of a devastating loss of a military or veteran loved one to suicide. These families not only endure unimaginable grief, but face stigma and bureaucratic barriers that compound their trauma. Requiring them to prove service-connection in their darkest moments is unjust and unnecessary. We can do better.

On behalf of our survivor community, TAPS urges Congress to take action, remove these burdens, and honor the sacrifice of our Nation's heroes and their families. Thank you for the opportunity to testify. I look forward to your questions.

[The prepared statement of Ms. Carroll appears on page 152 of the Appendix.]

Chairman MORAN. Thank you. I now recognize Meredith Beck.

STATEMENT OF MEREDITH BECK, VICE PRESIDENT, GOVERNMENT AFFAIRS AND COMMUNITY ENGAGEMENT, THE ELIZABETH DOLE FOUNDATION

Ms. BECK. Thank you very much, sir. Members of the Committee, thank you for the opportunity to testify today. As many of you know, the Elizabeth Dole Foundation recently commissioned RAND to conduct a new landmark study, updating us on America's military and veteran caregiver community—who they are, how they are faring, and what they contribute to our Nation.

The report identified that while caregivers provide a minimum of \$119 billion in unpaid care to veterans, they also face serious impediments to economic stability. Lost wages, and inability to plan for retirement, and unforeseen out-of-pocket expenses often result in financial and mental health strain.

There are several actions Congress can take to relieve some of this burden. Recently the VA released the newest proposed rule for the Program of Comprehensive Assistance for Family Caregivers. While we appreciate that the rule was finally published after almost 2 years of financial limbo, we have numerous concerns. The rule is still far too complicated and would be incredibly difficult to implement in a standardized and transparent manner.

Additionally, we are concerned that those with significant mental health and cognitive disabilities would be excluded. EDF asks Congress to exercise its oversight authority to minimize further turmoil and ensure that those whom Congress intended to support are included.

EDF also asks that Congress grandfather the legacy cohort of PCAFC participants, those Post-9/11 caregivers who were admitted to the program prior to September 30th of 2020. These caregivers have repeatedly been found eligible and endured multiple pauses, regulation and leadership changes, lack of previous program standardization, and questionable assessments. Grandfathering this relatively small population would allow the VA to focus on its mission of supporting all generations of caregivers by ending this years-long struggle.

In addition to PCAFC, the VA has many programs that benefit both veterans and caregivers. The Veteran-Directed Care Program has incredibly high satisfaction rates and notably costs less than other VA clinical support services. In theory, veterans can use the program to hire individuals familiar to them, to provide care, pay for transportation to appointments, hire skilled care when needed, and all without paying the overhead costs of an agency.

Unfortunately, gaining access to these programs is often incredibly difficult. In many instances, the veteran is subject to a case mix tool, ensuring that they are not receiving redundant services. While this makes sense generally, the current system does not allow complementary programs for those who need them most.

Shawn Lopez, a Maryland Dole Caregiver Fellow, cares for his 100 percent service-disabled father. In addition to other diagnoses, Shawn's dad battles stage four cancer, suffers from progressive dementia, and requires constant supervision for safety. If Shawn were not providing around-the-clock care, his father would require

very costly institutional care, for which the VA would be responsible.

Because Shawn is enrolled in PCAFC, the case mix tool was employed to determine his dad's eligibility for additional support. Even with his serious health diagnoses and despite his constant need for supervision, Mr. Lopez scored far too low to qualify him for concurrent enrollment in PCAFC and VDC.

After much research, Shawn learned that the scoring algorithm is weighted so heavily toward those with physical needs and mostly excludes consideration for those with cognitive and mental health needs. It was not until Shawn's father fell and broke five ribs that he even came close to qualifying. After a significant amount of advocacy, Mr. Lopez was eventually rated at the necessary level, but if he improved in only one ADL he will no longer qualify, leaving Shawn to support his dad on his own or find an institution.

Not only is it wrong to deny family caregivers the support services they need to care for their loved ones, it does not make any fiscal sense. Shawn's stipend through PCAFC is approximately \$40,000 a year, whereas a skilled nursing facility is far more expensive, approximately \$160,000 a year in Maryland.

Therefore, EDF asks Congress to work with the VA to provide oversight to this vital program to ensure veterans are able to stay in their homes as long as medically appropriate.

While much work remains to be done, many of these issues outlined in RAND were addressed in some way with the Dole package that Ms. Carroll mentioned. The foundation thanks Committee members and their staffs as well as leadership of both parties for their hard work to find common ground and achieve final passage.

However, we are deeply concerned that the current seemingly arbitrary Federal staffing reductions, the previously identified VHA budget shortfall, cuts to research funding and contract pauses and cancellations, will greatly impact the VA's ability to provide its direct, vital services to those in need and implement the Dole Act.

The VDC program was fortunately expanded in that Dole package. However, to continue current operations, much less expand, the program must ensure that providers are certified and recertified periodically in accordance with MISSION Act requirements. Unfortunately, the contract that provides for those certifications was recently halted, leaving the future of the program and those enrolled in jeopardy.

Let me be clear. We agree that the realignment of resources and staff is often necessary. We are concerned, however, that the process does not allow for the careful review and implementation necessary to ensure that services, especially those for the most vulnerable, are not interrupted.

Thank you, and I look forward to your questions.

[The prepared statement of Ms. Beck appears on page 183 of the Appendix.]

Chairman MORAN. Thank you, Ms. Beck. Ms. Monet.

**STATEMENT OF KATHRYN MONET, CHIEF EXECUTIVE
OFFICER, NATIONAL COALITION FOR HOMELESS VETERANS**

Ms. MONET. Chairmen, Ranking Members, and distinguished Members of the Committees on Veterans' Affairs, thank you for the opportunity to join you. NCHV is a resource and technical assistance center for a national network of community-based service providers and local and state governments that serve thousands of homeless, at-risk, and formerly homeless veterans annually.

We thank you for your leadership and passage of the Dole Act. We encourage you to focus on implementation of the homeless provisions within the bill. Of note, we urge you to ensure that authorizing caps and appropriations levels are sufficient to allow VA to pay for increased per diem rates authorized under this legislation and to fund Section 4201 assistance. Our written testimony includes appropriations recommendations for other critical programs.

Veteran homelessness dropped to the lowest level ever recorded last year, 32,882 veterans on any given night. The 2024 point-in-time count data for veterans needs a little bit of context, so I am going to give it to you. This represents a 7 percent decrease since 2023, and a 55 percent decrease since 2009, compared with increases across the board for every other homeless population across those same timeframes.

While the PIT is not a perfect measure of homelessness, it is the best national measure we have for comparison's sake. We are, and we have been, reducing veteran homelessness consistently in the last 7 of 10 years counted.

This is no mistake. As VA staff and partners across the country have dedicated time and talent toward this mission and have had the discipline to research, iterate, and implement evidence-based and other promising practices along the way.

In spite of these efforts, we know that we can do more to ensure that our crisis responses, homelessness prevention, affordable housing, and supportive service programs can be what be veterans need, and we look forward to doing that with all of you here. Congress plays a major role in this, and my written testimony presents NCHV's priorities for your consideration.

Before I dive into them I would be remiss if I did not mention the vast uncertainty that has been created as our Federal partners have moved quickly to make changes across the government. The speed and doubt that have resulted have made it hard for grantees across the country to focus on homelessness rather than issues that impact their ability to work, including the potential implications of grant pauses, shifting grant operating requirements, reductions in VA staff, including in those who serve homeless veterans, and other Federal reduction-in-force initiatives.

Further, while we are still learning more about last night's wave of contract cancellations, we know at least one cancellation was related to the Enhanced-Use Lease Program to a SDVOSB that managed oversight, including things like lead paint testing, evaluating life safety issues in these facilities, and ensuring that veterans in EUL housing get the case management that they need.

We do have concerns that quality of care will falter as a result, and we urge you to work with the Administration to ensure that

contract cancellations do not result in adverse outcomes for veterans.

These factors have really complicated the already hard work of ending veteran homelessness, and so we do want you to collectively keep your eye on everything that we have seen so far and all of the changes that we know are to come, to ensure that there is minimal impact, not only to veterans but the community that serves these veterans. VA has been an essential partner in the work on veteran homelessness, and that has to continue.

I would like to pivot a little bit back to homelessness priorities, and I have three major ones that I would like to discuss today. The first is HUD-VASH utilization. We need your help to ensure that VHA and PHA's public housing authorities are appropriately resourced, and we need you to codify Federal guidance exempting VA disability compensation from eligibility requirements for HUD-VASH and LIHTC-funded affordable housing. For far too long, homeless veterans who needed assistance the most, with the highest levels of service-connected disabilities, were being excluded from these benefits because of their disability income. We absolutely, unequivocally support legislation that would codify this change for the program, and we also encourage the reintroduction of legislation that would codify these changes for the Low-Income Housing Tax Credit Program.

Second, we urge you to ensure that veterans with other-than-honorable discharges and those who served in the Guard and Reserve without being activated can access all homeless programs. The HCHV program currently does not serve this population, and we request that you expand its eligibility criteria to make it uniform across all programs.

Third, our Nation's housing affordability crisis is all but guaranteed that rents are unaffordable for everyone, including veterans. In most counties across the country, economists agree that a person earning the minimum wage is not able to rent a one-bedroom apartment without being severely cost burdened, and we know that only 1 in 4 people eligible for Section 8 receive them because of chronic underfunding of that program. We support legislation that would create a voucher program for all extremely low-income veterans and legislation to prohibit source-of-income discrimination so that people can actually use these vouchers.

Thank you for the opportunity to join you today. I am open to any questions you may have.

[The prepared statement of Ms. Monet appears on page 200 of the Appendix.]

Chairman MORAN. Thank you very much. I am going to recognize Ranking Member Takano for his questions, for 3 minutes.

Mr. TAKANO. Thank you, Chairman Moran, and let me just say that I have been impressed with many of your comments over the past 2 weeks, especially your interest in doing oversight on the internal process that VA does to establish new presumptives. I really want to thank you for those comments.

My first question is for Ms. Monet. You have been stewarding the progress to end veteran homelessness in your years of work at

the National Coalition of Homeless Veterans. And during the Biden-Harris administration we saw homelessness reach new lows.

Unfortunately, Secretary Collins seems to think this progress was not real. He recently told the *Military Times*, quote, “We have spent millions of dollars and added countless programs to the homeless situation and to suicide prevention, and seen nothing,” he said, end quote.

Quote, “I am ready to see results, and I am ready to take whatever we have and say what can we do better,” end quote.

Ms. Monet, was the progress we saw during the Biden-Harris administration real, and to what do you attribute it? What roadblocks do you foresee arising that could prevent further progress?

Ms. MONET. So the progress we have seen was absolutely real. VA programs helped hundreds of thousands of veterans every day—well, not every day—across the course of a year. I am sorry. But, you know, there are things that we can do to improve, and I think I laid out a few of them in my testimony today. When I think about roadblocks, I do think a lot about things that are not really tied to VA. We do not have a lot of affordable housing. We know that people are struggling to stay employed. We know that veterans are overrepresented in the Federal workforce that is getting fired at a very rapid pace.

There are these challenges that we have to contend with, and within VA there are some things that we can do, right. We can connect services to veterans a little bit better. We can be thoughtful about prevention and how we really learn about preventing homelessness and the risk factors. There is so much that we could do. But I think that we can do it if we commit to it.

Mr. TAKANO. Yes. Yes. Thank you so much for your response.

I would like to ask Mr. Lyon, I met with many of your student veteran members from SVA yesterday, and I was disturbed to hear stories about many contract employees who serve as counselors. Can you tell us about the situation before these recent firings in terms of the number of counselors, the vital role they play? And they, oddly enough, play a role in terms of preventing waste, fraud, and abuse within the VR&E program. The VR&E program, by the way, is the program for veterans, student veterans. It is not about the GI Bill. It is about their service-connected disability and being able to get them education, which will make them gainfully employed.

Mr. Lyon, do you want to respond?

Mr. LYON. Thank you very much for the question, sir, and you are right. We have had many conversations with the highest levels of VA, from appointed officials to senior government employees, about the impact that terminations are having, which I think have been well addressed by the first panel this morning and my colleagues up here today.

But in particular, when we continue to hear that mission-critical roles are not being cut, we are seeing, in particular with the VR&E program, a program that was already chronically understaffed and had delays with not only approving benefits but then also addressing concerns for these service-connected disabled veterans while in school, have been exacerbated by some of the recent terminations and some of the canceling of contracts, the very contracts that were

staffing some of the oversight for fraud, waste, and abuse of the program, but also approving. This is causing, in many instances, weeks if not multiple months of delays just to hear back from the initial claim, a VR&E claim.

Mr. TAKANO. Well, that has meant delays, you know, really incredible delays, and sometimes students not being able to get the courses, hardships on families, student veterans' families.

I yield back, Mr. Chairman.

Chairman MORAN. Thank you, Representative Takano. Representative Ramirez.

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

Ms. RAMIREZ. Thank you, Chairman, and thank you, Ranking Member. I am really grateful that we are holding today's hearing.

I want to start by acknowledging and thanking the veterans service organizations that are joining us today for all the tremendous work you do every single day on behalf of our veterans. The work that we do, the legislation that we pass to bring more veteran benefits, none of that could happen without your help. So I just want to thank all of you for being here.

And each time we come together I think it is important for us to rehearse our why. Or at least for me, I believe it is my responsibility to ensure that every veteran has full access to the full spectrum of benefits that they have earned, frankly that they deserve. As a former nonprofit community director of an organization that served people who are unhoused, people experiencing homelessness, including many veterans, I understand that often the gap between our ability to fulfill our mission and the realities on the ground are often about resources. For many, housing and homeless service providers' Federal grants are an essential part of the resources layered together to meet the needs of our neighbors, particularly our veteran neighbors.

So I am clear that to ensure that every veteran has full access to the full spectrum of benefits they have earned and deserve, we have to make sure that the programs and services the VA offer are fully funded. And we know that fully funding our programs can make an impact on veteran homelessness.

Ms. Monet, you were just talking about it. Over the past few years, there has been a record investment on veteran homelessness, addressing veteran homelessness, and as a result, in the national point-in-time count data, that I participated in, in the past as the executive director of a shelter, not only have we made progress in reducing veteran homelessness, but veterans are the only population, across the country, that has seen a decline in rates of homelessness, according to this count.

So Ms. Monet, I want to follow up on that. I want to ask you if there is a freeze on the grants that serve unhoused veterans or that support that veteran permanent housing is needed, what impact do you think it would have on the ability to end veteran homelessness? And let me give you a follow-up to that. More broadly, what I am interested in hearing is what would those freezes mean for the organizations and the communities that depend on Federal resources?

Ms. MONET. So when we experienced the last freeze it was chaotic. Organizations were sort of pushed to the brink, and a lot of them were really running numbers, looking at their budgets, thinking really intently about their cash-flow, and questioning the level of commitment that the Federal Government has to this initiative.

At NCHV, because we have a toll-free referral line, we got calls from veterans who were upset that they had been looking for housing for 3 or 4 weeks, finally found somewhere that would take their subsidy, but could not get their check cut because of the funding freeze. We got calls from medical center staff who said that their SSVF provider did not have enough cash-flow to cut checks for a whole community of veterans come February 1, and they were looking for other funds to support.

You know, there were a lot of instances where our members were facing this uncertainty and trying to figure out how do we work through this, what does this pause actually mean, what activities will be acceptable or not acceptable, and really thinking intently about that versus serving the veterans in front of them. And that is not what we want them to be doing.

Ms. RAMIREZ. Thank you, Ms. Monet. I know my time is up so I just think, in summary, what you are saying is freezing funds means our veterans are at risk of homelessness, it is chaos, and it means it takes us back, when in fact we should be doing more for our veterans. Thank you, Ms. Monet.

I yield back, Chairman.

Chairman MORAN. Thank you, Representative.

Mr. Lyon, we have a long history, mostly related to COVID, and student access to education during those difficult times. I really appreciate your strong support, your organization's strong support for the National Guard GI Bill Parity Act.

Based upon your focus, the organization's focus on the success of student veterans, explain why this change is needed and how the bill, if signed into law, would impact the outcomes of National Guard and Reservists.

Mr. LYON. Thank you very much, sir, and I really appreciate the question. When you look at the service of those in uniform, regardless of if it is active duty, Guard, or Reserve, every day in uniform should count equally with regard to your benefits. And unfortunately, as the GI Bill is a benefit that requires specific and nuanced related service, as pertains to Guard and Reserve members wearing that uniform, they are not equally eligible.

There are countless instances in which we hear from student veterans that have been activated for any number of supports, from overseas deployments to work down on the border, to natural disasters. And when they are, their service does not count equally for their ability to be eligible for the GI Bill.

If we are able to get this done and pass this bill, we would be able to say, indefinitely, that every day in uniform counts equally. So this would be exceptionally impactful for those members of the Guard and Reserve that find themselves as student veterans.

Chairman MORAN. Disadvantageous circumstance for those in the Guard and Reserve is a result of the law, not a result of interpretation of the law or bias toward those not in active duty. It is the law that needs to be changed. Is that true?

Mr. LYON. Yes, sir.

Chairman MORAN. Major Carroll, thank you and your team for ongoing work with Senator Warnock and I in advocating for Love Lives On Act. As you know, we have been challenged by the expense of this legislation. That is not a reason not to do it, and we are fully committed to its passage and implementation. But do you have suggestions of how we could advance—we have advanced several steps of this legislation—any suggestions as to what we do next?

Major CARROLL. Love Lives On is incredibly important to our surviving families. It is probably the top priority for those. It is something that our families are already receiving compensation for. All of those who are receiving those benefits, the DIC, are already getting them. It is only when they remarry that that is taken away.

The rate is so low right now, and our team has done extensive work into that, looking at that, talking, I know, to your team, to many members on exactly what that would mean. But it would allow our families to be whole, to allow our children to be raised in a two-parent household. It would allow our families to move forward with their lives. And we are very, very hopeful that the amount required will be recognized as an amount that is owed to these families who have sacrificed so much for this country.

Chairman MORAN. You and others associated with you are such valuable advocates. Even what you said just now, it suggests to me how would one say no. It is hugely important for us to have success, and more rapid success.

As I indicated earlier, it is nice to be thanked, I suppose, for your efforts, but this is one that would be great to be thanked for results.

Major Carroll, do you have recommendations for how the VA and Congress can better work with the VSO community to reach survivors and make certain that they are aware of the benefits and resources that they may be entitled to?

Major CARROLL. Absolutely. We have surviving family members who receive some benefits, DIC, but through our networks, through public awareness, through community efforts, through other VSO partnerships we are reaching out to surviving families. One of the ways we did this is also through the National Cemetery Administration, where we reach all those who are survivors of anyone buried at a national cemetery or a state cemetery. We are very active with the National Funeral Directors, to reach all of those whose loved ones lives included service to this country, to ensure that they have the benefits that they have earned and that their families will never be forgotten for that service.

Chairman MORAN. Thank you. Speaking of national cemeteries, Ms. Monet, there are 156 national cemeteries across our country, and the NCA runs the Cemetery Apprenticeship Program, which offers training and employment in either a caretaker or an administrative position to veterans who are, or at risk of becoming, homeless. Would you speak to the importance of that program?

Ms. MONET. Absolutely. At NCHV we think that employment is an important part of solutions for veteran homelessness. It gives folks the dignity of a job, some income, connections to other people

in a network, and the Cemetery Caretaker Apprenticeship Program is absolutely an important part of that. I think that we would love to see that program expanded, and we would love to see more opportunities for supportive employment of veterans within VA and other Federal agencies.

Chairman MORAN. Thank you. And Ms. Beck, you indicated, I wrote down, "learning more," and what you, I think, were saying before I got all my notes in place, learning more about contract cancellation. What happens that you are going to learn more? Where are you getting information, and what can you tell me about those sources?

Ms. BECK. The information that we have at this point, sir, is that the new round of contract cancellations, I believe is totaling 585, is that that is a reduction in the number of contracts from last week that they said were going to be reduced. We certainly hear from a number of those contract providers who are very concerned about their ability to continue to be able to provide those services. And then we certainly hear from caregivers who are concerned about that, as well.

As Ms. Monet indicated, we do not have any visibility on what the actual contracts are that will be included in that 585, but there is definite concern, especially about the one that I mentioned, from our perspective, about the veteran-directed care perspective.

The other piece of it that is of concern that we hear about quite a bit is from the research perspective, not just the funding cuts to the research but also the staffing freezes, and how that impacts the ability to execute active contracts and research initiatives that are ongoing. We are hearing from those at NAVREF, the national association that represents the nonprofit community that supports the research done within the VA, and those would be programs and services and clinical trials that are incredibly important for PACT Act implementation and otherwise.

Chairman MORAN. Have you had any success in outreach to the VA, either you asking them or they are telling you what is transpiring?

Ms. BECK. No, sir, we have not.

Chairman MORAN. Let me ask both Ms. Jaslow and Mr. Thomas. I do not want you to feel left out of my questioning. Anything that you would add to the knowledge base as to what is happening in regard to contract cancellation or pause? Mr. Thomas?

Mr. THOMAS. Well, with the contract cancellations, we are hearing a lot of fear from our members that the SAH grants and things like that are being canceled. And our members with ALS need their housing and everything done now. They cannot wait because this is something that is demanding upon them to be able to get around and move in a house that is really accessible for them. So that is something that is really hard, canceling those contracts from the SAH grants.

Chairman MORAN. So the only knowledge that anyone has is coming from their members or from contractors who are in the circumstance of either fearing or experiencing a contract cancellation?

Mr. THOMAS. The information that we are getting is coming from our members. They are in the process of getting the SAH grant, calling the individual that they are in contact with. And then all

of a sudden that individual is not there. So again, this makes them go back through the entire process all over again. It is causing many delays.

Chairman MORAN. Understand. As my usual practice, are there any or all of you who have anything you want to make certain is clearly put on the record before we close this hearing?

Mr. LYON. Sir, I just wanted to make one point relative to the data, in particular, VA's Enrollment Manager. We are reporting issues, particularly those individuals in Chapter 35, that did not receive their February payments. In addition, we have gotten reports, specifically from Alabama, California, and North Dakota, that also have payment issues.

So we are both getting it from specific members but also the school certifying officials within the system. They can show on their end that the Enrollment Manager demonstrates that the payments have been processed, but then they cannot see the distribution. And then we are also getting the input from the actual veterans.

It currently numbers less than 1,000 veterans impacted, but impacted, nonetheless.

Chairman MORAN. And that is a consequence of what, that the payments are not being made. They show on the record but not actually being fulfilled. And what has transpired that causes that to happen?

Mr. LYON. The school certifying officials are reporting staffing challenges.

Chairman MORAN. At the VA.

Mr. LYON. Yes, sir.

Chairman MORAN. Okay. Anyone else? Ms. Beck.

Ms. BECK. Sir, I was just going to say that for example, again, with that veteran-directed contract, which is of great concern to us, you know, many of us advocated for the passage of the Dole Act and the Elizabeth Dole Home Care Act itself, based off of that and other home-based services, that in that particular example the contractor was on the previous list to be terminated and also has a stop work order in place, as the only contractor who does that certifying work to bring on new contractors for expansion.

And so I think that is where we were seeing the information that it was coming from, is having that stop work order in place.

Chairman MORAN. And that is still true?

Ms. BECK. Until we get clarity on the new list, it is in place as of this moment. Yes, sir.

Chairman MORAN. Thank you. Ms. Jaslow.

Ms. JASLOW. Sir, I just would be remiss if I didn't take the opportunity to thank you for your leadership on the PACT Act specifically. That continues to be an important law to our entire community. You are looking at somebody who slept next to Camp Trash Can for 15 months, on my second deployment. And we all know that it almost did not make it across the finish line. So I just want to make sure that I thank you on behalf of our members for your leadership on that important law, that will be an important law not just today but for many, many years, as we all age and understand the consequences of our toxic exposure. So thank you.

Chairman MORAN. I thank all of you for your efforts in regard to convincing members of the Senate and the House that the PACT Act was something of value and important to pass.

I think that concludes the hearing. I do not want to leave anything out. Oh, I know what I was going to say. I knew there was something there. Ms. Beck, you do not have to advocate for the Elizabeth Dole Act because everybody else advocates for it, for you. It seems just consistent, constant.

Ms. BECK. It is a benefit of being in a very supportive community, sir.

Chairman MORAN. It is demonstrated again this morning.

Again, we thank you all for your advocacy. The record will remain open. If we ask additional questions, please respond quickly. And with that the hearing is adjourned. Thank you.

[Applause.]

[Whereupon, at 12:58 p.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statements

**Statement of
Alfred (Al) J. Lipphardt
Commander-in-Chief
Veterans of Foreign Wars of the United States**

Before the

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

Washington, D.C.

March 4, 2025

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, members of the Senate and House Committees on Veterans' Affairs, it is my honor to be with you today on behalf of the more than 1.4 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary—America's largest war veterans organization.

While the benefits we afford our all-volunteer force may seem generous to those who never raised their right hand and took the Oath of Enlistment, these benefits are simply the warranty of the all-volunteer service contract—DD Form 4—each of us signed before we put on the uniform. In addition to the service member's obligations, each contract explicitly entitles the service member to certain benefits as a result of honorable service. This is why the VFW calls on our nation to honor the contract. Section 9 of this document today includes the following—

“a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

- (1) Required to obey all lawful orders and perform all assigned duties.
- (2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veterans' benefits.
- (3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.
- (4) Required upon order to serve in combat or other hazardous situations.
- (5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.”

This is not charity. This is a contract. Everyone who served honorably, like every member of the Veterans of Foreign Wars, has honored our end of the contract. We call on our leaders to do the same.

Disability Assistance and Memorial Affairs**Crack Down on Unaccredited Claims Consultants Known as Claim Sharks**

Over the past year, the VFW continued its advocacy against unaccredited, predatory claims consultants that aggressively advertise and charge veterans for Department of Veterans Affairs (VA) disability claims assistance. The VFW and other accredited Veterans Service Organizations (VSOs) provide this service at no cost, as required by statute. Charging veterans for initial claims assistance is an illegal practice. Unfortunately, criminal penalties for unaccredited claims agents were eliminated from United States Code nearly twenty years ago, providing a loophole through which these predatory claims agents built this market sector. The VFW urges Congress to pass legislation to reinstate these penalties, and we ask for your assistance in getting it passed this year.

These unaccredited claims agents typically enter into agreements with veterans in which the veteran agrees to pay the company a multiple of the disability award, often up to five times the amount. This is a fee structure that is predatory in nature and something we would never accept. In comparison, the VFW and other accredited VSOs provide the same service for free. Veterans are paying thousands of dollars to access the benefits they earned in service. Some companies surreptitiously obtain veterans' VA login credentials so they may monitor any increases in disability awards and then contact the claimant, sometimes years later, demanding additional fees per the contracts they have with veteran clients. The tremendous increase in claims attributable to the PACT Act passage just exacerbated the problem.

Several of these predatory companies have made statements that there is no avenue for them to seek VA accreditation, but this is false. There are no restrictions for these consultants to be accredited by VA, but they refuse to do so because they would no longer be able to charge exorbitant fees. They would also be subject to oversight by VA's Office of General Counsel. Currently, these predatory companies have no accountability, no oversight, and no penalties. Companies that prey upon veterans and flagrantly disregard congressional oversight authority should be held accountable, not rewarded with legislation to legalize their predatory practices.

Toxic/Environmental Exposures

The historic passage of the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022*, commonly known as the PACT Act, provided health care and benefits to a tremendous number of veterans and survivors, some of whom had waited years for relief. The VFW is grateful to these committees for developing and passing this legislation.

However, the PACT Act is not the end of the journey for all toxic-exposed veterans and their survivors. The legislation was enacted to address health conditions related to certain known toxins and exposure locations, largely related to burn pits and Agent Orange. The PACT Act also included an enduring framework to guide VA's continuous evaluation of toxic exposures not included in the legislation. This is referred to as the Presumption Decision Process, and oversight of this process is where we are currently focusing efforts. Veterans frequently contact the VFW

about their health conditions resulting from a variety of military toxic exposures not covered by the PACT Act. Examples include but are not limited to exposures at Kashi-Khanabad (K2) Air Base in Uzbekistan; Fort McClellan in Alabama; Naval Air Facility Atsugi in Japan; and various locations in the southwest United States. There are more than 455 sites in the United States where the Department of Defense (DOD) confirmed exposure to “forever chemicals,” and in 2021, Joint Base Pearl Harbor-Hickam in Hawaii experienced a massive fuel spill that contaminated the water supply on base and in the surrounding community. Additionally, there are entire job fields in the military in which individuals may be more exposed to chemicals than others, such as pilots and air crews, and personnel assigned to work around nuclear missiles and reactors. The military is inherently a hazardous profession, and we need to treat it as such.

Over the past year, VA announced several new presumptive conditions of service connection including male breast cancer, bladder cancer, leukemias, and multiple myelomas. VA also published Federal Register notices announcing additional utilization of their presumption process to determine any association between selected military environmental exposures and certain illnesses, such as various types of cancers and the myriad conditions that manifest in K2 veterans. A presumption of service connection eases the evidentiary burden on veterans who file VA disability claims for these conditions. In the absence of a presumptive condition, the veteran must gather evidence to substantiate the claim. In some cases this evidence does not exist due to the passage of time, incomplete records, or classification. Veterans for whom VA presumes that a specific toxin present at a certain time and location caused the illness do not have to produce additional corroborating evidence. This connection can also provide eligibility for VA health care and other veteran benefits programs. However, the presumption process is very detailed with several steps and multi-month stages, contributing to opacity and skepticism. To enhance transparency and build trust with veterans, VA should develop an aggressive outreach program to inform veterans about how to register their own health conditions in this system.

The VFW urges Congress to provide robust resources for VA to properly and efficiently research and review the toxic exposures and related medical conditions experienced by veterans. We also recommend congressional oversight of the efficiency and effectiveness of VA’s Presumption Decision Process.

Digital Claims Processing

As technology advances, we have seen an increase in our country’s reliance on digital processes, automation, and artificial intelligence to assist with tasks that have been traditionally handled by VA rating specialists. While the VFW agrees that digital processes and technology should be used to help ease the burden on VA staff and speed up the disability claims process, VA must ensure this does not negatively impact the accuracy of its rating decisions.

The VFW currently uses a claims management system, in conjunction with VA’s own submission portal, to electronically submit claims to VA on behalf of our nation’s veterans, their families, and survivors. These submission methods are not new processes. Our representatives have been submitting claims electronically in various ways since 2013. However, since May 2024, our accredited representatives have noticed a disturbing trend of claims that have been in VA’s mail portal waiting to be processed for weeks or even months.

Service provider resources saw strong investment in the early 2010s as the Veterans Benefits Administration sought to modernize many of its archaic paper-based systems. Tragically, over the last ten years these systems have languished, often leaving accredited service providers like the VFW to deal with insufficient technology that hinders our ability to responsibly serve clients in the 21st century.

As of January 23, 2025, the VFW had 33 submissions still waiting in the portal from November 2024 and 154 submissions from December 2024 yet to be acted upon. We understand that it takes time to process submissions and establish claims. As a result, we met with VA leadership multiple times to address this problem. VA held weekly calls with VSOs and the mail processing center in September and October 2024, which never materialized into solutions. We were informed that the issue was due to a backlog from the PACT Act and that mail could take up to 40 days to appear in VA's claims management system after submission.

Since identifying this issue, VFW accredited representatives have been vigilant, double-checking submissions to ensure they were received by VA. However, when VA's guidance is to wait 40 days before following up on a stalled submission, there is a real risk of missed deadlines resulting in denials or other negative results. VFW Service Officers assisted a veteran in Kansas who submitted an appeal to the Board of Veterans' Appeals (BVA). This appeal was filed in August 2024. The veteran then added evidence to his appeal, which prompted BVA to request a new appeal form as the veteran had selected the Direct Docket Lane on the original form. The veteran submitted the new form on October 9, which was within the timeframe stated in the notification from BVA. The submission was pending in the mail portal for more than 60 days resulting in the veteran's appeal being dismissed because BVA never received the paperwork. The VFW had to submit a motion to BVA to have a judge vacate and reconsider the decision. Had the submission been processed in a timely manner, that veteran would have received a decision that considered all of the evidence of record, not just some of it.

A system that causes veterans to be denied benefits and miss deadlines due to no fault of their own is not acceptable. We urge VA to continue to use automated processes when developing claims, but they must be efficient and produce tangible results.

Increase Dependency and Indemnity Compensation Benefits for Survivors

The VFW strongly supports an increase in the amount of Dependency and Indemnity Compensation (DIC) payments—a benefit for the spouse, child, or parent of a veteran who died from a service-related injury or illness. Currently, DIC is paid at 43 percent of the compensation of a 100 percent permanent and totally disabled veteran. In comparison, other federal survivor programs pay 55 percent. Also, this survivor benefit has only received cost-of-living increases since it was created in 1993, further devaluing it. For several years, legislators have introduced the *Caring for Survivors Act* seeking to raise the DIC payment on par with other federal survivor programs, and the VFW has strongly supported its passage. Military and veteran survivors need this increased compensation and deserve parity with other federal programs.

Also, it is crucial that both veterans and their prospective survivors are informed of their eligibility for survivor benefits and the application process. Veterans in receipt of VA disability

compensation or health care may assume that VA will automatically award benefits to survivors with no deliberate application. VFW Service Officers report that many surviving spouses do not realize that when their veteran dies, the associated VA disability payments stop, and the surviving spouse must apply for DIC, a benefit that is often significantly less than the veteran's VA disability compensation. Without foreknowledge, the surviving spouse could unexpectedly be in a difficult financial situation.

Improve the Accuracy of Disability Compensation Claims Related to MST

Military sexual trauma (MST) adversely affects the lives of both service members and veterans alike. A common condition in an MST-related VA disability claim is post-traumatic stress disorder (PTSD); however, other diagnoses such as depression, mood disorders, and substance use disorders can also be attributable to an MST. Some victims are reluctant to report the incident to either law enforcement or the chain of command. In some cases, survivors wait years before reporting the incident because they fear skeptical authorities, being retraumatized while repeatedly relaying the case story, or being punished for collateral misconduct. This time lag, coupled with the lack of traditional evidentiary support such as a police report or medical screening, makes these claims complex, nuanced, and difficult to accurately adjudicate. However, expeditious and accurate claims processing contributes to timely adjudication and access to VA benefits.

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

Improve Burial Benefits

The purpose of the National Cemetery Administration (NCA) is to provide burial options for 95 percent of all veterans within 75 miles of their homes. The VFW applauds NCA's work to reach that standard. Nearly 15 years ago, NCA reduced its threshold of 170,000 veterans within a 75-mile radius with no access to a national or state cemetery to 80,000 veterans. The increased demand prompted NCA to plan for additional cemeteries, develop both an urban and rural initiative, acquire adjacent lands to existing cemeteries, build columbaria, and use innovative designs maximizing available space. Additionally, through its management of the Veterans Cemetery Grants Program, NCA enables states, U.S. territories, and tribal governments to build cemeteries in areas unserved by a national cemetery, affording more veterans burial alternatives a reasonable distance from their homes. The VFW applauds NCA's considerable progress toward the 95 percent benchmark, increasing reasonable burial options within a 75-mile radius from 65 percent in 1995 to nearly 94 percent (93.7 percent) as of June 2024.

For veterans who are not near a national or state cemetery or who prefer burial in a private cemetery, VA provides burial allowances to help defray costs for transportation of the decedent's remains, the cemetery plot, and the burial or interment. VA also provides a headstone or marker

allowance. Unfortunately, although the allowance amount has increased over the years, it is considerably below market costs. In 2025, the burial allowance is \$2,000 for a death related to a service-connected condition and \$948 for a non-service-connected death. VA will also provide a \$948 plot allowance for burial in a private cemetery. However, according to the National Funeral Directors Association, the 2023 median cost of an adult funeral and burial was \$8,300 and a cremation cost \$6,280—both far below the VA burial allowances. Additionally, costs vary per region with the most expensive burials and cremations in the New England region (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) at \$8,985 and \$7,023, respectively. The least expensive region is the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming) at \$7390 and \$5505, respectively and also far below the current VA burial allowance. The VFW urges Congress to pass legislation to associate burial allowance increases with the Consumer Price Index.

The VFW also applauds NCA's pilot program establishing green burial sections at Pikes Peak National Cemetery in Colorado Springs, Colorado; the National Memorial Cemetery of Arizona in Phoenix, Arizona; and Florida National Cemetery in Bushnell, Florida. We support NCA's plans for burial without chemicals or embalming fluids and using biodegradable materials in caskets, shrouds, and urns. These green burial sections will enable honoring our decedents with minimal environmental impact, aiding in conserving natural resources, reducing carbon emissions, protecting worker health, and restoring and preserving habitats. These environmental actions will ensure the national cemeteries remain pristine, national shrines for as long as possible.

Economic Opportunity

Parity for Guard and Reserve

National Guard and Reserve members serve alongside active duty service members and consistently make sacrifices without always earning VA education benefits. The VFW strongly urges Congress to pass the *Guard and Reserve GI Bill Parity Act of 2025*, to allow National Guard and Reserve members to rightfully earn GI Bill benefits for their time served. Congress must act to expand eligibility to allow the increasingly frequent activations of these service members to count toward Post-9/11 GI Bill eligibility, allowing them to earn this education benefit and achieve upward mobility.

For years, the sacrifices of these service members have been overlooked. These inequities were further highlighted through the COVID-19 pandemic as National Guard and Reserve members stood on the front lines administering relief and health services. They have also assisted during natural disasters and have spent time providing security at the U.S. southern border. Whether for short-term activations, annual training, drill weekends, or Active Guard Reserve, every day served in uniform for pay should be recognized. The time is now for parity with all the armed forces in earning their VA education benefits.

Access to Education and Training

Since the passage of the PACT Act in 2022, more veterans have qualified for the Veteran

Readiness and Employment (VR&E) program. This is VA's primary employment program, designed to retrain disabled veterans experiencing significant barriers to employment. Veterans have described VR&E as a life-changing opportunity that put them on a path to success. However, the VFW is concerned about shortages of VR&E counselors, also known as Vocational Rehabilitation Counselors (VRCs), who assist student veterans on college campuses across the country. Even before the recent increases in VR&E users, veterans had reported issues over several years with their VRCs not being available for counseling because of heavy workloads and high turnover.

The VetSuccess on Campus (VSOC) program aims to help veterans, service members, and their qualified dependents succeed and thrive through a coordinated delivery of on-campus benefits assistance and counseling, leading to completion of their education and preparing them to enter the labor market in viable careers. The VFW recommends that additional VSOC counselors be added to the VR&E program. These important positions do not require the same level of training as traditional VR&E counselors due to other support already available to students through their institutions of higher learning. Our work with VSOC counselors at different schools has shown the value of these positions, and we believe the program should be expanded so more student veterans can utilize these important services.

The VFW also recommends that the number of technicians be increased to help reduce the burden faced by VRCs. The VR&E program must maintain the congressionally mandated 1:125 ratio of counselors to veterans at all schools around the country. Several VA regional offices are experiencing caseloads that exceed the 1:125 ratio. The VFW recommends adding administrative support positions to help reduce the administrative burden counselors currently face, and allow them more time to foster improved relationships with the veterans they counsel.

The VFW urges Congress to expand the monthly housing stipend for student veterans in the VR&E program for those who are enrolled in courses full time during their "gap" periods between semesters. VR&E students, as outlined in the program eligibility requirements, have significant barriers to finding employment, so it is unreasonable to assume they could work in between semesters to earn enough to cover their housing.

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

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

Reducing Red Tape

In recent years, institutions of higher education have voluntarily withdrawn from VA benefits programs because of the many cumbersome regulations. Every time they must provide more information, meet more reporting requirements, or put additional tasks on employees, they are disincentivized to continue participating in the GI Bill program. This is especially true for smaller schools with fewer veterans and limited staff. It is time we closely examine these burdens we have collectively placed on institutions that are already compliant. For example, schools should be provided with at least a six-month period to implement any new VA educational assistance program rulemaking. This would allow them to implement program changes outside of peak times such as enrollment and registration. Providing this flexibility may help ensure continued participation in the programs by eliminating the perception that implementing changes is too cumbersome and, therefore, not worth the time and effort. Risk-based surveys provide VA and State Approving Agencies with a way to review and mitigate potential fraud, waste, and abuse. Schools currently have only one business day to complete these surveys to avoid giving time to fabricate data. School officials have indicated that a timeframe of only one day is not feasible, but extending the period of notice to two business days would enable them to provide VA with all the necessary information.

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

In addition, financial estimates for students who receive Chapter 35 benefits, as in VA education benefits for dependents and survivors, may not be accurate. Under Section 702 of the *Veterans Access, Choice, and Accountability Act of 2014* (Public Law 113-146) public schools must offer these students in-state tuition, which is a requirement to receive GI Bill payments. For students applying out of state, their in-state status would not begin until they have moved to the school dormitory or other in-state housing. This is another example of a financial estimate that can be inaccurate and cause schools to be out of compliance, which is another reason to remove this requirement. The VFW supports passing legislation to provide educational institutions with multi-year waivers to have accredited courses and programs approved by VA. Yearly approvals are cumbersome for schools. A multi-year waiver would provide them with the necessary flexibility to seek course approval periodically as courses change or evolve.

The VFW suggests that VA adopt a master calendar similar to the calendar used by the Department of Education for standard regulation changes. This would set dates for when certain changes will be implemented for education regulations, for example by June 1, or the changes would fall to the next year. We believe the relevant parts of the master calendar should be adopted for VA education-related benefits in order to ease the burden of regulation changes put

upon schools. The VFW has heard from schools that it would be useful to have a single VA website for current training and up-to-date policy changes. They may have turnover in staff, and updates sent by email can be lost over time. This would ensure that schools have a one-stop resource for this information.

Veteran Homelessness

The *2024 Annual Homelessness Assessment Report (AHAR) to Congress* released by the U.S. Department of Housing and Urban Development (HUD) indicated that the number of unhoused veterans decreased from 2023 to 2024. The eight percent decline of 2,692 fewer veterans is promising as the numbers have been steadily reducing since 2020. Overall, since data collection began in 2009, veteran homelessness has declined by 55 percent. The VFW applauds Congress for supporting various programs and funding that have led to this significant success. However, there are still nearly 20,000 veterans who remain unhoused and more than 13,000 are unsheltered. The work must continue until this most basic need is met for every veteran.

The VFW thanks Congress for passing the *Housing our Military Veterans Effectively (HOME) Act of 2023* as part of the *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* — the Dole Act. It will increase the maximum rate of per diem payments provided by VA to entities that furnish services and transitional housing to homeless veterans. The purpose of the transitional housing component of this program is to promote the development and provision of supportive housing and services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. The legislation will also help veterans using the HUD-Veterans Affairs Supportive Housing program vouchers for food, shelter, clothing, and transportation for certain purposes. Unfortunately, this provision in the Dole Act is authorized for only two years. The VFW urges Congress to fund this vital program that has proven to be effective for as long as it is needed.

Additionally, during the COVID-19 pandemic, tens of thousands of veterans with VA home loans were affected by sudden job loss. To ensure veterans did not lose their homes, VA allowed temporary mortgage forbearance. When veterans were able to make their payments again, VA offered short-term financial options for borrowers to modify their mortgages. Those measures expired in October 2022, and some veterans who came out of their forbearance after this date were faced with having to pay the full sum of missed payments or undergo foreclosure. Some people were given the option to refinance with a higher interest rate, but this caused their monthly payments to increase by hundreds of dollars more than before and become unaffordable. This meant veterans had to sell or foreclose on their homes, creating a housing crisis for many. The VFW urges Congress to work with VA to ensure that veterans with VA-guaranteed home loans do not face homelessness due to the circumstances of the COVID-19 pandemic.

Home Loan Access for Transitioning Service Members

Housing stability is an essential need when service members transition out of the military to their new civilian lives. Expanding access to the VA Home Loan Guaranty program would make the

process of quickly purchasing a home less daunting for transitioning service members and their families.

The VFW urges Congress to support transitioning service members (TSMs) by ensuring they are able to access the VA Home Loan Guaranty program before receiving a disability rating from VA. Many service members cannot afford to wait until their VA disability claims are processed before acting on home purchasing opportunities. Some may choose to purchase a home when the right opportunity arises, rather than delaying months for a VA rating. For those who conduct a pre-discharge examination, the VFW calls for the ability to receive reimbursement for the VA home loan funding fee if they finalize a home purchase before receiving a disability rating. Disabled veterans are exempt from this fee, and TSMs should be as well once VA has completed their Benefits Delivery at Discharge (BDD) claims. Reimbursement of the funding fee would directly help these families, providing added support as they begin the next phase of their lives.

Employment Protections

As the National Guard and Reserve components are increasingly called to active duty to support a range of military and domestic needs such as responding to natural disasters, securing U.S. borders, and participating in overseas missions, the VFW is committed to ensuring that these service members do not face financial hardship or job insecurity upon their return. To protect their livelihoods, we urge Congress to pass legislation improving Public Law 103-353, the *Uniformed Services Employment and Reemployment Rights Act of 1994* (USERRA). This law was designed to shield National Guard and Reserve members from job loss and missed promotions, and to provide equity when mobilized for more than thirty consecutive days. However, loopholes and bad actors have at times undermined its effectiveness.

The VFW strongly supports the removal of the immunity clause for certain federal agencies that would ensure they too are required to comply with USERRA when reemploying National Guard and Reserve members. Additionally, we ask Congress to oversee the Department of Labor's *Veterans' Employment and Training Service Investigations Manual: USERRA, VEOA, and VP* that governs USERRA, the *Veterans' Employment Opportunity Act of 1998* (VEOA), and Veterans' Preference (VP). Regular revisions and updates to this manual with thorough reporting to Congress would provide vital transparency and allow for better understanding of changes made to these processes.

Another critical concern for the VFW is the use of forced arbitration clauses in employment contracts, which often require service members to waive their USERRA rights before any potential issue arises. These clauses, frequently buried in fine print or electronic agreements, force military personnel into binding arbitration proceedings that are typically biased in favor of the employer, as the arbitrators are hired and paid by the companies involved. Non-disclosure agreements that accompany these clauses further prevent service members from seeking damages in civil court. The widespread use of forced arbitration clauses is especially troubling given its potential impact on the financial security of military personnel, which is an issue that is central to the ability to meet the needs of their families and maintain security clearances for sensitive roles. No service member should be coerced into accepting binding arbitration as a condition of employment. The VFW calls on Congress to pass legislation making the use of

binding arbitration optional for military personnel, ensuring that their rights are fully protected in the workplace.

Transition

By design, our all-volunteer fighting force is largely made up of individuals, roughly 80 percent, who serve and leave before retirement. Eventually, even retirees will take off the uniform. The transition from military to civilian life is a critical period for service members, marking not only the end of their military careers but also the beginning of their civilian identities. While DOD's Transition Assistance Program (TAP) aims to provide a structured framework for this transition, it often falls short in addressing the full scope of challenges veterans face as they reintegrate into society. The military-to-civilian transition is not simply about securing employment and managing basic needs; it also involves deeply personal changes in identity, social support, and purpose. Without proper support and planning, these transitions can lead to negative outcomes such as an increased risk of underemployment or unemployment, housing or food insecurity, and substance abuse. Consequently, younger, junior-enlisted veterans are at the highest risk for these negative outcomes. However, years of transition data since the *VOW to Hire Heroes Act of 2011* indicate that when veterans utilize programs and resources, they in fact thrive after service.

The VFW commends Congress for including measures in the *National Defense Authorization Act (NDAA) for Fiscal Year 2025* to direct DOD to establish a pathway for personalized counseling for Reserve component members under TAP. The legislation also extends the Troops to Teachers program and expands DOD's reporting on TAP. Additionally, the VFW supports the mandate for DOD to provide service members with records upon discharge of their "military training and competency," detailing the training and qualifications earned during service.

However, the VFW is disappointed to see changes to DOD reporting requirements, including the shift from a four-year to a seven-year interval for reports on whether TSMs attended TAP in person or virtually, an assessment of challenges to in-person TAP attendance, and the number of members unable to attend TAP due to operational requirements. The latter exclusion is particularly concerning since a 2022 Government Accountability Office (GAO) report highlighted two troubling trends: Nearly a quarter of service members required to attend the mandatory TAP course failed to do so, and 70 percent did not begin the program early enough to meet legal requirements. Waiver policies that allow commanding officers to bypass mandatory TAP attendance have contributed to this issue, with 53 percent of waiver requests granted. This disturbing trend must be examined and addressed. The culture of ignoring these systemic issues in participation and oversight has left many service members without the support they need during a critical time.

The VFW strongly believes that further reform is necessary to improve the transition process and ensure that all service members, particularly those at highest risk, receive the resources and support they need. To this end, the VFW supports legislation that would hold DOD accountable for providing adequate transition services as required by federal statute by establishing an Under Secretary of Defense for Transition (USD-T). This office would be responsible for overseeing and coordinating all transition programs, ensuring compliance with TAP requirements, and evaluating the cultural stigma surrounding transitions within the military. The USD-T should be

empowered to implement targeted interventions for those at greatest risk for post-transition challenges, including suicide, substance use disorders, and mental health issues.

Furthermore, the VFW supports measures to integrate transition support into military culture early and consistently, including initiatives that encourage commanders to prioritize transition services alongside mission readiness. The VFW urges Congress to take action to establish the USD-T and implement these reforms. This is essential not only for improving the well-being of veterans but also for enhancing recruitment, retention, and the overall quality of life for service members after they leave active duty. Transition should be recognized as a core mission within DOD, with the necessary resources and support provided to ensure every veteran can successfully reintegrate into civilian life.

BDD Program Access and TAP 6.0

The inception of TAP 6.0 in January 2023 improved the number of active duty service members seeking VA claim support from our VFW BDD representatives on installations by more than 35 percent. VFW Pre-Discharge Representatives consistently attend VA TAP briefings sharing information on how to prepare for the claims process. The VFW leads the way with VSO participation in VA TAP. The fifteen minutes allowed in each TAP class provides service members with an opportunity to learn how VSOs can professionally assist them with filing for VA benefits at no charge.

Several TAP Managers have reported to the VFW that the participation rate for service members starting within the required timeframe is approximately 40 percent. The predominant reason is support of the mission. This can result in service members not having time to adequately prepare for transition. We need DOD to be consistent with allowing service members full access to TAP at the required time. This will help reduce potential veteran homelessness, underemployment, food insecurity, and veteran suicide. The VFW strongly supports codifying into law VA's current practice of including an accredited service officer during the VA portion of TAP classes.

Access to accredited representatives plays a crucial role by allowing TSMs to begin their VA claims process prior to discharge to ensure that as veterans they are connected with the full range of their earned benefits from day one. Research has shown that veterans who fail to engage with VA immediately after discharge are less likely ever to do so, potentially missing out on critical benefits such as educational opportunities, health care, and home loan guarantees. By making this policy a permanent part of the law, we can ensure that veterans receive the timely support they deserve and reduce the risk of benefits being overlooked as they transition into civilian life.

Community Connections

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

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

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

In accordance with this law, the VFW urges Congress to ensure connections are being made consistently between TSMs and resources in the communities to which they are transitioning, with an emphasis on specialized transition service organizations that receive federal grant funding. One existing tool Congress can designate is the National Resource Directory (NRD), which is housed within the Defense Health Agency. NRD, which is a partnership between DOD, VA, and the Department of Labor, contains a large repository of strictly vetted organizations that span the transition spectrum from career assistance to caregiver support.

Additionally, VA has partnered with Onward Ops to provide TSMs with trained, volunteer sponsors in their destination communities. The sponsors provide guidance and resources during their first year reintegrating into civilian life. Currently, this opportunity is available only to roughly 25,000 service members separating each year.

There are no national transition services in every city and state that support individuals who are seeking services across all industries. However, there are a multitude of organizations that specialize in certain fields in certain areas of the country. If TSMs are seeking educational opportunities, they should be connected to local Student Veterans of America chapters. If they are seeking employment in the technology industry in Texas, they should be connected to organizations like VetsinTech. If they are seeking to enter the finance world in New York City, they should be connected to FourBlock. If they are service members separating from the Special Operations Forces, they should be connected to organizations like The Honor Foundation. Organizations with tailored transition plans for service members and veterans will not be able to offer the most value if they are underutilized and individuals in need do not know they exist.

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

recommend ensuring all service members are connected to community resources as outlined in this section.

Health Care

The VFW's latest health survey, which closed December 9, 2024, revealed that veterans prefer using VA medical facilities for their health care needs. This is consistent with past VFW surveys. Of the more than 3,000 veterans who responded, 93 percent indicated overwhelming support for VA to remain the primary deliverer of care for veterans. Our findings come at a time when VA continues to deliver more care to veterans than ever, and it has reached a 92 percent trust in VA outpatient care. The VFW believes VA is the right fit to provide the needed care to veterans where they are located. Our survey found that 85 percent of survey participants would recommend VA care to others.

America faces an aging population and navigational issues in providing geriatric care. VA has implemented plans to accelerate their ability to provide high-quality geriatric and long-term care to meet the needs of the older veteran population. VA experienced a growth in enrollment of veterans aged 35-64 years old, likely due to the PACT Act. More than 60 percent of veterans who took our survey are over the age of 65. Certain veterans are at higher risk for chronic health conditions that require more complex medical and mental health care support.

A significant proportion of veterans reside in rural areas and have a higher propensity than urban veterans to enroll in VA health care services. As we focus on the medical needs of our veterans and where they are, we note that 81 percent of veterans who took the VFW survey shared that appointment availability and travel distance to their appointments were concerns for them. Knowing that much of the veteran population is rural and aging, the VFW urges Congress to prioritize funding for a robust VA health care framework for the specialty needs of aging veterans, ensuring VA has the necessary resources to effectively support its mission and deliver the care all veterans deserve.

Community Care Network

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

The VFW commends Congress on the passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, which will establish a standardized screening process to determine, based on clinical need, whether a veteran satisfies criteria for priority or routine admission to a residential treatment program for mental health or substance abuse disorders.

The *VA MISSION Act of 2018* included many provisions that were anticipated to help veterans, caregivers, and survivors. It transformed the Veterans Choice Program into the CCN we see

today and expanded eligibility for the Program of Comprehensive Assistance for Family Caregivers to veterans of all eras. It provided hiring and retention incentives for the VA workforce and health care providers, and instituted a plan for the future infrastructure needs of the Department called the Asset and Infrastructure Review (AIR) Commission.

VA's CCN is plagued with too many problems that need thoughtful solutions. Unfortunately, it seems whenever CCN is discussed, it is in polar terms, preventing wholesale privatization or opening full choice for the community. Neither is realistic nor what veterans who actually use VA are requesting. Our veterans who use VA prefer to stay in the VA system and they want more VA care closer to home and easier to access. This can include community providers that are well integrated into VA's care ecosystem. If given the choice, veterans routinely tell us they prefer VA direct care, but that does not mean a wholesale rejection of community providers supplementing care where appropriate. We believe some of that sentiment is driven by negative experiences with the community care process. We must fix those issues because our veterans have earned quality care regardless of who provides it.

CCN as it is currently structured is a "leaking ship," and shoving more people onto that ship would be detrimental to those veterans seeking care. We need to "plug the holes" in this problematic program before unduly adding more veterans to it. When used properly, CCN can save lives and improve the health outcomes for countless veterans, but when problems with CCN arise, it can drive people away from the care they have earned.

The VFW has consistently reinforced to VA that its greatest cost for care in the community is uncoordinated emergency room care. We have also called on VA to lean on its third-party administrators to ensure consistent delivery of community care to eligible veterans. Unfortunately, VA has not heeded these calls, and we regularly hear from veterans whose potential community care eligibility has been stifled by bureaucrats at the local level. The VFW has been unequivocal since the Phoenix crisis in 2014 that community care must be a part of VA care. It always has been. However, veterans expect consistency. When 23 Veterans Integrated Services Networks (VISNs) interpret the MISSION Act in 23 different ways, veterans are overlooked, just as the VA Inspector General pointed out earlier this year in Buffalo, New York.

DOD has been able to make this work through its community care networks, which means that when veterans seek to navigate VA care for the first time, they rightfully expect a similar experience to navigating care in the military. Today, the military supplements a highly functional direct care system with a robust network of accessible community providers, and veterans expect VA to do the same.

What is jarring to the VFW is that some of the same vendors administer DOD's networks. However, VA refuses to integrate these vendors similarly to allow for seamless care for veterans. Instead, VA holds onto the archaic mindset that it must control the levers of care coordination, leaving the veteran to languish waiting for approved referrals and scheduling.

We believe that veterans must also have access to timely, high-quality care through the VA's Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs). Veterans in crisis must not face bureaucratic delays in accessing care. We recommend the establishment of a

seventy-two-hour deadline for residential treatment screening and admissions decisions, as we believe this could save lives and reduce instances of veterans losing trust in the VA system when they need help most. We strongly urge Congress and VA to prioritize the timely treatment of veterans in crisis.

Additionally, the VFW advocates for removing barriers to accessing the full range of community-based treatment programs, including those outside VA networks. Too many veterans are denied access to critical services simply because the programs are outside of VA's contractor-managed networks, which often restrict care to specific geographic areas. This limitation disproportionately affects veterans seeking specialized mental health and substance use disorder care where options are already limited. We urge Congress and VA to adopt a more flexible, needs-based approach to residential treatment referrals to ensure that all veterans can access the care they need, no matter where it is located.

The VFW also supports grants that would enable eligible organizations to establish peer-to-peer mental health programs for veterans. We know there is a great demand for additional mental health services, particularly in rural areas, where veterans face significant barriers to accessing care. Expanding these services will help ensure that veterans, regardless of where they live, have access to the support they need.

Properly Implement VA and DOD Health IT Systems

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

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

Change management is complex, especially in a health care environment where the stakes are high. Missed follow-up examinations, referrals, or lost prescriptions are matters of life and death. The shortfalls identified by the VA Office of Inspector General cannot simply be excused as a byproduct of lost productivity in a significant systems migration. The VFW knows that productivity suffers in the short term when any company institutes major systems and technology changes. EHR migration for VA and DOD is no exception.

However, vastly different patient outcomes seem inevitable when looking at how these agencies handled it. In speaking with military doctors who participated in the migration, the VFW believes that they understood what was about to happen, why it would happen, the future

benefits of the migration, and the steps to achieve adoption and growth. Intermediary workflow considerations are needed to ensure that patient care does not suffer. Based on end-user surveys from VA sites that have attempted EHR migration, the VFW sees no indication that these basic change management principles were satisfied before VA chose to execute its migration. Instead, VA seemed overly reliant on the vendors to guess what its workforce needed, leading to miscommunication and discord among users.

The VFW supports legislation that would prohibit the Secretary of VA from carrying out certain activities under the Electronic Health Record Modernization program until system stability improvements are certified. The VFW would also support legislation in which Congress delivers a modern, safe, and trusted EHR system for patients and providers. That would establish specific success metrics and ensure that no further deployments of the EHR proceed until those metrics are satisfied. The need for EHR is immense, and Congress should be willing to adjust the budget to upgrade the dated systems, which provides an added layer of protection and direct interaction with DOD to aid in the transfer of medical records and transitioning with ease.

Staffing and Retention

The VFW would be remiss if we did not acknowledge the effects that the recent Executive Order for a hiring freeze on government agencies would have on the standards of care for veterans, whether they chose to utilize care within or outside VA medical facilities. After an unprecedented hiring surge in fiscal year (FY) 2023, VHA started employing a stricter practice of strategic hiring and employed the use of a hiring pause in FY 2024 to help restructure its workforce. VA's FY 2025 budget request submitted in March 2024 called for just over 448,000 employees, which is a decrease of more than 10,000 from the 2024 estimated workforce levels with most of the workforce reduction coming from VHA. To meet veteran needs, VHA must hire at least 5,000 employees in the current fiscal year. Most of these positions are believed to be related to the mental health care profession.

The streamlined access to VA benefits and health care for toxic-exposed veterans through the PACT Act has had a notable positive effect on veterans, their families, and survivors, with over 740,000 veterans having enrolled in VA health care. Now is not the time to limit the quality of care our honorable veterans deserve. This does not consider the new patient workload based on a projected increase of approximately 48,000 new unique patients, which includes approximately 80,000 new priority groups 1–6 veterans, a decrease of 42,000 priority groups 7 and 8 veterans, and an increase of 10,000 nonveterans according to the *Independent Budget Recommendations for the Department of Veterans Affairs for FY 2026-2027*.

We call on Congress to focus on ensuring that VA remains the primary provider and coordinator of care for veterans, and that community care is available and accessible to veterans as needed to support and supplement their VA care.

VA Infrastructure

In the past ten years, VA infrastructure funding has had only marginal increases. In 2014, VA requested \$1.1 billion. In 2024, VA requested \$4 billion. Conversely, the infrastructure backlog

known as the Strategic Capital Investment Planning (SCIP) project list in the same timeframe has doubled, increasing by 116 percent. In 2014, the SCIP was approximately \$60 billion worth of work. Currently, it is estimated to be more than \$150 billion. Unless there is a drastic increase in resources provided for VA infrastructure, this funding backlog will continue to grow, particularly as infrastructure costs continue to increase. To overcome VA's infrastructure challenges, Congress must not only provide significantly increased funding to fully address these long-standing issues but must also enact comprehensive planning, budgeting, management, and oversight reforms to ensure more effective use of those funds. The VFW suggests that the level of funding for VA's construction budgets should total, at a minimum, 3 percent of its overall operating budget just to keep up with the growing backlogged SCIP list.

Enhance Programs and Services for Women and Underserved Veterans

The veteran community as we know it is changing. As our nation becomes more diverse, so too do our military and veteran populations. To best serve the veteran community of today, tomorrow, and for generations to come, we must arm VA with critical information and tools that will empower it to deliver 21st-century health care. Veterans from across the identity spectrum face unique health challenges that require training and continued education for those who serve them to allow for appropriate treatment and optimal outcomes. The VFW urges VA to continue its efforts to provide culturally responsive and informed care to veterans across the agency. As more women serve in the military, the number of female veterans eligible for health care continues to rise. Women veterans have unique health care needs that should be addressed throughout various stages of their lives, including pregnancy, perimenopause, and menopause. However, limited research on menopause and its effects on women veterans restricts the development of treatment options for patients and training for health care providers. The VFW urges Congress to ensure VA conducts more research on women veterans and the impact that military service has on their physical and mental health.

In addition to training and education, we know that data empowers us to understand health trends and address inequities faced by specific veteran populations. VA is making efforts to enhance demographic data collection from its patients, but these efforts must be standardized and codified for the purpose of early detection and long-term disease prevention. The VFW believes that better data collection will empower VA to care for veterans more effectively. According to the October 2020 GAO report titled *Better Data Needed to Assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender [LGBT] Veterans*, VA's EHR lacks the standardized field for health care professionals to record a veteran's sexual orientation or self-identified gender identity. The agency recently began collecting this data as the result of Executive Order 14075 mandating this collection across government agencies. VA should expand these efforts as well as develop a plan for reporting outcomes annually. Additionally, understanding a veteran's race and ethnicity can help health care providers address specific concerns for which the veteran may be at a higher risk. The VFW believes that VA should continue to foster a culture of trust and action to achieve positive health outcomes for minority veterans.

To begin this process, VHA must consistently collect accurate race, ethnicity, sexual orientation, and gender identity data in the EHR system. Collecting basic demographic information is the first step in understanding the needs of a diverse veteran population. As the number of minority

veterans continues to grow, VA must adapt to meet the need to access both benefits and health care services. Women, LGBT, and racial and ethnic minority veterans face barriers and challenges across different life domains. In 2014, less than a quarter of the total veteran population were minorities. This number is expected to increase to at least 35 percent by 2040. Until this information is accurately collected, health care providers may not be armed with the best information to accurately assess and treat veterans at VA.

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

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

Under the “Don’t Ask, Don’t Tell” (DADT) policy, thousands of service members were discharged without an honorable status, preventing them from accessing essential military benefits, including education benefits, and potentially affecting their ability to apply for jobs and loans. Although DADT was repealed in 2011, allowing for open service by LGBT individuals, the repercussions of the policy are still felt today. In June 2024, President Biden issued a mass pardon for service members convicted under the Uniform Code of Military Justice. This action allows those convicted to apply for proof of their conviction’s erasure, petition for discharge upgrades, and recover lost pay and benefits. However, this places the onus on veterans to determine their eligibility and navigate the application process.

The VFW urges Congress to honor its commitment to LGBT veterans and hold DOD accountable. It is time to prioritize the upgrading of their records so these veterans can finally receive the benefits and recognition they deserve.

Strengthen Care and Research for Mental Health/Brain Health

The VFW recognizes the crucial importance of improving mental health and trauma care for our service members and veterans. We are encouraged by provisions in the FY 2025 NDAA that address the care of service members with traumatic brain injury (TBI), PTSD, and other mental health conditions.

We are pleased to see the continued integration of the Defense Intrepid Network for TBI and Brain Health, which is in the process of becoming a program of record. This network aims to standardize care and improve prevention, diagnosis, treatment, and rehabilitation for service

members affected by TBI, PTSD, blast overpressure, and other mental health challenges. The VFW supports efforts to enhance care, research, and education around these conditions, and we are particularly encouraged by the focus on developing a coordinated, multi-specialist approach to care.

Additionally, these provisions direct the establishment of a comprehensive brain health and trauma demonstration program, which will provide integrated, multi-specialist evaluations, treatment initiation, and follow-up care for service members and their families. This initiative is an important step in ensuring that all service members have access to comprehensive care tailored to their needs.

It also mandates a review of DOD's research on traumatic brain injury, particularly injuries related to blast overpressure. We support these efforts to better understand the cumulative effects of blast exposure and advocate for policies that allow service members to seek medical treatment without fear of retaliation. The VFW urges DOD to conduct a longitudinal study to better understand the long-term effects of repeated blast exposure and other health effects including the link between blast overpressure and suicide, and to ensure necessary adjustments are performed to weapons and equipment to minimize these effects.

The VFW is pleased to learn that DOD will now conduct baseline cognitive assessments of service members, as required by the FY 2025 NDAA, but we believe repetitive cognitive testing is required to fully understand the full depth of this issue. These provisions represent meaningful steps toward improving the care and treatment of service members and veterans dealing with TBI, PTSD, and other mental health conditions. We urge Congress to continue working to expand and enhance these initiatives, ensuring that no veteran is overlooked due to bureaucratic delays or geographic restrictions. The VFW remains committed to supporting efforts that improve access to care, reduce barriers, and ensure that every veteran receives the care and support they deserve.

Research the Efficacy of Medical Cannabis and Other Alternative Therapies

The VFW acknowledges that there is a growing need for alternative PTSD treatments, and we have a resolution that speaks to the need for this important exploratory research. Currently, veterans are provided with two types of medications—SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin-norepinephrine reuptake inhibitors)—and various evidence-based therapies to reduce PTSD symptoms. However, certain treatments are successful for some but not practical for others.

Many veterans are affected by PTSD, and these effects can hurt the veteran's lives in a negative way including the risk of homelessness, exacerbating existing mental health issues that lead to substance abuse, and difficulties in transitioning back to civilian life. VA's data indicates that 16 percent of veterans enrolled in VA care have a PTSD diagnosis.

Some veterans are choosing alternative approaches to treatment for PTSD. According to a 2020 national survey on drug use and health of veterans by the Substance Abuse and Mental Health Services Administration, veterans in the age range of 18 to 25 have been shown to use marijuana at 19 percent and LSD at 2.3 percent. These rates are higher than those in the 26 and older age

range. One promising treatment involves stellate ganglion block (SGB), which is an injection placed in nerves near the stellate ganglion that is known to have short-term benefits, but further research is needed to determine long-term benefits. Hyperbaric oxygen therapy (HBOT) is a treatment in which a veteran inhales 100 percent oxygen that dissolves in plasma and body tissues, which can induce neuroplasticity and improve clinical outcomes. Ketamine therapy is an intravenous infusion known to decrease thoughts of self-harm, feelings of hopelessness, and depression. MDMA-assisted therapy (MDMA-AT) uses a drug that causes the release of serotonin and dopamine with reported results of reduced fear, increased social engagement, increased openness, and increased empathy and compassion. The VFW believes that if there are additional treatments that can effectively treat PTSD, then VA should receive funding to research those treatments and, if found beneficial, we would urge the rescheduling of those substances to help treat mental health issues and hopefully lower suicide rates.

Additionally, VA should institute strong signatory informed consent protocols on all mental health medications, implement ethical deprescribing guidelines for veterans seeking to stop psychiatric medication, train prescribers and clinicians on the emerging harm reports on psychotropic and psychiatric drugs, and publicize all available data regarding the growing concern of overprescription and harm in the veteran community related to psychiatric drugs. To that end, the VFW has partnered with the Grunt Style Foundation to call attention to this critical issue. Our shared goals are to identify more tools for the veteran community to address suicide and mental health instead of simply continuing to spend money without tangible results.

Board of Veterans' Appeals

The VFW believes a third-party audit of BVA's policies, procedures, staffing, and equipment is needed and justified to ensure that it is operating to its maximum potential. We are unaware of any such audit having been administered within at least the past five years. If one was done, the results were not shared with the VSO community. Therefore, a new quality review is warranted. We believe an outside review is proper and needed as it would provide the necessary transparency for veterans, their families, and the VSO community that is deserved. Support of Congress can prioritize this request and move it forward quickly.

With the implementation of the *Appeals Modernization Act* (AMA) more than six years ago, we urge VA to develop a reliable and comprehensive report more regularly from BVA as to its success and failures. This report should be data driven and address short-term concerns such as the continued emphasis on legacy claims, and how soon the backlog will be not only at true functional zero but eliminated completely. Information should also include if the AMA workload is expected to reach functional zero and how. This is important because addressing concerns about the AMA inventory will help reduce the still unpredictable wait times veterans endure in the BVA appeals process despite its intent to get veterans decisions sooner.

Next, there needs to be a more urgent focus on reducing and eliminating the high number of AMA remands, and analysis of the underlying issues for remands. Many times the VFW has told this committee that while hiring more staff and judges is a good step, if the training they receive is subpar then decisions will be as well. Too often we have seen a decision that could have been reached without a remand if the entire file had been reviewed and all existing evidence had been

properly considered. We have also cautioned about the need for greater communication and collaboration between Veterans Law Judges and their staff attorneys that is favorable to the appellant. We have heard of BVA staff members who have many more years of experience being overruled by newer judges by virtue of their position. Often times this causes improper decisions and unnecessary delays in the appeals process.

Substantive and data-backed dialogue also needs to regularly take place between BVA and the VSO community as to whether or not AMA has actually improved the claims process and the claimants understanding as to what adjustments or corrections are needed to prove the claim. Although BVA has provided updates since the launch of AMA, more frequent communication is necessary for greater transparency and optimum results.

Foreign Medical Program Reform

Enhance Services for Veterans Outside of the United States

The Foreign Medical Program (FMP) is a crucial initiative that allows veterans to receive reimbursement for medical care related to service-connected disabilities. However, there are several updates needed to enhance its usability and effectiveness compared to other VA benefit programs, which is a common concern among veterans from the VFW Department of Europe. Currently, veterans using FMP for reimbursement cannot receive payments via direct deposit, even though VA disability and GI Bill housing payments are made this way. Veterans should receive their FMP reimbursements in the same manner.

Additionally, there is a lack of coordination between FMP and VA teams responsible for rating disabilities. When a veteran files a claim for a newly rated issue but fails to provide necessary evidence, such as a decision letter and a screen grab from benefits, FMP will deny the claim. Each time a claim is denied, the veteran must start the process again from the beginning. Unfortunately, FMP cannot access the VA system, even though it is part of VA.

To qualify for reimbursement through FMP, the medication received must be currently approved by the U.S. Food and Drug Administration (FDA). However, finding FDA-approved medications can be nearly impossible in many countries. Other significant issues faced by veterans and retirees in Europe include difficulties accessing the VA crisis hotline and limited availability of commissaries, PXs, and APOs.

We urge VA to revise its antiquated paper-based system and utilize Electronic Funds Transfer to allow veterans and service providers to file claims and receive reimbursement from VA through electronic means. Additionally, Congress needs to address the statutory loophole that restricts FMP to *only* service-connected care, and offer similar care for non-service-connected issues. Lastly, Congress and VA need to restructure FMP by potentially utilizing a third-party administrator to coordinate and deliver care for overseas veterans similar to TRICARE Overseas, VA contract compensation and pension examinations, and VA's domestic community care programs.

Concurrent Receipt

For two decades, Congress has failed to correct the injustice of withholding military retirement pay from disabled veterans. Military retirement pay and VA disability compensation are two distinct benefits earned for two different reasons, yet Congress continues to wrongly treat their concurrent receipt as "double-dipping."

In 2004, Congress authorized full concurrent receipt of benefits for veterans with at least 20 years of service and a 50 percent service-connected disability rating or higher. The VFW strongly believes this 50 percent threshold is arbitrary and unjust. Disabled veterans rated below 50 percent still face sacrifices, risks, and challenges, yet they are unfairly excluded from the full benefits they have earned with no definable reasoning. Despite the commitment of past congresses to gradually expand concurrent receipt, twenty years later that promise remains unfulfilled, leaving countless veterans behind and feeling deeply frustrated.

Between 2013 and 2020, over 72,000 veterans who had previously received Voluntary or Involuntary Separation Pay had that pay recuperated, while an additional 2,600 veterans had their Special Separation Benefit recuperated before they could receive any service-connected disability pay. In total, \$1.4 billion in VA disability compensation was withheld from thousands of veterans, with the Defense Finance and Accounting Service withholding at least \$177 million in voluntary separation pay due to their subsequent awarding of VA compensation for service-connected disabilities.

During the 118th Congress, the VFW strongly supported the *Major Richard Star Act* and other legislation that would have provided full concurrent receipt to all deserving veterans. These bills must be passed in the 119th Congress to ensure veterans receive all of the benefits they have rightfully earned. The VFW insists that any laws denying the concurrent receipt of benefits should be resisted, and that disabled veterans should not continue to be punished for their service.

These findings highlight the harsh financial burden placed on veterans who have already sacrificed so much for this country. Congress must act now to correct this injustice and fulfill its promise. Every year of delay inflicts further personal and economic harm on disabled veterans. The cost of full concurrent receipt is far outweighed by the moral obligation to honor their sacrifices. Congress should not continue to use veterans as a cost-saving measure or political tool. It is time to stop balancing the budget to the detriment of those who have already given so much to this country. Congress must take immediate, decisive action to ensure veterans are not left questioning whether their service is truly valued. The VFW calls on the 119th Congress to fix the concurrent receipt inequity for all veterans who have earned their DOD and VA benefits.

Our All-Volunteer Force

The preservation of the all-volunteer force is a top priority for the VFW. The strength of this force relies not just on recruitment, but on retention. Despite some progress, persistent recruiting challenges threaten our military's readiness and ability to meet the demands of a complex, volatile world. As Congress and DOD address recruitment, it is critical to focus on the well-

being of current and transitioning service members. These individuals are essential not only to mission success but also as ambassadors for military service.

The DOD *Office of People Analytics Fall 2023 Propensity Update* shows a decline in youth interest in military service. While altruistic reasons remain a key motivator, recruits are increasingly driven by tangible benefits like pay, health care, and education. The military must offer a compelling value proposition that balances personal and professional needs to compete with other career options. In addition to financial benefits, recruits need assurance that their basic needs will be met and that they will receive support to focus on their mission. We are concerned that insufficient attention to troop well-being will further diminish the attractiveness of military service.

A 2023 Blue Star Families survey revealed that only 32 percent of military families would recommend military service, which is down from 55 percent in 2016. The survey identified challenges such as poor job opportunities for spouses, inadequate health care, and housing issues. Time away from families was a primary concern for active duty and reserve component members.

The 2023 DOD *Propensity Update* found that only 23 percent of youth meet core eligibility requirements for military service, and only 7 percent would qualify for active duty enlisted service. The report also revealed that 71 percent of youth fear injury or death, while 68 percent are discouraged by the prevalence of PTSD and other mental health issues. We commend programs like the Army's Future Soldier Preparatory Course that supports youth who need extra help to meet enlistment standards. We urge Congress to fully fund and monitor such initiatives to ensure their success.

The VFW urges Congress and DOD to address these challenges by improving support for service members and their families, including employment opportunities for spouses, housing, health care, and overall quality of life. Only by making these improvements can we ensure the military remains an attractive, sustainable career for future generations.

Military Readiness

The VFW is encouraged by several provisions that were included in the FY 2025 NDAA aimed at improving the quality of life for service members and their families, which directly contributes to military readiness. The expansion of eligibility for the Basic Needs Allowance and the increase in the income threshold to 200 percent of the federal poverty guidelines are important adjustments that will help more service members meet their basic needs. We also welcome provisions authorizing the Basic Allowance for Housing for junior enlisted members on sea duty, offering vital support to those serving in demanding and often isolated environments.

The VFW supports the inclusion of a provision requiring the evaluation of Basic Allowance for Subsistence rates to ensure they reflect the needs of service members with dependents, particularly in areas with limited access to fresh food or higher living costs. Similarly, evaluating Overseas and CONUS Cost-of-Living Allowances will ensure adjustments based on factors such as dependents, commissary access, and spousal income.

We commend the decision to provide no-cost broadband internet to all unaccompanied housing, and we urge Congress to extend this benefit to service members aboard surface vessels across the fleet. The VFW supports this continued effort and views internet access as part of military readiness. Consistent and reliable internet access is essential for service members to connect with their families, pursue educational opportunities, and manage personal tasks, which helps them stay focused on their mission.

The VFW is concerned about the inconsistency of quality-of-life resources at military installations, especially at remote or austere locations. Service members need outlets to socialize, decompress, and build camaraderie outside of duty hours. These resources are critical to reducing isolation and supporting mental health. We urge Congress to ensure adequate funding is appropriated to support the DOD's Morale, Welfare, and Recreation (MWR) programs.

Additionally, we are alarmed by food insecurity among military families, with an estimated 25 percent of service members affected. The VFW has partnered with Humana to provide over 4.5 million meals through our Uniting to Combat Hunger campaign. We believe Congress should reinstate Basic Allowance for Housing to cover 100 percent of housing costs, remove it from the eligibility formula for the Supplemental Nutrition Assistance Program (SNAP), and ensure it is excluded from calculations for the Basic Needs Allowance.

The VFW has long raised concerns about the quality of military housing. In September 2023, GAO reported troubling conditions in unaccompanied housing (barracks), including issues such as sewage backups, black mold, and broken air conditioning, which disproportionately affect junior enlisted service members. These issues extend beyond barracks to family housing, both stateside and overseas. Such substandard living conditions not only affect the health and well-being of service members and their families but can also impact retention and enlistment. Service members cannot focus on their mission if they or their loved ones are dealing with health problems caused by mold, lack of hot water, or uncomfortable temperatures. This is why the VFW is pleased to see the FY 2025 NDAA direct DOD to explore digitizing maintenance work order requests that will enhance accountability in addressing military housing issues.

Although the provision is a step in the right direction, significant challenges persist. Service members still lack a transparent, centralized third-party option to report poor conditions in both family and unaccompanied housing. Under Section 3016 of Public Law 116-92, part of the FY 2020 NDAA, Congress mandated the creation of a public-facing complaint database for privatized housing. However, this provision does not cover single service members in barracks, even though nearly half of all enlisted personnel are unmarried and face similar housing issues. The VFW urges Congress to amend this provision to include single service members, ensuring all service members have an equal opportunity to voice their concerns.

The VFW is encouraged by DOD's initiatives to improve military quality of life, including efforts to enhance military spouse employment, increase child care access, alleviate the burden of frequent moves, and expand access to high-speed Wi-Fi. These reforms are critical to ensuring the health, well-being, and readiness of the all-volunteer force.

Military Sexual Trauma

As recent historic reforms to the Uniform Code of Military Justice (UCMJ) continue to take shape, and DOD implements recommendations from the *Independent Review Commission (IRC) on Sexual Assault in the Military*, the VFW remains cautiously optimistic that incidents of sexual assault and harassment within the military will decline as accountability increases and trust begins to build. The 2023 DOD report on sexual assault shows a decrease in prevalence across the services, which signals progress. However, much work remains to be done and Congress must continue to play a critical role in exercising oversight to ensure that these reforms are implemented effectively.

Despite these positive trends, sexual harassment and assault remain significant deterrents for young Americans considering military service. Fear of these offenses is one of the top ten reasons why youth choose not to join the military, and their concerns are not unfounded. We were deeply dismayed by the recent exposure of the Operation Fouled Anchor cover-up at the United States Coast Guard Academy, which highlighted systemic issues within our military academies. While alarming, the nature of this cover-up is not unprecedented, and it raises serious concerns about the persistent cultures across the military services that enable sexual harassment and violence to continue.

The VFW is especially disturbed by the prevalence of these behaviors within the Junior Reserve Officers' Training Corps (JROTC) where young cadets are introduced to military life. How can we expect our future military leaders to foster a zero-tolerance culture within their units when during their formative training they are implicitly taught that such behaviors are tolerated or overlooked? Lasting, cultural change cannot occur unless those responsible for implementing UCMJ reforms and related policies are themselves fully committed to eradicating sexual violence and dismantling the cultures that enable its persistence.

The VFW calls on Congress to ensure that each committee of jurisdiction works collaboratively to oversee UCMJ and IRC reforms across all military services and academies. We also urge Congress to ensure that the Coast Guard is held to the same standards as DOD in implementing these reforms. Accountability for individual leaders who fail to protect the service members under their command is essential to affecting meaningful cultural change. Moreover, we encourage stakeholders to engage with impacted service members and veterans, ensuring they receive the support and benefits related to MST to which they are entitled. Persistent oversight and accountability will be the key to creating an environment where every service member is safe, respected, and able to serve without fear of harassment, assault, or retaliation.

Military Suicide

This past fall, DOD released its *Calendar Year 2023 Annual Report on Suicide in the Military*, the first report since the establishment of the Suicide Prevention Response and Independent Review Committee (SPRIRC). The report revealed that the suicide rate among active duty service members continues to trend upward, which is a concerning development that underscores the urgent need for continued action. Every death by suicide is a tragedy, and the VFW remains deeply committed to eliminating suicide among those who serve in our military.

In response to this crisis, the VFW was encouraged by last year's SPRIRC report that included over 100 recommendations aimed at improving suicide prevention efforts. We are also heartened by DOD's subsequent rollout of suicide prevention initiatives that focus on key areas such as enhancing service member well-being, improving access to mental health care, reducing stigma and barriers to care, revising suicide prevention training, and promoting lethal means safety. These efforts represent important steps toward addressing the root causes of suicide within the ranks.

Furthermore, the VFW commends Congress for its continued commitment to supporting DOD's suicide prevention initiatives. As we continue this fight, we urge Congress to remain steadfast in its oversight of the Department's efforts, ensuring that necessary resources and statutory changes are provided to bolster these programs. Most importantly, we call on Congress to ensure that the SPRIRC recommendations are implemented as swiftly and effectively as possible, so that we can honor the memory of those lost to suicide and protect the health and well-being of our service members.

Military Compensation

The VFW was pleased to see the 5.2 percent pay raise for service members included in the FY 2025 NDAA. This increase is critical to ensure that military compensation remains competitive, especially given the recruitment and retention challenges faced by DOD amidst a tight labor market and low unemployment. Competitive pay continues to be one of the top reasons why youth choose military service, and the VFW urges Congress to continue prioritizing annual pay increases that meet or exceed statutory requirements to prevent service members from losing earning potential.

The findings from the Fourteenth Quadrennial Review of Military Compensation (QRMC) further highlight the importance of a competitive compensation system. The QRMC recommends updating military compensation to the 75th percentile of comparable civilian wages, which reflects the unique hardships associated with military life. It also emphasizes the need for improved communication about the full scope of military benefits, such as health care, housing allowances, and retirement programs, which significantly enhance the overall compensation package.

Additionally, the QRMC calls for targeted improvements, such as refining allowances and exploring more retirement savings options for military spouses. The VFW is committed to working with Congress to implement these recommendations, as they will help ensure that our service members and their families are adequately supported while they continue to serve this nation. Competitive pay, along with these comprehensive recommendations, will better position the military to attract and retain the skilled and dedicated individuals required to keep our nation safe.

National Security, Foreign Affairs, and POW/MIA**DPAA Accounting Mission**

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

Currently, more than 81,000 DOD personnel are unaccounted-for from WWII to Operation Iraqi Freedom, 75 percent of whom are in the Indo-Pacific area with more than 41,000 presumed lost at sea. For more than thirty years, the VFW has been intimately involved in the fullest possible accounting mission. Since 1991, we have been traveling to sites across the world to assist in this noble endeavor. It has been the mission of DPAA to recover missing personnel who are listed as prisoners of war (POW) or missing in action (MIA) from past wars and conflicts in countries around the world. Within that mission, DPAA coordinates with hundreds of countries and municipalities worldwide in search of missing personnel.

Our nation's ability to bring our fallen heroes home is not guaranteed and is extremely limited by the lack of funding and the dwindling numbers of eyewitnesses who can assist in identifying possible recovery sites, among other factors. That is why the VFW has been partnering with DPAA to work with foreign governments to help American researchers gain access to foreign military archives and past battlefields. Since 1991, (except during the COVID-19 pandemic travel prohibitions), the VFW is the only VSO to return to Southeast Asia annually, and to Russia and China periodically. It is our goal to not rest until we achieve the fullest possible accounting of all missing American military service members from all wars.

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

Once a site has been located, recovery teams that include civilian anthropologists and military service members are deployed to conduct an excavation. Each mission is unique, but certain processes are common to each recovery. Depending on the location and recovery methods used on site, the standard missions last 35-60 days. Recovery sites can be as small as a few meters for individual burials to areas exceeding the size of a football field for aircraft crashes. Artifacts and remains discovered during excavations are transported to one of DPAA's two forensic laboratories. The main laboratory is located at DPAA's facility on Joint Base Pearl Harbor--

Hickam. The Hawaii laboratory is responsible for forensic analysis of all evidence associated with service members unaccounted-for from conflicts in the Indo-Pacific region. The other laboratory is on Offutt Air Force Base in Nebraska.

DPAA has the largest and most diverse skeletal identification laboratory in the world, and is staffed by over thirty anthropologists, archaeologists, and forensic odontologists. Due to DPAA's efforts, the remains of 172 Americans were accounted for in FY 2024. However, government budgetary uncertainty in the past interrupted DPAA operations, as it did for many DOD organizations.

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

Foreign Nationals and U.S Allies

For generations, foreign nationals have served alongside U.S. citizens in our military, many of whom later attain permanent residency or citizenship. However, too many of them have been unable to complete the process, leaving them vulnerable to deportation for even minor infractions. The VFW believes that these veterans who risked their lives in service to our country should have their contributions considered when facing legal challenges. Specifically, we urge that veterans in this situation be eligible for Veterans Treatment Courts rather than the standard immigration court system.

While veterans should be held accountable for any crimes, non-violent offenses and misdemeanor charges should not lead to permanent deportation, especially when those veterans have served this nation honorably. They have already sacrificed for our country, and their path to justice should reflect that service. Further, DOD should work with the immigrant service members they recruit to ensure that no one leaves the military without having achieved legal naturalization.

In August 2021, U.S. forces executed a hastily planned evacuation of U.S. government personnel and thousands of Afghan allies at great personal cost. Thirteen service members gave their lives during this operation. Yet, nearly four years later, the 80,000 Afghan allies brought to the United States are still in legal limbo with no clear path to safety or stability.

These individuals risked everything to support U.S. troops in the fight against terrorism, and we owe them more than uncertainty. The VFW urges Congress and the Administration to fulfill our moral obligation by providing a permanent, clear pathway to citizenship for these Afghan personnel. We have a duty to honor their sacrifice by ensuring they receive the stability and security they deserve. These brave men and women earned the right to a future without fear, and it is time we deliver on our promise to them.

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



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ANNUAL LEGISLATIVE PRESENTATION

ROBERT THOMAS

NATIONAL PRESIDENT PARALYZED VETERANS OF AMERICA

BEFORE A JOINT HEARING OF THE HOUSE AND SENATE COMMITTEES ON VETERANS' AFFAIRS

MARCH 4, 2025

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and members of the committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2025 policy priorities. For nearly 80 years, PVA has served as the lead voice on a number of issues that affect severely disabled veterans. Throughout the years, we have championed critical changes within the Department of Veterans Affairs (VA) and educated legislators as they have developed important policies that impact the lives of paralyzed veterans.

Today, I come before you with our views on the current state of veterans' programs and services, particularly those that impact our members—veterans with spinal cord injuries and disorders (SCI/D). Access to VA's specialized systems of care is the center of their universe because they rely on it perhaps more than any other group of veterans served by the VA. In recent years, we have become increasingly concerned about the status of VA's SCI/D system of care due to ongoing staffing deficiencies and the lack of investment in infrastructure to support these services, as well as the purported \$6.6 billion shortfall at the Veterans Health Administration (VHA) for fiscal year (FY) 2025. Paralyzed veterans consistently choose VA-provided SCI/D care because it is the best care available for veterans with complex disabilities. That's why a growing number of PVA members and their families, caregivers, survivors, and supporters have signed a petition opposing any efforts to dismantle the VA's SCI/D system of care and the life-saving services it provides. We choose VA.

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

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

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

PVA, along with the co-authors of The Independent Budget—DAV (Disabled American Veterans) and the Veterans of Foreign Wars of the United States (VFW), continue to present comprehensive budget recommendations for the VA to influence debate on issues critical to the veterans we represent. We recently released our budget recommendations for the VA for FY 2026 and FY 2027 advance appropriations.¹

VA's SCI/D SYSTEM OF CARE

In May 1970, a Life Magazine article relayed the deplorable conditions encountered by veterans at the Bronx VA Medical Center, specifically those with spinal cord injury. That article stirred the conscience of the nation and the public outcry that ensued served as the impetus for a complete transformation in the way the VA treated veterans with SCI/D. The deplorable conditions led PVA to begin conducting annual site visits at every VA SCI/D center. In the five decades that followed, the department rebuilt itself to become the leading provider of care for veterans with SCI/D and the benchmark for all other health systems in the world offering care to people with similar conditions.

Currently, VA's SCI/D system of care uses a hub and spoke model. The 25 SCI/D centers are the hubs and each center has highly trained and experienced providers, including doctors, nurses, social workers, therapists, psychologists, and other professionals who can address the unique problems that affect veterans with SCI/D. VA's SCI/D system of care is the crown jewel of the VA's health care system. It is unequalled in the care it provides for the tens of thousands of veterans with SCI/D. Protecting this system of care is PVA's number one priority. This system is the difference between life and death for our members. It's because of this system of care that veterans are able to live in their own homes, travel, work, volunteer, and otherwise contribute to society.

My statement addresses several specific priorities we hope you will pursue this year, but it is not inclusive of every area of concern for our members. Some interests not covered here include increasing access to VA dental care, improving employment supports for veterans with catastrophic disabilities, and ensuring proper implementation of VA's electronic health record modernization. We continue to work on these and other areas of interest for paralyzed veterans and the broader veterans community. We have always appreciated the way these two committees have worked together in a nonpartisan way to address the needs of America's veterans. This will be more important than ever as Congress seeks to ensure that the needs of veterans and their families, caregivers and survivors are met. PVA looks forward to working with you on matters of mutual concern.

¹ [Independent Budget Recommendations for Fiscal Years 2026 and 2027](#)

PVA PRIORITY: PROTECT VA'S SPECIALIZED HEALTH CARE SERVICES

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

Staffing Vacancies—When I appeared before these committees last year, I spoke about the ways that insufficient funding, the lack of sufficient staffing, and infrastructure problems were undermining not just VA's SCI/D system of care, but VA's specialized services in general. Blinded veterans and those with traumatic brain injuries also benefit from VA's specialized systems focusing on specific conditions or diseases that require advanced knowledge, technology, and treatment approaches. This distinction is vital for ensuring veterans receive appropriate and effective care for their distinct health challenges. Also, keep in mind that logistically, it can be quite difficult to assist a veteran with catastrophic disabilities in getting ready to leave the house, travel to the point of service for their care, and return home again. So, it is extremely important that the department maintains single points of care like its SCI/D centers and centers of excellence to allow veterans to receive comprehensive care at a single location.

At a hearing last June, I warned the House Veterans' Affairs Committee that VA's SCI/D system of care was not sufficiently funded to properly care for all of the SCI/D veterans on the department's registry. Staffing levels for the SCI/D system of care are detailed in VHA Directive 1176. PVA strongly believes in each of the requirements outlined in this directive because they are based on the level of care needed to maintain the health and wellbeing of veterans with SCI/D. Unfortunately, VA leaders have ignored these requirements, viewing them as more of a guide rather than a directive based on the best care standards.

For months, our staff in the field have told us that critically needed positions at SCI/D centers were going unfilled. As a result, essential positions across VHA have been "lost" due to an inability to recruit for them. In some cases, they were even being "abolished." Specifically, many vacant positions in social work, nursing, and several therapy disciplines have been eliminated. Additionally, when medical staff leave, their vacated positions are often not being backfilled, causing strain on the system and ultimately denying veterans access to earned health care services.

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

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

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

Despite VA's past hiring successes and the flexibility gained by workforce provisions in the RAISE Act (P.L. 117-103) and the PACT Act (P.L. 117-168), nothing in the SCI/D system of care shows ongoing improvement in staffing levels. Staffing shortfalls continue to have a direct, adverse impact on the SCI/D system and the veterans it serves. It is alarming how fragile it is now.

Currently, the acute care facility at one of the 25 SCI/D centers can only use half its beds, because staffing vacancies exceed 50 percent. The leadership there recently denied (again) the center's request to hire an RN and an LPN to backfill a pair of resignations. As a result, overtime is increasing and we expect additional resignations due to burnout and/or the closure of additional SCI/D beds there. The SCI/D system of care has been short hundreds of nurses for the past few years with total staffing vacancies hovering around 35 percent. Also, if forced to rely solely on its staff without the copious use of overtime, one of the department's six SCI/D long-term care centers could not staff nearly 40 percent of its beds. The department has been concealing its vacancy problems through the use of overtime which, if taken away, may reveal much more serious staffing issues. Without proper staffing, veterans may be forced to accept care in the community, even when it is not the quality or type of care they would receive at a VA facility, and most importantly, when it is not their choice to do so.

The PACT Act and the RAISE Act gave the VA new pay and bonus authority to recruit in-demand health care workers but we know that more needs to be done. Giving VA additional tools, including additional financial resources so it can better compete for the highly qualified medical personnel it needs to care for catastrophically disabled veterans, is a must.

Recent efforts to reshape the federal workforce through a hiring freeze and the deferred resignation program, as well as the dismissal of nearly 2,500 probationary VA employees, has alarmed some of our members because they have seen and experienced first-hand, the adverse impacts of an understaffed program. The instability has also undoubtedly made it more difficult for VA staff to remain focused on their veterans when they are worried about providing for themselves and their families. While additional guidance for the hiring freeze and deferred resignation program did exempt certain VA positions from these initiatives, there remain significant concerns as to how these cuts will impact the VA workforce and in turn, the ability for this workforce to provide timely, quality care and benefits to veterans.

For example, the exemptions list does not include information technology specialists, health care administration officials, financial management positions, and other occupations critical to the continued operations of VA facilities. It also has minimal exclusions for the Veterans Benefits Administration (VBA) and the National Cemetery Administration. These types of workforce cuts must be undertaken with careful precision to ensure the continuity of operations for veterans.

More recently, an Executive Order directed federal agency heads to prepare for reductions-in-force, giving them 30 days to submit reorganization plans as part of a further attempt to downsize the federal government. This suggests that even greater personnel cuts across all federal agencies could be coming soon. The VHA is supposed to operate one of the nation's largest integrated health care delivery systems for a good reason—to ensure veterans timely access to care for their service-connected disabilities. VA's community care networks are designed to supplement its direct care system, not replace it. Any plan to cut VHA clinical staff that harms VA's ability to provide direct care for catastrophically disabled veterans would be a violation of the nation's obligation to take care of those who volunteered to serve this country in uniform. We would also have grave concerns about large-scale cuts to VBA as well, because most veteran's association with the VA, and in particular, access to VA health care and benefits often begins with the claims process.

Additionally, the recent Supplemental Guidance from the National Institutes of Health (NIH), capping indirect costs for research grantees at 15 percent, has the potential to threaten the current infrastructure that enables all biomedical research, including SCI/D research, done at NIH and all other institutions that rely on federal research funds. Without appropriate funding to cover indirect costs, institutions may be unable to sustain their research, as these indirect costs are often used to cover vital aspects of research projects, such as specialized equipment, long-term database maintenance, and other crucial administrative and facility costs. These delays could lead to fewer trials, less cutting-edge discoveries, and diminished potential to attract the top talent, all of which will affect the health, function, and quality of life for those living with SCI/D.

Infrastructure—VA's SCI/D system of care is comprised of 25 acute care centers and six long-term care centers ranging in age from four to 70 years with an average age of nearly 40 years old. Many of the older SCI/D centers have only had minor cosmetic interior finish renovations. Consequently, we saw traumatic and disruptive incidents at several SCI/D centers last year. For example, a piping system failure at one facility flooded half of the SCI/D center. This caused the immediate evacuation of the acute and long-term care units and ultimate relocation of veterans with SCI/D into the unaffected patient care units and an adjacent community living center. Fortunately, the medical center was able to repair the plumbing system, restore the impacted areas, and move patients back into the SCI/D center in about a month. Meanwhile, a faulty HVAC design at another facility allowed condensation from the cooling system to form and drip onto patients while they were in bed. The problem, which PVA identified a few years ago, was finally corrected when a construction project at the facility was completed late last year.

Fourteen of the 25 acute care SCI/D centers continue to use four-bed patient rooms, accounting for 61 percent of the mandated available in-patient beds. These four-bed patient rooms do not meet VA requirements and represent an antiquated and outdated patient-care philosophy in modern health care environments due to infection control concerns.

This high percentage of four-bed patient rooms limits available bed capacity whenever patients need to be isolated. Furthermore, the number of long-term care beds for veterans with SCI/D is woefully inadequate for an aging veteran population with care needs not readily met in the community. Currently, only one of VA's six specialized SCI/D long-term care facilities lies west of the Mississippi River. Even after a construction project at the San Diego VA Medical Center is completed, only 32 long-term care beds are available for the thousands of veterans with SCI/D that reside in this area of the country. Construction of the new SCI/D acute and long-term care center at the Jennifer Moreno VA Medical Center in San Diego started in April 2021. Due to the diligent and collaborative efforts of the VA medical center, VA's Office of Construction and Facilities Management, US Army Corps of Engineers, the design team, and the construction team, the state-of-the-art project is expected to be open to veterans by this summer. Unanticipated delays prolonged construction of the new SCI/D long-term care center at the Dallas Campus of VA's North Texas Health Care System, so it is now expected to be completed in the fall of 2027.

The SCI/D system of care is not immune to the design and construction delays inherent in the VA project funding and delivery system. There are currently two super-major, 10 major and 16 minor SCI/D center projects either awaiting funding, in design, or pending approvals to proceed beyond their current status. VA has spent a significant amount of money and resources on these projects, most of which have languished within the department's Strategic Capital Investment Planning process. Also, replacement SCI/D center projects designed for the Bronx, New York, (acute and long-term care) and the Brockton, Massachusetts, (long-term care) VA medical centers intended to modernize and expand capacity were shovel-ready but abandoned by the VA.

In reviewing VA's infrastructure, decision-makers must remember that VA's SCI/D system of care is unique and not replicated outside of VA. The VA SCI/D system of care provides a coordinated, life-long continuum of services for SCI/D veterans that is often unmatched anywhere in the community. PVA believes that VA should return to the past practice of placing greater emphasis on funding facilities that support the types of services, like SCI/D care, which the department uniquely provides. Greater investment in areas like SCI/D care would greatly strengthen VA's specialty care services and ensure their future availability.

Even with a comprehensive strategy and adequate infrastructure funding, VA's internal capacity to manage a growing portfolio of construction projects is constrained by the number and capability of its construction management staff. To manage a larger, more complex capital asset portfolio, VA must have sufficient personnel with appropriate expertise—both within VA's Central Office and onsite throughout the VA system. Thus, PVA strongly supports legislation that would improve staffing to manage construction of VA assets and ensure that there are concrete plans to improve the planning, management, and budgeting of VA construction and capital asset programs.

Finally, PVA strongly supports passage of the Veterans Accessibility Advisory Committee Act of 2025 (H.R. 1147) to ensure that VA complies with federal disability laws and makes its programs accessible for people with disabilities. The bill would establish the Advisory Committee on Equal Access to evaluate and report on VA's compliance with federal disability laws. It would also issue recommendations for how VA can improve the physical accessibility of VA facilities, as well as the accessibility of technology, such as websites and apps.

Access to Inpatient Mental Health and Substance Use Disorder Treatment—Last Congress there was a significant increase in conversations around residential rehabilitation treatment programs (RRTP) but there was little discussion around the limited access to RRTP for veterans with SCI/D. When a veteran acquires an SCI/D, their identity and place in the world shifts dramatically, and it is common for veterans to experience a range of negative mental health outcomes as a byproduct of catastrophic injury or illness. Significant medical comorbidities are also expected because of injury or trauma, which is especially true when discussing the lifecycle years beyond acute injury. These complexities make the holistic treatment of veterans with SCI/D critical for their independence and well-being. However, if a veteran needs assistance from a caregiver with an activity of daily living (ADL), they are unable to access RRTP, even within the VA.

Substance use disorders (SUD) are prevalent among SCI/D veterans, and while research is limited on the impacts of SUD for veterans living with SCI/D, data suggests that individuals living with SCI/D are disproportionately at-risk of SUD. Because of the risk factors associated with SCI/D veterans, it is critical that VA ensure these veterans can engage in residential SUD programs tailored to at-risk veterans. An estimated 14 percent of SCI/D individuals report significant alcohol-related problems and more than 19 percent report heavy drinking. For veterans with SCI/D, nine percent were diagnosed with alcohol-related SUD and an additional eight percent related to illegal drug use.

The loss of identity associated with SCI/D, particularly for servicemembers separated due to injury or illness, can be a factor that leads to significant SUD among vulnerable veterans and increased risk of suicide. Among the SCI/D veteran population, there is an increased prevalence of suicidal ideation, suicide attempts, and suicide deaths. In U.S. studies, civilians with SCI were reported to be three to five times more likely to die by suicide than non-SCI individuals. Newly separated veterans are already a high-risk cohort for suicide, compounding that with an SCI/D makes these veterans particularly at risk and all VA resources should be available to them. The VA must begin to tackle ways in which all enrolled veterans can use RRTP programs. We call on the department to develop plans and pilot a program to test models for providing this care to veterans with SCI/D.

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

PVA PRIORITY: INCREASE ACCESS TO VA'S LONG-TERM SERVICES AND SUPPORTS FOR VETERANS WITH SCI/D

Insufficient Long-Term Care Beds and Services for Veterans with SCI/D—Our nation's lack of adequate long-term care options is an enormous problem for people with catastrophic disabilities who, because of medical advancements, are now living longer. There are very few long-term care facilities that are capable of appropriately serving veterans with SCI/D. All totaled, the department is required to maintain 198 authorized (181 operating) long-term care beds at SCI/D centers.

As of last month, only 153 beds were actually available. This number fluctuates depending on several variables like staffing, women residents, isolation precautions, and deaths. When averaged across the country, that equates to about 3.4 beds available per state. Many aging veterans with SCI/D need VA long-term care services, but because of the department's extremely limited capacity, veterans sometimes remain in the acute setting for months or years at a significant cost because other placements are simply not available. Others must reside in nursing care facilities outside of VA that are not designed, equipped, or staffed to properly serve veterans with SCI/D. As a result, veterans staying in community nursing facilities often develop severe medical issues requiring chronic re-admittance back into an acute VA SCI/D center.

In addition to ensuring access to VA SCI/D long-term care facilities, we support expanding access to assisted living options. Currently, the VA can refer veterans to assisted living facilities, but it cannot directly pay for that care. Last year's passage of an amended version of the Expanding Veterans' Options for Long Term Care Act, which was included in P.L. 118-210, created a three-year pilot program in two Veterans Integrated Service Networks (VISN). Each of the VISNs must have at least one program site in a rural-urban area and one in a State Veteran Home to test the benefit of having VA pay for this care. Veterans eligible for the pilot would include those already receiving nursing home-level care paid for by the VA and those who are eligible to receive assisted living services or nursing home care. At the conclusion of the pilot program, participating veterans will be given the option to continue receiving assisted living services at their assigned site, paid for by the VA. We believe this would help veterans and the VA alike by giving greater access to assisted living and reducing costs for long-term care, allowing more veterans to receive needed assistance. We won't fully know how this change will help veterans until its implemented; so, we urge these committees to leverage its oversight authority to ensure the test pilot is launched in a timely manner.

Improve Availability of VA's Home and Community-Based Services (HCBS)—We are very appreciative of Congress's passage last year of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210). This bill made critically needed improvements to VA HCBS, such as lifting the department's cap on the amount they can pay for home care, increasing access to the Veteran Directed Care (VDC) program, and improving support to caregivers of veterans. From improving access to mental health and long-term care for the veterans who need it, to supporting those who care for them, as well as their survivors, this bipartisan and bicameral measure will have a tremendous impact on the entire veteran community.

Raising the cap on how much the VA can pay for the cost of home care from 65 percent of the cost of nursing home care to 100 percent, and even more if it's in the veteran's best interest, will be extremely helpful for families with service-connected veterans on ventilators who currently are bearing a significant part of the cost of care—financially, physically, and emotionally—for their loved one. Since it's the one provision of the Dole Act that would bring immediate relief to some of our nation's most critically ill and injured veterans, its roll out bears close watching because VA has suggested it may take a while for it to be implemented. Unfortunately, veterans with ALS and other catastrophic disabilities do not have time to wait any longer for this relief for them and their families.

Another section of the bill requires the VA to administer its VDC program, the Homemaker and Home Health Aide program (H/HHA), the Home-Based Primary Care program, and the Purchased Skilled Home Care program at all medical centers within two years of the date of enactment of this legislation. Our members are particularly interested in VDC because it allows them to prioritize their own care needs and select their own care providers from their local communities. It gives veterans greater control of their health care choices, and enhances their quality of life by ensuring they receive the necessary support to live comfortably and safely in their own homes.

VDC is particularly effective in rural areas that have limited or no access to home health agency care, since veterans enrolled in the VDC program can hire and supervise their own workers in their communities. Additionally, VDC enables the VA to better meet the needs of veterans that are at high-risk for hospitalizations and nursing home admission. Veterans that require more care than what is traditionally offered through H/HHA care are often offered the option to self-direct their care through the VDC program. In addition, VDC serves veterans of all ages, including younger veterans with serious illnesses and injuries like SCI/D.

According to the VA, VDC programs were established at all major VA facilities last year, but the feedback we have received from the field suggests many of them exist in name only. Some locations lack dedicated staff to manage the program, and insufficient funding often constrains the number of veterans who can participate in it at many others. In Minnesota, there are only 10 veterans using VDC, and out of those 10, only six are SCI/D veterans. We know many more are likely eligible for the program because VISN 23 has 1,485 veterans on its SCI/D registry. We understand VA wants to expand VDC and enroll more veterans but the department is having a difficult time in finding agencies willing to participate in the program, especially in the southwestern part of Minnesota. Unfortunately, this is a pretty common problem as many VA facilities do not have the appropriate Aging and Disability Network Agencies within their catchment areas to support veterans as they plan for and direct their long-term services and supports. VA is currently examining ways to execute Veteran Care Agreements (VCA) with alternative VDC providers. We encourage Congress to support those efforts and make sure VA has proper funding for the expansion of this important program.

Additionally, last year, many SCI/D veterans inexplicably saw their H/HHA hours greatly reduced. Using VISN 23 again as an example, many veterans saw their hours cut in half from 25 to 30 per week to as low as 14 despite there being no change in their physical condition. Some veterans had their hours eliminated altogether. The majority of these veterans who were reduced or discontinued do not qualify for aid and attendance or the family caregiver program. Being able to enroll in VDC would offset the reduced or discontinued hours of H/HHA services. We understand lack of funding drove this change;

thus, VA must request, and Congress must provide, sufficient funding to ensure veterans receive proper assistance and care.

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

Direct care workers provide a wide range of supportive services to veterans with SCI/D including habilitation, health needs, personal care and hygiene, transportation, recreation, housekeeping, and other home management-related supports, so veterans can live and work in their communities and live productive lives. Finding the right candidate who understands the unique nature of the job and possesses the right combination of hard and soft skills to help her proved to be a formidable challenge. She was forced to interview over 100 applicants because most weren't experienced with specialized care or physically strong enough to care for her.

The shortage of caregivers or home care workers doesn't just affect disabled veterans. Across the country, there is an increasing shortage of direct care workers, and a national effort is needed to expand and strengthen this workforce. The lack of home care providers is adversely impacting the care and quality-of-life of veterans with SCI/D. Veterans with disabilities have the right to quality care in their homes.

Increasing the amount veterans can pay for essential caregivers is a necessary component of attracting and retaining a diverse set of people to provide HCBS but raising pay alone is not sufficient to solve the crisis we face. Utilizing multiple strategies, such as raising public awareness about the need and value of caregiving jobs, providing prospective workers quality training, and developing caregiving as a sound career choice are a few of the other changes that could help turn this problem around.

On a national level, Congress could consider establishing a College Service Corps that provides incentive bonus awards to college students who agree to serve as a direct care worker for a specific timeframe. Meanwhile, the VA should develop a pilot program that retains the former caregivers of veterans to care for other veterans. These individuals are familiar with the unique needs of veterans and the many nuances of the VA health care system making them a provider of choice for other disabled veterans.

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

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

While we greatly appreciated this change, it benefits a very limited number of veterans. Plus, it excludes many deserving veterans with catastrophic disabilities who rely on caregivers, but are not assigned into Case Mix "V" or have a score of "K." Many SCI/D veterans are still unable to receive payment for their caregivers when they are hospitalized. Section 123 of P.L. 118-210 would address this problem and we urge you to compel VA to implement this change immediately.

Assistance for Family Caregivers—Executing the Program of Comprehensive Assistance for Family Caregivers (PCAFC) continues to be challenging for the VA. As of February 1, 2025, the VA reported having 18,194 applications in process, but the department is no longer reporting the number of approved applications. Instead, they are reporting the percentage of approvals reported by VISN. Without being able to track the number of applications approved in comparison to the number of pending applications, it is difficult to keep track of their progress.

Recently, VHA published its long-awaited rulemaking to make changes to the current caregiver regulation. After years of conversation with the VA about the program, we are appreciative of some of the positive changes that have been proposed, to include removing the requirement that a veteran require assistance with an ADL "each time" it is performed, the inclusion of veterans receiving Individual Unemployability, the removal of the requirement to need "hands-on" assistance, and the reduction in frequency of reassessments.

However, we have serious concerns about the regulations as proposed and believe more must be done to meet the needs of the veteran and caregiving community. Specifically, the VA must provide clear, concise definitions and standards and eliminate overly strict eligibility criteria that does not reflect either the language of the statute or the day-to-day realities of caregiving.

We are also concerned about VA's failure to propose regulations governing the appeal process for determinations made under the PCAFC. The lack of a defined appeal process in the current caregiver program has led to inconsistencies in eligibility. Rather than addressing the appeal process in their proposed regulations, the department has chosen to address it through policy. This denies veterans, their caregivers, and other stakeholders an opportunity to provide comment on it. In PVA's response to the proposed changes, we urged VA to reconsider its decision and either publish an appeal process proposal as a supplemental proposed rule or in an interim final rule, which would allow for public comment.

Codify VA's Bowel and Bladder Program—SCI/D can significantly impact a person's quality of life, and neurogenic bladder and bowel dysfunction are crucial aspects of their care. These conditions affect many veterans with SCI/D and can lead to complications, re-hospitalizations, and mortality. Therefore, managing neurogenic bladder and bowel requires specialized attention, as it can be costly, is unrelenting over time, often necessitates substantial caregiver support, and is essential for maintaining veterans' health and well-being. VA's Bowel and Bladder program is administered by VHA's SCI/D National Program office. Veterans with SCI/D who qualify for bowel and bladder care may receive that care through a home health agency, a family member, or an individually employed caregiver. The clinic of jurisdiction, or VA medical facility, authorizes bowel and bladder care under the Office for Integrated Veteran Care (IVC), to enrolled veterans with SCI/D who are dependent upon others for bowel and bladder care while residing in the community. As soon as designated caregivers successfully complete training from the VA, all necessary forms are forwarded to IVC for approval. Additionally, the caregiver must obtain a National Provider Identifier, complete a VCA, track the amount of time needed to perform the veteran's bowel and bladder care on a daily basis and submit it along with a VA Form 10-314, Request for Payment of Bowel and Bladder Services, to be reimbursed.

The current program is fraught with challenges for caregivers and is unevenly applied across the VA system. Timely reimbursement and the tax treatment of payments are the chief complaints of PVA members who must rely on bowel and bladder care to meet their needs. For example, unlike virtually all other VA payments, including those provided through the PCAFC, Bowel and Bladder program reimbursements are taxable. Even family caregivers are considered federal contractors for providing this care and must pay self-employment tax.

Another compelling reason to make the Bowel and Bladder program a statutory requirement is that the current program fails to offer veterans due process. There is no formal notification to the veteran, caregiver, or the provider that a VCA agreement is coming up on its three-year renewal and that it must be re-signed. Hence, due to the lack of notification, veterans and caregivers continue to file monthly claims, but payments stop and they don't know why. Getting the program reinstated is a tremendous challenge and due to lack of payment, the veteran may actually lose the caregiver. The whole process starts all over again, with the veteran having to find, train, and formally designate a caregiver which can take weeks or months to complete; putting the veteran with SCI/D at risk of not receiving timely bowel and bladder care. In similar fashion, neither the veteran nor the caregiver is notified if they file a monthly claim that has errors or missing information. They just simply don't get paid and it is up to the veteran or caregiver to reach out to the IVC to find out why.

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

PVA PRIORITY: IMPROVE VETERANS' FINANCIAL SECURITY

Special Monthly Compensation (SMC) Aid and Attendance Rates—An important lifeline for seriously disabled veterans is being whittled away due to indifference. SMC represents payments for "quality of

life” issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to procreate, or the need to rely on others for ADLs like bathing or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, PVA does not believe that a veteran can be totally compensated for the impact on quality of life, however, SMC does at least attempt to offset some of that loss. Many severely disabled veterans have lost the means to function independently and need intensive care on a daily basis. Because of the many specialty services needed for their care at home, their expenses rapidly outpace the amount of their SMC.

Due to the unique needs of the seriously disabled, the VA provides an additional SMC benefit called Aid and Attendance (A&A). However, securing the services of a direct care provider is very expensive and the A&A benefits provided to eligible veterans do not come close to covering this cost. Many of PVA’s most severely disabled members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC beneficiaries at the R-2 compensation level (the highest rate available).

Ultimately, they are forced to sacrifice their standard of living in order to meet the rising cost of the specialized services of a trained caregiver; expensive maintenance and certain repairs on adapted vehicles, such as accelerated wear and tear on brakes and batteries that are not covered by prosthetics; special dietary items and supplements; additional costs associated with needed “premium seating” during air travel to decrease the chance of injury in boarding and deplaning; and higher-than-normal home heating/air conditioning costs in order to accommodate a typical paralyzed veteran’s inability to self-regulate body temperature. In addition, many of our members choose to live close to VA medical centers, which are almost exclusively in large cities, where the cost of living is higher and those who rely on disability compensation must learn to stretch an already strained budget.

Likewise, SMC fails to account for the cost of home delivery fees from inaccessible businesses, building a wheelchair ramp, acquiring and maintaining service animals, buying a more expensive car in order to accommodate a larger power wheelchair, purchasing food for special diets, or paying more for housing in order to find a place that is accessible and convenient. Oftentimes, veterans are forced to dedicate more and more of their monthly compensation to supplement the shortfalls in the A&A benefit. It slowly erodes their overall quality of life and can lead to serious health issues.

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

Military Sexual Trauma (MST)—During the 118th Congress, very little attention was paid to the important area of MST. An alarming number of servicemembers and veterans report unwanted sexual harassment, attention, and other behaviors that our men and women in uniform should not have to tolerate. Despite legislation being enacted that was intended to improve the claims process for survivors of MST, veterans are still encountering barriers and excessive backlogs when it comes to MST claims.

The Servicemembers and Veterans Empowerment and Support (SAVES) Act has been introduced in several sessions of Congress in both the House and the Senate. The SAVES Act would improve claims processing within VBA and access to health care within the VHA. However, despite several VA Office of Inspector General reports highlighting the failures of VBA and VHA to improve claims delivery and ensure a warm hand off from VBA to VHA, Congress has conducted little oversight of MST claims or subsequent health care delivery.

The annual MST reports compiled by VA over the past several years show an alarming trend, thousands of veterans each year are filing MST claims, and the number is only increasing. MST impacts men and women and research shows sexual trauma can have lasting mental and physical health impacts that could be detrimental to a veteran's ability to live a full life. It is the responsibility of VA, and Congress, to ensure that veterans who experienced MST are given the benefits and services they deserve because of their military service.

PVA eagerly awaits the reintroduction of the SAVES Act, and we encourage all committee members to support this legislation.

Concurrent Receipt—The issue of concurrent receipt falls under the purview of the Armed Services Committees but it is closely linked with the VA Committees' efforts. A pair of changes approved by Congress in the mid-2000's allowed military retirees with over 20 years of service and VA disability ratings of 50 percent or greater to receive their military retired pay and VA disability compensation payments without offset. A lone exception to the 20-year requirement was granted for servicemembers retired under the Temporary Early Retirement Authorities Congress granted to the Department of Defense in the National Defense Authorization Acts for FY 2012 and FY 2017 (P.L. 112-81 and P.L. 114-328). Despite these reforms, thousands of military retirees continue to have their military retirement offset by VA disability payments today. Congress should pass legislation allowing all military retirees to retain their full military retired pay and VA disability compensation without any offsets.

Benefits for Surviving Spouses—Our oldest veterans are passing away, and in the case of many of our members, their surviving spouses were their primary caregivers for 40 years or more. For many of these spouses, being a caregiver was their primary occupation. So, when their loved one passes away, the monthly compensation that may have been upwards of \$10,000 a month stops, and the spouse receives roughly a fifth of that per month in Dependency and Indemnity Compensation (DIC), creating a tremendous hardship on those left behind. Adjusting to this precipitous drop of revenue into the household can be too difficult for some surviving spouses who may be forced to sell their homes and move in with friends or family members.

Losing a spouse is never easy but knowing that financial help will be available following the death of a loved one can ease this burden. DIC is intended to protect against survivor impoverishment after the death of a service disabled veteran. In 2025, this compensation starts at \$1,653.07 per month and increases if the surviving spouse has other eligible dependents. DIC benefits last the entire life of the surviving spouse except in the case of remarriage before a certain age. For surviving children, DIC benefits last until the age of 18. If the child is still in school, these benefits might go until age 23.

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

PVA strongly believes the rate of compensation for DIC should be indexed to 55 percent of a 100 percent disabled veteran's compensation and we urge Congress to pass the Caring for Survivors Act of 2025 (H.R. 680), which would increase the rate of compensation for DIC payments to achieve parity with similar compensation federal employees' survivors receive.

Additionally, if a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death, their surviving spouse can receive an additional amount (currently \$351.02) per month in DIC. This monetary installment is commonly referred to as the DIC "kicker." Unfortunately, surviving spouses of veterans who die from ALS rarely receive this additional payment. ALS is an aggressive disease that quickly leaves veterans incapacitated and reliant on family members and caregivers. Many spouses stop working to provide care for their loved one who, once diagnosed, has an average lifespan of between three to five years, making it very difficult for survivors to qualify for the kicker.

The VA already recognizes ALS as a presumptive service-connected disease, and due to its progressive nature, automatically rates any diagnosed veteran at 100 percent once service connected. The current policy fails to recognize the significant sacrifices these veterans and their families have made for this country. We urge Congress to pass legislation to provide the DIC kicker to eligible survivors of veterans who died of service-connected ALS.

Home Modification Grants—Despite proposals to increase the VA's Home Improvements and Structural Alterations (HISA) grant program, Congress has yet to raise the limited rate of funding currently available to veterans for home modifications. HISA grants assist in improvements and changes to eligible disabled veterans' homes. HISA grants are available for modifications such as improving entry and exit to a veteran's home through the installation of a wheelchair ramp, improving electrical systems due to home medical equipment, and installing handrails in a bathroom to increase safety and supports.

Since 2010, the HISA grant amounts have languished in the face of increased costs associated with construction materials, labor, and crushing inflation. For ease of delivery, the HISA grant program should be modified to be a single rate for all veterans. Currently, the benefit is limited to \$6,800 for service-connected veterans and \$2,000 for veterans who are not service connected but are enrolled in the VA health care system.

PVA urges Congress to support legislation that raises HISA grant rates and indexes the grants to ensure the benefit is aligned with the costs of needed improvements.

PVA PRIORITY: ENHANCE ACCESS TO HEALTH CARE SERVICES FOR VETERANS WITH SCI/D

Transportation Programs and Supports—Just like every American, access to safe and reliable transportation is essential to the mobility, health, and independence of catastrophically disabled veterans. Thus, addressing transportation concerns is a top priority for PVA. Transportation is the largest barrier to health care access for over five million veterans living in rural and urban areas and especially the catastrophically disabled. It is important to understand this because according to the VA, missed appointments cost the department over \$4 billion per year and most are due to lack of transportation. That number may be higher since it probably didn't account for veterans who are not eligible for travel reimbursement. From an economic standpoint, missed appointments set off a cascade of higher costs in the VA health care system, through the ripple effect created by patients with a higher risk of negative health outcomes to clinicians and medical assistants in rescheduling.

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

The Veterans AUTO and Education Improvement Act also changed the definition of "medical services" to include certain vehicle modifications (e.g., van lifts) offered through VA's Automobile Adaptive Equipment program. Specifically, it amended the definition of "medical services" under 38 U.S.C. § 1701(6) to include the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use. The change was intended to codify VA's existing practice of furnishing certain items, like van lifts and wheelchair tiedowns, to catastrophically disabled veterans. However, where the VHA has used these items as examples, the statute defines them as the only types of modifications that are permissible. Like the VA, we agree that a technical amendment to 38 U.S.C. § 1701(6) is needed to give the department greater flexibility in making the necessary modifications to veterans' vehicles to ensure they can safely enter or exit the vehicle and transport needed equipment, including power wheelchairs. This change inadvertently limits the scope of an existing benefit and these changes better reflect the congressional intent of the original provision. PVA strongly supports H.R. 1364, the Automotive Support Services to Improve Safe Transportation Act of 2025, which addresses this oversight to ensure that seriously disabled veterans are getting the equipment and modifications needed to travel safely.

In addition, even if they have access to an adaptive vehicle, some PVA members do not qualify for beneficiary travel when traveling to and from a VA medical facility for an appointment. A case worker shared with us that she has been working with an 85-year-old veteran paraplegic whose transportation issues have had a significant negative impact on his physical and mental health over the past few years. He is just over the income limit for VA funded travel and therefore has to try and find his own transportation to the VA for SCI/D care. County agencies are extremely limited in the help they can provide due to staffing issues, and his wife's ability to transport him is even more limited due to age and her own health-related issues. The veteran missed a multitude of medical appointments, including

those for pain management and outpatient physical/occupational therapy. His physical and mental health was rapidly deteriorating, to the point he was verbalizing symptoms of high anxiety, lack of sleep, depression, and passive suicidal ideation. The VA referred him to mental health support groups and individual psychotherapy, however, the underlying problem of not having consistent transportation to the VA remained. His lack of transportation clearly had a “snowball effect” on his health that unless addressed would only worsen.

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

For those eligible for beneficiary travel, the rate of reimbursement is too low. Fifteen years ago, Congress passed P.L. 111-163, which set the mileage reimbursement rate at a minimum of \$0.41 per mile which at the time was comparable to rates federal employees were reimbursed for work-related travel. This law also gave the Secretary the authority to increase rates going forward to be consistent with the mileage rate for federal employees for the use of their private vehicles on official business, as established by the Administrator of the General Services Administration (GSA). Since that time, VA’s travel mileage reimbursement rate has remained stagnant, even while gas prices and other costs like auto insurance and vehicle maintenance costs have increased significantly. Last month, GSA increased its mileage reimbursement rates to \$0.70 per mile. PVA urges Congress to pass the Driver Reimbursement Increase for Veteran Equity Act (H.R. 1288) to ensure the beneficiary travel reimbursement rate is at least equal to GSA’s.

VA’s Beneficiary Travel Self-Service System (BTSSS) needs continued attention. For many years, veterans could check in for appointments and file claims for travel pay using VA’s self-service kiosks. The kiosks let veterans file for reimbursement of travel expenses to VA appointments and were highly popular among the veteran community. However, in 2020, VA decommissioned the kiosks as it rolled out an online- and application-based program, the BTSSS. Shortly after BTSSS’ introduction, many veterans had trouble with the online interface and app. VA staff members also had trouble with the system, forcing them to develop workarounds or use the old system to approve claims. According to the VA OIG, veterans used BTSSS for just 49 percent of all claims through mid-2022. The OIG also found that while BTSSS was meant to solve claims without human intervention at least 90 percent of the time, barely 17 percent of claims were automatically decided from February 2021 through July 2022.

While VA continues working to resolve fundamental flaws in BTSS, every VA health care facility should have at least one fully functioning kiosk. Also, as VA modernizes and upgrades platforms and engagement methods, it is critical to remember that many veterans do not have equal access to computers, broadband, and even smart phones. The traditional ways of accessing VA benefits are still necessary for our rural, low-income, disabled, and aging veterans. To ignore them and their needs, is not an option.

VA provides some transportation services directly to veterans through its Veterans Transportation Service. Veterans must live within a VA medical center's catchment area to receive transportation to and from medical appointments. Unfortunately, it is not available at all VA facilities and cannot help veterans who live beyond a certain distance of the medical center. We also hear complaints about medical centers that are not capable of meeting their veterans' transportation needs due to insufficient transportation vendors.

Sometimes, the problem is with the VA-contracted transportation company (CTC) itself. Recently, one of our members had to reschedule his VA appointment because the CTC at his facility called him an hour prior to the appointment to let him know they had no one to pick him up. The veteran was supposed to go for a therapy session and it wasn't the first time no service was available. The CTC for his facility is headquartered more than two hours away which doesn't help. They have to drive two hours to pick up the veteran, take him to his appointment which is 45 minutes from his home, wait for his session to end, drive him home, and then drive the two hours back to their company headquarters. The CTC is always short-staffed and sometimes the drivers are needed in the local area, so there have been times when the drivers do not want to drive such long distances. Thus, we encourage passage of legislation that would help more veterans in rural areas get transportation to VA health facilities and access the care they've earned.

Health Care and Benefits for Women Veterans—More attention and oversight are needed to ensure that women veterans can access comprehensive, gender specific care, services, and benefits. The VA should be providing the highest standards of care when it comes to quality, privacy, safety, dignity, and accessibility. While the VA has a robust SCI/D system of care to serve veterans with SCI/D, there needs to be greater collaboration between SCI/D centers and gender-specific care for our women veterans.

Ensuring that women PVA members have timely access to quality care will only help VA to be better positioned to deliver care for all veterans, particularly those with complex injuries and illnesses. Women veterans are the fastest growing veteran cohort using VA benefits and services, accounting for nearly 30 percent of all new VA enrollees. It is our obligation to ensure that women veterans encounter barrier-free access to health care and benefits equal to their male counterparts. Our women members often report that it is difficult to access gender-specific care within the SCI/D system because it requires a high level of cooperation and coordination with the women's health clinics. With limited staff inside women's clinics, there is often difficulty in coordinating this care. It is left up to each facility to proactively establish integrated care for patients within the SCI/D system, and unfortunately, this has not been a priority for many locations. One PVA leader shared that OB/GYN services have only been available at her VA for four years. The only way to access them is through a consult from her primary care provider at the SCI/D center and the women's health clinic, which is sometimes difficult to arrange.

Many women veterans receive their primary care through a women's health clinic which eliminates this extra step in accessing their care.

Women PVA members have shared that accessibility for them goes beyond the women's clinic. Recently, a member needed an MRI but the changing rooms in radiology were not accessible for wheelchair users, leaving her feeling vulnerable and exposed. Despite the efforts made by VA to provide gender-specific care for women veterans, we still hear stories of our members experiencing a number of different barriers at VA facilities. Accessibility goes beyond parking spaces and automatic doors.

Expecting VA to provide accessible, gender specific care to our women veterans should not be up for debate, women have selflessly served this country for centuries. They are owed the same access to health care and benefits as their male counterparts.

Assisted Reproductive Technologies (ART)—Recognizing the need for ART options, Congress granted temporary authorization in 2016 for the VA to provide in vitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy. This temporary authorization has been reapproved multiple times, but Congress has always stopped short of permanently authorizing it and expanding the types of ART provided to veterans. While PVA is grateful for these provisions, it is time to permanently fund these treatments and include infertility as part of the regular medical benefits package offered by the VA. To improve access to services and ensure that all veterans can receive treatment if they receive an infertility diagnosis, Congress should pass the Veterans Infertility Treatment Act (H.R. 220), which would allow appropriate infertility treatments to be authorized as part of the medical benefits package.

Recent policy changes have been made within the VA and the Department of Defense to increase access to IVF services, and we are hopeful they will remain in place. There should be fewer barriers to servicemembers and veterans who are struggling to grow their families and for veterans who have infertility due to their military service. They should be afforded the opportunity to access this benefit without the additional stress of adhering to the narrow understanding of direct service-connection.

In closing, the working environment across the country, within VHA and VBA, is quickly becoming untenable. How can we expect doctors, nurses, claims raters, vocational rehabilitation counselors, and other staff to be focused on their mission to care for veterans while the specter of losing their jobs hangs over their heads? The simple answer is, they can't, and unless something is immediately done to restore a stable environment at VA, veterans will be harmed. Taking care of PVA members is hard enough without these distractions. As the body charged with VA oversight, I urge you to intervene before something like that happens.

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that directly impact PVA's membership. We look forward to continuing our work with you to ensure that veterans get timely access to high quality health care and all the benefits that they have earned and deserve. I would be happy to answer any questions.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 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.

**ROBERT L. THOMAS JR.
PVA NATIONAL PRESIDENT & CHAIRMAN OF THE BOARD**



“PVA has changed my life by introducing me to things that I believed to be over when I became injured, such as the National Veterans Wheelchair Games, and showing me that you can still live a fulfilling life although you have sustained a catastrophic injury.”

Robert Thomas grew up in Cleveland, Ohio and played football and basketball. He enlisted in the U.S. Army shortly after graduating high school in 1987. Thomas served as a power generation equipment specialist at Fort Sill, Oklahoma; Camp Humphreys, South Korea; and Fort Bragg, NC. While on active duty, in 1991, Thomas had a diving accident that severed his fifth and sixth vertebrae. He was introduced to PVA through the Cleveland VA Medical Center. PVA helped him navigate his new life by working to obtain his earned benefits through the VA, and reintegrating him back into society

through social outings with the recreational therapist.

Thomas joined PVA in 1993 as a member of the Buckeye Chapter of PVA in Ohio, and a little while later, began volunteering with the chapter. He took some time off to earn his associate degree in Information Technology, and returned to the Buckeye Chapter of PVA board in 2010. He served as the chapter's vice president from 2012-2015, and as the chapter's representative on the national Field Advisory Committee and the Resolution Committee.

Thomas was reelected in May 2024 during the organization's 78th Annual Convention, and began serving his second one-year term as President and Chairman of the Board on July 1, 2024. He initially joined PVA leadership at the national level in 2015 as the parliamentarian, and was elected to serve on the Executive Committee in 2017.

Thomas continues to serve PVA because he wants to help lead the organization well into the future. “My inspiration to serve stems from PVA's past and present leadership,” Thomas says. “Being a member for 30 years and seeing how unselfishly each leader, member, employee, and volunteer gives of themselves makes me want to continue to serve an organization that does so much for veterans and the disabled community.”

In addition to serving as the President and Chairman of the Board for PVA, Thomas currently serves as the chair of PVA's Education Foundation. He was also appointed to the VA's Family Caregiver and Survivors Advisory Committee. Thomas and his wife, LaShon, live in Macedonia, Ohio. Thomas enjoys reading, watching sports, and playing adaptive sports like power soccer, bowling, air guns, and scuba diving.



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Before a
 Joint Hearing of the
 House and Senate Veterans Affairs Committees
 March 4, 2025

Statement of Allison Jaslow
Chief Executive Officer
of
Iraq and Afghanistan Veterans Of America
Before a joint hearing before the
House and Senate Veterans Affairs Committees

March 4, 2025

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and members of the Committee. On behalf of Iraq and Afghanistan Veterans of America's (IAVA) more than 425,000 members, thank you for the opportunity to share our priorities for the start of the 119th Congress.

IAVA is the leading voice of the Post-9/11 generation of veterans. For nearly two decades, we've spoken up and our nation has listened to us on the issues that matter most to our generation of veterans. At times, those have been so-called 'veterans issues.' We fought for improvement to veteran education benefits and won passage of the Post-9/11 GI Bill. IAVA's voice was also key in raising awareness around the veteran suicide crisis, which is a battle we are still fighting today. And, IAVA's prioritization of women veterans and the awareness we raised around their unique needs catalyzed improvements in VA care for women.

2024, however, marked the start of a new era for IAVA. We have continued to show up for our community and get the backs of our fellow veterans on a range of issues. But we have begun to be more vocal on other issues of importance to our community, and ones in which the veteran-voice is a voice of authority.

Grounded in feedback from our members in our annual survey, the following are Iraq and Afghanistan Veterans of America priorities in what is an important time for our community, our country, and could be make-or-break for the future of both.

We Need to Repeal or Reform the 2001 and 2002 Authorizations of Military Force

After 9/11, Congress passed an authorization for use of military force (AUMF) that would allow us to retaliate against Al-Qaeda and resulted in the United States going to war in Afghanistan. In 2002, after the case was made for U.S. troops to invade Iraq with the intent of dismantling Iraq's weapons of mass destruction and ending Saddam Hussein's reign in the country, Congress passed another AUMF in October of that year. That AUMF resulted in the Iraq War. A war Americans were told was over in December of 2011, and as we all watched in August of 2021, America's



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involvement in Afghanistan was finally ended. But these AUMFs remain in place, with the 2001 AUMF still being used today to justify putting our fellow Americans into harm's way to defend us from threats to our national security.

America may very well need to deploy its sons and daughters to defend us abroad, but we owe it to them and their families to debate the purpose for which we're asking them to risk their lives, and for how long to do so. 68% of IAVA veterans surveyed want repeal or reform of the 2001 and 2002 AUMFs. Only 15% of IAVA veterans told us that they think the AUMFs should be left 'as-is'.

Repealing, or at a minimum reforming, the 2001 and 2002 AUMFs is the responsible thing to do. Additionally, repeal of the 1991 AUMF related to Iraq is long overdue. Not addressing the state of these AUMFs sets a terrible precedent for future wars, and is a dereliction by our elected leaders in Congress of their most solemn duty.

The Fight for Gender Equality in America Needs to Include Shared Sacrifice - Selective Service

Current law requires every male citizen and male immigrant in the United States— regardless of legal status — between the ages of 18 and 26 to register with the Selective Service. Failure to register is considered a felony and can also make a man in America permanently ineligible for government employment and certain benefits like federal student aid.

IAVA veterans overwhelmingly support including women in the Selective Service. In our recent IAVA member survey, 75% of our veterans said that women should be required to register, while only 16% were opposed. By gender, 76% of male respondents said they believed that women should also be required to register in the Selective Service, while 71% of female respondents agreed. In the 117th Congress, H.R. 5392 was introduced and would authorize the Military Selective Service Act to be amended and allow women to elect to register for the draft. Proposals to amend Selective Service Registration followed in the 118th Congress through the 2025 NDAA process. IAVA has not yet seen a similar bill introduced this Congress, but strongly urges legislators to continue to move this fight forward to help ensure full gender equality in America.

It remains to be seen as to whether a draft will be needed again to protect and defend the United States. But one thing is clear - the time has come for our nation to ask equally of its daughters as it does its sons.

The Post-9/11 Generation Wants Alternative Therapies - And Now

Post-9/11 veterans came of age amidst the opioid crisis. Many of us have buddies back at home who lost their lives due to an overdose, and many of us are eager to have alternatives to prescription drugs when treating our wartime wounds. This includes greater access to cannabis



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treatments. Currently, however, veterans who live in states where cannabis has been legalized completely are unable to even be prescribed cannabis for medicinal purposes by their doctor at the VA.

When asked if they would support legalizing cannabis at the federal level to ensure that veterans in every state have equal access to cannabis as an option for treating their wartime wounds, a resounding 71% of IAVA veterans said they did. In comparison, a mere 12% said they opposed. IAVA has consistently sought progress at the VA around cannabis, and it's past time for national policy change to empower VA doctors to connect veterans who want to explore cannabis as a treatment option, to it.

In 41 states and territories and Washington D.C., post-9/11 veterans have access to medical marijuana yet many veterans fear retribution for cannabis use due to current VA policy and federal scheduling. The *Marijuana Safe Harbor Act* (H.R. 2682), introduced in the 118th Congress would create a temporary, five-year safe harbor protection for veterans who use medical cannabis, allowing VA doctors to discuss and recommend marijuana as a treatment option for patients if a state-legal medical marijuana program is in place. IAVA is looking forward to the Act's re-introduction in the 119th Congress.

In 2024, IAVA also called on the U.S. Department of Justice (DOJ) and the U.S. Drug Enforcement Administration (DEA) to accept the U.S. Department of Health and Human Services (HHS) recommendation to reschedule cannabis to Schedule III allowing for veterans to discuss cannabis use with their VA providers without fear of retribution. A call we hope members in this body can also support.

IAVA members strongly support access to alternative therapies such as cannabis and while we understand that the administrative scheduling process involves several steps, the sooner the DEA moves forward with a reclassification of cannabis, the sooner it could potentially be integrated into the VHA - our nation's largest healthcare system.

Currently, most psychedelics are also not approved for use in mental health treatments. But recently the VA decided to fund studies on the use of psychedelics in treating mental health conditions. This came after years of a growing number of veterans hearing stories from fellow vets about the game-changing effects of this breakthrough mental health therapy. Many veterans are so bought in on psychedelic treatments that they've left the country at their own expense to get this care.

In a first for our member survey, we asked IAVA veterans whether they supported expanding veteran access to psychedelic treatment options within the VA, and 65% of them told us they did. Only 12% told us they were opposed. We welcomed the investment in psychedelic research that signed into law as a part of the National Defense Authorization Act (NDAA) in the last Congress, and hope that the learnings from that research are incorporated into further action by



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Congress that can help to expand the treatment options available to US service members and veterans to care for their wartime wounds.

Whether it's cannabis or psychedelics, the data makes clear that our generation of veterans is ready to try more alternative therapies to treat everything from chronic pain to PTSD. We just need our elected leaders to help make it possible.

We Need to Have the Backs of Women Veterans and Military Families Post-Dobbs v. Jackson

On July 1, 2022, in the wake of the fall of *Roe v. Wade*, few were thinking about how putting abortion laws in the hands of the states would impact our national security. But overnight, the landscape changed for thousands of troops and their families who were stationed in states with regressive abortion laws and couldn't just pick up and leave their duty station. With this one decision by the Supreme Court, women veterans who were also in those states couldn't even turn to the VA if they had a pregnancy crisis.

In the months following, the Departments of Veterans Affairs and Defense stepped in to help women veterans, members of the military and their families get access to greater reproductive care. In the early days of the new Administration, the policy at the Department of Defense was rolled back, but not because an overwhelming number of members of the military and their families asked the Administration for this policy change. When IAVA veteran members were asked if they supported the VA and DoD stepping in to make sure troops, their families and veterans have access to the reproductive care that they need post-Dobbs decision, 68% said they did, while only 20% opposed.

Similar to most Americans, IAVA veterans want women in America to have access to the reproductive care they need and deserve, including 60% of male veteran respondents in our most recent member survey. We'll continue to fight to ensure women veterans, members of the military and their families have access to reproductive care they need following the Supreme Court's decision in *Dobbs v. Jackson*, and we're ready to work with our elected leaders in all corners of government to ensure it is reality.

Additionally, fixing the VA coverage gap for birth control has been needlessly difficult. Nearly 15 years since passage of the Affordable Care Act eliminated co-pays for most women in America, those who get their healthcare through the VA are still subjected to one. Starting in 2019, members of Congress began to work to right this wrong, seeking passage of the *Equal Access to Contraception for Veterans Act*, which aimed to provide no-cost contraceptive care for women veterans. So far, it has yet to become law and IAVA strongly supports its passage in the 119th Congress as H.R. 211.



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We Need to Have the Backs of Our Afghan Allies

In the months leading up to the United State's withdrawal from Afghanistan in 2021, veterans of the War in Afghanistan were seemingly screaming into the void as they raised alarm bells that thousands of our allies on the ground there still needed refuge. As we all know, the US has now withdrawn American forces from Afghanistan, but our allies remain - most of whom are living in constant fear of the Taliban. That is, if they're even still alive.

It has been clear for some time now that IAVA veterans think more should be done on behalf of Afghans who served alongside U.S. troops during our two decades of involvement in Afghanistan. In our recent survey, 72% of IAVA veterans think more should be done, while only 3% say less. 12% also personally participated in efforts to assist Afghan refugees during or after the withdrawal from Afghanistan, while another 33% knew someone who did. Many of our veteran members also told us that they contributed some of their own money to help Afghans in need, in addition to providing emotional support to Afghans they served alongside that in some cases helped save their life.

Fixing the Special Immigrant Visa system (SIV) to help our Afghan allies will not only save lives, it's critical to our national security that we keep the promises we made to them and others - you help us, we'll help you - if we want local help on the ground again in wartime. It also remains to be understood what the broader impact of this prolonged struggle has been on the military and veteran community, but many veterans have experienced an emotional toll, feeling personally responsible for the promise America made to their Afghan comrades, and in some cases shouldering responsibility for their avoidable death.

As we continue to work as a nation to fulfill our promise to our Afghan allies, we were pleased to see that the Coordinator for Afghan Relocation Efforts (CARE) Office within the U.S. Department of State was reauthorized for another three years in the 2025 NDAA. This entity only exists because of the dire situation that was created in Afghanistan after the withdrawal, and by no means is the long-term solution that we need to help us keep our promise to our Afghan allies. However, it is important infrastructure to help ensure an already perilous situation doesn't get worse in Afghanistan as we work to resettle those who fought alongside US troops in the Afghanistan War and assisted us in other mission-critical ways as we worked to achieve the objectives of that war.

While our top priorities have changed in recent years following passage of the landmark *Honoring Our PACT Act*, increased focus on veteran mental health and suicide, and marked progress for women veterans, many of our other priorities will still be a focus.

Fight Military Sexual Assault and Trauma



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The VA reports that about 1 in 4 women veterans and 1 in 100 male veterans report experiencing military sexual trauma (MST). During the course of the investigation, the VA Office of the Inspector General (OIG) found that nearly half of MST claims submitted to VA were not properly processed according to the Veterans Benefits Administration's (VBA) claim processing policy. Survivors may not choose to formally report a sexual assault for fear of retaliation, whether professional or social. According to IAVA's most recent member survey, 12% of all respondents told us they were survivors of MSA, and an alarming 56% of women veteran respondents reported they were survivors.

Introduced in the 118th Congress, The *Servicemembers and Veterans Empowerment and Support Act*, which was first introduced in 2017, would expand the evidentiary standard for survivors applying for disability benefits from the Department of Veterans Affairs (VA) to ensure MST survivors are provided equal access to the benefits and care they have earned. This legislative effort makes reforms that are urgently needed at VA to best support veterans who are survivors of military sexual trauma. IAVA urges Congress to re-introduce the *Servicemembers and Veterans Empowerment and Support Act* immediately to address the tragic faults in the VA claims process that have led to survivors of MST being unnecessarily retraumatized.

Defend the GI Bill

Ever since the Post-9/11 GI Bill was signed into law in 2008, IAVA and our VSO partners have defended the benefit, fought for improvements, and worked successfully to block predatory schools from benefiting from loopholes in military and veteran education programs.

In 2021, after many years of work with our VSO partners, IAVA celebrated passage of legislation to finally close the "90/10 loophole" which rewarded predatory schools for targeting veteran students for their generous education benefits. IAVA then played a lead role in the federal rulemaking process to ensure the Education Department implemented the law as intended. The Department published its final rule in October 2022, and in 2024, schools began to account for their use of military-connected education funds according to the intent of the law. IAVA calls on Congress to closely monitor the implementation of this law and ensure that veterans and military families are protected.

Efforts to roll back the closure of the "90/10 loophole" and years of work to ensure that veterans and the American taxpayer are not taken advantage of by predatory institutions have been underway since the law was changed and IAVA staunchly opposes any legislation to do so. The integrity of the Post-9/11 G.I. Bill rests with our elected leader's ability to disincentivize predatory actors and protect the education benefits that veterans have earned and the American people are investing in for them.

Additionally, IAVA strongly supports research into inequities in the distribution of benefits for marginalized veterans. IAVA continues the fight for the enhancement and improvement of GI



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Bill benefits for marginalized veterans, including those veterans who have been denied the full range of G.I. Bill benefits due to their gender or race. We support efforts like *The GI Bill Restoration Act* from previous Congress, the restoration of GI Bill benefits denied to minority veterans and their families, and other efforts to see these economic harms repaired.

While there is much action to be done for our nation's veterans and service members, it is also equally as important to have strong congressional oversight for recent legislative wins.

Honoring Our PACT Act (P.L 117-168)

IAVA commends the hard work and tough decisions made by members of your committees and congressional leaders leading up to the summer 2022 passage of the *Honoring Our PACT Act*, the largest investment in veterans healthcare in decades. The conversation around toxic exposure was jump-started by IAVA's advocacy around the burn pits that were used in the Iraq and Afghanistan Wars. The momentum started by that conversation resulted in the PACT Act, which was ultimately supported by the *entire* military and veteran community. It is impossible to measure the great appreciation we have for those who supported us in this effort. Thank you.

The VA, Congress, and the VSO community have an enormous responsibility to get implementation of this right. In the previous Administration, under the leadership of Secretary McDonough, the VA did an incredible prioritizing implementation of the PACT Act. The agency's efforts have, frankly, surpassed what we had thought possible by the VA. We hope that the new Administration leans into getting veterans who've experienced toxic exposure the care they deserve, and ask for this body to hold them accountable for doing so.

The Department of Defense (DoD) also has a substantial responsibility with many who have been exposed throughout the Global War on Terror (GWOT), are still on active duty today, and will one day transition from service. Nearly 200,000¹ service members leave the military each year and they and their families need to know the benefits they have earned and how to get enrolled in the VA to obtain them.² Many service members in the Reserve and Guard component are eligible now for VA care and also need immediate outreach by DoD and the VA.

Since passage, there has been an astounding 2,061,712 processed PACT Act Claims, with 1,533,309³ claims approved. Additionally, there have been several administrative actions taken to include other ailments not included in what originally passed in Congress. IAVA applauds the work of VA to meet the moment following the PACT Act's passage and urges current leadership to continue researching ailments that could be connected to burn pits and other toxic exposure

¹[https://www.dol.gov/agencies/vets/programs/tap#:~:text=Every%20year%2C%20approximately%20200%2C000%20men,TAP\)%2C%20provided%20under%2010%20U.S.C.](https://www.dol.gov/agencies/vets/programs/tap#:~:text=Every%20year%2C%20approximately%20200%2C000%20men,TAP)%2C%20provided%20under%2010%20U.S.C.)

² GAO, WatchBlog, *For Veterans Day – Is A Key Program Meant to Help Transition to Civilian Life Reaching its Audience?*, November 9, 2023.

³ <https://department.va.gov/pactdata/>



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VA also must continue its outreach to American Indian Tribes, Native Hawaiians, and Alaskan Natives through the Indian Health Service, Bureau of Indian Affairs, Tribal veterans service organizations, and other suitable organizations and agencies. Additionally, a concerted effort must be made to reach veterans throughout rural America as they are often more disconnected than others. Continued and increased outreach to marginalized communities is also necessary. VA must look at unique ways to engage the diverse communities within the veteran community and inform them about the benefits they have earned from their service.

Compact Act (P.L. 116-214)

The Veterans Comprehensive Prevention, Access to Care, and Treatment Act or the 'COMPACT Act,' provides veterans with a pathway to access emergent suicide care when and where they need it. IAVA supported this legislation to combat the crisis of veteran suicide and we are encouraged by the tens of thousands of veterans that have already accessed this benefit. While this is promising, IAVA has also learned that many medical facilities are unaware of this benefit for veterans. More oversight of this program needs to be done by Congress to ensure that widespread outreach is done to the medical community about it, in addition to our veteran community.

Losing one veteran to suicide is too many, and the knowledge that emergent suicide care is available, without having to worry about the cost, could save lives each day.

Deborah Sampson Act (P.L. 116-315)

The *Deborah Sampson Act*, which IAVA developed hand-in-hand with members of Congress, filled important gaps in care for women veterans. The centerpiece of our #SheWhoBorneTheBattle campaign remains the most comprehensive law of its kind to empower the fastest-growing cohort in our military and veteran community. IAVA is encouraged by implementation of this law to this point and appreciates the updates that VA has provided our community. However, we know that the fight to ensure women veterans feel safe, fully cared for, and fully recognized by the VA is far from over. IAVA welcomes the opportunity to work with each of you on ways to continue to change the reality for women veterans today, whether it's around consistent and persistent oversight of implementation of the *Deborah Sampson Act* or new initiatives to fill gaps in care for women veterans.

Separate from this legislation, but very important to many of the veterans we represent, is the need to change the VA's motto to ensure it recognizes the service of *all Americans* who have served, their caregivers and their survivors. IAVA was pleased to see Secretary McDonough act to change the motto digitally and in VA publications, but remains disappointed that change is not also reflected in the bronze signs outside of VA. This needs to finally change, and recent efforts to ensure that VA is unable to change the motto physically are shameful and disrespectful.



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IAVA has worked hard with allies in recent years to ensure every veteran who walks through the doors of a VA facility feels they belong there. That the VA sees them, and that they are viewed equally in the eyes of the very agency that's supposed to support them the most. Preventing the VA's motto from being fully updated would harm the progress we have made to obtain greater recognition for women veterans in America and send a clear message to not just women veterans, but also LGBTQ+ veterans, caregivers and survivors that they don't belong.

Thank you for inviting us here today. For making sure that the voice of my generation of veterans is heard. And for taking the time to listen to our priorities.

I am happy to answer any questions you may have.

In 2023, Allison Jaslow took over as CEO for IAVA, making her the first LGBTQ and woman CEO of the organization. Nationally, Jaslow is recognized as a leading voice on the impact of the military-civilian divide on our political system and as an authority on the unique challenges faced by women in the military. A former Army Captain, Jaslow is also a seasoned political and communications strategist, serving on the staff of several Members of Congress, and as a White House communications aide. She served a previous stint at IAVA as its Executive Director, is a former Executive Director of the Democratic Congressional Campaign Committee (DCCC), is a co-Founder of Operation Liberty and has recently served as an Adjunct Professor of the Practice at Duke University.

When she was Executive Director of IAVA, Jaslow led a national campaign to increase recognition of, and support for, women veterans. The "She Who Borne the Battle" campaign boldly targeted the Department of Veterans Affairs' gender exclusive motto and put the needs of women veterans on the map – and in the headlines. Jaslow also oversaw the organization's successful campaigns to block over \$4 billion in cuts to veteran education benefits, and to reverse the Defense Department's efforts to claw back bonuses paid to California National Guardsmen. Jaslow was instrumental in orchestrating the first-ever "Commander in Chief Forum" in partnership with NBC, ensuring issues important to the military community remained front and center during the 2016 presidential campaign. The forum drew over 15 million viewers.

Prior to joining IAVA, Jaslow built a reputation as a leader, trusted advisor and innovative political strategist in Washington and on campaigns across the country. She served as Chief of Staff to Illinois Congresswoman Cheri Bustos, after leading Bustos' successful campaign to unseat an incumbent Member of Congress in what has since become a bellwether region for the success of both political parties. Jaslow also served as a communications aide in the White House, as Press Secretary for former Virginia Senator and decorated Vietnam veteran Jim Webb and in leadership roles for various other Members of Congress.

Jaslow has twice testified before Congress and made appearances on national news programs including NBC's Today Show, CNN's Anderson Cooper 360, MSNBC's Rachel Maddow Show, and the CBS Evening News, where she speaks on issues ranging from national politics to our national security and the military-civilian divide. She has contributed to The New York Times, The Washington Post, CNN Opinion and Marie Claire in addition to other national publications. Jaslow has also worked closely with the entertainment industry, leading impact partnerships with several noteworthy films including Warner Brothers' Dunkirk, Netflix's War Machine, and Blood Stripe, an independent film which depicts a woman Marine's transition from combat to civilian life.

Jaslow graduated from the University of Central Missouri and Wentworth Military Academy and Junior College, both of which she attended on ROTC scholarship before entering active duty in the United States Army. She has served on the Board of Directors for Iraq and Afghanistan Veterans of America, was a founding Director on the Board of the 2LT Richard W. Collins III Foundation, and was the first and only woman on the Board of Trustees for Wentworth Military Academy. Jaslow is a Term Member of the Council on Foreign Relations, a charter member of

the National Parks Conservation Assn.'s Veterans Council, and was named both an Aspen Institute Ideas Festival Scholar and Aspen Security Forum Scholar. For her military service, Jaslow's awards include the Bronze Star Medal and the Army Commendation Medal with a Bronze Oak Leaf Cluster.



**TESTIMONY OF
STUDENT VETERANS OF AMERICA**

BEFORE THE

**COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE
U.S. HOUSE OF REPRESENTATIVES**

**HEARING ON THE TOPIC OF:
"LEGISLATIVE PRIORITIES OF 2025"**

MARCH 4, 2025

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Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of Senate and House Committees on Veterans' Affairs,

Student Veterans of America (SVA) is honored to present testimony on our policy priorities and the critical issues to build upon our commitment to empower student veterans and military-connected students as they transition *to, through, and beyond higher education.¹ By proactively addressing the evolving needs of our community, these priorities tackle the challenges faced by student veterans, military-connected students, their families, caregivers, and survivors. Through advocacy for transformative policies that bolster academic support, enrich career pathways, and nurture holistic well-being, SVA seeks to ensure all those we serve realize their full potential and thrive in every facet of life. In identifying and prioritizing today's most urgent issues, SVA strives to drive impactful advocacy and deliver meaningful support. We invite policymakers, educators, and fellow advocates to join us in championing these initiatives - together, we can amplify SVA's voice and shape a brighter future for those who have served.

Introduction

Founded in 2008, SVA was born from a grassroots movement of Post-9/11 veterans who faced systemic barriers in accessing their GI Bill benefits. These veterans, many having served in Iraq and Afghanistan, returned home to find a higher education system unprepared to support their unique needs. Connecting through campus veterans' clubs, social media, and direct advocacy, they fought for the passage of the Post-9/11 GI Bill—a landmark achievement that has since transformed the educational landscape for veterans. At the inaugural SVA conference in 2008, these leaders formally united under one banner, setting the foundation for a nationwide movement dedicated to empowering student veterans to, through, and beyond higher education.

Today, SVA has expanded to more than 1,600 chapters across colleges and universities in the United States and abroad, providing student veterans with the community and sense of belonging often lost in the transition from military service to civilian life. At its core, SVA is more than an organization—it is a movement, an ecosystem of support, and a catalyst for change. There are more than an estimated 840,000 students receiving GI Bill benefits², almost 600,000 are on a campus with an SVA chapter³ giving SVA the platform to impact the lives of veterans and their families through communities of support and success.

SVA chapters are the backbone of the student veteran community, providing essential support, resources, and camaraderie to help military-affiliated students thrive. Through their dedication and leadership, these chapters create a lasting impact on campuses and beyond, empowering veterans to excel academically, professionally, and personally. A shining example of this impact is the *Veterans of Baylor*, our SVA chapter at Baylor University in Waco, Texas. This chapter fosters a strong sense of camaraderie through regular social and team-building events like Warrior Wednesday, family gatherings, and the Battle of the Branches flag football tournament. Beyond social engagement, the chapter also provides invaluable resources, including an in-house VA social worker, disability claim assistance, and a textbook lending library to ease the financial burdens of student veterans. Through both on- and off-campus efforts,

¹ SVA's mission is to "act as a catalyst for student veteran success by providing resources, network support and advocacy to, through, and beyond higher education." SVA's vision is "empowering student veterans to lead and live their best lives." For more on the mission and vision of the organization, see <https://studentveterans.org/>.

² According to the VBA Annual Benefits Report Fiscal Year 2023, updated February 2024, there were 843,135 recipients combined of the Post-9/11 GI Bill (chapter 33), MGIB-AD (chapter 30), MGIB-SR (1606), DEA (chapter 35), and VEAP (chapter 32).

³ The number of those receiving GI Bill benefits reported by campus in the VA's GI Bill Comparison Tool dataset were cross-referenced with campuses present in the SVA system of record as having an SVA chapter.





the Veterans of Baylor have built an inclusive, supportive environment for military-affiliated students while making a meaningful difference in the broader community.

Individual SVA chapter leaders also create meaningful impact on their own. Army veteran, Ralph Figueroa is currently pursuing a master's degree in Rehabilitation Counseling at California State University, San Bernardino (CSUSB) and maintains a perfect 4.0 GPA, along with the many initiatives he leads on his campus to positively impact his community. Ralph developed the Student Veteran Organization (SVO) Hygiene Commissary and the Veterans Success Center (VSC)/SVO Food & Snack Pantry to address immediate needs of student veterans facing financial hardship, providing essential resources to ensure their success. He secured a \$22,000 donation to CSUSB's Basic Needs and Student Support initiatives, and his leadership earned the chapter the Organization of the Year award on his campus. His story mirrors those of many within the SVA chapter network—driven by a commitment to education and service, striving to make a lasting impact on their campus and community.

At SVA's national headquarters in Washington, DC, our mission remains clear: to empower student veterans and ensure they have the tools, support, and opportunities necessary to succeed in higher education and beyond. This includes, but is not limited to:

- Ensuring that transitioning service members and their families have the information, support, and resources ready to make decisions about their academic and economic futures through programs such as the SVA Success Hub, including the SVA Advising Center.
- Strengthening campus chapters by providing leadership training, resources, and networking opportunities through national and regional programming and chapter services.
- Expanding mental health services to address the unique challenges faced by transitioning veterans through collaborative efforts such as the Veteran Wellness Alliance⁴ and partnerships with the VA.
- Guarantee that every student veteran has access to the guidance and services they need to succeed, regardless of background or life experience by participating in campus visits and having conversations with campus leaders.
- Building strong connections with employers to facilitate career readiness and post-graduation success through a networked approach with corporate, government, and nonprofit sector organizations and the SVA Career Center.

⁴The Veteran Wellness Alliance (VWA) is a coalition of veteran peer-to-peer networks and top mental and brain health care providers, connecting veterans, service members, and their families to high-quality care for invisible wounds. For more information, see <https://www.bushcenter.org/topics/veterans/veteran-transition/veteran-wellness-alliance>



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The GI Bill is the Front Door to VA

In 2025, the GI Bill remains one of the most powerful tools for veteran success, offering pathways to higher education, economic mobility, and long-term well-being. For many transitioning service members, the GI Bill serves as their first interaction with U.S. Department of Veterans Affairs (VA), making it a defining moment that shapes their trust in the whole of VA. A smooth, transparent experience encourages veterans to explore the full range of VA services, from mental health care to career resources, while bureaucratic hurdles discourage engagement. If fully optimized, the GI Bill can serve as the “front door” to VA, ensuring that veterans not only succeed in education but also remain engaged in the broader network of programs designed to support them throughout their lives.

The past several years have seen significant advancements in the administration of the GI Bill, including IT infrastructure improvements, automation of benefit processing, and expanded student veteran support services.⁵ However, critical challenges remain. The disconnect between VA and the U.S. Department of Education (ED) creates unnecessary delays and confusion for student veterans, who often struggle to navigate conflicting policies. Greater interagency collaboration between VA, ED, U.S. Department of Labor (DoL), and the U.S. Department of Defense (DoD) is needed to streamline benefit transfer processes, enhance data-sharing agreements, and improve the transition from service to school. Additionally, the GI Bill must evolve to accommodate the future of work, as more veterans seek non-traditional education options such as apprenticeships, STEM-based workforce development programs, certificate-based training, and online learning. Continued investment in AI-driven customer service, digital benefits navigation, and mobile-friendly platforms will also be crucial to ensure veterans can access their benefits quickly and efficiently.

SVA applauds the steps VA has taken to prioritize education benefits, particularly through the overhaul of the Veterans Benefits Administration (VBA)’s IT infrastructure. However, in 2025 and beyond, SVA urges Congress and VA to strengthen oversight, ensuring that education services remain a top priority and that technology upgrades are implemented effectively. Improved interagency coordination is essential to reduce administrative burdens on student veterans, while seizing opportunities to improve the GI Bill will help veterans align their education with evolving job market demands. Furthermore, removing barriers for rural, disabled, and non-traditional learners will ensure that every veteran has equitable access to their earned benefits.

At SVA’s 17th Annual National Conference (NatCon 2025), the power of direct VA engagement was evident, with over 200 VA representatives assisting student veterans with benefits counseling, mental health enrollment, and disability claims support. In two days, these VA representatives provided one-on-one assistance to 414 veterans, scheduled 201 compensation and pension exams, completed 23 disability ratings on site, and processed an additional 706 disability benefits questionnaires for claims.⁶ These interactions demonstrate what VA engagement should look like nationwide—proactive, veteran-centric, and focused on delivering real results. As we move forward, SVA remains committed to ensuring that the GI Bill is not just an education benefit, but a lifelong tool for veteran success. By modernizing its infrastructure, increasing accessibility, and strengthening interagency collaboration, we can create a more efficient, veteran-ready system that meets the needs of every generation of student veterans. The GI Bill is more than a benefit—it’s a promise. In 2025, it is time to fulfill that promise for every veteran.

⁵ U.S. Department of Veterans Affairs. (n.d.). *Transforming the GI Bill experience*. Digital VA. Retrieved February 19, 2025, from <https://digital.va.gov/delightful-end-user-experience/transforming-the-gi-bill-experience/>

⁶ This data was provided by the VBA Office of Colorado Springs, Denver Regional Office, who served during the 17th Annual SVA National Conference in Colorado Springs, CO, January 2-4, 2025.



SVA Research Findings and Initiatives

For over 17 years, SVA has been dedicated to researching the effectiveness of the Post-9/11 GI Bill, the transition of student veterans into higher education, and the broader economic and social impacts of military service. The data continues to reaffirm one core truth: student veterans are among the most successful students in higher education. Through rigorous research and data analysis, SVA has worked to demystify the student veteran experience and identify both strengths and areas in need of improvement. Our findings serve as a foundation for policies and programs that support this talented and driven population.

Eleven years ago, SVA launched the Million Records Project (MRP), a first-of-its-kind study tracking the academic success of student veterans.⁷ Three years later, the National Veteran Education Success Tracker (NVEST) followed, measuring the outcomes of the first 854,000 veterans to use the Post-9/11 GI Bill.⁸ The results were clear—student veterans succeed⁹ at higher rates and outperform their peers academically, then go on to contribute significantly to the workforce. However, SVA's research has gone beyond just measuring academic success. Through the Lifecycle Atlas Project, SVA has worked to map veterans' educational pathways from high school through their transition into careers, uncovering key insights into the veteran student experience.¹⁰ To build on this body of work, SVA, joined by researchers from the Veteran and Military Services office at the Texas A&M University System (TAMUS), are currently using the NVEST framework to understand specific successes and challenges at the state level, beginning with Texas. The NVEST in Texas project is another first-of-its-kind to institutionalize a data-driven understanding of student veterans and other military-affiliated students at a state level.¹¹ More broadly, SVA began working to uncover the insecurities that veterans face their first year following separation from service to better facilitate transitions into higher education and careers with a foundation of support.¹²

One of the most persistent misconceptions about student veterans is the assumption that their educational journey follows a traditional path—high school, military service, college, and then the workforce. While this was largely true in the post-World War II era, today's veterans take diverse and nonlinear paths through higher education. Increased access to college courses before, during, and after military service has changed the way veterans engage with

⁷ Cate, C. A. (2014). *Million Records Project: Research from Student Veterans of America*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/mrp_Full_report.pdf

⁸ Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf

⁹ SVA has used "success rate" as compared to "graduation rate" because the standard metric of a cohorted four-, six-, or eight-year graduation rate is inappropriate for student veterans (and nontraditional students, writ large) because of the non-linear path these students take from high school and through higher education before starting a career. Success rate is a non-attrition rate that combines graduation, persistence, transfer, and retention. Compared to traditional students, the success rate of student veterans is significantly higher. When cohorted graduation rates are used, often military service or family or work obligations prevent student veterans from remaining in the same cohort, thus diminishing their presence in these metrics.

¹⁰ Kinch, A. K., & Cate, C. A. (ongoing). *Life Cycle Atlas*. Student Veterans of America. <https://studentveterans.org/research/life-cycle-atlas/>

¹¹ SVA and TAMUS are currently completing the first part of phase one of this project, investigating the institutional policies and programs implemented to support student veterans and military-connected students. Their preliminary findings show that these policies in Texas reflect similar diffusion and implementation models as the larger U.S., in that they are largely ad hoc and campus-specific. The next part of this phase will determine how these policies impact student veterans and military-connected students. See the announcement at <https://studentveterans.org/news/student-veterans-of-america-receives-greater-texas-foundation-grant/>

¹² Announced during the *State of SVA* address during the opening session at SVA's 17th Annual NatCon on January 2, 2025, in Colorado Springs, Colorado. See <https://studentveterans.org/news/watch-the-2025-state-of-student-veterans-of-america/>

education.¹³ Another key finding reveals that many service members are implicitly discouraged from pursuing higher education. From high school guidance counselors to leadership within the military, there is often an unspoken message that service members are not “college material.”¹⁴ It is only after separating from the military and seeing other veterans succeed in higher education that many recognize their own potential and enroll.¹⁵

Additionally, our research highlights a critical gap in career preparation for student veterans. Despite their strong academic performance, veterans are less likely to take advantage of internships and externships—key experiences that provide professional networking opportunities and industry exposure. This is not due to a lack of interest or awareness, but rather financial pressures.¹⁶ Many veterans juggle school, work, and family responsibilities, making unpaid or low-paid internships an unfeasible option. The higher education system, which is largely structured around the needs of traditional students, does not always account for these realities, putting veterans at a disadvantage in the job market.¹⁷

SVA’s annual Census provides further insights into the unique demographics of student veterans.¹⁸ Over 85 percent of GI Bill users are prior enlisted, while the remaining 14 percent are former warrant or commissioned officers. The vast majority—93 percent—are over the age of 25, with the largest portion between 25 and 35. Over half are married, and more than half have children, with around 20 percent being single parents. Nearly 75 percent of student veterans work while in school, with financial pressures varying significantly by race, ethnicity, and gender.

When it comes to school and degree choice, student veterans overwhelmingly attend public or nonprofit institutions.¹⁹ Most are using their GI Bill to earn bachelor’s degrees first, followed by master’s degrees, associate degrees, and terminal degrees such as PhDs, JDs, and MDs. Importantly, student veterans outperform the national average in academic success—with an average GPA of 3.35 compared to the national average of 3.15.²⁰ The success rate for student veterans, measured as an aggregate of graduation, persistence, retention, and transfer-up, stands at 72 percent,²¹ exceeding the national average of 66 percent.²²

Beyond graduation, veterans with degrees out-earn their civilian peers. A veteran with a bachelor’s degree earns an average of \$84,255 annually, compared to \$67,232 for civilians.²³ At the advanced degree level, veterans earn

¹³ Kinch, A. K., & Cate, C. A. (ongoing). *Life Cycle Atlas*. Student Veterans of America. <https://studentveterans.org/research/life-cycle-atlas/>

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ Preliminary findings from SVA’s Career Services Needs Assessment (2022).

¹⁷ *Ibid.*

¹⁸ Student Veterans of America. (2023). *SVA Census*. <https://studentveterans.org/research/sva-census/>

¹⁹ *Ibid.*

²⁰ Westrick, P. A., Angehr, E. L., Shaw, E. J., & Marini, J. P. (2024, July). *Recent trends in college readiness and subsequent college performance: With faculty perspectives on student readiness*. College Board. <https://research.collegeboard.org/media/pdf/Recent-Trends-in-College-Readiness-and-Subsequent-College-Performance.pdf>

²¹ Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf

²² Success rate in NVEST was calculated as a non-attrition rate, so for civilian students, the corollary was used. See Education Data Initiative. (n.d.). *College dropout rates*. <https://educationdata.org/college-dropout-rates>

²³ D’Aniello Institute for Veterans and Military Families. (2019). *Student veterans: A valuable asset to higher education*. Syracuse University. https://ivmf.syracuse.edu/wp-content/uploads/2019/12/Student-Vets_Valuable-AssetFINAL-11.6.19.pdf



\$129,082 annually, significantly higher than the \$99,734 average for civilians.²⁴ Despite these earnings advantages, however, veterans still face long-term economic challenges.

SVA's research has uncovered opportunity gaps caused by military service, including delayed career progression, wealth accumulation disparities, and increased indicators of social poverty. In 2024, SVA was honored to have been asked to contribute to the 2024 LinkedIn Veteran Opportunity Report, which uncovered surprising statistics about veterans in the workforce. According to their findings, veterans are less likely to advance into executive positions despite their leadership experience.²⁵ Financially, even with higher earnings, veterans may need to work an additional seven years to close the wealth gap caused by delayed entry into the workforce and retirement savings deficits.²⁶ Additionally, veterans face higher social poverty indicators^{27 28}—a factor that correlates with mental health challenges.

Looking forward, SVA is exploring unmet needs among student veterans, and launched the Basic Needs Survey in January of this year. SVA is expanding research into basic needs insecurities, examining physical, financial, and social challenges that impact student veterans' ability to thrive in higher education. While there are expectations about traditional needs insecurities that veterans commonly face, SVA's research team has developed the Social Transition Wealth Index (STWI) for veterans, combining factors in social capital, sense of identity, and sense of belonging in the communities into which they transition.²⁹ Specifically, SVA's chapter-based model served as a catalyzing factor in understanding that social wealth may serve as a mitigating factor in a veteran's first year post-service while transitioning into higher education. Identifying insecurities will allow SVA to advocate for targeted interventions, policies, and support systems that address the real challenges faced by today's veterans.

The Post-9/11 GI Bill has already helped nearly two million veterans complete college, and SVA projects that 100,000 veterans will graduate each year moving forward. These graduates will go on to become doctors, engineers, scientists, educators, policymakers, and business leaders. This growing network of highly skilled, highly educated veterans is a testament to the GI Bill's success—but to fully maximize its potential, we must continue working to remove barriers and strengthen support systems.

As policymakers shape the future of veteran education, quality data is key. We encourage Congress, VA, ED, DoL, and anyone in a leadership position who touches the lives of these students to utilize SVA's research to craft policies that will serve current and future generations of student veterans.

Building Community and Expanding Opportunity for Every Student Veteran

SVA has long championed the creation of welcoming and supportive spaces for student veterans, both within our chapters and on campuses across the country. We recognize that a strong and connected community is critical to

²⁴ Ibid.

²⁵ See the LinkedIn. (2023). *Veteran opportunity report 2023*. <https://socialimpact.linkedin.com/content/dam/me/linkedinforgood/en-us/veteran-report-2023/veterans-opportunity-report-2023.pdf>

²⁶ Preliminary findings from the SVA Economic Impact Study.

²⁷ Goger, A., & Alvero, A. (2023, November 9). *Veteran poverty, by the numbers*. Center for American Progress.

<https://www.americanprogress.org/article/veteran-poverty-by-the-numbers/>

²⁸ U.S. Department of Veterans Affairs. (n.d.). *Veteran poverty trends*. National Center for Veterans Analysis and Statistics.

https://www.va.gov/vetdata/docs/specialreports/veteran_poverty_trends.pdf

²⁹ Student Veterans of America. (n.d.). *Student veterans' basic needs and wellness survey*.

<https://studentveterans.org/research/student-veterans-basic-needs-and-wellness-survey/>



ensuring that all veterans feel a sense of belonging in higher education, regardless of their background or experiences. This commitment has led to key partnerships, new initiatives, and expanded conversations aimed at strengthening representation and engagement for all student veterans.

Since 2020, SVA has worked to elevate the voices and experiences of veterans from all backgrounds, ensuring that our advocacy reflects the full diversity of those who have served. Through our partnership with the Rutgers Center for Minority Serving Institutions, we have gathered valuable data and insights that have shaped our policy efforts on Capitol Hill and strengthened our support for student veterans at Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, and other minority-serving institutions. To further this work, SVA has maintained a senior fellow position to oversee initiatives focused on expanding representation, fostering visibility, and strengthening campus engagement. This role has been instrumental in providing resources and support to chapters, helping them navigate shifting state and federal policies, and equipping them with tools to create strong, connected student veteran communities. Through new programming, we continue to ensure that every veteran—regardless of service branch or role, race, ethnicity, gender, ability, or background—feels welcome and valued within the student veteran community.

One of the key components of this effort has been SVA's national campus visit program, which brings SVA leadership to colleges and universities for open conversations about the student veteran experience and the role of inclusivity in building stronger campus communities. These visits provide an opportunity to engage directly with student veterans, faculty, and university leadership, reinforcing the value that veterans bring to their campuses while also ensuring that all student veterans and military-connected students have access to the same opportunities and support networks.

By strengthening relationships between veterans, campus leadership, and national policymakers, SVA is helping reframe the conversation about inclusion in higher education—not as a political debate, but as a fundamental commitment to ensuring that every veteran has the resources, recognition, and opportunities they have earned as well as a place on the campus and classrooms in which they are advancing their potential. Through these efforts, we ensure that student veterans remain at the forefront of national discussions about education, leadership, and service. We invite everyone here today to engage with SVA in these meaningful conversations, participate in campus visits, and help shape the future of veteran success in higher education.

SVA Policy Priorities

SVA is committed to ensuring that student veterans receive the full educational and financial support they have earned through their service. While the Post-9/11 GI Bill has been a transformative benefit, gaps in housing allowances, book stipends, and financial stability continue to create barriers for veterans pursuing higher education. These challenges can force student veterans into difficult financial decisions, potentially delaying graduation or preventing degree completion altogether. To address these issues, SVA has identified key policy priorities that require immediate congressional action. These are briefly outlined below and are discussed in full in the following sections.

1. A comprehensive reform of the Monthly Housing Allowance (MHA) is necessary to ensure student veterans receive benefits that reflect real-world living costs. Online students face additional disadvantages, receiving lower MHA than in-person students, despite the fact that many choose online education out of necessity rather than preference. SVA urges Congress to establish **MHA parity for online learners**, ensuring that all student veterans, regardless of their learning format, receive the financial support needed to maintain stable housing.



SVA

SVA would like to thank Representatives Ciscomani, Stanton, Stansbury, and Van Orden for introducing the *Expanding Access for Online Veteran Students Act* last Congress. This bill would increase the online Monthly Housing Allowance (MHA) rate to the full national average for GI Bill students enrolled fully online during the summer. While SVA would have preferred full parity between local in-person and the online rates, we recognize that this bill would have a substantially positive financial impact on VA education beneficiaries enrolled online over the summer by helping them cover a far greater percentage of their housing cost.

2. The book stipend, which has remained unchanged since 2009, no longer reflects the rising cost of educational materials. Many student veterans exceed their allotted stipend within a single semester, particularly those in STEM programs where textbooks, software, and lab materials are significantly more expensive. SVA calls for an **increase in the book stipend** and a cost-of-living adjustment (COLA) to ensure that veterans can afford the necessary materials to succeed academically as outlined in language. SVA commends Representative Vasquez for his leadership last Congress in introducing the *Veteran Education Assistance Adjustment Act*, which proposes increasing the annual book stipend from \$1,000 to \$1,400.
3. Additionally, student veterans who attended institutions that engaged in fraud or deceptive practices are often left with no restitution for lost GI Bill benefits. SVA strongly supports **GI Bill restitution measures** to ensure that veterans affected by institutional misconduct can recover their lost education benefits and continue their academic journey. SVA greatly appreciates Representative Delia Ramirez in her efforts of introducing the *Student Veteran Benefit Restoration Act* last Congress and reintroducing this legislation this session via H.R. 1391, ensuring that student veterans would be made whole after being defrauded by their educational institutions.
4. Another critical policy area is the VA Work Study program, which provides valuable employment opportunities for student veterans but remains underfunded and underutilized. SVA calls for an **expansion of VA Work Study** to increase pay, offer more career-relevant placements, and ensure veterans have access to meaningful work experiences that support their long-term professional goals. We look forward to seeing the *VA Work-Study Improvement Act* and the *Student Veteran Work Study Modernization Act* being reintroduced into the 119th Congress. We sincerely thank Representative Cartwright for his leadership on these issues and his staff for their dedicated efforts. These bills would make critical improvements to the VA Work Study Program by expanding the type of qualifying activities that participants can pursue to better align with academic and professional goals and expand eligibility to VA education beneficiaries if they are enrolled on a half-time basis.

By addressing these key priorities, Congress can ensure that student veterans receive the financial stability and educational resources they need to complete their degrees, transition successfully into the workforce, and contribute meaningfully to their communities. SVA urges lawmakers to act and implement these critical reforms to better support student veterans nationwide. The following priorities outline categories of legislation that SVA supports, as well as opportunities for improving education benefits, financial security, and career readiness for student veterans.



VA Education Improvements

Ensuring that student veterans have equitable access to education and financial stability is paramount. The GI Bill has been instrumental in supporting veterans,³⁰ yet disparities in the Monthly Housing Allowance (MHA) persist.³¹ We urge Congress to **comprehensively reform the GI Bill** by aligning MHA with the U.S. Department of Defense's (DoD) Basic Allowance for Housing (BAH). The cost of living continues to rise, and student veterans need housing allowances that match real-world expenses. Currently, the BAH is adjusted for inflation and increased cost of living several months before the MHA,³² leaving student veterans financially behind for extended periods. This lag in MHA adjustments creates significant financial hardships, as veterans are expected to manage rent/mortgage, utilities, childcare and other living expenses on outdated allowance rates that do not reflect the current economic climate.

Beyond tuition, student veterans encounter additional financial burdens that must be accounted for in an updated MHA framework. Unlike their active-duty counterparts, who benefit from military-provided housing and other cost-of-living allowances, student veterans must cover all housing costs independently, often in cities with high housing cost and limited affordable options.³⁴ Additionally, more than half of student veterans are parents,³⁶ with a significant portion being single parents,³⁷ balancing their education with childcare responsibilities. The rising cost of childcare can place a significant strain on student veteran families,³⁸ making it more difficult to complete their degree programs without financial distress or a delay in degree completion.³⁹

Moreover, many degree programs require students to participate in internships, externships, and cooperative education programs that are often unpaid or provide only limited compensation.⁴⁰ These experiences are critical for career advancement but place student veterans in a precarious financial position. Without sufficient MHA support, veterans may be forced to choose between gaining essential work experience and maintaining financial stability.

Updating the MHA system to align with BAH more effectively and ensuring it covers these modern financial realities will provide veterans with the stability they need to succeed in higher education and transition successfully into the workforce.

³⁰ U.S. Department of Veterans Affairs. (n.d.). *About GI Bill benefits*. U.S. Department of Veterans Affairs. <https://www.va.gov/education/about-gi-bill-benefits/>

³¹ Blegg, K., & Dastidar, M. (2023). *Housing allowances and the GI Bill: How benefits vary across place and student characteristics*. Urban Institute. <https://www.urban.org/sites/default/files/2023/03/Housing%20Allowances%20and%20the%20GI%20Bill.pdf>

³² U.S. Department of Veterans Affairs. (n.d.). *Future rates for the Post-9/11 GI Bill*. U.S. Department of Veterans Affairs. <https://www.va.gov/education/benefit-rates/post-9-11-gi-bill-rates/future-rates/>

³³ U.S. Department of Defense. (2024). *DoD releases 2025 Basic Allowance for Housing rates*. U.S. Department of Defense. <https://www.defense.gov/News/Releases/Release/Article/4000172/dod-releases-2025-basic-allowance-for-housing-rates/>

³⁴ Council for Community and Economic Research. (2024). *Which top public college towns have the highest and lowest cost of living?* <https://www.ccer.org/which-top-public-college-towns-have-the-highest-and-lowest-cost-of-living/>

³⁵ Congressional Budget Office. (2024). *How the military's basic allowance for housing compares with civilian housing costs*. U.S. Government Publishing Office. <https://www.cbo.gov/publication/59570>

³⁶ Student Veterans of America. (2023). *SVA Census*. <https://studentveterans.org/research/sva-census/>

³⁷ Ibid.

³⁸ U.S. Census Bureau. (2024). *Rising childcare costs: Prices increased more than 20% in three years*. <https://www.census.gov/library/stories/2024/01/rising-child-care-cost.html>

³⁹ Institute for Women's Policy Research. (2023). *Access to childcare can improve student parent graduation rates*. <https://iwpr.org/access-to-child-care-can-improve-student-parent-graduation-rates/>

⁴⁰ Strada Education Network. (2024). *Building better internships: National student clearinghouse insights descriptive report*. <https://stradaeducation.org/wp-content/uploads/2024/06/Building-Better-Internships-NSC1-Descriptive-Report-June-2024.pdf>

Online students face additional disadvantages, receiving lower MHA than in-person students.⁴¹ This discrepancy fails to recognize that many student veterans enrolled in online programs do so out of necessity rather than choice.⁴² We propose revising the MHA formula to reflect the national median BAH for an E-5 with dependents and **reinstating VA authority to grant waivers** when students are forced to transition from in-person to online instruction due to extenuating circumstances, which it exercised most recently during the Covid-19 pandemic.⁴³

For example, student veterans experiencing medical issues, such as recovering from surgery, pregnancy complications, or chronic illnesses, may find themselves unable to attend in-person classes but still require the financial support to maintain stable housing. Similarly, caregiving responsibilities—whether for a child, a disabled family member, or an elderly parent—can necessitate a shift to online coursework, often without prior planning. Other circumstances beyond a student’s control, such as natural disasters, school closures, or military-related relocations, may also force veterans into online education.

Despite the misconception that online students have fewer living expenses, the reality is that they still require stable housing, utilities, internet access, and study-friendly environments. Many online programs do not offer access to on-campus resources like dining halls or transportation services, leaving these students to cover all associated living costs independently. Additionally, many student veterans enrolled in online programs are parents or have dependents, increasing their need for consistent housing support.⁴⁴ Without parity in MHA for online students, veterans who are already facing significant personal challenges may be forced to choose between continuing their education and financial stability. Updating the MHA to **provide equal support for online students** ensures that all student veterans, regardless of how they complete their education, receive the resources necessary to succeed.

Further, the elimination of “break pay” left many student veterans without financial support during school breaks, impacting their ability to meet basic needs. Unlike traditional students who may rely on family support or temporary work during breaks, many student veterans are financially independent and responsible for rent, utilities, childcare, and other essential expenses that do not pause simply because classes are not in session. For those with children, school breaks can actually increase financial burdens, as they may need to cover additional childcare costs, higher grocery bills, and other expenses that are typically offset by school-based services such as subsidized meals or after-school care.⁴⁵

It is unrealistic to expect student veterans—many of whom already balance full-time coursework with employment and familial obligations⁴⁶—to secure temporary employment for only a few weeks to compensate for the loss of MHA during school breaks. Finding a short-term job that aligns with their existing responsibilities is not only impractical but also disruptive to their academic progress. Additionally, some student veterans rely on structured internships or training programs to build career experience, and the inability to secure short-term employment during breaks can create further financial instability.

⁴¹ Cohen, L. (2024, February 28). *GI Bill rule change could upend requirements for online-only classes*. Military Times. <https://www.militarytimes.com/education-transition/2024/02/28/gi-bill-rule-change-could-upend-requirements-for-online-only-classes/>

⁴² Student Veterans of America. (n.d.). *Life Cycle Atlas*. <https://studentveterans.org/research/life-cycle-atlas/>

⁴³ U.S. Department of Veterans Affairs. (n.d.). *Coronavirus frequently asked questions: Education benefits and training programs*. <https://benefits.va.gov/TRANSITION/coronavirus-frequently-asked-questions.asp>

⁴⁴ Student Veterans of America. (2023). *SVA Census*. <https://studentveterans.org/research/sva-census/>

⁴⁵ Leppert, R. (2024, October 25). *5 facts about childcare costs in the U.S.* Pew Research Center.

<https://www.pewresearch.org/short-reads/2024/10/25/5-facts-about-child-care-costs-in-the-us/>

⁴⁶ Student Veterans of America. (2023). *SVA Census*. <https://studentveterans.org/research/sva-census/>

Reinstating break pay ensures student veterans and their families do not face unnecessary financial hardship due to bureaucratic policy changes that fail to recognize their unique circumstances. Without break pay, some student veterans may be forced to take on additional debt, risk losing stable housing, or even drop out of school altogether. Providing continuity of benefits through school breaks is essential to supporting student veterans' long-term success and financial security.

The final GI Bill provision requiring improvement is the annual allowance for books and materials, also known as the "book stipend." The current book stipend provided by the Post-9/11 GI Bill—\$1,000 per academic year—has remained unchanged since its introduction in 2009, despite the fact that the cost of textbooks has more than doubled in that time.⁴⁷ As highlighted in Student Veterans of America's *Comprehensive Analysis of Student Veteran Book Stipend Survey*, the average student veteran spent \$947.13 on books and materials in Fall 2023 alone, and \$748.29 in Spring 2024, meaning many exceeded their allotted stipend in a single semester. Further, STEM students, juniors, and those in certain geographic regions incur even greater costs, with some students reporting annual book and supply expenses exceeding \$7,500. Without adjustments to the book stipend, student veterans face increasing financial pressure, which can lead to forgoing required materials, accruing additional debt, or struggling to stay enrolled.

SVA would like to thank Representative Budzinski for introducing H.R. 5785, the *Veterans in STEM Expansion Act*, last Congress to allow more students veterans to apply for and benefit from the scholarship. The Edith Nourse Rogers STEM Scholarship provides a critical extension of education benefits for student veterans pursuing STEM degrees. SVA looks forward to the reintroduction of this bill in Congress to support student veterans in pursuing STEM degrees, helping them secure high-demand jobs while reducing financial barriers.

To address these concerns, Congress must **increase the book stipend** to reflect current educational material costs and implement a cost-of-living adjustment (COLA) to ensure it remains adequate over time. Additionally, STEM students, who bear significantly higher material costs due to lab manuals, specialized software, and technical equipment, should receive a STEM-specific stipend increase. Universities and policymakers should also explore expanded open educational resources (OER) and rental programs to further alleviate costs. Without these necessary changes, student veterans—many of whom balance school with family and work responsibilities—will continue to be unfairly burdened by outdated financial support structures.

Outside of GI Bill benefits, other VA education and employment benefits have significant opportunities for improvement. The Veteran Readiness and Employment (VR&E) program plays a crucial role in workforce reintegration, but it is plagued by inconsistencies in service delivery, often leaving veterans in precarious financial and academic situations.⁴⁸ A recent survey of VR&E participants highlighted significant shortcomings, including inconsistent counselor guidance, lengthy delays in processing benefits, and inadequate financial support for students balancing education and cost-of-living expenses.⁴⁹ One veteran shared that due to bureaucratic delays in receiving his VR&E benefits, he was forced to live in his car while finishing his degree, despite being enrolled full-time and actively working toward a career transition.⁵⁰ Such failures in service delivery undermine the entire purpose of the program, which is meant to support disabled veterans in achieving meaningful employment and long-term stability.

⁴⁷ Hanson, Melanie, 2023. "Average Cost of College Textbooks." <https://educationdata.org/average-cost-of-college-textbooks>

⁴⁸ Student Veterans of America. (2024, December 11). *Testimony before the Subcommittee on Economic Opportunity of the Committee on Veterans' Affairs, U.S. House of Representatives: Examining the effectiveness of the Veterans Readiness and Employment (VR&E) program.* <https://docs.house.gov/meetings/VR/VR10/20241211/117750/HHRG-118-VR10-20241211-SD003.pdf>

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

Congress must take immediate action to improve VR&E by implementing standardized processes, ensuring more responsive case management, and enhancing personnel training so that counselors provide accurate and consistent guidance. Veterans utilizing VR&E should not face uncertainty about whether their housing stipends will arrive on time or whether they will receive appropriate accommodations for their disabilities. Greater oversight and efficiency in VR&E's administration are critical to ensuring that eligible veterans receive the support they need to successfully transition into the workforce.

Similarly, the VA Work Study program must be expanded to increase pay and create more meaningful job opportunities for student veterans. Currently, the program is limited in scope and does not always align with veterans' long-term career goals.⁵¹ Expanding the VA Work Study to include placements in non-VA federal agencies and other organizations that align with selected majors would provide student veterans with valuable experience while supplementing their income. This not only benefits the veterans themselves but also ensures that federal agencies benefit from those with military experience. By strengthening both the VR&E and VA Work Study programs, we can provide more comprehensive support to student veterans as they navigate higher education and prepare for civilian careers.

Administrative burdens within VA education programs create unnecessary stress for student veterans and their families, often resulting in delays that can have serious financial, academic, and personal consequences.⁵² When VA education benefits are not processed in a timely manner, student veterans may struggle to pay rent, cover utility bills, or afford essential living expenses. For those with families, these delays can create additional hardship, disrupting childcare arrangements, increasing food insecurity, and forcing difficult financial decisions that detract from academic success. Unlike traditional students who may have parental support or alternative financial safety nets, student veterans are financially independent, making prompt and reliable benefits processing essential to their stability.

One major factor contributing to these delays is the overwhelming workload placed on School Certifying Officials (SCOs) at institutions across the country. SCOs are responsible for ensuring that student veterans receive their benefits, but they often wear multiple hats within their institutions, juggling responsibilities beyond veteran-specific duties.⁵³ Many SCOs serve as financial aid officers, academic advisors, or admissions personnel in addition to their VA certification role, leaving them unable to dedicate the time and attention that student veterans—who are often nontraditional students with complex needs—require. Student veterans may need guidance on benefits eligibility, changes in enrollment, or navigating unexpected life circumstances that impact their studies, but overburdened SCOs are frequently unable to provide individualized support.

To address these challenges, Congress must review VA education policies for inefficiencies and take action to reduce administrative bottlenecks. Increasing the number of SCOs on campuses, providing additional training, and ensuring they have the resources necessary to manage student veteran caseloads effectively will lead to more efficient benefits processing and a better overall experience for those pursuing higher education. VA recently updated the

⁵¹ U.S. Department of Veterans Affairs. (n.d.). *VA work-study program*. U.S. Department of Veterans Affairs.

<https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/work-study/>

⁵² Keller, M. (2023, March 31). *Error delays monthly housing payments for GI Bill students*. Military Times.

<https://www.militarytimes.com/education-transition/2023/03/31/error-delays-monthly-housing-payments-for-gi-bill-students/>

⁵³ Florida FAVES. (2023). *School certifying official (SCO) responsibilities*. https://flaves.org/wp-content/uploads/2023/06/School-Certifying-Official-SCO-Responsibilities_FAVES.pdf

recommended ratio⁵⁴ of SCOs to students, but the language explaining that the ratio is “recommended” and not “required” leaves student veteran success up to institutions that may not see their benefits as a staffing priority. By reducing administrative burdens and improving institutional support structures, we can ensure that student veterans receive the timely assistance they need to focus on their education without the added stress of financial uncertainty.

Additionally, study abroad opportunities have long been a critical component of higher education, providing students with exposure to diverse cultures, global perspectives, and invaluable learning experiences that extend beyond the classroom.⁵⁵ For student veterans, these opportunities are particularly beneficial. Many veterans have already served overseas in military capacities, but studying abroad allows them to engage with international communities in a completely different context—one centered on education, diplomacy, and cultural exchange rather than military operations. This shift can be instrumental in helping veterans build new perspectives, develop intercultural competencies, and expand their professional networks in ways that enhance their career readiness in an increasingly globalized workforce.⁵⁶

Beyond personal growth, restoring and protecting study abroad opportunities for GI Bill and VR&E students also serves the broader strategic interests of the United States. Study abroad programs are an essential tool of American soft power, fostering goodwill and mutual understanding between the U.S. and other nations.⁵⁷ The presence of veterans in these programs further amplifies this impact. Veterans bring unique lived experiences, discipline, and leadership skills that can enrich discussions and interactions in international classrooms. Their firsthand knowledge of global security, diplomacy, and cross-cultural engagement allows them to serve as informal ambassadors, strengthening international relationships and countering misconceptions about both the U.S. military and American society as a whole.

Moreover, including veterans in study abroad programs aligns with national workforce development goals. Many industries—particularly in areas such as global business, cybersecurity, and public policy—highly value candidates with overseas experience.⁵⁸ By supporting study abroad opportunities for GI Bill and VR&E students, Congress can ensure that veterans are not excluded from these critical professional development experiences simply because of an outdated policy. Expanding access to these programs allows veterans to develop essential language skills, gain regional expertise, and cultivate the adaptability necessary for success in global careers.

Given these benefits, we strongly urge Congress to **protect and restore study abroad opportunities for GI Bill and VR&E students**, ensuring that veterans continue to have access to the same transformative educational experiences that civilian students enjoy. By doing so, we not only support the success of individual veterans but also enhance the global reputation of the United States through meaningful academic and cultural exchanges.

⁵⁴ According to the SCO Handbook, updated February 2025 and published by the VA, the current recommended ratio of SCO to GI Bill recipient students is 1:125.

⁵⁵ NAFSA: Association of International Educators. (n.d.). *Independent research: Measuring the impact of study abroad*. <https://www.nafsa.org/policy-and-advocacy/policy-resources/independent-research-measuring-impact-study-abroad>

⁵⁶ Van De Walker, D., Hillmerston, M., & Ball, J. (2022). Select Student Veterans' Perceptions of Study Abroad Opportunities and Experiences: A Case Study. *Journal of Veterans Studies*, 8(1), pp. 119–133. DOI: <https://doi.org/10.21061/jvs.v8i1.250>

⁵⁷ Smith, J. (2021). *Students can save America's foreign policy agenda*. *Harvard International Review*. <https://hir.harvard.edu/students-can-save-americas-foreign-policy-agenda/>

⁵⁸ NAFSA: Association of International Educators. (n.d.). *Developing a globally competitive workforce through study abroad*. <https://www.nafsa.org/policy-and-advocacy/policy-resources/developing-globally-competitive-workforce-through-study-abroad>

SVA has supported Section 214 of the S.141, the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, which directs the Secretary of Veterans Affairs to update the payment system of the VA to allow for electronic fund transfer of educational assistance to a foreign institution of higher education. SVA would like to thank Senator Bob Menendez for his tireless efforts in being the original sponsor of this bill via S. 1090, ensuring that student veterans would be able to study abroad easier.

Lastly, we call for the **expansion and continued monitoring of the Veterans Technology Education Courses (VET TEC) program**⁵⁹ to ensure it remains effective in providing nontraditional learning pathways that lead to high-demand careers. The modern workforce is rapidly evolving, with industries such as cybersecurity, information technology, cloud computing, and advanced manufacturing experiencing unprecedented growth.⁶⁰ These sectors offer stable, well-paying jobs with strong long-term economic outlooks,⁶¹ but they also face significant labor shortages due to the increasing demand for skilled professionals.⁶² Programs like VET TEC are essential in bridging this gap by providing veterans with accelerated, skills-based training tailored to the needs of these industries.

Veterans are uniquely suited to excel in these fields. Many have extensive experience with cutting-edge technology, problem-solving under pressure, leadership in complex environments, and mission-focused discipline—traits that align well with the demands of careers in IT, security, and advanced technical roles. Cybersecurity, for example, is a national security priority, and veterans' backgrounds in intelligence, communications, and defense make them prime candidates for roles in this industry. Similarly, the growing need for software developers, network administrators, and cloud engineers presents an opportunity for veterans to leverage their technical proficiencies and operational experience in high-paying jobs that provide financial security and career longevity.

We thank Representative Juan Ciscomani and Senator Angus King, Jr. for their efforts in introducing H.R. 1669/S. 1678, *VET-TEC Authorization Act of 2023*, which was added to Section 212 of Public Law: 118-210, the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*. This section extends the VET TEC pilot program through September 30, 2027, and expands enrollment to 4,000 student veterans per year. The VET TEC program ensures that veterans receive monthly housing allowances and tuition assistance—critical resources that help them successfully complete their courses and transition into high-demand careers.

Expanding VET TEC not only benefits individual veterans but also strengthens the broader economy by addressing critical workforce shortages. Many of the fields that VET TEC supports do not require traditional four-year degrees, making them accessible to veterans who require a faster pathway into stable employment. By providing targeted training, industry-recognized certifications, and direct employer partnerships, VET TEC ensures that veterans are not only learning relevant skills but also gaining direct access to job opportunities upon completion of their programs.

However, for VET TEC to remain effective, it must be continuously monitored and refined to ensure its curriculum keeps pace with industry changes, that training providers maintain high standards, and that veterans who complete the program are successfully transitioning into meaningful employment. Congress must ensure that funding for VET TEC

⁵⁹ See information about the VA VET TEC program at <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/vettec-high-tech-program/>

⁶⁰ Michigan Technological University. (n.d.). *The fourth industrial revolution and cybersecurity*.

<https://www.mtu.edu/globalcampus/fourth-industrial-revolution-and-cybersecurity/>

⁶¹ Silvergate, P. H. (2024). *Technology industry outlook*. Deloitte. <https://www2.deloitte.com/us/en/pages/technology-media-and-telecommunications/articles/technology-industry-outlook.html>

⁶² Costa, R. (2019). *The global competition for technology workers*. *Finance & Development*, 56(1). International Monetary Fund. <https://www.imf.org/en/Publications/fandd/issues/2019/03/global-competition-for-technology-workers-costa>

continues to support its expansion, allowing more veterans to access these in-demand career pathways. In an era where skilled labor shortages pose a significant economic challenge, the VET TEC program stands as a vital solution—helping veterans transition into critical roles while also driving American innovation and competitiveness. We strongly urge Congress to support its continued expansion and improvement beyond 2027 so that veterans can capitalize on these opportunities and contribute meaningfully to our nation’s workforce.

Ensuring that student veterans have equitable access to high-quality education, financial stability, and workforce preparation is essential not only for their individual success but also for the strength of our nation. By addressing critical gaps in VA education benefits—such as aligning MHA with real-world housing costs, reinstating break pay, improving book stipends for academic success, expanding study abroad opportunities, improving VR&E and VA Work Study, and strengthening programs like VET TEC—we can create a more supportive and effective education system for those who have served. These improvements will allow veterans to focus on their academic and professional goals without the unnecessary financial burdens and administrative obstacles that currently exist.

Education is one of the primary motivators for individuals who enlist in the U.S. Armed Forces⁴³ and ensuring that education benefits truly meet the needs of veterans strengthens recruitment, retention, and overall force readiness. When service members know that their sacrifices will be met with comprehensive, well-structured education benefits that support their transition to civilian life, it enhances the military’s ability to attract top talent and maintain an all-volunteer force.

Student veterans are among the most resilient and dedicated learners in higher education, and they bring invaluable skills and perspectives to the workforce. Congress must act to modernize and enhance these education benefits, ensuring that veterans are not left behind in an evolving economy. By making these targeted reforms, we invest not only in veterans but also in the future of our nation’s workforce, economic competitiveness, and leadership in innovation. We urge lawmakers to prioritize these critical issues and provide the support our veterans have rightfully earned.

Support for National Guard and Reserve Students

Members of the National Guard and Reserve face unique challenges in accessing education benefits that often place them at a disadvantage compared to both their active-duty counterparts and student veterans who have completed their service obligation.⁴⁴ Unlike veterans who have transitioned fully into civilian life and can plan their education with relative stability, Guardsmen and Reservists must constantly balance military commitments with civilian responsibilities, including school, employment, and family obligations.⁴⁵ One of the primary challenges they face is the unpredictability of their service obligations. Weekend drills, annual training requirements, and sudden short-term deployments can interfere with class schedules, making it difficult to maintain steady academic progress.⁴⁶ Additionally, training exercises and mobilizations often require relocation, forcing students to withdraw from courses or navigate incomplete coursework with little institutional support. Unlike active-duty personnel who may have

⁴³ Whitford, E. (2020). *Educational opportunities remain a major draw for new military recruits. Diverse: Issues in Higher Education*. <https://www.diverseeducation.com/military/article/15114180/educational-opportunities-remain-a-major-draw-for-new-military-recruits>

⁴⁴ Mobley, C., Lord, S. M., Main, J. B., Brawner, C. E., & Murphy, J. (2022). ‘Stepping Out’ for Military Service: Challenges Experienced by Students Serving in the Reserves or National Guard. *Journal of Veterans Studies*, 8(3), pp. 222–238. DOI: <https://doi.org/10.21061/jvs.v8i3.346>

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

more predictable service schedules, National Guard and Reserve members can be called to duty with little notice, leaving them scrambling to adjust their academic and financial plans.

Ensuring that **National Guard and Reserve members performing the same duties as active-duty personnel receive equivalent education benefits** is not just a matter of fairness—it directly improves their financial stability and overall well-being. Expanding benefits such as full housing allowances, access to tuition assistance programs, and extended GI Bill eligibility would alleviate many of the financial strains associated with serving in a part-time capacity. Many Guardsmen and Reservists must work civilian jobs alongside their service, and disruptions to their education often impact their long-term earning potential. Unlike student veterans who have completed their active service and can fully commit to their studies, Guardsmen and Reservists must frequently adjust their academic path due to their military obligations. By providing equivalent benefits, we can ensure that their commitment to serving the nation does not come at the expense of their future educational and career prospects.

Beyond individual benefits, these reforms also have direct national security implications. A well-educated, financially stable, and professionally developed National Guard and Reserve force enhances overall force readiness.⁶⁷ When Guardsmen and Reservists have reliable education benefits, they are better equipped to gain the skills and training necessary to excel in both their civilian and military roles. This, in turn, strengthens the military's ability to mobilize highly skilled personnel when needed, whether in response to domestic emergencies, national defense operations, or humanitarian missions. Investing in the education of National Guard and Reserve members is, therefore, an investment in the preparedness and effectiveness of the U.S. military.

To prevent undue academic penalties due to service obligations, we urge Congress to implement **expanded protections for National Guard and Reserve students**. Schools should be required to offer military-related withdrawal policies that allow students to pause their education without financial or academic penalties when called to duty. Additionally, institutions should extend coursework completion deadlines so that students called to training or deployment mid-semester have the option to complete coursework upon return rather than being forced to fail or withdraw. To further accommodate their unpredictable schedules, priority course registration should be granted to service members, helping them avoid conflicts with drill weekends and training obligations. Attendance-based grading policies should also be adjusted to ensure that students are not penalized for absences due to military orders. Since many courses enforce strict attendance policies, these adjustments would prevent service-related absences from negatively impacting a student's academic standing. Finally, schools should designate specific advisors trained in military education benefits and academic policies to provide guidance tailored to the unique needs of National Guard and Reserve members. Having dedicated support on campus would help these students navigate the complexities of their military and academic commitments, ensuring they can successfully complete their degrees while fulfilling their service obligations.

By implementing these protections, Congress can ensure that National Guard and Reserve members are not forced to choose between their education and their service to the nation. Strengthening education benefits and institutional policies for these service members not only improves their individual opportunities but also enhances the overall effectiveness, retention, and readiness of our military force. SVA supports Representative Levin and Senator Moran in their continuous efforts to ensure every day in uniform counts equally for all who serve with the introduction of H.R. 1423/S. 649, *The Guard and Reserve Parity Act* in the 119th Congress.

⁶⁷Kamarck, K. N. (2021). *The Post-9/11 GI Bill: A primer* (CRS Report No. R46983). Congressional Research Service. <https://crsreports.congress.gov/product/pdf/R/R46983>

Nontraditional Student Success

Student veterans fall into the category of nontraditional and financially independent students, balancing academics with work and family obligations. Unlike traditional college students who can give much of their focus to their studies, student veterans often juggle full-time coursework alongside employment, parenting, and caregiving responsibilities.⁶⁸ The added complexities of transitioning from military to civilian life, managing service-connected disabilities, and navigating VA benefits can make higher education particularly challenging. To support these students effectively, we must **enhance VA healthcare and benefits services on campuses** through the VA Veterans Integration to Academic Leadership (VITAL) program and increase funding for VetSuccess on Campus (VSOC) locations and veteran centers, ensuring they have the comprehensive support they need to thrive.

The VITAL program is designed to meet student veterans where they are—on their college campuses—providing direct access to VA healthcare, mental health services, and case management support.⁶⁹ Many veterans face service-connected disabilities, PTSD, traumatic brain injuries (TBIs), or other health conditions⁷⁰ that can impact their academic performance and overall well-being. VITAL embeds VA mental health professionals within higher education institutions, ensuring student veterans receive timely, stigma-free care without having to navigate the complexities of off-campus VA healthcare systems. These professionals provide counseling, crisis intervention, and referrals to specialized medical care, helping veterans manage their physical and mental health while staying on track with their education. The program also includes peer support initiatives, where student veterans can connect with others who have faced similar challenges, which fosters a strong sense of community and belonging on campus.

Similarly, the VetSuccess on Campus (VSOC) program plays a crucial role in providing tailored guidance and resources to student veterans and their families.⁷¹ VSOC counselors are stationed at designated colleges and universities to assist with career counseling, benefits navigation, disability accommodations, and academic planning. Many veterans, especially those with service-connected disabilities, need additional support in adapting to the academic environment and identifying career pathways that align with their skills and aspirations. VSOC counselors help them maximize their VA education benefits, avoid predatory institutions, and secure internships or employment opportunities upon graduation. Additionally, VSOC locations often serve as hubs for veteran-specific programming, offering workshops on financial literacy, stress management, and job readiness.⁷²

Veteran centers, often supported by both VITAL and VSOC, provide designated spaces where student veterans can access critical resources, study in a supportive environment, and connect with other veterans. These centers often offer childcare support, networking events, and tailored academic advising—services that directly address the unique needs of student veterans and their families.

⁶⁸ Student Veterans of America. (2023). *SVA Census*. <https://studentveterans.org/research/sva-census/>

⁶⁹ Kinch, A., Wooten, M., Hauschild, J., & Barlet, T., with Quemuel, C. (2024). *The Veterans Integration to Academic Leadership Program: A VITAL Case for Expanded Availability*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2024/04/RES_ExpandedVITAL_V1_20240320.pdf

⁷⁰ Moore, M. J., Shawler, E., Jordan, C. H., & Jackson, C. A. (2023, August 17). *Veteran and military mental health issues*. National Center for Biotechnology Information, National Library of Medicine, National Institutes of Health. <https://www.ncbi.nlm.nih.gov/books/NBK572092/>

⁷¹ Tepperman, J. (2024). *From service into students: An interview with LeNapa Hezel*. George W. Bush Presidential Center. <https://www.bushcenter.org/catalyst/memos-to-washington/from-service-into-students>

⁷² U.S. Department of Veterans Affairs. (n.d.). *VetSuccess on Campus (VSOC)*. U.S. Department of Veterans Affairs. <https://www.va.gov/resources/vetsuccess-on-campus-vsoc/>

By expanding the VITAL and VSOC programs, Congress can ensure that student veterans have streamlined access to healthcare, career counseling, and mentorship without unnecessary bureaucratic obstacles. These programs bridge the gap between military service and academic success by meeting veterans where they are, recognizing their unique challenges, and providing the resources they need to transition successfully into civilian careers. Increased funding for these programs would not only improve the retention and graduation rates of student veterans but also enhance their overall well-being, setting them up for long-term success.

SVA would like to recognize last session's efforts to address this issue, and, specifically, Senator Tester's S. 1910, *the Ensuring VetSuccess On Campus Act of 2023*, introduced during the 118th Congress. We look forward to this legislation being reintroduced to require the VA to ensure a VSOC program is in every state, providing essential support and guidance to student veterans nationwide.

Additionally, **financial aid policies must be modernized** to reflect the unique challenges faced by transitioning service members and veterans, particularly in addressing the financial burdens of childcare. Over half of student veterans have children,⁷³ and approximately 20 percent are single parents,⁷⁴ making access to affordable and reliable childcare a critical factor in their ability to complete their degree programs. Unlike traditional college students, student veterans must balance coursework, employment, and parenting responsibilities, often without the support systems available to younger students. Nearly three-quarters of student veterans work either full- or part-time while in school,⁷⁵ meaning their time is already stretched thin. Many degree programs, particularly in healthcare, STEM, and vocational fields, require participation in night classes, weekend courses, or hands-on training outside of traditional academic hours. However, most childcare centers operate on a standard 9-to-5 schedule, leaving student veterans with limited options for reliable care during the hours they need it most. This lack of extended-hour childcare creates significant barriers to academic success,⁷⁶ forcing veterans to choose between attending required classes or meeting their parental responsibilities. In some cases, veterans may delay or abandon their educational goals entirely due to the inability to secure adequate childcare.

To address these challenges, we strongly recommend **modifying and expanding federal programs to ensure student veterans with children have access to affordable childcare**. Childcare Aware and AmeriCorps Childcare Benefits are existing resources that could be adjusted to include extended-hour childcare coverage for veterans attending night and weekend classes. Similarly, the Child Care and Development Fund (CCDF), which provides block grants to states to help low-income families access childcare, could be expanded to explicitly support student veterans pursuing higher education. The Head Start and Early Head Start programs, which offer free early childhood education and care to low-income families, should prioritize eligibility for student veterans, particularly those who are single parents balancing school and work.

For veterans who recently transitioned from active service, expanding the Military Child Care Fee Assistance Program (MCCYN) to include National Guard, Reserve, and veteran families using VA education benefits would provide critical relief. Many veterans may also qualify for Temporary Assistance for Needy Families (TANF), which offers financial assistance and childcare support to low-income families. However, income thresholds often exclude

⁷³ Student Veterans of America. (2023). *SVA Census*. <https://studentveterans.org/research/sva-census/>

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*

⁷⁶ Dayne, N., Jung, Y., & Roy, R. (2023). Childcare, Campus Support Services, and Other Barriers for College Students Who are Parents at a 4-Year Hispanic Serving Institution. *Journal of Hispanic Higher Education*, 22(1), 18-32. <https://doi.org/10.1177/15381927211005076>

student veterans who receive GI Bill benefits. Adjusting TANF eligibility to account for student veterans' unique financial circumstances could offer them much-needed support.

Additionally, Pell Grants currently include a Dependent Care Allowance, but many student veterans do not qualify due to their GI Bill benefits.⁷⁷ Revising Pell Grant policies to allow student veterans to receive dependent care support regardless of GI Bill eligibility would ensure more parents can afford childcare while completing their degrees. Similarly, the Workforce Innovation and Opportunity Act (WIOA) provides funding for workforce training and education, including supportive services like childcare. Many student veterans participate in vocational training, apprenticeships, or certificate programs covered under WIOA, making them strong candidates for expanded childcare subsidies under this program.

Tax policy also plays a role in making childcare more affordable for student veterans. Expanding the Federal Child and Dependent Care Tax Credit (CDCTC) would allow working student veterans to offset the high cost of childcare through refundable tax credits, improving their financial stability while pursuing education. Additionally, a policy change allowing a portion of the G.I. Bill housing stipend to be allocated toward childcare expenses for student veterans with dependents could alleviate a major financial burden and increase degree completion rates.

The impact of childcare extends far beyond immediate academic concerns—it is a key driver of economic mobility and long-term financial stability for student veterans and their families.⁷⁸ Ensuring access to quality childcare allows veterans to focus on their studies, complete their degrees, and transition into higher-paying careers. This, in turn, enhances their ability to provide stable financial futures for their children. Research has consistently shown that access to higher education leads to increased lifetime earnings, and for veterans with children, the benefits extend generationally. A well-educated parent is more likely to raise children who pursue higher education,⁷⁹ breaking cycles of economic hardship and creating pathways for upward mobility. By modernizing financial aid policies and expanding childcare support through these federal mechanisms, we can better serve student veterans who are parents, ensuring access to a more secure and prosperous future for themselves and their children. Without these necessary changes, student veterans—particularly single parents—will continue to face unnecessary obstacles to achieving their full academic and economic potential.

Technological obstacles also present challenges for student veterans and military-connected students. **Reliable broadband access is essential** for student veterans and their families, particularly those residing in rural areas and those active-duty or activated Guardsmen or Reservists deployed or serving overseas. High-speed internet is crucial for engaging in distance learning, accessing telehealth services, and utilizing other critical online resources.⁸⁰ However, many rural communities face significant challenges, including limited broadband infrastructure, which hampers educational and healthcare opportunities for veterans. Until recently, the Affordable Connectivity Program (ACP) helped eligible low-income veterans and their families afford broadband access by providing discounts on monthly internet bills and device purchases. Unfortunately, ACP sunsetted on June 1, 2024, due to a lack of

⁷⁷ U.S. Department of Education. (2005). *Packaging aid (2005-2006)*. Federal Student Aid. <https://fapartners.ed.gov/sites/default/files/2021-03/2005-2006%20Chapter%206%20-%20Packaging%20Aid.pdf>

⁷⁸ U.S. Department of Health & Human Services, Administration for Children and Families. (2025). *Collaborative on economic mobility research report (FY25)*. <https://aef.gov/sites/default/files/documents/ocs/OCS-Collaborative-on-Economic-Mobility-Research-Report-FY25.pdf>

⁷⁹ Augustine, J. M. (2017). Increased educational attainment among U.S. mothers and their children's academic expectations. *Research in Social Stratification and Mobility*, 52, 15–25. <https://doi.org/10.1016/j.rssm.2017.08.001>

⁸⁰ U.S. Department of Agriculture. (n.d.). *Broadband Infrastructure*. <https://www.usda.gov/sustainability/infrastructure/broadband>

Congressional funding, leaving many veterans without financial assistance for essential internet access.⁴¹ This loss disproportionately impacts student veterans in remote areas, many of whom rely on online coursework and VA telehealth services for their education and well-being. Congress has the opportunity reinstate funding for ACP or develop an alternative broadband affordability initiative to ensure veterans can stay connected and succeed in higher education. Additionally, investment in rural broadband infrastructure is necessary to close the digital divide and prevent student veterans from being left behind.

Recognizing these challenges, Congress has enacted legislation to expand broadband infrastructure in underserved areas. The *Infrastructure Investment and Jobs Act* allocates \$65 billion to enhance broadband access across the nation, with a focus on unserved and underserved communities.⁴² This investment includes \$42.45 billion for the Broadband Equity, Access, and Deployment Program, which prioritizes areas lacking adequate internet speeds.⁴³ Additionally, \$3 billion is designated for the Tribal Broadband Connectivity Program,⁴⁴ aiming to improve internet access in tribal lands.

Furthermore, the *Eliminating Barriers to Rural Internet Development Grant Eligibility (E-BRIDGE) Act* has been signed into law to facilitate broadband expansion in rural and economically distressed communities.⁴⁵ This legislation aims to eliminate barriers for public-private partnerships, making it easier to initiate projects that attract jobs and businesses through improved internet connectivity. The U.S. Department of Agriculture (USDA) has also been instrumental in promoting rural broadband through initiatives like the ReConnect Program,⁴⁶ which has invested over \$1 billion to expand high-speed internet infrastructure in unserved rural areas and tribal lands.⁴⁷

For student veterans, reliable broadband access directly impacts their ability to participate in online courses, access telehealth services, and connect with support networks. Limited internet connectivity can lead to missed educational opportunities, delayed healthcare consultations, and isolation from peer communities. By investing in broadband infrastructure, these legislative measures aim to bridge the digital divide, ensuring that veterans in rural areas have the necessary tools to succeed academically and maintain their health and well-being. Continued support and implementation of these programs are vital to meet the needs of student veterans and their families, providing them with equitable access to the digital resources essential for their success.

Ensuring the success of nontraditional student veterans is a strategic investment in their futures and in the economic strength of our nation. Student veterans bring unparalleled discipline, leadership, and problem-solving skills to their academic and professional pursuits, yet they continue to face barriers that traditional students do not. By expanding campus-based VA healthcare services through VTAL, increasing funding for VetSuccess on Campus (VSOC)

⁴¹ U.S. Department of Veterans Affairs, (2023, January 10). *VA, FCC make it easier for Veterans to get internet*. VA News. <https://news.va.gov/111265/va-fcc-easier-veterans-get-internet/>

⁴² Council of State Governments. (2021). *Infrastructure Investment and Jobs Act summary*. <https://web.csg.org/recovery/wp-content/uploads/sites/24/2021/11/Infrastructure-Investment-and-Jobs-Act.pdf>

⁴³ National Telecommunications and Information Administration. (n.d.). *Broadband Equity, Access, and Deployment (BEAD) Program*. U.S. Department of Commerce. <https://broadbandusa.ntia.doc.gov/funding-programs/broadband-equity-access-and-deployment-bead-program>

⁴⁴ National Telecommunications and Information Administration. (n.d.). *Tribal Broadband Connectivity Program*. U.S. Department of Commerce. <https://broadbandusa.ntia.doc.gov/funding-programs/tribal-broadband-connectivity>

⁴⁵ *Eliminating Barriers to Rural Internet Development Grant Eligibility Act*, Pub. L. No. 117-58, § 2223, 135 Stat. 429 (2021). <https://www.congress.gov/bills/117/congress-house-bill/3198>

⁴⁶ U.S. Department of Agriculture. (n.d.). *Broadband Infrastructure*. <https://www.usda.gov/sustainability/infrastructure/broadband>

⁴⁷ *Ibid.*

locations, modernizing financial aid policies to accommodate childcare needs, and ensuring reliable broadband access for those in rural areas, we can provide the targeted support necessary for student veterans to thrive.

Many veterans choose higher education as the bridge between military service and civilian careers, yet without the right institutional structures in place, too many of them face unnecessary obstacles that lead to delays in graduation, financial hardship, or abandonment of their educational goals altogether. Access to affordable childcare, flexible academic policies, and strong mental health and career support services can mean the difference between success and struggle for these students and their families.

Moreover, supporting nontraditional student veterans is not just about individual success—it strengthens entire communities. A well-educated veteran workforce contributes to a stronger economy, reduces unemployment and underemployment rates, and fosters long-term financial stability for their families.⁴³ Investing in these policies today ensures that veterans are given the same opportunity to succeed in the classroom as they have demonstrated in their service to our country. Congress has a responsibility to remove the barriers that prevent nontraditional student veterans from accessing the resources they need. By prioritizing these critical reforms, we can ensure that veterans are not only able to complete their degrees but also transition into meaningful careers, support their families, and continue to serve their communities in new and impactful ways. The time to act is now—to recognize and address the unique challenges nontraditional student veterans face and to reaffirm our national commitment to those who have served.

Strengthening Higher Education Protections

To safeguard student veterans from predatory practices, we urge Congress to reinforce critical protections under the Gainful Employment Rule, the Borrower Defense Rule (including restitution for used GI Bill benefits), the Public Service Loan Forgiveness (PSLF) program, and the Total and Permanent Disability (TPD) discharge. These protections are essential to ensuring that student veterans, whether they are using VA education benefits or financing their education through other means, are not exploited by deceptive institutions that leave them burdened with debt and without meaningful career prospects. Without these safeguards, student veterans and their families are particularly vulnerable to predatory institutions that prioritize profit margins over student outcomes.⁴⁴ Many veterans, eager to transition to civilian careers, are aggressively recruited by schools that make misleading claims about job placement rates, accreditation status, and earning potential. In the absence of **strong Gainful Employment standards**, veterans may complete programs that leave them with massive student debt but no viable career path. Without **Borrower Defense protections**, those who were misled would have no recourse to seek relief from fraudulent practices, forcing them to bear the financial burden of institutions that failed to deliver on their promises.

Additionally, **Public Service Loan Forgiveness (PSLF) is an essential program** for veterans pursuing careers in government, nonprofit work, and public service. Many veterans continue serving their communities as first responders, educators, healthcare professionals, and federal employees, relying on PSLF to reduce their student loan burden after a decade of service. However, inconsistent administration of the program, frequent policy changes, and

⁴³ McKinsey & Company. (n.d.). *From the military to the workforce: How to leverage veterans' skills*. <https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/from-the-military-to-the-workforce-how-to-leverage-veterans-skills>

⁴⁴ Nelson, M. A. (2014). *Never ascribe to malice that which is adequately explained by incompetence: A failure to protect student veterans*. *Journal of College and University Law*, 40(1), 159–188. https://www.nacua.org/docs/default-source/jcul-articles/jcul-articles/volume-40/40_jcul_159.pdf

unclear eligibility requirements have led to many veterans being denied forgiveness after years of payments.³⁰ Strengthening the PSLF program and ensuring clear, transparent guidance for borrowers is necessary to prevent service-minded veterans from facing financial distress.

Similarly, the **Total and Permanent Disability (TPD) discharge program must remain robust**, as many veterans suffer from service-connected disabilities that hinder their ability to work or complete their education. Without reliable access to TPD discharge, disabled veterans could face crippling student loan debt while struggling with medical costs and reduced income potential. These protections are not just financial tools—they are essential safeguards that ensure that veterans and their families do not face undue hardship as they work toward stable and productive civilian lives.

The **reauthorization of the Higher Education Act** is long overdue. A comprehensive update would empower the higher education triad—states, accrediting agencies, and the federal government—to prevent predatory practices across all sectors of higher education. Veterans, like all students, deserve transparency in program quality, employment outcomes, and institutional stability before making life-altering educational investments. Strengthening this regulatory framework is key to ensuring that student veterans have access to legitimate, high-quality institutions that prioritize their success rather than exploit their benefits.

We also strongly support **maintaining the improved 90/10 Rule**, which prevents institutions from disproportionately relying on VA and DoD education benefits as revenue. Without this safeguard, institutions with poor outcomes could aggressively target student veterans and military families to circumvent federal accountability measures, leading to a misuse of taxpayer dollars and devastating financial consequences for veteran students. Veterans who are pursuing their education without VA benefits—whether through scholarships, private loans, or employer assistance—are also at risk of enrolling in schools that exploit loopholes to maximize profits while failing to deliver a meaningful education. SVA urges Congress to uphold the diligent efforts of these committees in closing the 90/10 loophole, ensuring that these protections remain firmly in place.

Furthermore, increased oversight of institutional conversions, online program management, and deceptive lending practices is necessary to protect student veterans from emerging threats in higher education. For-profit institutions frequently attempt to convert into nonprofit entities to evade federal regulations, while some online program managers (OPMs) use aggressive marketing tactics to enroll students in expensive, low-value programs.³¹ Veterans who take out private loans to supplement their education may also fall prey to high-interest lending schemes, misleading loan terms, and deceptive repayment structures that leave them financially vulnerable long after graduation.³² The consequences of inaction are severe. Without these critical protections, student veterans—many of whom are supporting families and working full-time while attending school³³—could find themselves trapped in cycles of debt, unemployment, or underemployment. A failure to reinforce these policies would allow predatory institutions to continue exploiting those who have served, jeopardizing their economic stability and their ability to

³⁰ Student Borrower Protection Center. (n.d.). *PSLF borrower voices: Spotlighting servicemembers denied earned loan forgiveness*. <https://protectborrowers.org/pslf-borrower-voices-spotlighting-servicemembers-denied-earned-loan-forgiveness/>

³¹ Mattes, M. (2017). *The private side of public higher education*. The Century Foundation. <https://tcf.org/content/report/private-side-public-higher-education/>

³² Hill, P., Takyi-Laryea, A., Brees, S., & Bhattarai, R. (2021, September 13). *Veteran student loan debt draws new attention*. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/articles/2021/09/13/veteran-student-loan-debt-draws-new-attention>

³³ Student Veterans of America. (2023). *SVA Census*. Retrieved January 31, 2025, from <https://studentveterans.org/research/sva-census/>

build successful post-military careers. These protections are not just about education policy; they are about honoring our nation's commitment to those who have sacrificed for their country by ensuring they have access to quality, affordable, and transparent educational opportunities.

Congress must act decisively to strengthen and enforce these protections so that veterans and their families—whether using VA education benefits or financing their education through other means—are not left vulnerable to predatory practices that threaten their financial future. Most institutions serving VA education beneficiaries do so without engaging in misconduct and aim to follow through on their promises to students. Unfortunately, some student veterans and other military-affiliated students have and continue to be negatively impacted by fraud and other misconduct perpetrated by a relatively small number of bad-actor institutions in higher education.⁵⁴ In some cases, these institutions also end up shutting down, sometimes precipitously, leaving students stranded with depleted education benefits, student debt, nontransferable credits, and worthless degrees.⁵⁵

Transparency and Accountability

Data transparency is critical for effective policymaking, particularly when it comes to supporting student veterans, military-affiliated students, and their families. Accurate, comprehensive data collection and sharing among government agencies is essential for understanding the challenges these students face and ensuring that policies are based on real-world experiences rather than outdated or incomplete information. However, gaps in data reporting currently hinder our ability to track the progress, success rates, and financial well-being of student veterans.⁵⁶

For instance, transitioning service members frequently struggle with the shift from military to academic life. Without timely, accurate annual reporting on the number of transitioning service members who enter higher education, it

⁵⁴ Kimberly Helling, *Vets snared in for-profit college collapse want GI Bill money back*, POLITICO (July 2, 2015), <https://www.politico.com/story/2015/07/veterans-gi-bill-for-profit-colleges-119697>; Alex Horton, *Troubled for-profit ITT Tech Institute Closes its doors on thousands of student veterans*, STARS AND STRIPES (Sept. 6, 2016), <https://www.stripes.com/theaters/us/troubled-for-profit-itt-tech-institute-closes-its-doors-on-thousands-of-student-veterans-1.427381>; Patricia Murphy, *Veterans risk homelessness, losing tuition after ITT Tech Shutdown*, KUOW.ORG (Sept. 21, 2016), <https://kuow.org/stories/veterans-risk-homelessness-losing-tuition-after-itt-tech-shutdown/>; Paul Fain, *GI Bill Scheme Defrauded 2,500 Student Veterans*, INSIDE HIGHER ED (July 13, 2018), <https://www.insidehighered.com/quicktakes/2018/07/13/gi-bill-scheme-defrauded-2500-student-veterans>; Retail Ready Owner to Forfeit \$72M for VA Tuition Fraud, UNITED STATES ATTORNEY'S GENERAL OFFICE NORTH DISTRICT OF TEXAS (Sept. 2, 2021), <https://www.justice.gov/usondbx/pr/retail-ready-owner-forfeit-72m-va-tuition-fraud>; FSA Enforcement Bulletin, March 2022 – Substantial Misrepresentations When Recruiting Servicemembers and Veterans, U.S. DEPT'T OF EDUCATION (March 16, 2022), <https://fsapartners.ed.gov/knowledgecenter/library/electronic-announcements/2022-03-16/fsa-enforcement-bulletin-march-2022-substantial-misrepresentations-when-recruiting-servicemembers-and-veterans> (indicating the Department of Education is currently aware of a whole host of misconduct allegedly perpetrated against veterans by some institutions).

⁵⁵ See generally Alex Horton, *Troubled for-profit ITT Tech Institute Closes its doors on thousands of student veterans*, STARS AND STRIPES (Sept. 6, 2016), <https://www.stripes.com/theaters/us/troubled-for-profit-itt-tech-institute-closes-its-doors-on-thousands-of-student-veterans-1.427381>; MAJ. STAFF OF THE S. COMM. ON HEALTH, EDUCATION, LABOR, AND PENSIONS, 115TH CONG., *REP. ON IS THE NEW G.I. BILL WORKING?* (July 30, 2014), available at <https://static1.squarespace.com/static/556718b2e4b02e470eb1b186/t/56100b87e4b0147725a71e86/1443892103628/GI-Bill-data-july-2014-HELP-report.pdf>; Quill Lawrence, *Debt relief for veterans who say they were cheated by for-profit colleges*, NPR (Jun 27, 2022), <https://www.npr.org/2022/06/27/1107961508/debt-relief-for-veterans-who-say-they-were-cheated-by-for-profit-colleges>.

⁵⁶ NASPA Research and Policy Institute, & Insidetrack. (2013). *Measuring the success of student veterans and active-duty military students*. NASPA. [https://www.naspa.org/images/uploads/main/NASPA_vets_13\(1\).pdf](https://www.naspa.org/images/uploads/main/NASPA_vets_13(1).pdf)

becomes difficult to assess whether existing policies are effectively addressing their needs.⁹⁷ Additionally, data on student debt among veterans and military-affiliated students remains inadequate,⁹⁸ making it harder to determine the full impact of borrowing on their financial futures. Many veterans take on additional loans beyond the GI Bill due to gaps in coverage for housing, childcare, and fees, yet there is little publicly available research on how this debt affects their post-graduation earnings and economic mobility.⁹⁹

Similarly, there is insufficient research on the socioeconomic disparities between veterans and non-veterans who hold bachelor's degrees.¹⁰⁰ While earning a degree should improve financial outcomes for all students, we need better data to evaluate whether veterans are receiving the same economic benefits as their civilian counterparts. If disparities exist, policymakers must identify the underlying causes—whether it be predatory institutions, underemployment, lack of career services, or insufficient financial support during school. Without improved data collection, we risk failing to address systemic issues that disproportionately impact veterans and military-affiliated students.

The consequences of failing to improve data transparency are severe. If we do not collect and share accurate information about veteran student success, debt burdens, and employment outcomes, policymakers will continue making uninformed decisions that could exacerbate existing challenges. Veterans could continue enrolling in programs that fail to provide economic mobility, accumulating debt without securing meaningful employment. Without the ability to track outcomes effectively, problematic schools and policies will persist unchecked, harming not just individual veterans but also their families who depend on them.

Accountability must also be institutionalized to ensure that education benefits serve their intended purpose: helping veterans and military-affiliated students build successful post-service careers. To achieve this, regular reports to Congress, department-level oversight, and annual reviews of education benefit programs must become standard practice. These measures would provide transparency on whether VA and DoD education programs are delivering positive outcomes or require reform.

We strongly support ongoing improvements to the DoD Tuition Assistance (TA) DECIDE and GI Bill Comparison and Feedback Tools, which help students make informed choices about where to invest their education benefits. However, these tools must be continuously refined to provide up-to-date, user-friendly, and comprehensive information about program quality, job placement rates, and return on investment. Additionally, greater oversight is needed to ensure that institutions accurately report their outcomes and do not manipulate data to mislead prospective students.

The consequences of failing to institutionalize accountability are clear. Without oversight, predatory institutions will continue targeting veterans and military families, exploiting their hard-earned benefits while delivering low-value education that does not translate into meaningful employment. Without independent reviews of education programs,

⁹⁷ Wenger, J. W., & Ward, J. M. (2022, January 10). *The role of education benefits in supporting veterans as they transition to civilian life: Veterans' loans in focus*. RAND Corporation. <https://www.rand.org/pubs/perspectives/PEA1363-4.html>

⁹⁸ Cliff, P., Taky-Laryea, A., Brees, S., & Bhattarai, R. (2021, September 13). *Veteran student loan debt draws new attention*. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/articles/2021/09/13/veteran-student-loan-debt-draws-new-attention>

⁹⁹ Cliff, P., Taky-Laryea, A., & Bhattarai, R. (2023, January 6). *Veterans borrow for private and public higher education despite GI Bill benefits*. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/articles/2023/01/06/veterans-borrow-for-private-and-public-higher-education-despite-gi-bill-benefits>

¹⁰⁰ Huyser, K. R., & Locklear, S. (2022). Examining the Association Between Veteran Status and Socioeconomic Status Among American Indian and Alaska Native Men in the USA. *Journal of Economics, Race, and Policy*, 5(3), 167–180. <https://doi.org/10.1007/s41996-022-00101-z>

subpar schools will continue operating unchecked, draining taxpayer dollars while failing to support veteran success. And without regular reporting to Congress, policymakers will remain in the dark about the real challenges faced by student veterans, delaying necessary reforms and improvements.

Transparency and accountability are not abstract policy ideals; they are the foundation for ensuring that student veterans, military-affiliated students, and their families receive the education and career opportunities they have earned. By improving data collection, increasing research on veteran student outcomes, and enforcing stronger oversight of education benefit programs, we can build a higher education system that truly serves those who have served our country. Congress must act to close these gaps, or we risk failing the very people who have sacrificed the most.

We also call on Congress to ensure that the reporting system for colleges and universities accurately verifies complaints and tracks corrective actions following risk-based surveys. Many student veterans and military-affiliated students rely on these reporting systems to identify institutions that provide quality education and ensure that their hard-earned benefits are used at institutions that support their success. However, the current system lacks sufficient oversight, transparency, and enforcement, allowing some institutions to misrepresent their outcomes or evade accountability when students report issues. Predatory schools have a history of exploiting veterans by making deceptive claims about job placement rates, accreditation, and program quality while aggressively recruiting service members for their GI Bill benefits.¹⁰¹ Without an effective reporting and enforcement system, veterans who file complaints against these institutions may see little to no action taken, leaving them trapped in programs that do not meet promised standards. Additionally, risk-based surveys designed to flag problematic schools must be followed by meaningful corrective actions rather than ignored or buried under bureaucratic delays. If institutions fail to improve after receiving multiple complaints, there must be consequences, including loss of access to federal and VA education funding. On the other hand, in order to provide the best information to veterans and military-affiliated students about institutions, complaints made should be investigated thoroughly before made available to the public. False reports can interrupt benefits to student veterans and have the potential to disrupt services for schools.

The consequences of failing to enforce these protections are severe. Without a strong accountability mechanism, fraudulent institutions will continue to waste taxpayer dollars, exploit veterans and military families, and leave students burdened with debt for low-quality degrees. A lack of oversight also erodes trust in the entire system, making it harder for student veterans to discern which schools will truly support their educational and career goals. If Congress does not act, more veterans will be left without recourse, their education benefits wasted, and their futures compromised.

Finally, we strongly advocate for the continuation of protections for Afghan Special Immigrant Visa (SIV) recipients and the creation of a pathway for those injured while assisting U.S. operations in Afghanistan. These individuals served alongside U.S. military forces, providing crucial support as translators, intelligence personnel, engineers, and security forces. Their contributions not only enhanced mission success but also saved the lives of American service members.¹⁰² Yet despite their sacrifices, many Afghan allies face significant

¹⁰¹ Richardson, C. (2022, July 21). *For-profit schools: A warning for veterans*. Military Money.

<https://www.militarymoney.com/education/gi-bill/for-profit-schools-warning/>

¹⁰² U.S. Department of State. (n.d.). *Special Immigrant visas for Iraqi and Afghan translators/interpreters*.

<https://travel.state.gov/content/travel/en/us-visas/immigrate/siv-iraqi-afghan-translators-interpreters.html>

challenges in accessing the legal protections and benefits they were promised.¹⁰³ With the withdrawal of U.S. forces from Afghanistan, many SIV recipients remain in precarious situations, either struggling to navigate the complex resettlement process in the U.S. or still facing dangerous conditions in Afghanistan. Those who have been injured while assisting American forces often lack adequate medical care, legal pathways to permanent residency, and access to economic opportunities that would allow them to rebuild their lives.

Failure to uphold these protections is not just a moral failure—it also damages U.S. credibility and undermines future military operations. If we abandon those who assisted us, future allies and local partners in other conflicts will be less willing to work with the U.S., knowing that their support may not be honored. This weakens America's ability to build coalitions and ensure the safety of U.S. troops deployed abroad. Additionally, many Afghan SIV recipients are now pursuing higher education in the U.S. but face immense financial and legal barriers.¹⁰⁴ Without proper support, they struggle with housing, employment, and access to education, making it difficult to transition successfully into American society. Congress must act by extending and strengthening legal pathways for SIV holders and ensuring that those injured while assisting U.S. operations receive the medical care, financial assistance, and immigration protections they deserve.

VA Modernization

The successful transition of service members into civilian life requires a modernized and proactive VA, one that is equipped to meet the evolving needs of student veterans. A critical component of this modernization is the **expansion of the Transition Assistance Program (TAP)** to better prepare service members for post-military education and workforce opportunities. While TAP currently provides general information about education benefits, it is often delivered too late in a service member's career, often right before separation, leaving many unprepared for the complexities of higher education.¹⁰⁵

To truly support transitioning service members, TAP should be expanded to include **earlier access to ED resources and stronger partnerships with veteran-serving organizations**. By integrating higher education and workforce preparation earlier in a service member's career, we can ensure that veterans make informed choices about their education before they separate from the military. This would include personalized educational counseling during a service member's last 12 to 24 months in uniform, helping them understand degree and credentialing options. It would also incorporate financial planning for education, including guidance on maximizing GI Bill benefits and avoiding predatory schools. Additionally, early exposure to veteran-ready institutions and career training programs would ensure that service members enroll in high-quality programs that align with their long-term goals. Connections with veteran-focused organizations, such as non-profits and student veteran groups, would create mentorship networks and support systems before service members even leave active duty. Further, barriers exist in access to TAP, particularly for junior enlisted members, because of force readiness needs.¹⁰⁶ We recommend alternatives to keeping servicemembers in their unit and position while participating in TAP curriculum. Expanding

¹⁰³ Refugee Congress. (2024, February 15). *Three years later: Lawmakers must fulfill promises to Afghan allies*. <https://refugeecongress.org/news-updates/3-years-lawmakers-must-fulfill-promises-to-afghan-allies>

¹⁰⁴ Faayez, A. (2022). *Seven immigration recommendations that could affect nationals of Afghanistan*. UCLA School of Law. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4238043

¹⁰⁵ Kamarck, K. N. (2024, June 27). *Military Transition Assistance Program (TAP): Background and issues for Congress* (CRS Report No. R48114). Congressional Research Service. <https://crsreports.congress.gov/product/pdf/R/R48114/2>

¹⁰⁶ Morgan, Nicole & Aronson, Keith & Perkins, Daniel & Bleser, Julia & Davenport, Katie & Vogt, Dawne & Copeland, Laurel & Finley, Erin & Gilman, Cynthia. (2020). Reducing barriers to post-9/11 veterans' use of programs and services as they transition to civilian life. *BMC Health Services Research*. 20. 10.1186/s12913-020-05320-4.

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TAP in these ways would significantly improve educational and employment outcomes for veterans, reducing the risk of student debt, wasted benefits, and career misalignment. A well-prepared service member is more likely to transition smoothly, complete their education, and enter a meaningful civilian career—outcomes that benefit not just veterans, but also their families, employers, and the broader economy.

A modernized VA also requires cutting-edge IT systems that work for, not against, student veterans. **VA's ongoing IT modernization efforts must be closely monitored** to ensure that system upgrades positively impact GI Bill users and do not create additional burdens for those relying on their earned benefits. While the VA has made strides in digitizing services, there have been serious issues with system failures, processing delays, and a lack of clear communication, which have resulted in missed housing payments, interrupted tuition disbursements, and financial hardship for student veterans.

For example, past IT failures have delayed GI Bill payments for thousands of veterans, forcing many to dip into savings, take out emergency loans, or even face eviction.¹⁰⁷ When VA systems experience disruptions, it is not just an inconvenience—it directly impacts the financial stability of student veterans and their families. Congress must ensure that IT modernization efforts prioritize seamless benefits processing, reducing payment delays for tuition and housing allowances. User-friendly online portals should be developed to make it easier for student veterans to access information about their benefits, submit paperwork, and track their claims. Stronger cybersecurity protections are also needed to safeguard veterans' personal information from data breaches and fraud.¹⁰⁸ Better interoperability with higher education institutions would help ensure that schools and VA systems communicate effectively to prevent delays in certification and disbursement of funds. Additionally, clear and proactive communication must be implemented so that student veterans are notified of changes, system updates, and potential delays before they become a crisis.

Without proper oversight, VA IT modernization efforts risk creating more problems than they solve, and student veterans will be the ones to suffer the consequences. Modern technology should be used to make VA benefits easier, faster, and more reliable to access. If these upgrades are implemented properly, student veterans can focus on their education and career goals rather than spending time navigating bureaucratic red tape. Failing to modernize TAP and VA's IT systems would mean that thousands of transitioning service members will continue to enter civilian life unprepared for the realities of higher education, while those who are already enrolled will face unnecessary disruptions to their benefits. Without expanded TAP, veterans will continue making uninformed education choices, increasing the risk of enrollment in low-quality programs, accumulating unnecessary debt, and struggling with career placement. Without IT oversight, delays in GI Bill payments will persist, veterans will experience financial uncertainty, and trust in VA services will erode.

Conclusion

SVA is committed to advancing policies that support student veterans, military-connected students, their families, survivors, and caregivers. This testimony outlines key priorities, including strengthening the GI Bill, expanding

¹⁰⁷ Rein, L. (2018, November 15). *Veterans aren't getting their GI Bill payments because VA's 50-year-old computer system broke*. The Washington Post. <https://www.washingtonpost.com/national-security/2018/11/15/veterans-arent-getting-their-gi-bill-payments-because-vas-year-old-computer-system-broke/>

¹⁰⁸ Bowman, M. (2024, November 20). *VA cybersecurity: Protecting veteran data from evolving threats*. Statement before the Subcommittee on Technology Modernization, Committee on Veterans' Affairs, U.S. House of Representatives, Department of Veterans Affairs, Office of Inspector General. https://www.vaog.gov/sites/default/files/document/2024-11/11-20-2024_bvac_tm_cybersecurity_oig_testimony.pdf



protections for student veterans in higher education, improving support for National Guard and Reserve students, and modernizing VA services. Through research and advocacy, SVA ensures that policies reflect the evolving needs of those we serve, fostering academic success, career readiness, and overall well-being.

By engaging with policymakers, educators, and advocates from divergent sectors, and interests, SVA helps shape initiatives that remove barriers and enhance opportunities for student veterans. We look forward to continuing this work, ensuring that those who have served can access the education and resources needed to succeed beyond their military service.

SVA is grateful to Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of Senate and House Committees on Veterans' Affairs for an invitation to provide the organization's policy priorities for the next year. SVA is committed to working with Congress to advance these policy priorities and ensure student veterans receive the support they need to thrive in higher education and beyond.





NATIONAL PRESIDENT & CEO

Jared Lyon, MPA

M.P.A., Syracuse University
B.S., Florida State University
A.A., Eastern Florida State College

Jared Lyon was appointed National President & CEO of Student Veterans of America (SVA) in 2016. He leads the organization's efforts to empower student veterans using the transformative power of higher education. Since he took office, Lyon has overseen SVA's growth to a network of nearly 1,600 chapters on campuses in all 50 states and three countries representing over 750,000 student veterans.

During his tenure, he co-authored the National Veteran Education Success Tracker (NVEST), a comprehensive study of the first 854,000 student veterans to use the Post-9/11 GI Bill. In 2017 Lyon led SVA's commitment to pass the "Forever GI Bill," the largest expansion of college aid for military veterans in a decade with an economic impact of \$3.4 Billion. A veteran of the U.S. Navy, he served as a submariner and diver, taking part in multiple deployments in support of the Global War on Terrorism.

Before joining the headquarters team at SVA, Lyon held key positions, including National Program Manager at the Institute for Veterans and Military Families Entrepreneurship Bootcamp for Veterans, and Manager of Florida Operations for the Washington Nationals Major League Baseball team. He is an active member of the U.S. Department of Veterans Affairs Veterans' Advisory Committee on Education, the Board of Advisors for the Global War on Terrorism Memorial Foundation, the President George W. Bush Institute Advisory Council the Florida State University (FSU) Veteran Advisory Board, and the FSU Student Affairs Development Council. Additionally, Lyon was recognized as the grand marshal of the 2020 New York City Veterans Day parade, a 2018 Presidential Leadership Scholar and the 2011 SVA National Student Veteran of the Year.

He holds an Associate of Arts from Eastern Florida State College, a Bachelor of Science from Florida State University, and a Master of Public Administration from the Maxwell School of Citizenship and Public Affairs at Syracuse University, where he is currently pursuing his Ph.D. in Social Science. Jared and his wife, Chayla, share their lives with their sons, Campbell and Nolan, and their dog, Daisy.



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

**JOINT HOUSE AND SENATE
VETERANS SERVICE ORGANIZATION LEGISLATIVE PRESENTATION**

**PRESENTED BY
BONNIE CARROLL
PRESIDENT AND FOUNDER**

MARCH 4, 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.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement 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.

END THE REMARRIAGE PENALTY FOR SURVIVING SPOUSES

TAPS is honored to work with members of this committee to pass one of our top legislative priorities, the ***Love Lives On Act of 2025 (S.410, H.R.1004)***. This comprehensive legislation will allow surviving spouses to retain their benefits following remarriage before the age of 55. TAPS is grateful to Senators Jerry Moran (R-KS) and Raphael Warnock (D-GA) and our 22 original Senate cosponsors, and Representatives Richard Hudson (R-NC-09), Joe Neguse (D-CO-02), Derrick Van Orden (R-WI-03), Kelly Morrison (D-MN-03), Morgan Luttrell (R-TX-08), and Ro Khanna (D-CA17) for introducing this important legislation in the 119th Congress.

We ask Congress to:

- Remove the age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to death, divorce, or annulment.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives with the financial security given as a result of their loved ones' service and sacrifice. They often have children who they must raise alone. Many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact their family, especially those with children. Many choose to cohabitate instead of legally remarrying.

The long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is leading efforts to pass the ***Love Lives On Act of 2025***, which is supported by over 50 veteran and military organizations. TAPS spearheaded a letter of support from these partner organizations that has been shared with every member of this committee.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, absence due to frequent deployments of the service member, and expensive child care, military spouses face high barriers to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's

retirement pay. These barriers to employment continue when a military spouse becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay from their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE benefits are not restored. If a surviving spouse was previously eligible for CHAMPVA, that benefit can be restored. TAPS is asking that we provide parity with other federal programs and allow TRICARE to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on the military surviving family, but not others who put their lives on the line to protect and defend. For example, in 30 states, including Texas¹, Virginia², and Louisiana³, first responders' survivors may legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, their divorced spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Additionally, when a surviving spouse remarries before the age of 55, they are legally required to notify the VA to discontinue DIC. The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is most often not the case. Numerous surviving spouses experience delays ranging from six to 18 months, with some cases taking up to 42 months of constant effort to terminate their benefits. They often encounter the need to make multiple calls, resend paperwork repeatedly, and are frequently informed that their file hasn't been reviewed even six months after submission.

As these survivors continue to receive payments, they subsequently receive debt letters demanding the immediate repayment of benefits, often with added interest. This places an undue burden and emotional distress on surviving spouses who followed the required procedures. The challenge is exacerbated by the fact that many surviving spouses, often with minor children, are unaware of the specific portions of the payments

¹ <https://www.firehero.org/resources/family-resources/benefits/local/tx/>

² <https://www.firehero.org/resources/family-resources/benefits/local/va/>

³ <https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf>

they are supposed to retain, and which portions should cease. Additionally, they may lack the financial resources to repay the VA promptly. This is a waste of VA resources, and allowing our surviving spouses to maintain benefits upon remarriage would eliminate these unnecessary challenges.

According to the VA, there are approximately 506,000 surviving spouses receiving DIC. Less than 35,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than 5 percent of surviving spouses under the age of 55 have chosen to remarry due to these penalties.

The federal government has allowed surviving spouses to maintain benefits upon remarriage over the age of 55 or 57 for decades. There is no specific reason for the age of 55, it is just the age Congress decided they could live with, but it sets the precedent that surviving spouses can and should be able to remarry and retain survivor benefits without waiting 20-plus years. Most choose to cohabitate until age 55, so all this law does is discourage legal marriages and prevent our young surviving children from having a mother or father figure legally in their lives.

With recruiting and retention at an all-time low in the military, every time we do not keep our promises to our military, veterans, and their families, we are discouraging our younger generations from serving. When an 18-year-old enlists in the military, they sign a check for up to and including their life. They also know that if something happens to them, our government will take care of their family. Period. There are no conditions, they are promised that their family will be taken care of for the rest of their lives. The current law breaks that promise. Our military, Members of Congress, and administration frequently remind survivors that the death of their loved one "is a debt that can never be repaid," but ending survivor benefits upon remarriage is saying "that debt is paid in full." Just because a surviving spouse remarries does not mean they stop grieving. A piece of paper will never change that they are a widow or widower; it just means they are also someone else's spouse.

Remarriage should not impact a surviving spouse's ability to pay bills. They should not have to choose between another chance at love, a stable home life for their children, and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice. Regardless of their marital status, surviving spouses should not be penalized for finding love in the future. All they are asking for is to choose how they move forward to pick up the broken pieces of their lives.

TAPS appreciates the House and Senate Armed Services Committees including section V of *the Love Lives on Act of 2023*, which expands commissary and exchange benefits to remarried surviving spouses, in *the Fiscal Year 2024 National Defense Authorization*

Act, and we appreciate the House and Senate Veterans' Affairs Committees for including sections II and VII in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* in December 2024, which expands the Fry Scholarship to remarried spouses and ends the archaic, "Hold oneself out to be married" clause.

The following personal testimonials from surviving spouses help highlight these important issues.

Gina Kincaide Piland, Surviving Spouse of Lt Col John Kincaide U.S. Air Force

"On November 21, 2019, my husband of 20 years, Lt Col John (Matt) Kincaide, lost his life in a military aviation training mishap at Vance Air Force Base. Through his (our) 20 years of service, I followed him from base to base — Texas to California to Nevada back to California, then Iowa, and finally "home" to Oklahoma — raising our two amazing sons, keeping the home fires burning, and praying he would come home safely.

"The day after my Matt died, I sat down with a representative from Vance AFB and received my benefits briefing. That day I learned about the benefits I would collect due to Matt's death. I also learned that most of the benefits would never expire — assuming I remained unmarried until the age of 55. I remember thinking that wouldn't be a problem. I couldn't see past the grief and despair of the fresh loss to consider that someday in the future I might meet someone who could make my life — and my sons' lives — beautiful again. And yet, that's exactly where I find myself today.

"In March of 2022, I met Cally, a man who helped me see the beauty of life again. He allowed space for the legacy of my late husband. Cally and I struggled with how to move forward together, knowing the severe financial repercussions we would face upon marrying. Because we are both Christians who are dedicated to having God at the center of our relationship, and because we believe marriage is a holy covenant that we want to model for our combined six children, Cally and I made the choice to accept the financial penalty and were married on December 31, 2023. I am no longer eligible to receive DIC or the SBP that my late husband invested in to provide for our needs.

"For the 20 years my late husband served, our sons have been my priority. Matt and I always had the belief that one parent should be wholly available to our kids at all times, and in the years of deployments, work-ups, and training. I sacrificed my career goals to support him and to raise our two amazing sons. And now, as a result of his death, I find myself at 50 years old starting over again — not just in a relationship, but also in a career.

"In spite of our tremendous loss, under current law, the U.S. government, the Department of Defense, and Veterans Affairs will be free and clear of any responsibility to the family of the late Lt Col John (Matt) Kincade when our youngest son turns 22."

Kellie Hazlett, Surviving Spouse of Capt Mark Nickles U.S. Marine Corps

"My husband, a United States Marine Corps F-18 pilot, died in a training accident while deployed to Japan in 1997, on my 30th birthday. He is still considered Missing in Action because they were never able to recover his remains. I had to move out of our home in San Diego within six weeks of his death because I could not afford to maintain the payments on our rental without his paycheck, so I moved back home to be a caregiver to my mother. I could no longer continue my career in the medical field due to the trauma of losing my husband and had to start over.

"Eventually I met my now husband, Steve, but I hesitated to remarry as I was dependent on the financial benefits that helped offset my own lost income as a military and surviving spouse. Mark and I never had the chance to start a family, and it was important to me that when Steve and I did, that we were legally married. We now have three beautiful children.

"I was recently diagnosed with a long-term illness, and my treatments are not covered by insurance as they are viewed as experimental. Restoring my survivor benefits, that Mark and I paid into, would go a long way in helping offset the very expensive costs of my treatments. As I am 57 years old, I could divorce Steve, reinstate my benefits and remarry him the next day because of the arbitrary remarriage age of 55. This is something that I have seriously considered, due to the unfair penalty."

Linda Ambard Rickard, Surviving Spouse of Maj Phil Ambard, U.S. Air Force

"I became a widow just before my 50th birthday when my husband of 23 years, Major Phil Ambard, was killed in Kabul, Afghanistan, in a mass shooting that left eight airmen and one civilian dead. For over two decades, we had moved every two to four years. While I had multiple master's degrees and a teaching license, I never progressed beyond probation/provisional status at my jobs because we were never in any one place long enough. I never got too attached to a home, people, or a job because everything was so temporary. When I became a widow, I didn't know where to move. I hadn't lived back home in Idaho since 1979. I was too old to go live with my mom and dad, and too young to live with my children, four of whom were in the military. It took me years to get my feet on the ground.

"I didn't date for many years because I just couldn't. At 57, I met the man who would become my husband. I married him just after my 60th birthday. While I maintain my

survivor benefits and survivor social security, due to my age, I had to give up TRICARE even though I now qualify for CHAMPVA. It is ridiculous that younger widows/widowers lose everything with remarriage; there is a big difference with the magic age of 55.”

Sarah Stolfa, Surviving Spouse of SSG Brian Stolfa U.S. Army

“My husband was a courageous veteran who tragically took his life due to the invisible and physical wounds of the war in Afghanistan. Brian and I were the parents of a young boy, just 2 1/2 years old when we lost Brian, and I was only 28 years old. The grief I have endured has been unimaginable, and yet, I have found the strength to move forward — finding love again and building a new life with someone who truly cares for my son and me. Our family has grown — we now have a beautiful daughter, and my partner is eager to adopt my son, but we are faced with an insurmountable challenge. I am financially unable to marry without facing significant hardships, and in this economy, it is not a realistic option for me to afford.

“The Love Lives On Act offers a critical opportunity for individuals like myself, who are faced with the financial constraints of life after tragedy, to continue moving forward and fully heal. I must wait until I am 55 years old, in 24 years, to marry without jeopardizing my financial stability, and this delay holds us back from fully embracing our future. It is crucial that we pass the Love Lives On Act to allow surviving spouses like me the ability to legally marry and secure a brighter future for our children without sacrificing economic well-being. This act would give families like mine the hope and the means to move forward in the face of hardship, truly allowing love to live on.”

Tonya Syers, Surviving Spouse of W4 Lowell Syers II, U.S. Army

“My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from the University of Georgia and be commissioned into the U.S. Army Reserve. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from exposure to the burn pits while deployed. By the end of July, it took his life.

“Eventually, I met a gentleman named James ‘Jay’ Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any

way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.

"The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died, like most, too early due to military service. We would gladly trade our benefits to have our spouse back. Unfortunately, we do not have that option."

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES

TAPS remains committed to improving Dependency and Indemnity Compensation (DIC) and providing equity with other federal benefits. We continue to work with Congress to:

- Pass the ***Caring for Survivors Act of 2025 (S.611, H.R.680)***
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs.
- Reduce the time frame a veteran needs to be rated totally disabled from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for DIC benefits.

Dependency and Indemnity Compensation (DIC) is a tax-free benefit paid to eligible surviving spouses, dependent children, or dependent parents of service members who die in the line of duty or veterans whose death resulted from a service-related injury or illness. More than 506,000 surviving spouses receive DIC from the VA.

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 working with Congress to raise DIC from 43 percent to 55 percent (\$2,107.22) of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs; ensure the DIC base rate is increased equally; and protect added monthly amounts, like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported strengthening DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senators Richard Blumenthal (D-CT) and John Boozman (R-AR) and Congresswoman Jahana Hayes (D-CT-5), and Congressman Brian Fitzpatrick (R-PA-1) for introducing the bipartisan ***Caring for Survivors Act of 2025 (S.611, H.R.680)***, which will increase DIC by \$454 a month.

Passing this important legislation in the 119th Congress is a top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families.

The following statements from survivors demonstrate that stringent limitations on DIC payments have negative financial and widespread impacts on housing, employment, transportation, food security, and medical and mental health care for surviving families:

Amanda Lee Pitzer, Surviving Spouse of CPO Larry Pitzer Jr., U.S. Navy

“Losing my husband changed every aspect of my life — emotionally, mentally, and financially. As a widow and a mother, my greatest concern has always been ensuring stability for my family. While Dependency and Indemnity Compensation (DIC) provides some support, the reality is that at only 43 percent of a 100 percent disability rating, it simply isn’t enough to keep surviving families financially secure. The gap between what is provided and what is actually needed forces many of us into impossible situations, choosing between paying bills, securing our futures, or being present for our children.

“For me, that meant returning to school to earn my doctorate and taking on five part-time jobs just to bridge the gap. Despite my education and qualifications, I am still years behind my peers in both earnings and retirement savings, with no access to employer-sponsored benefits, like retirement accounts. Like so many other survivors, I am constantly running on empty — physically, emotionally, and financially — just trying to stay afloat.

“If the Caring for Survivors Act is passed, it would be life-changing. Raising DIC to 55 percent, bringing it in line with other federal survivor benefits, would provide much-needed financial relief to families like mine. It would mean that widows and widowers wouldn’t have to overextend themselves with multiple jobs just to make ends meet. Instead, they could focus on building sustainable careers, securing their financial futures, and — most importantly — being present for their children.

“This increase would acknowledge that the sacrifices made by our fallen service members do not end with their passing. Their families continue to bear the weight of their loss, and they deserve support that reflects the true cost of that sacrifice. Passing the Caring for Survivors Act wouldn’t just correct an unfair disparity, it would send a powerful message that our nation truly honors and supports the families of its fallen heroes. For so many of us, this is not just about numbers on a page, it is about survival, stability, and the ability to rebuild a future with dignity and hope.”

Heather Welker, Surviving Spouse of SSG Mark Welker, 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. 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. The increase in DIC to 55 percent of the single disability rate would allow breathing room. I would not be looking for a second job at the age of 54."

Lynn Tennant, Surviving Spouse of Army SSG Adrian Tennant, 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."

Elly Gibbons, Surviving Spouse of CMSgt John Gibbons, U.S. Air Force

"My husband served for 38 years and died due to Agent Orange exposure. Upon his death, my income decreased by 70 percent. His Social Security was affected by the Windfall Elimination Provision (WEP), so I cannot draw from his Social Security.

"I fought for seven years to help rectify the SBP/DIC offset, which finally was rectified due to a grass-root effort for decades by those affected by the incomprehensible wrong. Now we continue a fight to address the Caring for Survivors Act, which would finally

increase DIC to the appropriate level of 55 percent in parity with ALL other federal survivors' benefits. The increase of income would have a tremendous positive impact on so many survivors of those who have served our nation, our patriots. Thank you."

Harry McNally, Surviving Spouse of SGT Shanna Golden, U.S. Army

"Increasing the amount of DIC to levels identical to other federal survivor benefits should have been done decades ago. As it stands, the implication is that the death of a veteran or service member is worth less than the death of other federal employees."

Katie Hubbard, Surviving Spouse of CSM James Hubbard, Jr., 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. CSM 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.

"While a 12 percent increase doesn't seem like much, any widow living paycheck to paycheck can tell you it is. The military is a federal entity, yet their survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouse and themselves are cared for and not forgotten."

Janet Albaugh Surviving Spouse of SP5 Rick Albaugh, U.S. Army

"There needs to be a change in the way DIC is allowed. It's not the fault of the veteran that they couldn't live until the 10-year rule! My husband did two tours in Vietnam, and he was sprayed with Agent Orange. He had everything wrong with his respiratory system known to man.

"It's just not fair that we don't get any help because our veteran died too soon! Believe me, ALL widows would rather have our husbands still here with us. It's a real hardship to try and hang on to what we fought so hard to build. Is it really fair that not only do we lose our husbands we lose everything too? They fought for our country and did ALL they were asked to do. Please pass H.R.680. It would help all of us widows who have already lost so very much!"

PROVIDE CHAMPVA HEALTH COVERAGE FOR YOUNG ADULTS

TAPS is working with Congress to:

- Pass the **CHAMPVA Children's Care Protection Act (S.605, H.R.1404)** in the 119th Congress to ensure surviving families with young adults have access to affordable health care and mental health benefits.

The **Affordable Care Act (ACA)**, signed into law in 2010, allows young adults to remain on their parent's health care plans until age 26 without a premium increase. This rule applies to all plans in the individual market and to all employer plans. However, it does not extend to veteran families with young adults under the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA). Young adults using CHAMPVA are currently no longer eligible for coverage when they turn 18, or 23 if they are a full-time student.

TAPS is actively working to expand CHAMPVA coverage for eligible surviving children up to age 26. We strongly support the reintroduction of the **CHAMPVA Children's Care Protection Act (S.605, H.R.1404)**. TAPS greatly appreciates Ranking Member Blumenthal (D-CT), and Congresswoman Julia Brownley (D-CA-26) for their leadership on this issue. This important legislation was endorsed in the 118th Congress by 43 veteran and military organizations and stakeholders to include TAPS, along with our colleagues in The Military Coalition (TMC), representing 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans — and their families.

Allowing young adults to remain eligible for medical care under CHAMPVA until their 26th birthday will bring the program in line with private insurance plans and the Department of Defense TRICARE Program. Those eligible would include adult children under the age of 26 of veterans who:

- Died from service-connected disabilities
- Rated permanently and totally disabled for service-connected disabilities
- Were totally disabled from a service-connected disability at the time of their death

Although not under the Veterans' Affairs Committee purview, TAPS is also working to pass the **Health Care Fairness for Military Families Act of 2025**, which would allow TRICARE young adults to remain on their parent's policy up to age 26 without a premium increase. This legislation, combined with the **CHAMPVA Children's Care Protection Act**, will ensure our surviving military and veteran families have affordable access to critical health care and mental health benefits.

Surviving families, who have lost their loved ones as a result of military service, are often at higher risk and in need of behavioral and mental health care. Children of surviving families are highly susceptible to mental health issues and trauma due to multiple deployments, frequent moves, or the loss of a parent. Gaps in health care deprive these young adults of proper mental health services and support systems. CHAMPVA, which offers mental health care support is essential to the overall well-being of our surviving families.

Unfortunately, young adult survivors who do not pursue a college education, attend part-time, graduate early, or take a gap year lose their CHAMPVA benefits or feel the pressure to attend college full-time to avoid high premiums, all while navigating grief. Many young adult survivors were also impacted by the COVID-19 pandemic and have found it difficult to find full-time employment in a challenging job market. These young adults and their families cannot afford expensive out-of-pocket health care costs and should not be uninsured.

Surviving families with young adults should be provided the same affordable access to health care and mental health care as civilian families under the protection of the *Affordable Care Act*. TAPS wholeheartedly agrees with Congresswoman Brownley's statement that, "*It is unacceptable that the children of those who sacrificed the most for our country do not have the same health care protections provided to other families under the Affordable Care Act.*"

TAPS will continue to work with Members of Congress and fellow VSOs to pass the **CHAMPVA Children's Care Protection Act** within the 119th Congress. Surviving families of our nation's veterans deserve nothing less.

Sgt. David Glover, U.S. Army (Ret.)

"On July 9, 2023, my 19-year-old daughter was riding in the backseat of a vehicle when it was struck by a drunk driver. She sustained catastrophic head and spinal injuries that required an emergency back surgery and two facial reconstruction surgeries. She spent 16 days in the hospital with half of that time in an intensive care unit. With her jaws wired shut, she left the hospital having to now plan her recovery process, instead of her upcoming semester at the University of Nevada, Reno (UNR). Cognitive therapy, physical therapy, dental, orthodontics, plastic surgery, and neurology — those are some of her new required courses. But she is a strong young woman with a positive outlook, ready to play the hand she was so unfairly dealt.

"If her only insurance was CHAMPVA, it would be at this point where her coverage would end as she is no longer a full-time student. Without coverage, at 19, she would face a lifetime of medical debt, a lifetime of debilitating injury, and a lifetime of missed

opportunity. Thankfully she is covered under other insurance and will not have to carry this extreme financial burden; she can focus on healing and returning to her classes at UNR. But what about the families that do not have insurance options? CHAMPVA would fail them.

"Our military families are strong and resilient, facing hardships head-on. While on active duty, we have the full support of the Department of Defense; however, upon leaving active service we face new challenges and lose some of our health care security. When it comes to health care, we don't ask for more than what the current standards are; we just ask to be equal. It is with a humble heart that I ask this Committee to consider the CHAMPVA Children's Care Protection Act. Thank you."

Kathleen Paden, Surviving Spouse of William Paden, U.S. Air Force

"My husband passed away at age 35, leaving me with a 6-year-old to raise alone. While I was grateful for receiving DIC and CHAMPVA, I think there could definitely be improvements made. My daughter lost her CHAMPVA coverage for health care the day she turned 23, despite being a full-time college student. If she had traditional health coverage on a policy that I had through an employer, she would have been able to stay on my policy until she turned 26.

"I find it completely unfair that a child of a veteran who died as the result of his military service has fewer options than someone who is on a workplace insurance plan. I tried to get coverage through my workplace so that she could stay on my policy until age 26, but because I have coverage through CHAMPVA, I could not get coverage through my employer."

Anita Sullivan, Surviving Spouse of CE3 Michael Sullivan, U.S. Navy

"Our oldest son was 15 when his dad died — a sophomore in high school on track to likely play college baseball and begin taking college classes that fall as a high school junior. His dad's suicide death impacted everything and has made for a long journey of healing.

"Drew did enter college that fall, at an exceptional and demanding school. He changed majors and took a semester off to help care for his ill grandmother, as loss changed his priorities, and later was forced to take another semester off for his own recovery after a very severe car accident. He is behind a typical college student plan and will not be ready to provide his own insurance at 23, especially because of his life experiences. If he wasn't a surviving child on CHAMPVA, he would have it until 26 and the unfairness is adding to the loss."

Amanda Lee Pitzer, Surviving Spouse of CPO Larry Pitzer Jr., U.S. Navy

“As a surviving spouse, my primary responsibility is ensuring my children’s well-being, security, and future. However, under the current system, my son faces an unfair gap in coverage simply because he is a military child. Unlike his peers whose parents have private or federal employer-sponsored health plans, his health care coverage will disappear if he chooses to work a trade, take a gap year, or follow a nontraditional path before age 26.

“The Affordable Care Act (ACA) ensures that young adults in civilian families remain covered under their parents’ health insurance until they turn 26. Yet, surviving military children — who have already sacrificed so much — are denied that same protection. This disparity leaves surviving families scrambling to find affordable health care for their children at a time when they should be focused on their education, careers, and personal growth.

“If legislation was passed to extend CHAMPVA or TRICARE Young Adult coverage to surviving children until age 26, it would provide military children the same stability and security that all other young adults are guaranteed. No child should lose their health coverage simply because they lost a parent in service to this country. Providing this extension is not just a matter of fairness — it is a moral obligation to the families who have already endured the ultimate sacrifice.

“Passing this legislation would ensure that surviving children are not forced into financial hardship just to afford basic medical care. It would give them the freedom to explore their futures without fear — whether that means pursuing higher education, entering a trade, or taking time to determine their path. Military children deserve the same level of care and support as their civilian peers, and this legislation is a crucial step toward honoring that commitment.”

Kaylee Hughes, Surviving Daughter of MAJ Gary G. Hughes, U.S. Army

“I just turned 23 years old, and I am the Gold Star daughter of the late Army Major Gary G. Hughes. My dad passed away February 28, 2018, when I was 16 years old, a junior in high school. Upon my high school graduation, I attended the University of Tennessee at Chattanooga (UTC), where I obtained my bachelor’s degree.

“I have had numerous health problems since losing my dad. Mainly a back injury while training in Fort Knox for UTC’s Army ROTC program, which ultimately turned into the downfall of that career choice. Afterward, I have had multiple appointments with doctors, nurses, therapists, and surgeons about this ongoing issue that affects me to this day. During these intense years of schooling during the COVID pandemic, I kept good

grades and even went to school during the summer months knowing the importance of keeping health insurance. The day I graduated from college, all insurance and benefits halted. I have applied to full-time jobs that contain benefits, but have been consistently turned down after the interview process by someone who has had more time in the field. How am I supposed to get a full-time job with benefits when I don't have experience yet? I then got two part-time jobs in the Williamson County School District to gain some experience in the field, but they offered no medical benefits.

"In February 2024, I had a cyst grow on my lower back where it restricted my ability to sit, lay down, and eventually walk. Because I did not have any type of insurance, I limited myself to what treatments I could afford. I went to urgent care three times in the span of three days and was directed to go immediately to the emergency room. Once again crying in excruciating pain and knowing I could not afford to burden my family, I made my way to Williamson Medical Center in Franklin, Tennessee, and now must pay over \$25,000 in medical bills. I just started grad school at Middle Tennessee State University (MTSU) and asked for support from TENCare, but was denied.

"If it were not for my father's coffin being draped with the American flag, I would have been on a parent's insurance until age 26. I am being punished because my father, who served our country for over 20 years, was killed. I have no option but to suffer the consequences our laws have made without keeping dependents like me in mind."

Jessica Byrd, Surviving Spouse of LCpl John Bryd, U.S. Marine Corps

"John was proud to be a Marine, husband, and father. He had plans to serve his entire life and show my son the ways of the Marine Corps. I was pregnant when John was killed in action serving in Operation Iraqi Freedom; we were both 23 years old. As the only parent to Elijah, I was a stay-at-home mom who dedicated my entire life to his schedule and well-being. I am currently in the process of building a career for myself but am currently unable to provide for his health care.

"After 20 years of sacrifice and the absence of his father, my son has recently learned that he does not receive the same privilege provided to his peers to remain under his father's health benefits until age 26. Transitioning into adulthood is hard enough for the average human. But now you have a young man coming of age; he is realizing how much he missed out on having his father in his life. He is finally using his mental health benefits to explore all of his lifelong emotions of missing his father. We only learned recently that unlike others his age he only receives his health care until 23, which leaves him as a full-time college student with no health care. My hope and request is that the U.S. government provides the children of the fallen the same transitional time on a parent's health coverage as other United States young adults. Thank you."

Hana Mackey, Surviving Daughter of SSG Matthew Mackey, Iowa National Guard

"My name is Hana Mackey, I'm the surviving daughter of Staff Sergeant Matthew Mackey, who died 10 days before I turned 2 years old. I'm also a Type 1 diabetic, which is why passing the Healthcare Fairness for Military Families Act means so much to me.

"Currently, BAH where we live is roughly \$1,446 a month. TRICARE Young Adult is \$727 a month to cover what my current insurance covers. If I were in college and just turned 23, that would leave me with \$717 a month — paying for my out-of-pocket insulin and supplies which are about \$100 a month, a place to live, utilities, transportation, and food. The reality of that amount should be troubling for you. It will be a life or death decision that I will have to make without this law changing.

"Under the current law, federal employees and civilian families can keep their kids on their insurance until age 26. This gives them time to graduate college, find a job, and become eligible for their own insurance policies. Because my dad died while serving our country, I'm inevitably going to be faced with deciding if a place to live is more important than paying for my life-saving medication, and dying because I can't afford the drug that keeps me alive; or if I'm going to be homeless to pay for my medication and insurance and starve; dying when I go into diabetic ketoacidosis (DKA) because I'm going to be forced to ration out the insulin I can find and afford.

"The very people who told me I'd be 'taken care of when my dad died' are ultimately playing with my life, because it's too expensive to pass a bill for military families that the rest of the country already gets."

TREAT SUICIDE AS A PRESUMPTIVE SERVICE-CONNECTED CAUSE OF DEATH AND PRIORITIZE MENTAL HEALTH AND WELLNESS

In 2025, TAPS will continue to work with Congress to:

- Introduce and pass the **Service-Connected Suicide Compensation Act**
- Pass the **Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025**
- Prioritize mental health as essential to the overall wellness and readiness for veterans, service members, families, caregivers, and survivors, and advance collaborative suicide prevention and postvention efforts to help save lives.

In 2024, 29 percent of new surviving families coming to TAPS for services were suicide-loss survivors. While this number has decreased from 32 percent the previous year, the families of suicide loss face massive struggles when it comes to applying for benefits

through the Department of Veterans Affairs (VA). While many illnesses are considered presumptive conditions to prevent families from having to prove that the cause of death is related to service, suicide is not a presumptive condition.

Military service exposes individuals to unique stressors and potential traumas. The presumption of service-connection for veteran suicides would acknowledge that the mental health challenges veterans face are often a direct consequence of their service. On active duty, if a service member dies by suicide, it is often treated as a "line of duty" death, and their eligible dependent family members are awarded various Department of Defense (DoD)-related benefits, such as the Survivor Benefit Plan (SBP) annuity. This policy implicitly recognizes the pressures of military life and the potential for these pressures to contribute to suicide. Extending similar benefits to veterans' families would provide a consistent acknowledgment of service connection that does not end when active duty does.

Offering survivor benefits to families post-suicide death does not incentivize suicide but rather provides comprehensive lifecycle support for service members and their families to seek and receive help. According to the National Veteran Suicide Prevention Annual Report of 2022, veterans enrolled in a VA life insurance policy who died by suicide decreased from 9.1 percent in 2005 to 6.3 percent in 2020. Additionally, according to the DoD Annual Report on Suicide in the Military (CY 2022), evidence suggests that strengthening household financial security and fostering supports that address economic challenges and quality of life issues can reduce suicide risk. Strengthening household financial security and knowing their families will not be financially abandoned may reduce the immense stress some veterans feel about their ability to provide for their loved ones.

The presumption that veteran suicide is service-connected and that survivor benefits should extend to their families is not about incentivizing tragedy; it's about recognizing the full scope of sacrifices made by those who serve. It's about honoring their service, providing for their loved ones, and reflecting a society that takes responsibility for its veterans to the very end, including providing support for the aftermath of the ultimate sacrifice.

The following statements from survivors demonstrate the complicated challenges our suicide-loss surviving families face in applying for VA Survivor benefits.

Andrea Schaub Surviving Spouse of TSgt David Schaub Jr., U.S. Air Force

"The biggest challenge I had after my spouse's suicide was my local VSO telling me that it wasn't worth my time and energy. I had to get his death certificate amended to include additional circumstances. I had to present additional medical records to the

county who originally signed off on his death certificate. I had to submit character letters from his battle buddies, friends, and myself and obtain a Nexus letter.

"I ended up going to a VSO in a neighboring county that believed my claim was worthy and assisted me with the paperwork claim. My children were 9 and 11 at the time of their father's death, and we did not receive benefits for nearly four years."

Brandy Warfel, Surviving Spouse of Sgt Thomas Warfel U.S. Marine Corps

"My husband struggled deeply the last six months of his life from PTSD related to his two tours in Iraq. After three failed attempts, the father of my two beautiful children took 90 pills for his depression and was on a vent for a week until I had him removed. March will be five years since his death, and June will be five years of me continuing to fight for his DIC benefits.

"The addition of suicide as a presumptive cause of death would not only allow my children access to their father's rightful benefits, but it would honor him for the pain and trauma his service years inflicted on him and myself until his last day."

Lisa Davis Renfro Surviving Spouse of SPC Clarence Hyder, Tennessee Army National Guard

"My husband was two weeks away from his second deployment when he tried to die by suicide twice. The week before he died he was seen at the VA in Johnson City, Tennessee. He and I both talked separately with the psychiatrist. I ask that he be committed to the hospital for mental evaluation. The doctor told me to call the police if he showed concerning behaviors. Exactly one week later, my husband died by suicide. It took me almost three years of appeals, letters, and calls to finally get our benefits."

For more than a decade, TAPS has been on the front lines of suicide postvention efforts to support military families grieving deaths by suicide and using gained knowledge to save countless lives through suicide prevention efforts. The TAPS Suicide Postvention team developed a research-informed, best-practice **TAPS Postvention Model™** for suicide-loss survivors, decreasing the risk of additional suicides and promoting healing.

TAPS has supported nearly 30,000 individuals whose military and veteran loved ones died by suicide. In 2024, 29 percent of those coming to TAPS for care each day were grieving a death resulting from suicide and a life that included military service. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to prioritize mental health care as an essential element to overall wellness and readiness.

Above all, mental health care needs to be consistent. TAPS survivors relay that the care their service members or veterans received — marked by uncertainty, confusion, and sudden changes — caused them to lose trust in the process. The bonds formed by veterans and providers at the start of the care cycle are critical. Having to retell their difficult stories time and time again to new providers at each visit can be debilitating. Abruptly changing care teams, especially when a veteran becomes suicidal, only heightens the sense of crisis. Familiarity and predictability are keys to effective mental health care.

Veterans are more likely to seek help from an established provider when they feel a sense of safety and trust. Talking about thoughts of suicide with an established provider — when they are not necessarily intent or have a plan for suicide — should be seen as positive in that the veteran is trusting enough to share some of their deeper struggles, and should not be a reason to transfer them to a new team.

Focusing on retaining providers with active caseloads, streamlining record collection and review, and training all personnel to address suicide risk further upstream in the care experience can alleviate this concern. In addition, increasing timely access to VA community care providers will help improve mental health care outcomes for our veterans. TAPS appreciates Chairman Moran and Bost for introducing ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025***, which would establish existing community care access standards as the baseline standard of care for veterans seeking care in the community.

TAPS also believes that identifying issues related to grief and trauma, which need to be distinguished and treated separately, is essential in providing consistency of care for veterans. TAPS families grieving a military loved one who died by suicide also cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, post-traumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis occurs among these survivors or let the long-term impact of unsupported grief on the youngest survivors lead to lifelong challenges and suffering.

Leading research and TAPS' extensive experience have validated that these risks can be significantly reduced for survivors of all ages with early and relevant social connections that demonstrate respect, offer understanding, and increase their sense of belonging and social connection — especially when paired with customized assistance to meet the challenges of legal, financial, benefits, and care needs.

Knowing how to reduce risk and support survivors, TAPS works closely with agencies and organizations across the country to not only welcome their referred survivors, but to help build their capacity by providing information and training on loss, including suicide

loss. Shifting thinking from a crisis response model — which pays attention to mental health only when someone is suffering and suicidal — to treating mental health care as a vital part of overall health and readiness is imperative.

ENSURE THE DEPARTMENT OF VETERANS AFFAIRS COLLECTS CAUSE OF DEATH DATA

TAPS is working with Congress to:

- Pass the ***Justice for America's Veterans and Survivors Act*** in the 119th Congress.

While the Department of Veterans Affairs (VA) does a fantastic job of tracking major data categories for surviving families, the one major piece of information that the VA does not currently track is the “cause of death” of the veteran. While the VA currently supports 506,000 surviving spouses, they cannot tell you what percentage are suicide or illness or combat-related or training accident-related deaths. This information would be crucial to ensure that VA and other organizations are providing the necessary care and programs those families need.

During a meeting with the VA last year, we were informed that because the VA does not track cause of death, the potential 382,000 PACT Act impacted survivors includes all manners of death, including those who died of natural causes, age-related conditions, by suicide, or in car accidents, not just those filing claims related to toxic exposure. This helps to explain why after extensive outreach by the VA and organizations like TAPS, to date only 32,876 survivors have 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.

This type of data is critical to tailoring programming for surviving families as well as research into suicide prevention and toxic exposures and illnesses that have led to the tragic deaths of many veterans. The Department of Defense has been doing this for many years, so it is logical to presume the VA can and should do the same.

CREATE ONE GI BILL FOR ALL

TAPS requests Congress:

- Pass the ***Gold Star Family Education Parity Act*** to sunset Chapter 35 and expand the Fry Scholarship to families not previously eligible non-active-duty survivors, pre-9/11 survivors, and families of 100 percent disabled.

Chapter 35 is an outdated education benefit provided by the VA since 1952, and has not had any major improvements since then. The Forever GI Bill increased education benefits by \$200 per month; however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post-9/11 GI Bill and Fry Scholarship.

TAPS recommends sunseting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale, such as 80 percent as opposed to 100 percent of the benefit. Benefits under the Survivors' and Dependents' Educational Assistance (DEA) program are significantly lower than the Post-9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill.

Those using DEA are dependents of a 100 percent disabled veteran, those who died of a service-connected death, and those who died before 9/11, all of which are populations that traditionally received fewer benefits than their active-duty, Post-9/11 counterparts.

While VA has made major improvements with the Digital GI Bill toward automation for Chapter 33 benefits, they are still utilizing COBOL to process Chapter 35. COBOL is a program from 1959 and is not widely utilized anymore. VA has not upgraded this system, which causes more processing errors and delays than other GI Bill programs.

Sunseting Chapter 35 would simplify the VA approval process and ensure that all survivors are receiving adequate educational benefits. The following personal testimonials from surviving families help highlight these education benefit issues.

Melissa Evinger, Surviving Spouse of Sgt Barry "Bear" Evinger, U.S. Marine Corps

"My husband, Bear, was injured while serving on active duty as a United States Marine — he was medically retired from his severe injuries and unfortunately died later from those injuries. While our family is eligible for Chapter 35 benefits, we are not eligible for the Fry Scholarship because he was injured on active duty, medically retired, then died as a result of those injuries.

"As a military widow and public school teacher, the reality of my child receiving a quality university education is less than ideal. As my child is currently looking at colleges, I have a sense of panic and sadness knowing that once again we will be faced with disappointment and difficult choices. The financial consideration of public versus private schools, housing and dorm costs, work-study to help pay for school, and so much more are devastating. The reality is Chapter 35 is helpful, but the cost of education is high. Chapter 35 alone is minimal and barely covers basic educational and housing costs. I beg you to consider increasing the eligibility of the Fry Scholarship to all Chapter 35 eligible survivors. Our children's futures are in your hands."

Kristy Oman-Gilbert, Surviving Spouse of SPC Keith Gilbert U.S. Army

"We lost my husband at the age of 35 to a service-connected suicide. Before he was medically discharged, he could not transfer his GI Bill to our son, as he did not meet the continuing service requirements. With his death being after active duty, we do not currently qualify for the Fry Scholarship, and we cannot take out Parents Plus Loans in his name to have dismissed due to his service-connected disability. This leaves the financial burden of paying for college on my son and myself.

"My husband's death was confirmed to be service-connected, but we will struggle to put my son through school without help from private organizations. Extending the Fry Scholarship to ALL surviving spouses and children would show that the country recognizes the sacrifice of those remaining, no matter when the death occurred. The timing of my husband's death should not negate the opportunity for my son to have the best future possible."

Renee Monczynski, Surviving Spouse of PO2 Matthew Monczynski, U.S. Navy

"The difference for my daughter between Chapter 35 and Fry for the next two years is the constant worry of how we are going to pay for each semester. Waiting to see if she has enough scholarships to cover all expenses and scrambling for loans to cover the rest. Every time we fill out an application, we are reminded that the Navy and our country don't care about Matt's sacrifice because it was in June 2001. He died on the wrong day for our country to care. That care is reserved for those who served and died after 9/11.

"We were dual-active. We were both willing and did serve our country. But according to a document his sacrifice is not worth a college education for our daughter. Nor is my 70 percent VA-rated disability. So, I'm not broken enough, and he died on the wrong day for anyone to care about our sacrifices."

GUARD VA BENEFITS ACT

TAPS will continue to work with Congress to:

- Pass the **Guard VA Benefits Act**, which would reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing a VA benefits claim.

This enforcement mechanism was previously removed in 2006, leaving the VA Office of the General Counsel (OGC) constrained in its oversight over groups that operate outside of accreditation. Currently, the OGC can only apply administrative penalties to accredited individuals and refer matters relating to nonaccredited individuals to federal

or state enforcement agencies. By reinstating criminal penalties, OGC will be able to exercise jurisdiction over unaccredited individuals and hold them accountable for predatory behavior.

Since the passage of the PACT Act, the VA and numerous VSOs have noticed an influx of advertisements and solicitations from predatory claims consultants. With nearly 33,000 additional survivors now eligible for PACT Act-related benefits, increased regulatory oversight is crucial to ensuring that these 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, we believe 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 give you the form number for DIC or tell you to contact a VSO for assistance in filling 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 and claim sharks. The 10th response takes you to the Disabled American Veterans — the first true VSO result available.

We fully acknowledge that there are changes that need to be made to accreditation to allow reputable actors into the space. TAPS is not an accredited VSO because the rules stipulate that you must help the veteran community as a whole. Since our mission is solely focused on surviving families, we are not the best equipped to serve veterans, but we are well-equipped to serve survivors.

In 2024 alone, our TAPS Casework team assisted almost 2,200 survivors on benefit claims. We would welcome the opportunity to be accredited to help make the process easier for surviving families, but **have never and would never charge for our services.**

TAPS strongly supports the **GUARD VA Benefits Act** because it will help deter predatory behavior and ensure that veterans and survivors receive their full earned benefits at no additional cost.

ENSURE IMPLEMENTATION OF THE PACT ACT FOR TOXIC-EXPOSED VETERANS AND SURVIVORS AND EXPAND PRESUMPTIVE CONDITIONS

TAPS will continue to work with Congress and the Department of Veterans Affairs (VA) to:

- Ensure proper implementation of the ***PACT Act*** for veterans and survivors.
- Introduce and pass legislation to create a **presumption of service-connection for deployment to Karshi-Khanabad (K2)**.
- Pass the ***Aviation Cancers Examination Study (ACES) Act (H.R.530)***.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts to pass the bipartisan ***Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (H.R.3967)***.

The *PACT Act* was signed into law by President Biden on August 10, 2022, and 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 connect 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. TAPS also remains committed to ensuring that 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 of 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 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.

TAPS will continue to work with the VA to identify and expand *PACT Act* presumptive conditions and locations to the list of toxic exposures. We are also committed to working with Congress to advance further toxic exposure-related legislation to address critical health care needs for impacted veterans and their families.

TAPS supports legislative efforts to address the ongoing health care and benefit needs of the 15,000 impacted Army, Air Force, and Marine Corps personnel who were deployed to Camp Stronghold Freedom, Karshi-Khanabad (K2) Air Base in Uzbekistan between Jan. 1, 2001, and Dec. 31, 2005.

According to declassified DoD documents, K2 service members were exposed to multiple cancer-causing toxic substances and radiological hazards to include petrochemicals, depleted uranium, burn pits, volatile organic compounds (VOCs), and elevated levels of tetrachloroethylene. Many K2 veterans have become ill and are dying or have died as a result of their exposure to toxins.

We stand with our VSO partners at the Stronghold Freedom Foundation and urge Congress to introduce and pass legislation to **create a presumption of service-connection for all conditions reported from K2 deployments, including but not limited to rare and undiagnosed conditions.**

TAPS also fully supports the ***Aviation Cancers Examination Study (ACES) Act (H.R.530)***, introduced by Congressman August Pfluger (R-TX-11), which would direct the Secretary of Veteran Affairs to oversee a multi-year study — conducted by the National Academies of Sciences, Engineering, and Medicine (NASEM) — on the prevalence and mortality of cancer among individuals who served as active-duty aircrew in the armed forces. The *ACES Act* is supported by the TEAM Coalition, a nonpartisan consortium of veterans, military service organizations, and subject matter experts.

ENSURE IMPLEMENTATION OF THE SENATOR ELIZABETH DOLE 21ST CENTURY VETERANS HEALTHCARE AND BENEFITS IMPROVEMENT ACT

TAPS is committed to working with Congress and the Department of Veterans Affairs (VA) to:

- Ensure implementation of the ***Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act***, signed into law on Jan. 2, 2025.

The passage of the bipartisan and bicameral **Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act** in December 2024, will improve access to mental health and long-term care for veterans, and support those who care for them, as well as their survivors.

This important law included multiple long-term priorities for surviving families, such as expanding eligibility for the Fry Scholarship and provisions of the **Love Lives on Act of 2023**, which have had major impacts on the lives of our surviving families. The following are testimonials from survivors who are already benefiting from this significant law:

Anita Sullivan, Surviving Spouse of CE3 Michael Sullivan, U.S. Navy

“When The Dole Act was signed into law, I felt a weight lifted that allowed me to breathe deeper than I had in almost two years. After the tragic death of my husband and father to our three kids, I found love with a retired Navy Chief and wonderful man. We know that we’ll get married, but it’s still years away due to the current law that requires me to be 55 or lose benefits. Since becoming engaged in 2023, I’ve been fearful of someone wrongly reporting me, and our family enduring an investigation into if I was ‘holding myself out to be married.’ That fear has meant constantly correcting people about our relationship and asking our kids to do the same, which is a burden they shouldn’t have had. I’m very grateful for the provision in The Dole Act that removes that risk and fear.”

Julie McAdoo Surviving Spouse of MAJ Kevin McAdoo, U.S. Army

“The passage of the Dole Act has positively impacted my family by removing the ‘holding oneself out to be married’ clause from the definition of a widow. Prior to the Dole Act, I didn’t feel comfortable telling anyone about my partner, Mark. While I don’t have any enemies, the stakes of losing the money that sustains my family were just too high. I spent a lot of time being careful and not sharing outside of my closest circle of friends and family that I had a partner who I cared deeply about and intended to spend the rest of my life with even though I couldn’t marry him. Because of the Dole Act, I finally feel at ease in admitting that I have a partner to share my life with, who bolsters our family unit, and who plays a vital role in our resilience.

“Unfortunately, he came along prior to the Dole Act, and trying to form a family unit in secret was awkward, to say the least. My children, who were 12 and 14 at the time, didn’t know what to call him or what kind of a relationship to build with him. We couldn’t be clear about who he was and where he fit in our lives. Consequently, they have a weak and confusing bond with my partner. I wish the Dole Act had come along well before so that we could have clearly established our relationship and family unit openly at that critical time in our lives.

"Now that the Dole Act has passed, my partner and I have been able to have many important conversations about what kind of future we want together. We can talk about uniting finances, buying a home together someday, and how we wish to form a life together without fear. So many normal features of a romantic partnership were unavailable to us, and we are still feeling out the new avenues open to us now that we can admit how much we love each other and our intent to be together forever. Even though we still can't marry for now, we are very grateful and relieved that the Dole Act passed! We feel so much more freedom to live and love!"

Rebecca Morrison Mullaney Surviving Spouse of CPT Ian Morrison, U.S. Army

"When my husband, Apache Helicopter Pilot Captain Ian Morrison died by suicide, I was only 24 years old. At 24 years old I was expected to start my life over. I had to withdraw from my graduate program because I could not complete my clinical hours at the time.

"I grieved Ian intensely — the man I'd lost, and the future with him that would never be. I eventually found healing in advocating for our service members, veterans, and their families, and following through with my goal to become a mental health care provider. Years later, along this path, I met Brennan, an Army veteran himself. We shared a passion for supporting the military and veteran community. Being with Brennan brought light back into my life. After experiencing the sanctity and joy of marriage with Ian, I knew this was something I didn't want to live the rest of my life without, which is why Brennan and I chose to legally marry. However, that decision also meant giving up the benefits that supported me financially and would allow me to retrain into a career that made sense at this stage in my life.

"The passage of the Dole Act means that I can finally fulfill my dream of pursuing a Ph.D. in clinical psychology, and it acknowledges that just because I have remarried, does not mean I am not still Ian's widow. While there is still work to do to pass the rest of the Love Lives on Act, I am grateful to know that in the meantime I can return to school."

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans' Affairs, their distinguished members, and professional staff for holding this Joint Session of Congress to hear the legislative priorities of veteran and military service organizations. TAPS is honored to testify on behalf of the thousands of surviving military and veteran surviving families we serve.



Tragedy Assistance Program for Survivors

Senior Executive Biography

BONNIE CARROLL

President & Founder

Bonnie Carroll founded the Tragedy Assistance Program for Survivors (TAPS) in 1994, at a time when there was no national support network for the families of America's fallen heroes. Through her own grief following the death of her husband, Brig. Gen. Tom Carroll, who perished in an Army plane crash in 1992 along with seven other soldiers, she turned her tragedy into a purposeful effort to create what is today the major national program providing compassionate care for all who are grieving the death of a service member.



Since its launch in 1994, TAPS has cared for the more than 100,000 surviving family members through a national network of peer-based emotional support services; a 24/7 helpline available to those grieving a loss; connections to community-based care throughout the nation; and casework assistance for families navigating all of the resources and benefits available to them.

In addition to founding and serving as the President of TAPS, Carroll also held appointments in the government, including White House Liaison at the Department of Veterans Affairs (VA) under President George W. Bush, Executive Assistant to the President for Cabinet Affairs under President Reagan, and in Baghdad, Iraq, in 2003-2004 as the Senior Advisor to the Iraqi Ministry of Communications during Operation Iraqi Freedom. During her earlier career in Washington, D.C., Ms. Carroll lived and worked on Capitol Hill as a political consultant on Presidential and Congressional campaigns and consultant on national defense issues.

Carroll retired as a Major in the Air Force Reserve following 31 years of service, where her career included serving as Chief, Casualty Operations, HQ USAF. Prior to joining the USAFR, Maj. Carroll served 16 years as both a noncommissioned officer and then a commissioned officer in the Air National Guard as a Transportation Officer, Logistics Officer, and Executive Officer.

Carroll has also served on the Board of Directors of the Association of Death Education and Counseling, the Department of Defense Military Family Readiness Council, the VA Advisory Committee on Disability Compensation, the Defense Health Board, and the Board of the Iraq and Afghanistan Veterans of America. She is past co-chair of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces and she currently serves on the VA Advisory Committee on Families, Caregivers and Survivors and as a White House PREVENTS Ambassador on suicide prevention. Co-author of *Healing Your Grieving Heart After a Military Death*, she has published numerous articles on grief and trauma following a military death. She has appeared on CNN, FOX, NBC's *The Today Show*, and other national programs speaking about military loss.

In addition to receiving the Presidential Medal of Freedom from President Barack Obama and the Zachary and Elizabeth Fisher Distinguished Civilian Humanitarian Award from the Department of Defense, Carroll was also featured in *People Magazine* as a "Hero Among Us"; named a recipient of the Community Heroes Award by the Military Officers Association of America; has been recognized by the Defense Department with the Office of the Secretary of Defense Medal for Exceptional Public Service; and has received the Army's Outstanding Civilian Service Medal and the Navy's Distinguished Public Service Award.

Ms. Carroll holds a degree in Public Administration and Political Science from American University, and has completed Harvard University John F. Kennedy School of Government's Executive Leadership Program on International Conflict Resolution. She is a graduate of several military service schools, including the USAF Logistics Officer Course, Squadron Officers School, Defense Equal Opportunity Management Institute, Academy of Military Science and USAF Basic Training (Honor Graduate).

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Elizabeth Dole Foundation
Statement of
Meredith Beck
Vice President, Government Affairs and Community Engagement
Legislative Hearing Presentation of Elizabeth Dole Foundation
March 4, 2025

Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, distinguished Members of the House and Senate Committees on Veterans' Affairs, thank you for inviting the Elizabeth Dole Foundation (EDF) to submit this statement for the record highlighting our legislative and advocacy priorities for 2025.

As a national nonprofit, our mission is to empower military and veteran caregivers, their families, and their communities through programs, partnerships, and advocacy that drive innovative, impactful, and sustainable solutions. Through our numerous programs, such as our Hidden Helpers initiative for caregiver children, the Bob & Dolores Hope Fund for critical financial assistance, and our network of Dole Caregiver Fellows in every state, we seek to support caregivers so both they and the veterans for whom they care can thrive—reaching optimal physical health, psychological and emotional wellbeing, social connectedness, personal growth, and a sense of purpose in life. To achieve our goal of a seamless continuum of care for veterans, caregivers, and survivors, we focus on issues directly impacting caregivers as well as those of significant interest to them, including the care and services available to their loved ones.

EDF is keenly aware of the challenges, issues, and remarkable strength of the military and veteran caregiving community we are honored to serve. As we mentioned in our testimony in September 2024, the Foundation commissioned RAND to conduct a new landmark study released 10 years after their initial work, updating us on the current challenges in the military and veteran caregiver community. In response to the new RAND report and considering our own everyday experiences with military and veteran caregivers, the foundation coalesced around four interconnected pillars, which will guide our programmatic and advocacy efforts moving forward.

Economic Mobility:

The RAND report identified multiple factors influencing the economic stability of caregivers and the need to grow and sustain their economic mobility. Lost wages, inability to plan or save for retirement, unforeseen out of pocket expenses, and un- or under-employment because of caregiving duties all often result in financial strain and uncertainty on caregiving families. Family members often leave jobs to care for a loved one, limiting their ability to contribute to retirement plans and losing valuable professional credentials over time. They also often find that their employers simply do not recognize the reality of life at home or give them the support they need, like paid family leave or flexible work schedules. We are proud to be able to provide Emergency Financial Relief through our Hope Fund supported by the Bob and Delores Hope Foundation, but we must do more. We must give caregivers and their families the opportunity to achieve not only short-term economic stability, but also long-term economic mobility to ensure the hope of a better life for generations to come. Fortunately, there are several actions Congress can take to address this and other situations to relieve some of the financial burden facing these caregivers:

Program of Comprehensive Assistance for Family Caregivers (PCAFC). First, we ask that Congress respond to the recently published Notice of Proposed Rulemaking (NPRM) regarding the VA's PCAFC. This program, which provides vital financial and other support to those caring for veterans with the most complex needs, has been an economic lifeline. However, since March 2022, the program has been on hold while the VA reviewed concerns related to its eligibility criteria. While we appreciate that the proposed rule was finally published after almost 2 years of financial limbo for vulnerable caregivers and veterans, we have numerous concerns about the proposal. Joining over 800 public comments, EDF submitted both joint comments with other interested organizations as well as comments of our own outlining the concerns we have about the proposal. Namely, the proposed rule is, again, far too complicated and incredibly difficult to implement in a fair, transparent, and standardized manner while meeting the original intent of Congress to support caregivers of seriously injured veterans.

Below, for your consideration, please see a summary of EDF's comments in response to the NPRM:

- We appreciate the VA's willingness to address the significant concerns regarding the very limiting term "Each and every time" as it applied to an individual's ADL needs included in the previous regulation. However, the term "typically requires"

suggested by the VA and the graphic associated with it are ambiguous and subject to broad interpretation. Instead, we suggest that the VA use the term, "more often than not," which is language already used and understood by VA staff and more reflective of the everyday tasks of caregivers.

- The proposed rule is also lacking in transparency for the purposes of defining supervision and protection, as the criteria used to evaluate whether these definitions are met are not provided. While ADLs are very clearly defined and generally accepted, the VA has yet to provide a list in the regulation that includes (but is not limited to) a set of evaluative criteria to understand how decisions are made about who qualifies as requiring supervision and protection. Instead, those criteria and how they are scored remain behind a firewall, jeopardizing the necessary transparency for qualification, understanding, and potential appeal.
- In the NPRM, the VA rightfully asks, "What activities or tasks in addition to or other than ADLs should VA consider when determining whether a veteran or servicemember has a need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired?" The VA argues that Congress did not intend to include Instrumental Activities of Daily Living(IADL) when determining if an individual's ability to function in daily life would be impaired because those activities, "may be completed entirely by another individual without the veteran's or servicemember's presence or involvement." This statement is incorrect for two key reasons.
 - First, Congress did not state that that provision was only intended to apply to ADLs. By unilaterally interpreting the provision in this manner, the VA is substituting its own judgment for that of the Congress.
 - Second, caregivers, in addition to doing much of the work themselves, often provide instruction to veterans on navigating the programs and services of the VA either because the veteran has diminished capabilities due to an injury or illness, or the VA insists on speaking to the veteran and not the caregiver. Therefore, the caregiver's instruction helps to ensure access to care and services and promotes the veteran's ability to function in daily life. Whether the caregiver is providing this type of IADL care independently or in

conjunction with the veteran, it must be done to ensure the wellbeing of the veteran. Without transparent consideration of IADLs, the Dole Foundation is very concerned that those caring for individuals with significant cognitive needs and severe mental health diagnoses will be found ineligible for the program, and the veterans for whom they care will go without support needed to stay inside their homes, rather than be placed in costlier institutions.

- The NPRM also states, “Personal care services that would be provided by the Family Caregiver will not be simultaneously and regularly provided by or through another individual or entity.” The Dole Foundation has been repeatedly contacted by caregivers in PCAFC who are unable to get the required additional services they need to best support the veteran due to a case mix tool that does not reflect the reality of caregiving, especially for a high-needs individual. While the case mix tool measures the need for services, again, the Dole Foundation is concerned that it is weighted against those with significant mental health and cognitive needs. Additionally, rather than viewing the vast array of clinical support programs such as Homemaker/Homehealth available through the VA as complementary to PCAFC, the case mix categorizes them as redundant, often disqualifying an individual from needed support based on individual circumstances. The Dole Foundation suggests that this language be amended to reflect the need to prevent redundant services, but to also allow for complimentary services in the best interest of the veteran.
- While the Elizabeth Dole Foundation appreciates the inclusion of Individual Unemployability as a qualifying rating, we also suggest a review of potential automatic or accelerated considerations for eligibility under “serious injury.” For example, an individual who has already been adjudicated by a court to require a guardian should not have to undergo all of the evaluations required for participation in the program. Consideration of these factors would remove certain requirements from overburdened staff, potentially lower costs, and reduce the intrusion on the veteran and caregiver.

- In addition, EDF requests that consideration be given to the amount of demonstrated time a caregiver spends coordinating care for the veteran as part of the PCAFC assessment process. Veterans requiring degrees of supervision and protection are eligible for PCAFC, and ensuring access to health care and services should be a major consideration under this criterion.

The Elizabeth Dole Foundation also endorses the following legislative and advocacy initiatives that would positively impact the economic mobility of family caregivers:

- *Grandfather the Legacy Cohort of PCAFC Participants.* Finally, with respect to the legacy cohort of PCAFC participants—those Post-9/11 caregivers who were admitted to the program prior to September 30, 2020—they again face an uncertain future due to the pending changes in eligibility requirements. Many of these caregivers have repeatedly been found eligible for the program over the years and endured multiple pauses, regulation and leadership changes, lack of previous program standardization, and questionable assessments. While they have benefitted from the stipend, the emotional toil and financial uncertainty of not knowing whether their benefits will continue have weighed heavily on caregivers and veterans alike. Therefore, EDF asks Congress to work with the VA and relevant veteran service organizations to consider “grandfathering” this population of approximately 14,000 caregivers into PCAFC, except in cases of fraud or abuse, and allow the VA’s Caregiver Support Program (CSP) to focus on its mission of supporting all generations of caregivers, rather than continuing this years-long struggle.
- *Support Opportunities for Remote Work for Family Caregivers.* Due to the nature of caregiving, remote work is often the only type of employment that serves as a viable option for caregivers. Understanding that there is a current desire, especially from the federal government, for individuals to return to the office for in-person work, we ask that Congress encourage and/or require exceptions to those policies to accommodate those family caregivers who need to work from home in the best interest of the veterans for whom they care.

- *The Credit for Caring Act* (H.R. 7165/S.3702, 118th Congress) also strongly endorsed by our partner, AARP, this legislation would offer a \$5,000 tax credit to eligible working family caregivers, both veteran and civilian, to offset the over \$8,500 in out-of-pocket caregiving expenses incurred every year. This legislation would remove some of the financial strain experienced by these families, especially those veterans who are either not associated with the VA or have experienced difficulty accessing the programs and services available to them and, instead, paid out of pocket for their needed goods and services.
- *The Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (H.R. 9276/S.3885, 118th Congress). For many enrolled in PCAFC, their caregiving role will come to an end, hopefully due to improvement in the veteran for whom they care, but, sadly, most often due to the passing of the veteran. This legislation would do many things to alleviate the caregiver's financial strain and anxiety, including extend enrollment in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) for up to 180 days after disenrollment from PCAFC, allow the VA to pay caregivers up to \$1,000 to maintain professional licensure, study the feasibility of establishing a retirement plan for family caregivers, and study the barriers and incentives to hiring former family caregivers to work for the VA.

While EDF strongly endorses this legislation, we also suggest an amendment to help alleviate a current inequity related to retirement planning for non-spouse caregivers—approximately 18,000 enrolled in PCAFC because they care for their service-disabled child. The VA offers a program called Dependency and Indemnity Compensation (DIC), a monthly tax-free monetary benefit offered to eligible survivors. This program is often a financial lifeline for those who are eligible, and spouse survivors are rightfully not subject to an income threshold. Parent caregivers, however, are subject to an annual income threshold, in some cases as low as approximately \$18,000.

For example, Christine Cooley of Florida cared for her severely combat-injured Marine son, Josh, until he passed away just over a year ago. As a single mother, she was his caregiver for 17 years following his severe injuries. Now at age 73, she is unable to return to work. Because she is a parent, she is subject to the DIC income limit, and her \$23,000

annual social security payment exceeds the threshold. With Social Security now her sole source of income, she has lost the home she shared with her son, compounding her grief and sense of loss.

As Congress considers this legislation, EDF requests that the Committees consider abolishing or greatly increasing the DIC income limits for non-spouse caregivers enrolled in PCAFC, allowing them to plan for retirement and leaving them far less financially vulnerable when their caregiving roles come to an end.

Mental Health and Wellness/Youth Support

The second and third strategic pillars identified by EDF are a need to strengthen the emotional and mental well-being of the caregiver and to improve support and outcomes for caregiving youth and families. As noted in the September 2024 RAND report, while the economic value of military and veteran caregivers is tallied at a minimum of \$114 billion in unpaid care (costs for which the federal government would otherwise be responsible), the mental health toll is tremendous, with 43% of those caring for a veteran age 60 or under meeting the criteria for depression, and a staggering 22% of that same population reporting suicide ideation. Thirty-six percent of those caregivers reported needing mental health treatment in the last year but not receiving it, mostly because they lacked the time to do so or feared how being hospitalized or taking medication would impact their ability to care for their loved one. The good news is that we, as a society, have raised awareness of the need to identify mental health needs. Now we need to identify ways to address them more easily.

At the same time, 40% of military and veteran caregivers are also raising a child, and 39% of those children help with at least one caregiving task. It is important to note that, in addition to assisting with ADLs like administering medication and feeding, young children are learning to modify their behavior to avoid “triggering” their veteran. Supporting these families and ensuring safe households for veterans and their families is not only the right thing to do; it is also the smart thing to do, as many of these children often grow up with a desire to serve in the military themselves. Keeping these data in mind and to ensure better outcomes for caregivers, the

veteran, and the entire family, the Elizabeth Dole Foundation recommends and endorses the following:

- *Expand Access to mental health care beyond those enrolled in PCAFC.* While caregiving for a loved one can be incredibly rewarding for the caregiver and often is vital for the wellbeing of the veteran, the mental health toll on caregivers can be daunting. The recent availability of mental health support for veteran caregivers enrolled in PCAFC through the VA has served as a lifeline for many who previously struggled without access to care. Additionally, the community-based grants made available for caregivers enrolled in PCAFC will help get support to those in need closer to where they live. However, given the mental health needs across the larger caregiver population, we urge Congress to work with the VA and stakeholder organizations to find other means of identifying caregivers who could benefit from ongoing mental health support, especially those enrolled in the Program of General Caregiver Support Services (PGCSS).
- *H.R. 8165 VA Marriage and Family Therapists Equity Act(H.R. 8165, 118th Congress).* This legislation would expand access to professional therapists for caregivers and veterans by removing an outdated licensing requirement that limits the availability of appropriate qualified therapists. We know from the RAND report that, due to the nature of caregiving and the general stress on families today, marriages, families, and children need support. This legislation would go a long way toward addressing the availability of needed therapists.
- *Identify/Develop a scale to accurately measure the caregiving intensity of those caring for individuals with mental health and cognitive disorders.* The RAND report notes that while scales exist to measure caregiver intensity, they may be biased in how they are constructed by assigning higher intensity levels to those providing support with Activities of Daily Living, such as helping care recipients bathe or dress, than to those caring for individuals with mental health and cognitive deficits. Given that the report cites a higher incidence of mental health and cognitive issues for veteran and service member age 60 or younger, as well as a higher incidence of mental health needs among their caregivers, it is

important that a scale be developed to accurately measure their caregiving intensity, so we may better understand and attend to their needs.

Foster Supportive Care Ecosystems for Veterans and their Caregivers

Given the expansive nature of RAND's report, as well as our daily experience with caregivers, the fourth strategic pillar identified by the Elizabeth Dole Foundation is the need to foster supportive care ecosystems for veterans and their caregivers to ensure the remaining needs of this population are met. This strategic pillar includes a focus on improvement and increased access to programs and services across multiple sectors that enhance and promote both the whole health of the veteran, their caregiver, and their family. We note that, while potentially eligible, veterans and their caregivers must navigate a complex array of benefits and services to find the right "Easter Egg" and often are not aware of programs that could benefit them. In addition, there are gaps and outdated restrictions on many programs that limit access to those in need. The near constant effort to identify resources and advocate on behalf of the veteran can weigh heavily on both the caregiver and veteran. In recognition of this struggle and the effort to improve the care ecosystem in the clinical setting, in the home, and in the community, the Elizabeth Dole Foundation recommends the following:

- *Enhanced Care Coordination and Case Management for those with the Most Complex Needs.* As noted above, the lack of care coordination, especially for those with the most complex needs, continues to be an ongoing challenge for veterans and caregivers alike. As part of our Foundation's Resource Navigation Program, we regularly hear from caregivers who spend hours every day trying to access the care and benefits their veterans need and earned, to varying degrees of success. Simply connecting veterans to these programs that already exist, like Veteran Directed Care, PCAFC, Home Maker/Home Health Aide, etc., promotes better outcomes and provides needed support to caregivers without the addition of costly programs. Therefore, we support the following:
 - Further discussion of and passage of the *Coordinating Care for Senior Veterans and Wounded Warriors Act (H.R. 668/S.506)*, The VA is in the process of implementing

its new Care Coordination and Integrated Case Management (CC&ICM) program, which has been helpful for some veterans where it is available, but there is still a need to provide further elevated services for those with the most complex needs. This legislation creates a pilot program to offer a higher level of assistance for those who need it, and is a firm step forward in the establishment of more effective care coordination. We look forward to continuing to work with the Committees on this important issue.

- *Helping Heroes Act* (H.R. 5904/S. 622, 118th Congress), introduced by Senators Murray and Boozman in the 118th Congress, which requires a full-time Family Support Coordinator at each VA medical Center and directs the VA to collect data on veteran families to better understand their needs. In the recent past, the VA prioritized the establishment of Family Support Resource Coordinators at each VA medical center, but the position was put on hold as a result of a funding shortfall. These resource coordinators would help connect families and caregivers to the right resources both inside and outside of the VA, potentially providing long-term cost savings by proactively connecting families with needed services earlier in their journey and therefore preventing problems from getting worse.
- *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025* (H.R. 740/S. 275). While the Elizabeth Dole Foundation strongly supports the availability of direct care and services through the VA, we also recognize that there are times when a veteran's specialty care needs and capacity limitations require the availability of care through the Community Care Network. This legislation would, among other things, establish baseline access standards for community care, including residential rehabilitation programs, and ensure that a veteran's preference and continuity of care are considerations for access to the community.
- *CHAMPVA Children's Care Protection Act of 2025* (H.R. 1404). When the Affordable Care Act was signed into law in 2010, it required private-sector health plans to allow children to stay on their parents' insurance until they are 26 years old, but this coverage was not extended to military or veteran health coverage. This legislation

fixes that inequity and raises the maximum age of eligibility for dependents in CHAMPVA from 18 to 26, putting this program in line with others.

- The establishment of a case management and social work lead at the VISN level who could help to coordinate training, standardize services, and serve as a point of contact when challenges arise that are unable to be resolved at the medical center level.
- *Expansion and Further Adoption of the Campaign for Inclusive Care.* EDF partnered with the VA in 2018 to train clinicians and staff on the practice of caregiver inclusive care through our Campaign for Inclusive Care. The program is intended to improve health outcomes for the veteran, reduce the stress and burden on the caregiver, and reduce burnout on the part of providers as a result of more effective visits. CIC also shows promise in reducing VA costs by minimizing ER visits and increasing medication adherence, promoting better outcomes for the veteran and family. This joint program has been well received across VISNs and veterans and caregivers would benefit from its further adoption throughout clinical services.
- *Efficient and Safe Deployment of the Electronic Health Record.* As part of our goal to achieve a seamless continuum of care for veterans and caregivers, the Elizabeth Dole Foundation supports the deployment of a system that maximizes efficiency while prioritizing patient safety.
- *Oversight of the Implementation of the Pathway to Advocacy.* Section 129 of the Dole package requires the Secretary of Veterans Affairs establish a process to recognize organizations able to assist veterans, caregivers, and survivors in navigating the services of the Veterans Health Administration. Similar in concept to Veteran Service Organizations that assist veterans in filing claims through the Veterans Benefits Administration, the Pathway to Advocacy will allow organizations to help connect those in need with vital services available through VHA. The expedient and thorough implementation of this provision will complement the VA's social work services and allow organizations, often with years of experience navigating these services informally, assist veterans and families in a more formal manner.

- *Oversight of the Implementation of the Removal of Expenditure Cap.* Probably most urgently, Section 120 of the Dole package removed the 65% cap on non-institutional care expenditures and is vitally important to the most severely injured and ill veterans and their caregivers. Prior to the welcome passage of the legislation, veterans either had to pay for needed in-home care out of pocket or go without supportive services, often significantly increasing the burden on their caregiver. As a result, in some cases, desperate veterans were asking to have their tracheostomy tubes removed, thus ending their own lives, to avoid being a further burden on their families. EDF requests the immediate implementation of this provision to avoid these types of tragic situations.
- *Oversight and Clarification of Access to Clinical Support/Home-Based Services.* In addition to the CSP, the VA has many programs that, if accessed, benefit caregivers both directly and indirectly, most of housed under Geriatric and Extended Care (GEC). At the Elizabeth Dole Foundation, we often witness the positive things that can happen when veterans and caregivers are connected by caring and passionate providers and social workers to the programs and services they need to enhance their care and their quality of life. Additional respite services, Veteran Directed Care, Home-Based Primary Care, and the Homemaker Home Health Aide (HHA) programs are just some of the programs that support veterans in their homes and can serve as a lifeline for veterans and caregivers in need.

The Veteran Directed program, for example, has incredibly high satisfaction rates when utilized correctly. The program, a joint offering from the VA and the Department of Health and Human Services, offers veterans and caregivers greater choice and control over their care and services. In theory, they can use the program to hire familiar friends and family to provide unskilled care—especially important to those with mental health needs and traumatic brain injuries—provide transportation to and from appointments, hire skilled care when needed, and provide other goods and services. They can supervise their own employees and hire support during the hours that are needed, rather than being held subject to agency hours and restrictions. In addition, this program has been incredibly

helpful to those who struggle with getting appropriate care in their homes either due to contracted agency employee absences or the general dearth of HHA providers around the country.

Unfortunately, as mentioned above in the Foundation's comments regarding the NPRM, gaining access to these programs is often incredibly difficult for veterans and caregivers alike. Sometimes, the veteran or family member is simply unaware of the available program and overwhelmed social workers/providers fail to refer for potential services—a situation where the pathway to advocacy could be very beneficial. In many instances, however, the veteran and caregiver are subject to a “case-mix tool” that determines their eligibility for services. The veteran must rate high enough on the case mix tool to warrant services, and if the veteran is seeking services under multiple programs (i.e. PCAFC and Veteran Directed), they must rate even higher. While it makes sense for the VA to ensure that a veteran is not utilizing redundant services, the current case-mix does not truly allow for complementary services, in many cases, for those who need it most.

For example, Shawn Lopez, is a Dole Caregiver Fellow from Maryland who cares for his service-disabled veteran father. In addition to other diagnoses, Shawn's father fights stage four cancer, lives with severe cognitive deficits resulting from a major stroke, and suffers from progressive dementia. He has been rated by the VA as 100% permanently and totally disabled and requires constant supervision for safety. Shawn is eligible for and enrolled in PCAFC (for which he is paid approximately \$40,000 annually) but sought additional support in the home due to further decline and caregiver burnout. To be clear, if Shawn were not providing around-the-clock care, his father would require very costly institutional care (approximately \$146,568 annually in Maryland for a semi-private room) for which the VA would be responsible.

Due to the nature of his father's cognitive deficits, Shawn sought services through the Veteran Directed Program because he could hire individuals with whom his dad is at least familiar, and who could work outside of an agency's regular hours of availability. Because Shawn is enrolled in PCAFC, the case-mix tool was employed to

determine his dad's level of eligibility for services. Even with all of the diagnoses mentioned above and despite his constant need for supervision for safety, Mr. Lopez scored very low on the case mix tool – far too low to qualify him for concurrent enrollment in PCAFC and VDC. After much research and advocacy on his own, Shawn learned that the scoring algorithm for the case mix tool used widely across the VA is weighted heavily toward those in need of assistance with activities of daily living (ADL's) and mostly excludes scoring consideration for the impacts of cognitive and mental health diagnoses. It was not until Shawn's father fell down the stairs and broke 5 ribs that he even came close to qualifying for the case mix score needed for concurrent enrollment. Fortunately, after a significant amount of effort on Shawn's part, and further medical documentation, Mr. Lopez was eventually rated at the necessary level. Again, however, that was only after he met the very high ADL threshold, even though he would have required institutionalization for his cognitive deficits alone. If Mr. Lopez recovers and improves in only one out of eight ADLs, he will no longer qualify for VDC.

Not only is it wrong to deny family caregivers the complementary support services they need to care for their loved ones, it also doesn't make any fiscal sense to operate in this manner. As mentioned above, Shawn's stipend through PCAFC is approximately \$40,000 annually whereas a skilled nursing facility is far more expensive. Therefore, EDF asks Congress to work with relevant organizations and the VA to provide oversight to this process and ensure caregivers are well-supported and, if so desired, veterans are able to stay in their homes as long as it is medically appropriate.

Conclusion

Fortunately, while much work remains to be done, many of the issues outlined in RAND and addressed in our 4 strategic pillars were addressed in some way with the passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* late in the 118th Congress. The Foundation thanks both Committee Members and their staffs as well as Leadership of both parties in the House and Senate for their hard work and dedication to finding common ground to achieve final passage. The removal of the 65% cap on non-institutional care,

establishment of an assisted living pilot program, the establishment of a pathway to advocacy to help connect veterans and caregivers to needed resources in VHA, the authorization of community-based grants to support caregivers' mental health, expanded education benefits for survivors, and the expansion of home and community based resources at every VA medical center are all integral to the health and well-being of veterans, caregivers, and survivors.

However, in addition to delays that normally occur during any presidential transition, we are deeply concerned that the current federal staffing reductions, the hiring freeze combined with the VHA budget shortfall identified in the previous Administration and offers of deferred resignations for federal employees will greatly impact the ability of the VA to provide its vital direct services generally and implement the provisions of the Dole package specifically-- positions that may not seem vital to some, are critical to others. For example, the Caregiver Support Line which provides access to information on both the program itself, PCAFC appeals, and information about other resources beneficial to caregivers and families receives approximately 700 calls each weekday from caregivers seeking information. It was recently announced that the support line would cut its hours of service. Specifically, in addition to other cuts, the support line will now stop operations at 8pm EST which is fairly reasonable for those on the East Coast. However, those on the West Coast will end at the same time(5pm PST), meaning those who must work outside of the home in addition to their caregiving duties will be unfairly limited in the availability of after-hours support. We understand that those working for the support line were eligible for the deferred resignation offer, but the VA is unable to replace them because they are not exempt from the hiring freeze.

In addition, with 4,600 VA researchers on time-limited appointments and an estimated 350 facing termination in the coming months, the federal hiring freeze could stall critical advancements in pain management, PTSD treatments, and therapies for conditions like cancer and traumatic brain injuries. For veteran families and caregivers, these breakthroughs are a lifeline and should not be considered a luxury. Delayed research means fewer options for those caring for veterans with complex medical needs, fewer treatment advancements to ease their daily challenges, and fewer answers for families desperately seeking cures.

During the debate on the Dole package, EDF and others argued that the CCN provisions were necessary to serve as a "release valve" to ensure veterans were able to receive necessary

treatment while we as a community discussed and determined the appropriate balance of direct care and care in the community. While we understand that the realignment of resources and staff often needs to happen, we are concerned that the current process does not allow for the careful review and implementation necessary to ensure services for the most vulnerable are not interrupted.

The Elizabeth Dole Foundation thanks the Members of both Committees for the opportunity to testify today. We look forward to working with you and the Administration during the 119th Congress for the benefit of veterans, caregivers, and survivors.

Brief Biography

Meredith Beck

**Vice President, Government Affairs and
Community Engagement
Elizabeth Dole Foundation**

Having dedicated over 20 years to the veteran, caregiver, and military community, Meredith Beck is the Vice President for Government Affairs and Community Engagement for the Elizabeth Dole Foundation. Previously serving as a strategic, policy, and programmatic consultant for several veteran serving non-profit organizations, she was honored to recently be appointed by the Secretary of Veterans Affairs to a two-year term as a member of the Federal Advisory Committee on Veterans' Family, Caregivers, and Survivors. She spent over eight years on Capitol Hill working for members of both the Senate Armed Services Committee and the Senate Veterans Affairs Committee, followed by a period of time as the National Policy Director for the Wounded Warrior Project. A graduate of Davidson College, she currently resides in Arlington, VA with her husband, two sons, and their dog River.

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Testimony of the

NATIONAL COALITION
for **HOMELESS VETERANS**

United States Senate & House of Representatives
Committees on Veterans' Affairs

"Legislative Presentation of The National Coalition for
Homeless Veterans"

March 4, 2025

Chairmen Moran & Bost, Ranking Members Blumenthal & Takano, and distinguished Members of the Committees on Veterans' Affairs:

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state, and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid, and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year.

We are committed to working with our network and partners across the country to end homelessness among veterans. Due in large part to your commitment to resourcing programs and strategies that work, veteran homelessness dropped to the lowest level ever recorded last year: 32,882 with 12,724 unsheltered, on any night. Communities across the country have infused housing-focused strategies, paired with supportive services into all housing interventions for veterans from emergency shelter to transitional housing to rapid rehousing and permanent supportive housing.

We thank you for your leadership and continuing efforts to focus on the needs of veterans experiencing or at-risk of homelessness, as evidenced by enactment of Public Law 118-210, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. However, no funding was appropriated to allow VA to pay increased per diem rates authorized under this legislation, or to fund section 4201 assistance. We urge you to ensure these programs are funded so veterans can utilize them as intended.

I would like to take a moment to contextualize the 2024 HUD Point-in-time count data for veterans.

	2023-2024	2007-2024
All People	+18.1%	+19.2%
Sheltered	+25.4%	+27.0
Unsheltered	+6.9%	+7.2
Individuals	+9.6%	+24.1%
People in Families	+39.4%	+10.6%
Unaccompanied Youth*	+10.0%	+3.4%
Veterans*	-7.6%	-55.2%
Chronic Patterns of Homelessness	+6.6%	+27.4%

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¹ U.S. Department of Housing and Urban Development (HUD). *Exhibit A-1: Change in the Number of People Experiencing Homelessness. In The 2024 Annual Homeless Assessment Report (AHAR) to Congress: Part 1, 2024*

While the point in time count is not a perfect measure of homelessness, it is the best national measure we have for comparison's sake. I know I have seen media reports from people who say they have seen no progress on veteran homelessness despite record investment. I wholeheartedly reject that premise. Federal data has shown not only that we have made progress in reducing veteran homelessness in the last 7 of 10 years, but that veterans are in fact the only subpopulation of people experiencing homelessness to see a decline between 2023 and 2024 and in the longer term between 2009 and 2024. VA staff and partners across the country have had their nose to the grindstone and undertaken disciplined initiatives to enhance local efforts to end veteran homelessness over the last twelve years.

In spite of the hard work and progress, we know that enhancements need to be made to ensure that our crisis response, homelessness prevention, affordable housing, and supportive service programs can be improved. NCHV remains determined to ensure that Federal programs work in favor of homeless veterans and look forward to doing that with all of you. Congress plays a major role in the way that communities are able to work toward getting more veterans housed, from authorizing to appropriating, to conducting oversight. My testimony presents NCHV's priorities in each area, for your consideration.

Authorizing Priorities

1. Increase HUD-VASH utilization

HUD-VASH is a targeted collaboration between the U.S. Department of Housing and Urban Development (HUD) and VA for veterans experiencing homelessness who have the greatest need for case management and supportive services to maintain permanent housing. The program supports over 80,000 active leases and has housed over 180,000 Veterans and their families since FY 2012. However, the program is unable to fully lease all 111,000 housing choice vouchers Congress has appropriated for several reasons, including case management hiring deficits, lack of affordable housing stock and project-based voucher set asides.

For far too long, homeless veterans who needed assistance the most, with the most acute disability cases, were being excluded from benefits due to their disability income. Both HUD and the Treasury Department issued guidance to address this issue for the HUD-VASH and LIHTC programs, to accommodate these veterans in the voucher program and in LIHTC-funded project-based HUD-VASH developments. However, it is important to ensure these protections are codified in law. NCHV supports legislation that would codify this change for the HUD-VASH program. We also encourage reintroduction of legislation that would codify these changes for LIHTC.

We encourage collaborative Federal efforts to identify ways to efficiently serve veterans experiencing homelessness. NCHV continues to support efforts to ensure sufficient case management coverage such that VA can fully utilize HUD-VASH vouchers. We are concerned about the impact rumored cuts to the HUD budget could have on the housing market for extremely low-income Americans, including veterans. While we are seeing growth in master leasing, our housing solutions rely largely on the private sector to create sufficient supply of affordable units, largely subsidized by the Federal Government. Additional capital funding to renovate recently acquired or outdated facilities, paired with project-based vouchers for operating funds could be a mechanism to increase the availability of affordable housing more rapidly than traditional affordable housing development timelines allow. The last Housing Choice project-based voucher competition to spur development was a decade ago in 2014. There is absolutely no reason any veterans with HUD-VASH vouchers in hand should remain homeless if we can utilize all tools at our disposal to incentivize the development and/or identification of additional affordable housing stock on their behalf.

2. Ensure veterans can access all homeless programs

VA has also begun program eligibility expansions for veterans with other-than-honorable (OTH) discharges. While under 9 percent of veteran discharge statuses are not Honorable, approximately 15 percent of the veterans experiencing homelessness have Under or OTH discharge statuses, and in some urban communities that percentage rises as high as 30 percent. The Health Care for Homeless Veterans (HCHV) program currently does not serve veterans with an “other than honorable” discharge status. Due to the importance of this program, we request that Congress expand its eligibility criteria to include veterans with OTH discharges, and Guard and Reserve members who may not have been federally-activated.

3. Enhance services for aging veterans

With over 10 million veterans over the age of 55, the United States will see the 65+ population of veterans more than double by 2041. Experiencing prolonged homelessness also ages people by 10-20 years prematurely. These dramatic increases of aging veterans, and rural veteran population issues have become an important intersection in the discussion of improving services, access, and information dissemination for some of the most remote and inaccessible veterans. We must look at how programs communicate and interact with each other to ensure veterans are able to access services and supports they need.

4. Vouchers for extremely low-income veterans

Our nation's housing affordability crisis has all but guaranteed that rents are unaffordable for all Americans. In most counties across the country, economists agree that a person earning the minimum wage is not able to rent a one-bedroom apartment without being severely cost burdened. The reality is that only one in four people eligible for section 8 subsidies received them due to chronic underfunding. Section 8 is a homelessness prevention tool in that it helps program participants regulate the price of housing by offering a modest monthly subsidy to cover the difference between 30% of their income and the fair market rent. NCHV supports legislation that would create a voucher program for all extremely low income veterans, especially if it also prohibits discrimination against the source of the funds.

Appropriations Priorities

NCHV asks for continued support for programs at VA, HUD, and DOL to support veterans as they move on from homelessness, with continued support above current funding levels to ensure that sufficient resources for housing-unstable veterans is available.

Department of Veterans Affairs

Health Care for Homeless Veterans Program (HCHV) - \$45 million increase to resume section 4201 assistance, support targeted and transitional housing capacity growth where providers have been unable to afford operating GPD, and conduct targeted outreach efforts in communities actively fining, ticketing, and arresting homeless people, including veterans.

Supportive Services for Veteran Families (SSVF) - \$25 million increase to \$800 million, removal of grant cap, and reauthorization to provide flexible assistance targeted at keeping vulnerable vets in safe situations, addressing rental and other eligible arrears, and continued implementation of the shallow subsidies expansion. This program serves as the front door of the crisis response system, one that is likely to be tested even further by the growing number of veterans who are being pushed out of Federal Employment.

\$43 million increase for the Grant and Per Diem Program (GPD), to \$350 million, for removal of grant and reimbursement rate caps & Special Needs reauthorization to maintain system capacity and implement the Dole Act. This funding would also allow for additional rounds of capital grants that are needed to continue modernizing transitional housing facilities.

\$35 million increase for the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Case Management Program for VA to provide additional VA or community contracted case managers. To increase the quality of services and increase voucher utilization and decrease case manager loads, increasing hard to fill location-based and specialty hiring incentives, as well as retention and rapport building capabilities.

Department of Housing and Urban Development

\$100 million for HUD-VASH incremental funding to increase the capacity of communities to move veterans from motel/hotel placements into permanent housing.

- i. \$40 million for HUD to provide 4,500 new Project Based Vouchers, that are not counted against PHA utilization rates and caps on project-basing of vouchers.
- ii. \$52.5 million for HUD to provide for new incremental vouchers and additional Public Housing Authority incentives, to mirror the incentives offered with HUD's Emergency Housing Vouchers.
- iii. 7.5 million for Tribal HUD-VASH

Department of Labor

\$9.5 million increase to \$75 million for DOL's Homeless Veteran Reintegration Program (HVRP) aimed at expanding available assistance for at-risk veterans due to job loss. The program intends to continue expanding access nationwide and include spouses and dependents. Re-Employment and re-integration efforts will continue to be crucial to stability of the impacted veterans through an expanded Homeless Veteran Reintegration Program (HVRP) as it attempts to reach every veteran. HVRP has also suffered, for multiple years, shortfalls in their federal administration account which provides for full-time employee hires. The program has grown dramatically, and with that growth NCHV recommends additional FTE funding earmarked for HVRP, or statutory authority to use unspent program funds on HVRP-specific FTE hires.

NCHV appreciates every dollar Congress has allocated to ending veteran homelessness and we also recognize the need to fund these extremely necessary program improvements for the next year and beyond. Our collective mission is to not only reduce, but end veteran homelessness finally.

Oversight Priorities

DOLE Act Implementation

The Dole Act was a legislative victory for veterans. We encourage you to conduct thorough oversight related to implementation of the GPD rate increase, plans for revamping the payment system for that program, and the restart of section 4201 assistance. It is imperative for veterans that VA get this right.

Strength of the VA Health Care System

The VA health care system is unique in that it is the nation's largest healthcare system providing and funding a highly successful response to veteran homelessness. Managing and implementing programs of this magnitude at the level of quality veterans deserve requires competent and experienced VA staff to case manage, operate grant programs, and coordinate partnerships that leverage federal resources. Therefore, any moves to reduce, reassign, or otherwise shift staffing are concerning, as they further damage an already strained system. The impact on veterans could put their housing stability and/or access to supports at risk

Federal Reduction in Force Efforts

Census data says veterans are about 6% of the US population, but 30% of the Federal workforce. Successful implementation of veterans hiring preferences could result in federal firings disproportionately impacting military veterans. While veterans are highly skilled and very employable, the scope and scale of reduction in force efforts is concerning, given job loss is a risk factor that can lead to the onset of homelessness. There are many successful programs to help veterans regain employment and remain stably housed but they must be funded to ensure that any veterans who may have been fired can access support if it is needed.

General instability Grant pause

Nonprofit grantees are an essential service delivery partner for the federal government. They offer their expertise, local connectivity, and compassion for those they serve in exchange for minimal federal funding to sustain their operations and provide life-saving support for veterans in crisis. On any night there are around 8,000 VA-funded shelter beds keeping veterans from unsheltered homelessness. VA-funded SSVF grantees supported 150,000 veterans and their families with rental support, case management and services. There are also close to 16,000 veterans who receive employment assistance from the DOL-funded grantees, and countless veterans getting mainstream support from other programs whose futures are in jeopardy. The grant pause that occurred at the end of January caused a chilling effect, as it gave the impression that the Federal Government was willing to arbitrarily allow nonprofit organizations to foot the bill for services they had legal agreements to be reimbursed for. This unnecessarily created mass chaos nationwide, as it left some community providers uncertain about their ability to pay SSVF rents and security deposits. NCHV reached out to both VA and DOL to request information about the way the grants reviews would affect nonprofit partners who serve homeless veterans. We have not yet received a response or clarity. We urge you to ensure that this and any other future reviews do not result in service reductions for veterans.

Administrative rates

Some federal programs cap the percentage grantees can charge for admin and overhead fees, despite grantees having prenegotiated indirect cost rates. Administrative and overhead fees can sound like waste, but in reality, they are the difference between a nonprofit managing programs with professional employees and an all-volunteer effort that may not follow guidelines or best

practices. We request that you work with VA and DOLVETS to allow grantees to utilize a fairer rate.

In Summation

Thank you for the opportunity to submit this testimony and for your continued interest in ending veteran homelessness. It is a privilege to work with all of you to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed. We thank you for your attention as we work collectively to lessen the impact that rising rents and lack of access to affordable housing have on veterans experiencing or at-risk of homelessness.

Submission for the Record

Kentucky business among hundreds losing veteran service contracts amid Trump cuts

Kentucky Public Radio

Joe Sonka

February 28, 2025

Veteran-owned business based in Jeffersontown had all of its federal contracts with Veterans Affairs abruptly canceled, which it says will hurt oversight and services.

Veterans Affairs Secretary Doug Collins posted a video on social media this week claiming to have cut \$2 billion in contracts that he viewed as wasteful spending that did not help veterans.

One of the business owners who was notified of having their VA contracts cancelled that same day is based in Jeffersontown, and he says Collins is completely mischaracterizing the services that are now being terminated.

“(Collins) said specifically that it wouldn't impact veteran health care or benefits in any way,” said Neil Riley, an Army veteran and owner of Riley McGuire Partners. “And that is specifically a lie.”

Riley McGuire Partners is a federally certified service-disabled veteran-owned small business that had all of its contracts with the VA cancelled Tuesday in back-to-back emails with nearly identical language.

Riley said these contracts largely provide oversight for VA programs that lease out underutilized properties that can be used to service veterans. Its largest contract is under the Enhanced-Use Lease program, where private developers create low-income housing, especially targeting veterans who are homeless or transitioning from care.

His company manages safety and hazard inspections — such as testing for lead paint — at more than 50 properties that house thousands of veterans across the country, including in Lexington.

“Our oversight of that was to ensure that these private lessees continue to operate and maintain the properties in a safe manner for these veterans,” Riley said. “So it's directly contrary to what Secretary Collins said. That was a lie.”

Riley said he may have to lay off staff soon unless the VA reverses the cuts. Additionally, veterans would lose the company's services and the administration would lose the proven cost savings of programs that are unable to be delivered by the VA's own staff — which has already been reduced by 2,400 in recent layoffs.

“I've been doing this work for 8 years, and I can say with absolute confidence that, unfortunately, veterans will be less safe and see a degradation of the services they receive, and the taxpayers' investment in these properties will suffer,” Riley said.

The Washington Post reported Tuesday that the 875 terminated VA contracts included ones to help cover medical services, fund cancer programs, recruit doctors and provide burial services to veterans.

The cuts are part of a massive effort by President Donald Trump's administration — and led by the Department of Government Efficiency, run by his billionaire adviser Elon Musk — to reduce federal spending and bureaucracy that they characterize as wasteful and corrupt. Some cuts to federal agencies, workforce and grants have later been either reversed or paused by the administration or court orders, while the administration's own data shows 40% of canceled contracts aren't expected to save the government any money.

In his video, Collins said the contracts were being wasted on creating "PowerPoint slides," as well as executive support, coaching and training, with the VA instead "putting money back to veterans health, back to veterans benefits." Musk replied to the post, writing "More tax dollars saved!"

After the VA contract terminations produced an uproar, the agency signaled Wednesday it may reverse course. An email to VA staff stated that leadership "is reconsidering previous guidance" and ordered a pause, as "further contract reviews will be conducted to arrive at a new final decision."

Despite that email, Riley says the VA hasn't notified his company that it will reverse the contract's cancellation, nor delivered any apology for Collins' video.

Riley says the cancellation and Collins' video are especially insulting to him as a veteran and a certified small business owner. He cited reporting that 89% of the cancelled VA contracts highlighted on the DOGE website were service-disabled veteran-owned small businesses, like his.

"He screwed over all the veteran-owned businesses, first of all, and then second of all, everything we do is related to veteran care, housing, making their lives better," Riley said. "He made it seem like these contracts, they're graft or something. But it's just not."

He noted that the VA's Enhanced-Use Lease program that he is contracted through actually saves the agency money, as it produced a \$232 million net positive for the VA budget last year and more than \$1 billion since the program began. He added that his company had already received \$30,000 for a contract to facilitate a state land transfer to expand a veterans cemetery in Oregon, which is now likely to be scrapped.

Riley said the VA has spent years trying to win back the trust of veterans, but these actions have "set back the VA's credibility with veterans decades."

"I don't know if it's reversible," Riley said. "I don't know how it's tenable for (Collins) to be the secretary any longer. I really don't."

Riley said he fears reprisals for speaking out against Collins and the contract terminations, but believes it is necessary to highlight what is happening to veterans.

“I guess that is just life in Trump’s America now, but this is not normal behavior from the secretary of Veterans Affairs or any administration, and I love this country too much to stay silent,” Riley said. “We should expect much better treatment for the nation’s veterans.”

VA Press Secretary Pete Kasperowicz confirmed after this story was published that the agency canceled Riley McGuire Partners’ contract, saying the VA “will now be performing these functions in house, saving the department nearly \$2.3 million, which we will be redirecting to Veteran-facing health care, benefits and services. There will be no negative impact to Veteran health care, benefits or VA beneficiaries.”

Questions for the Record

Senator Maggie Hassan

Question for the Record

Senate Veterans' Affairs Committee

*Legislative Presentation of The Veterans of Foreign Wars of the United States
& Multi VSOs: Paralyzed Veterans of America, Iraq and Afghanistan Veterans of America,
Student Veterans of America, Tragedy Assistance Program for Survivors,
The Elizabeth Dole Foundation, National Coalition for Homeless Veterans
March 4, 2025*

Question for Alfred Lipphardt – Commander-in-Chief of the Veterans of Foreign Wars of the United States

1. Can you please describe the importance of the work done by the Defense POW/MIA Accounting Agency, and the need for this Agency's work to continue without interruption?

**Responses were unavailable at the time of publication.
Contact U.S. Senate Committee on Veterans' Affairs for additional information.**

**Senator Marsha Blackburn
Questions for the Record
Senate Veterans' Affairs Committee
Legislative Presentation of The Veterans of Foreign Wars of the U.S.
& Multi VSOs
Questions for Veterans of Foreign Wars (VFW), The Elizabeth Dole Foundation, Iraq and
Afghanistan Veterans of America, Student Veterans of America, Tragedy Assistance
Program for Survivors, and National Coalition for Homeless Veterans**

Statement: Our Veteran Service Organizations (VSOs) do so much every day for our veterans, and they have my deepest appreciation. Their advocacy, support, and dedication to our nation's veterans are invaluable. Whether it's assisting veterans in navigating the VA system, securing benefits, or providing crucial mental health resources, and bridging the gap between the VA and community care makes a real difference in the lives of those who have served.

However, we must also address a serious concern—the acceptance of funding from TikTok by certain VSOs. We have learned that these VSOs have accepted \$1 million in funding from TikTok, which breaks down into \$500,000 in advertising credits on the platform and \$500,000 in unrestricted funds. The stated intent behind this campaign was to use the advertising credits to highlight veteran creators on TikTok. TikTok was allegedly not granted access to sensitive information about veterans; however, it still poses a national security risk by specifically targeting our veteran community with an addictive algorithm designed by communist China.

TikTok is a company with well-documented ties to the Chinese government, raising significant national security and privacy concerns. Veterans have put their lives on the line to defend this country, and we must ensure that the organizations representing them are free from foreign influence or conflicts of interest.

The question is not about the broader mission of VSOs—I know that mission is noble. But when organizations that advocate for veterans take money from a company under scrutiny for its data collection practices and ties to foreign governments, it creates serious questions about priorities and trust. Veterans deserve to know that their advocates are working solely in their best interests, without any potential outside influence.

1. Why did you choose to accept funds from TikTok?
2. How are the funds you accepted from TikTok going toward support your mission and helping veterans?
3. Did you conduct any due diligence on TikTok's business practices or potential controversies before accepting funds?
4. Can TikTok or ByteDance access any data about the veterans you serve?
5. Are there any conditions tied to the funding from TikTok?
6. What steps have you taken to inform your members and the public about this funding source?
7. Some VSOs have decided to return the money, is this something you are willing to do?

**Responses were unavailable at the time of publication.
Contact U.S. Senate Committee on Veterans' Affairs for additional information.**

Statements for the Record



Statement for the Record

Tamra Sipes
National President
Gold Star Spouses of America, Inc.

For the Joint Hearings of the
House and Senate Committees on Veterans Affairs

February 25 & February 26, 2025

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and distinguished members of the House and Senate Veterans Affairs Committees,

Gold Star spouses face a range of unique challenges, from mental health and grief support to education, financial assistance, and access to essential benefits. Representing surviving military spouses from diverse backgrounds, our community comes together to advocate for the rights and well-being of surviving families. Through collaboration with veterans service organizations (VSOs), government agencies, and lawmakers, we strive to amplify the voices of Gold Star spouses and ensure their needs are recognized and addressed.

Gold Star Spouses of America, Inc. is committed to advocating for legislative changes that honor the sacrifices of military families and address the unique challenges faced by surviving spouses. The families of military service members bear immense sacrifices, often facing financial hardships, bureaucratic barriers, and outdated policies that fail to account for their evolving needs. We must address these inequities and ensure that surviving spouses and dependents receive the benefits and support they deserve.

The following proposals seek to improve financial security, healthcare access, and recognition for military survivors. These are critical areas for legislative action in the 119th Congress, and we hope to work with you all on these priorities over the next year.

Improve Dependency and Indemnity Compensation (DIC) for Military Surviving Spouses

One of the most urgent challenges facing military surviving spouses is the glaring disparity between the Department of Veterans Affairs (VA) Dependency and Indemnity Compensation (DIC) and survivor benefits for federal civilian employees. Currently, DIC provides just 43% of the compensation that a 100% service-connected disabled veteran receives from the VA. Meanwhile, federal civilian employees have the choice to designate up to 55% of their compensation as a death benefit for their spouse.

This inequity leaves military surviving spouses at a severe financial disadvantage, despite their loved ones making the ultimate sacrifice in service to our nation. To correct this imbalance, DIC must be increased to 55% of a 100% disabled veteran's disability compensation, ensuring that military families receive the fair and just support they were promised.

Support for military surviving spouses is deeply rooted in our nation's history. As early as August 24, 1780, the Continental Congress enacted the first pensions for widows and orphans of Revolutionary War soldiers. Our founding fathers understood that taking care of military families was not just a moral duty—it was a strategic necessity. Today, that principle remains just as true.

Many service members enlist under the belief that if something happens to them, their families will be cared for. The reality is vastly different. Many service members and veterans are unaware of the staggering financial loss their families will face when they pass away. For example, an active-duty E-1 service member stationed in Norfolk, VA, earns \$2,108.10 per month in base pay. With the Basic Allowance for Housing (BAH), their total monthly income is \$4,262.10. Similarly, a 100% service-connected disabled veteran with a spouse receives \$4,044.91 per month in VA compensation.

However, when that service member or veteran dies, their family's financial stability is shattered. The VA replaces their income with DIC, which currently stands at just \$1,653.06 per month—a devastating drop in support that often leads to severe financial hardship for the surviving spouse and their family. It is important to keep in mind that this example only shows the disparity at its lowest level. For many, the drop is more acute as their spouse held a higher rank, had more years of service, or a higher level of VA compensation.

The Caring for Survivors Act (H.R. 680) has been reintroduced in the House to correct this long-standing injustice. The families of those who laid down their lives in service to our nation deserve nothing less than equal benefits to those of federal employees. It's time to honor their sacrifice with the full and fair compensation they have rightfully earned.

Gold Star Spouses of America is grateful to Congresswoman Jahana Hayes and Congressman Brian Fitzpatrick for their leadership in championing this bill. We eagerly anticipate its introduction and bipartisan support in the Senate. Now, it's time for Congress to fulfill its promise to those who have given everything for our country.

Pass the Love Lives On Act

Another critical policy that requires modernization is the eligibility criteria for survivor benefits when a surviving spouse chooses to remarry. Under current law, any surviving spouse risks losing essential benefits, including VA and Department of Defense (DoD) survivor benefits, if they remarry before the age of 55. This forces an unnecessary and painful choice between financial stability and the ability to move forward with their lives.

The Love Lives On Act (H.R. 1004 & S. 410) would allow surviving spouses to retain their VA and DoD financial benefits regardless of remarriage, as well as reinstate TRICARE eligibility should a future marriage end, reflecting the reality that their sacrifices do not end simply because they choose to find love again. Passing this legislation would recognize and honor their ongoing contributions and ensure they are not penalized for building a future after loss.

GSSA member Margaret (Maggie) Murphy Peterson, widow of Capt. James William Peterson, U.S. Army (EOD), killed in Vietnam on May 22, 1971, remembers how, on the last day of her husband's home leave from Vietnam, just three weeks before he was killed, they discussed whether they should buy private life insurance: "He explained we didn't need it because I would receive benefits. He added that he hoped I would remarry because if I died, he would remarry—he said he liked marriage and hoped I did too. He added that my benefits would end if I remarried, but that 'no matter how many times you screw up in marrying the wrong guy, you will always get your benefits back.'"

The day after she was informed of her husband's death, she was given a \$3,000 death gratuity and was told it was to last her up to a year—the time it would take for her military benefits to take effect. She did not find out that she qualified for Social Security for another eight months. Her landlord gave her an eviction notice the day before her husband's funeral because she refused to use her expected SGLI insurance to pay for the 18 remaining months on the lease, foreshadowing the financial struggles she would face.

Maggie was only 22 years old when her husband, Jimmy, was killed. She spent the next 14 years going to school and working part-time menial jobs with the goal of being self-supporting. Whenever she considered remarriage, the opportunity was always couched in quid pro quo terms of what she would be expected to do in exchange for her

future husband taking in her children. Since she would lose her benefits on remarriage, she would enter the marriage hat in hand, something she refused to do.

By the time her children were grown, she was again considering remarriage; however, she was now over 40. She remembers that a funny thing happened as a result of all her years alone—she became self-supporting but also independent, and out of necessity, solitary. She was no longer willing to make the necessary compromises or changes that a marriage would require. Some years later, surviving spouses obtained the right to remarry after age 57 (later, age 55) without losing DIC. Unfortunately, she feels that this change came too late for her, as by then she was totally unmarriageable. Her inability to remarry still haunts her to this day, as she reflects on how disappointed her husband would be, wondering if her failure to remarry reflected how she felt about their marriage.

Maggie's story powerfully illustrates the profound impact of the current remarriage penalty on surviving military spouses. This outdated policy forces an impossible choice between financial stability and the chance to find love again, often shaping entire lives in the process.

America must honor the enduring sacrifices of our fallen heroes and their families. By passing this legislation, we can ensure that surviving spouses are not penalized for moving forward with their lives. We can fulfill the wishes of service members like Captain Peterson, who hoped for their spouses to find happiness again.

This legislation is a testament to our nation's values and our commitment to military families. It acknowledges that our gratitude and support should be unconditional and lasting. Let us send a clear message that we stand by our military families, honoring their sacrifices not just in words but in meaningful action that allows them to build the futures they deserve.

Restore the Original Role of the Office of Survivors Assistance

Surviving spouses across the country support the imperative to restore the Office of Survivors Assistance (OSA) to its original, congressionally mandated position within the Office of the Secretary of Veterans Affairs. This office was established to serve as the primary advocate for surviving families, advising the Secretary on policies and programs affecting survivors. However, in recent years, it has been relocated within the VA, currently sitting under the Office of Pension and Fiduciary since 2023.

This change has significantly reduced the office's authority and ability to effectively advocate for survivors. Restoring OSA to its original position would ensure that it has the oversight and influence necessary to protect and support the interests of surviving spouses, children, and parents of deceased veterans.

Expand TRICARE and CHAMPVA Young Adult Program Coverage

Healthcare access remains a major concern for military survivors, particularly young adult dependents. The high cost of TRICARE Young Adult (TYA) premiums has made healthcare unaffordable for many surviving children, limiting their access to necessary medical services. Additionally, children eligible for CHAMPVA coverage lose their benefits at age 23, creating a gap in healthcare coverage during a critical stage of their transition into adulthood.

To address this issue, TRICARE Young Adult premiums should be adjusted to align with those of CHAMPVA and other federal healthcare programs, ensuring affordability for all surviving dependents. Furthermore, CHAMPVA coverage should be extended to age 26, aligning with the Affordable Care Act and ensuring that surviving children have continuous and comprehensive healthcare coverage comparable to what is available to other Americans.

A member of our community, Westlin, lost his father, an active-duty Army soldier, at just 3.5 years old—a loss far beyond what any child should endure. Years later, as he began college, grief resurfaced. While previously covered under TRICARE, he soon faced an impossible choice: continue full-time studies while struggling with his mental health or reduce his course load and lose his medical and mental health coverage due to a loophole in TRICARE.

Unlike civilian peers who remain on their parents' insurance until age 26, military dependents risk losing coverage if they drop below full-time status. This policy unfairly penalizes those whose parents served, leaving surviving children—already vulnerable from their loss—without essential care. This needs to change. No child should lose medical and mental health coverage simply because their parent served and sacrificed.

Support the HEART Act Amendment

Financial stability for surviving spouses can also be improved by amending the Heroes Earnings Assistance and Relief Tax (HEART) Act. Under current provisions, survivors of active-duty service members have the option to deposit the full amount of the DoD death gratuity and Service Members Group Life Insurance (SGLI) proceeds into a Roth IRA. However, they are only given one year to make this decision, which is often insufficient time given the complexities of financial planning in the wake of a loss.

GSSA member Gabriella Kubinyi was working as a waitress in Virginia when she was a military spouse. Like many military families, Gabriella and her husband were living close to paycheck-to-paycheck. When her husband died, she suddenly received hundreds of thousands of dollars. Like many widows, she was repeatedly advised not to make any big decisions for the first year—advice that was well-intentioned but insufficient.

While she had some knowledge about the HEART Act and Roth IRAs, she was not in the right emotional state to fully comprehend or make informed financial decisions. This led to significant tax complications and general financial disarray. Moreover, the negative emotions associated with this money—a stark reminder of the loss of her husband—made it even more challenging to approach these decisions rationally.

While Gabriella did know about the benefit, many surviving spouses are not even aware of the option to invest in a Roth IRA or Coverdell Education Account for their children. This lack of financial literacy is a widespread issue that must be addressed. GSSA strongly believes that giving surviving spouses more time to process their situation, both emotionally and financially, would allow them to make more sound financial plans. This could provide real, long-term financial support, particularly for retirement.

Our nation's commitment to service members should extend to ensuring their families are financially secure and educated in the event of their death. Extending the timeframe from one year to three years would provide survivors with the necessary flexibility to make informed financial decisions. Additionally, a one-time retroactive period should be granted, allowing survivors who previously received Death Gratuity and SGLI benefits to take advantage of this option, regardless of when they received the funds. These changes would ensure that surviving spouses have the opportunity to secure their financial future without unnecessary restrictions.

Include All Surviving Spouses in the Gold Star Families Pass for National Parks

Recognition and access to public spaces dedicated to honoring service members is another area where military surviving families face unnecessary exclusions. The National Parks Gold Star Families Pass is currently limited to families of service members who died in specific "qualifying situations," such as combat, terrorist attacks, or certain military operations. This leaves out the families of service members who died on active duty under other circumstances, as well as those of veterans who passed away due to service-connected illnesses or injuries.

Sri Benson, a GSSA member, and his wife, Katie, had lives deeply intertwined with the natural splendor of their hometown, Portland, Oregon. During her illness, due to her deployment to Kuwait where her barracks were located right next to an open-air asbestos disposal site, the couple found comfort in the simple act of gazing at the stars together, cherishing the last of their shared moments. As Katie's condition worsened, the couple embarked on a journey across the country, seeking brief respite in the awe-inspiring landscapes of America's national parks while courageously facing her medical treatments.

The National Parks became a sanctuary for them, offering a temporary escape from the harsh reality they faced. Now that Katie has passed, Sri finds that visiting these parks allows him to reconnect with her memory in a way that photographs alone cannot replicate. Katie and thousands of service members and veterans have sacrificed their lives for our country. Extending access to national parks for the immediate family members of those who die due to their service, whether during active duty or afterwards, would be a meaningful gesture that could provide a unique form of healing that goes beyond traditional recognition of service.

This initiative would not only offer lasting acknowledgment to Gold Star Families but also ensure they can find comfort and healing in the splendor of America's treasured public lands without financial burden. Expanding the eligibility of the Gold Star Family Pass to all survivors would reflect the nation's gratitude and reinforce its commitment to those who have given so much in service to our country.

Conclusion

Military surviving spouses and dependents should not have to fight for the support and recognition they deserve. The proposals outlined above seek to rectify long-standing inequities, modernize outdated policies, and provide meaningful support to those who have already endured immeasurable loss. By addressing these issues, we reaffirm our nation's commitment to honoring the families of the fallen, ensuring they have the financial stability, healthcare access, and recognition they need to move forward with dignity and security.

Gold Star Spouses of America, Inc.

Gold Star Spouses of America is a national nonprofit organization dedicated to supporting the surviving spouses of military service members and veterans who have made the ultimate sacrifice in defense of our country. Our mission is to provide meaningful support, advocacy, education, and a sense of community for Gold Star families. Through our programs, we work to ensure that the needs of these spouses and their families are heard, addressed, and prioritized by policymakers at the federal, state, and local levels.

GSSA is listed as an approved resource in the National Resource Directory (NRD.gov). GSSA is also recognized by the Department of Veterans Affairs for volunteer opportunities within the department's Center for Development and Civic Engagement.

Military-Veterans Advocacy

Written Testimony/Statement for the Record in Support of
Legislative Priorities:

Submitted to the Joint Session of the
United States Senate Veterans Affairs Committee
United States House Veterans Affairs Committee
March 4, 2025



Commander John B. Wells, USN (Ret)
Executive Director

Introduction

Distinguished Chairmen Jerry Moran and Mike Bost and Ranking Members Blumenthal, Mark Takano, and other members of the Committee, thank you for the opportunity to present the views of Military-Veterans Advocacy® (MVA™) on our legislative priorities.

We also recognize that fiscal and political realities, which, as applied, harm our nation's veterans. The Pay As You Go Act of 2010 (Title I of Pub. L. 111-139) (PAYGO) requires costing by the Congressional Budget Office and the identification of offsets, colloquially known as "Payfors." Historically this fiscal process has delayed or blocked important veterans legislation.

MVA™ believes that veterans benefits should be exempted from the requirements of PAYGO. Veterans benefits are a legitimate cost of war. Overseas Contingency Operations (OCO OPS) are not subject to PAYGO. An Armored Cavalry Regiment is not required to mothball two Abrams and three Bradleys' to offset the cost of sending the unit overseas. Nor is a fleet required to inactivate ships or aircraft to offset the cost of the deployment. Yet when injured and/or disabled veterans return, the law requires any increase in benefits to be offset.

The ineffectiveness of PAYGO is demonstrated by the increase in the debt from \$14.8 trillion in 2011 to over \$36 trillion today. Often programs are enacted with budgetary illusions akin to "smoke and mirrors" that have no effect on the actual deficit. Unfortunately, this legerdemain does not seem to be utilized for veterans legislation. While budgetary neutrality is beyond the scope of this testimony, I mention it to underline the feeling of many veterans that they are used as cannon fodder and then discarded - except on Memorial Day, Veterans Day and the Fourth of July. Veterans service benefits everyone and veterans must pay their fair share.

About Military-Veterans Advocacy®

Military-Veterans Advocacy Inc.® (MVA™) is a tax-exempt IRC 501(c)(3) organization based in Slidell, Louisiana that works for the benefit of the armed forces and military veterans. Through litigation, legislation, and education, MVA™ seeks to obtain benefits for those who are serving or have served in the military. In support of this, MVA™ provides support for various legislation at the State and Federal levels as well as engaging in targeted litigation to assist those who have served. We currently have over 2300 proud Members and over 21,000 followers on our social media accounts. In 2023, our volunteer board of directors donated almost 10,000 hours in support of veterans. MVA™ analyzes and supports/opposes legislation, assists Congressional staffs with the drafting of legislation and initiates rule making requests to the Department of Veterans Affairs. MVA™ also files suits under the Administrative Procedures Act to obtain judicial review of veterans' legislation and regulations as well as *amicus curiae* briefs in the Courts of Appeal and the Supreme Court of the United States. MVA™ is also certified as a Continuing Legal Education provider by the State of Louisiana to train attorneys in veterans' law and we do so throughout the nation.

MVA™ is a member of the TEAMS Coalition, the Foundation for Veterans Outreach Programs and other working groups. MVA™ works closely with Veterans Service Organizations including the United States Submarine Veterans, Inc, the National Association of Atomic Veterans, Veterans Warriors, and other groups working to secure benefits for veterans.

Military-Veterans Advocacy's® Executive Director,
Commander John B. Wells USN (Ret.)

MVA™'s Chairman, Commander John B. Wells, USN (Retired) has long been viewed as the technical expert on herbicide exposure. A 22-year veteran of the Navy, Commander Wells served as a Surface Warfare Officer on six different ships, with over ten years at sea. He possessed a mechanical engineering subspecialty, was qualified as a Navigator and for command at sea and served as the Chief Engineer on several Navy ships.

Since retirement, Commander Wells has become a practicing attorney with an emphasis on military and veteran's law. He is counsel on several pending cases concerning herbicide and other toxic exposures. Commander Wells was the attorney on the *Procopio v. Wilkie* 913 F. 3d 1371 (Fed. Cir. 2019) case that extended the presumption of herbicide exposure to the territorial sea of the Republic of Vietnam, which laid the groundwork for the Blue Water Navy Vietnam Veterans Act. He strongly supported, both in Congress and the courts, the extension of the herbicide presumption and to cover veterans in Thailand, Guam, American Samoa, and Johnston Island. He also initiated successful judicial review of the Appeals Modernization Act with a favorable outcome. *MVA v. Secretary of Veterans Affairs*, 7 F.4th (Fed. Cor. 2021). Since 2010 he has visited virtually every Congressional and Senatorial office to discuss the importance of enacting veterans' benefits legislation. With the onset of covid, Commander Wells has conducted virtual briefings for new Members of Congress and their staffs. His curriculum-vitae is attached.

CORRECTION OF HERBICIDE SPRAYING DATE FOR GUAM

Section 403(d)(5) of the PACT Act grants the presumption of herbicide exposure to service members who performed service on Guam beginning on January 9, 1962, and ending on July 31, 1980. Evidence compiled by Military-Veterans Advocacy shows that the spraying on Guam commenced on August 15, 1958. See, Area Public Works Office *Guam Soils Conservation Series No. 2, Herbicides*, August 15 1958 which can be found [1958 Herbicides Navy \(1\).pdf \(militaryveteransadvocacy.org\)](#)

MVA asks for a technical correction to modify the commencement date of herbicide exposure on Guam until August 15, 1958. MVA estimates that only a couple of dozen veterans would be affected at negligible cost.

Panama Canal Zone – HR 2447.

Last year Congresswoman Marie Salazar has introduced HR 2447 to grant presumptive herbicide exposure status to veterans who served in or near the Panama Canal Zone (PCZ) between January 1, 1958 and December 31, 1999, or when the last military personnel departed from their official duty in the Panama Canal Zone. The bill will enable eligible veterans to receive benefits if they suffer from any of the diseases the VA has linked to herbicide exposure. This bill will be re-introduced this Spring.

The U.S. Census Bureau Commodities by Country show 2,4-D & 2,4,5-T shipped, stored and used in Panama from 1958 until at least December 1977. This chemical, produced and shipped from 1958-1964, was code named “Agent Purple” with a higher dioxin content (30-50 PPM TCDD), whereas shipments from 1965-1977 were to have a lower dioxin content closer to 0.5 code named “Agent Orange.”

As outlined in the DOD Herbicide Manual, TM 5-629, these herbicides were used routinely as needed on base. 2,4-D & 2,4,5-T was used to kill poison ivy, poison oak and sumac where troops were deployed. See page 34, 3-7. Silvex was used on golf courses, parade fields and gun ranges. See page 41, 3-6. As well as many other persistent pesticides harmful to man as listed in this Tri-service manual to be used on every base as needed. Silvex also contains 2,4,5-T and the by-product Dioxin (TCDD).

The bill allows for presumptive coverage similar to the coverage for those who served in Vietnam, along the Korean DMZ and on the base perimeters in Thailand. Unfortunately, proving exposure is nearly impossible due to a lack of record keeping and the inability to know the precise location of spraying. What records exist corroborate the presence of herbicide in the PCZ during the 1950's, 1960's and 1970's.

The Panama Canal Zone was not included in the PACT Act.

Documents supporting the MVA™ position are available online on our website at: <https://www.militaryveteransadvocacy.org/vets-of-panama.html>

Okinawa

Between January 9, 1962 (and possibly earlier) the herbicide Agent Orange was shipped to, stored upon and used on United States military installations on Okinawa. Agent Orange Barrels were actually discovered on Marine Corps Air Station Futenma in August of 1981 and at a soccer pitch in Okinawa City (previously part of Kadena Air Force Base) in June of 2013.

The VA conditionally approved a rule making request filed by Military-Veterans Advocacy but its preliminary rule indicated that coverage would not include Okinawa absent a confirmation from the Department of Defense that the herbicide was used on that island, .

The extensive rule making request is shown on our web site [at https://www.militaryveteransadvocacy.org/uploads/3/4/1/0/3410338/va_approval_of_mva_rulemaking_request.pdf](https://www.militaryveteransadvocacy.org/uploads/3/4/1/0/3410338/va_approval_of_mva_rulemaking_request.pdf). Evidence in the request included a form DD 250, clearly showing that 2,4,5-T was shipped to Okinawa in July of 1966. It further includes excerpts from Jon Mitchell's excellent analysis, *Poisoning the Pacific*. This book provides documentary and photographic evidence of the presence of herbicide on Okinawa during the Cold War. It also contains the later excavations of Agent Orange herbicide at MCAS Futenma and Kadena Air Force Base.

The investigation of the former Kadena discovery is memorialized in a survey by the Okinawa Defense Bureau, entitled *Former Kadena Airfield (2 5) Soi; Investigation Survey (Part 2)* which is also included in the rule making request along with a news article in *Stars and Stripes*, confirms toxic levels of 2,4,5-T, 2,4-D and its by-product 2,3,7,8-TCDD (dioxin).

Additionally, MVA™ holds sworn affidavits from a Marine who sprayed the herbicide and from an Air Force NCO who inventoried 25,000 barrels of Agent Orange at Kadena Air Force Base.

MVA™ proposes legislation to provide a presumption of herbicide exposure to those veterans who between January 9, 1962 and May 7, 1975, individually or in a unit that, as determined by the Department of Defense, operated on Okinawa or within the territorial sea of that island. To cover more recent excavations, for purposes of service on Marine Corps Air Station Futenma, the presumption is extended until the discovery of barrels of herbicide in August of 1981. For purposes of service on Kadena Air Force Base, the presumption is extended until the discovery of herbicide on the soccer pitch in Okinawa City (previously part of Kadena AFB) in June of 2013.

The VA is empowered under 38 U.S.C. § 501 to issue regulations that are not encumbered by PAYGO requirements. They have successfully issued regulations to cover portions of Korea, portions of Thailand, and the C-123 aircraft, among others. Under the provisions of the Administrative Procedures Act, an entity such as MVA™ can request the Secretary to issue regulations. Should the Secretary decline to do so, or should the regulations be inadequate, judicial review is available.

There is no timeline required for Secretarial action.

Currently, MVA™ has several outstanding rule making requests. Unfortunately, current law does not provide a timeline for an agency response.

Request legislation to include the following timeline:

- Response/decision to approve/disapprove rule making due to requester 270 days after receipt.
- Provision for one extension of response date with notice to requester 180 days after original due date.
- Publication of Notice of Proposed Rulemaking 180 days from response.

- Receive comments on Proposed Rule 60 days after publication.
- Publish Final Rule 180 days after comments

Codification of this timeline will prevent the VA from merely ignoring rule making requests or delegating them to a “pending” status with no action. MVA™ strongly recommends that this timeline be made applicable to all pending Rulemakings.

Appellate Reform

MVA™ was one of the few veterans groups to oppose the Appeals Modernization Act. The AMA has been less than successful. The VA appellate system remains archaic and does not conform with the procedures used by other federal adjudication systems such as the Merit Systems Protection Board, Social Security or the Equal Employment Opportunity Commission. Special rules limit the ability of the veteran to pursue a substantive appeal or to obtain judicial review in the Court of Appeals for the Veterans Claims. Jurisdictional statutes limit the ability of the Court and its supervisory court to review factual errors. Additionally, the intermediate level review authority, the Board of Veterans Appeals, is hampered by unqualified decision makers, disjointed scheduling and excessive remands. The backlog at the Board, currently about 200,000 is unconscionable. MVA estimate, based on the current backlog, that over 14,000 veterans will die awaiting adjudication.

Scheduling remains a serious problem. In 2024 8% of hearings had to be rescheduled. 21% were cancelled (sometimes due to the veterans death) and 3% were no show. Bottom line: Only 65.7% of hearings were held as scheduled.

In 2021 83.6% of the cases appealed from the Board to the Court of Appeals for Veterans Claims were partially or totally remanded. Only 5.6% of the appeals were affirmed in whole [FY2023 AnnualReport.pdf](#) [FY2023 AnnualReport.pdf](#). Board members are never disciplined for excessive remands.

MVA proposes legislation to:

- Require the board members to be qualified as Administrative Law Judges.
- Require a scheduling conference and scheduling order.
- Provide for the review and sanction of board members who have more than 30% of their decisions remanded for reasons within the control of the board member.
- Provide for a discovery process to streamline the preparation of the appeal.
- Allow for retroactive effect of a decision in the event of Clear and Unmistakable Error Overruling *George v. McDonough*.
- Revise § 7261(a)(4) of Title 38 to change the standard of review for factual findings from “clearly erroneous” to “abuse of discretion.”
- Revise § 7261(d) of Title 38 to allow a de novo trial on the record, similar to the provisions in federal district courts and the Court of Federal Claims.
- Revise § 502 of Title 38 to vest jurisdiction in the Court of Appeals for Veterans Claims instead of the Court of Appeals for the Federal Circuit.
- Strike § 7292 and add the Court of Appeals for Veterans Claims to the general Jurisdictional statute of the Court of Appeals for the Federal Circuit.

- Modifies 38 U.S.C. § 7332[b][2] to allow the VA to release the record to the Court of Appeals for Veterans Claims & the veteran's representative when a notice of appeal is filed.

Extend Blue Water Navy Line to the Entire Theater of Combat

The Blue Water Navy Vietnam Veterans Act, Pub. L. 116-23 granted presumptive herbicide exposure status to US service members who served in a geographic area which closely parallels the territorial sea.

Section 2(d) of the Act grants the presumption of herbicide exposure to service members who performed in an area 12-nautical miles seaward of a line drawn between certain geographic points off the coast of the Republic of Vietnam. Prior to 2002, the VA by regulation and policy, recognized the presumption of exposure in the entire area of the South China Sea covered by Executive Orders No. 11,216, (Designation of Vietnam and Waters Adjacent Thereto as a Combat Zone for the Purposes of Section 112 of the Internal Revenue Code of 1954, 30 Fed. Reg. 5817 (1965) and Exec. Order No. 11,231, Establishing the Vietnam Service Medal, 30 Fed. Reg. 8665 (1965).

In early 2002, the VA implemented a General Counsel Opinion that held veterans qualifying for the presumption of the herbicide exposure must have touched land or the internal rivers of the Republic of Vietnam. The Court of Appeals for the Federal Circuit held in a case brought by Military-Veterans Advocacy called *Procopio v. Wilkie*, 913 F.3d 1371 that the herbicide presumption must be extended to include the bays harbor and territorial sea of Vietnam. Ships, especially aircraft carriers, outside the line are not covered. Unfortunately, Agent Orange within the river discharge could be found several hundred kilometers from the mouth of the river within a couple of weeks. This contaminated seawater would be ingested into the distillation intake. Additionally, planes and helicopters would fly through clouds of Agent Orange. The Carrier Onboard Delivery planes would deliver, personnel, supplies, equipment and mail that was staged in and around Da Nang or other Vietnamese airfields. Cross-contamination would soon occur throughout the ship.

MVA™ is seeking legislation to amend 38 U.S.C. § 1116A(d) to substitute the coordinates delineated in Executive Order 11,216 and 11,231.

According to the Congressional Research Service, 174-thousand of 229-thousand Navy personnel who deployed to Southeast Asia were within the territorial limits of South Vietnam. This leaves approximately 55-thousand Navy personnel outside of the territorial sea, mostly on Carriers. Military-Veterans Advocacy® estimates that 20-25-thousand personnel are covered under the PACT Act due to port calls in Guam, American Samoa and Thailand. Accordingly we estimate about 30-35-thousand personnel will be covered by this extension at a cost of approximately \$600 million over ten years in mandatory spending.

Military Dependents Exposed to Toxic Exposure

The PACT Act has added several new areas of presumptions for toxic exposure. More

areas such as Panama and Okinawa may be added. In some of these areas, dependents accompanied veterans to the toxic area.

Military dependents accompanied their veteran spouses to many areas throughout the globe. In areas where toxic exposure has been confirmed, the veteran receives a presumption of exposure resulting in compensation and medical care. The accompanying dependents drank the same water and breathed the same air as their military sponsor. Currently there is no provision for medical assistance for those dependents who have developed illnesses due to toxic exposure.

In a report on illnesses among the civilian population of Guam, Dr. Luis Szyfres, M.D., M.P.H. compared cancer rates among civilians on Guam with the continental United States. He found Nasopharyngeal cancer 1,999 % higher in Guam than in Continental US, Cervical Cancer 65 % higher in Guam than in Continental US, Uterine Cancer 55 % higher in Guam than in Continental US, Liver Cancer 41 % higher in Guam than in Continental US. his included Amiotrophic Lateral Sclerosis 10,000 % higher than the rest of the world and Parkinson-Dementia Complex 25-50 fold higher than in the rest of the world, Diabetes 150 % higher in Guam than in Continental US, Ischemic Heart Disease 15 % higher in Guam than in Continental US, Kidney Failure, 12 % higher in Guam than in Continental US. *See* https://www.militaryveteransadvocacy.org/uploads/3/4/1/0/3410338/guam_report.pdf.

MVA™ is seeking legislation to amend Subchapter II of chapter 11 of title 38, United States Code, by adding at the end the following new section: “A family member of a veteran described in section 1110, 1116, 1117, 1118, 1119 and 1120 or any other pertinent Section of chapter 11 of this title, who accompanied a military sponsor for at least thirty days in a location determined by Congress or the Secretary, to any area to have been the site of a presumption of herbicide or other toxic exposure contaminant, during the period described in such section, or who was in utero during such period while the mother of such family member resided at such location, shall be eligible for hospital care, medical services, and nursing home care furnished by the Secretary pursuant to Chapter 17 for any covered condition, or any covered disability that is associated with a condition associated with toxic exposure during such period.”

This is similar to the provisions of the Janey Ensminger Act passed in 2011. We are looking for medical coverage only for those non-military personnel exposed to toxic chemicals.

Hyperbaric Oxygen Treatment (HBOT)

MVA™ has long supported the use of HBOT to treat Traumatic Brain Injury. There is an increasing body of evidence that show HBOT is an effective treatment for TBI and other neurological injuries. <https://pubmed.ncbi.nlm.nih.gov/33050752/>. HR 105, TBI and PTSD Treatment Act, will direct the Secretary of Veterans Affairs to establish a pilot program to furnish hyperbaric oxygen therapy (HBOT) to a veteran who has a traumatic brain injury (TBI) and there are positive indications associated with this treatment. Our interviews with MVA™ members who served in combat or in Special Operations also point to an affirmative

correlation between HBOT and TBI. We believe that HBOT could potentially allow for a more successful treatment pathway for these invisible wounds.

As the VA possesses this equipment for wound and burn treatment cost should be negligible.

In the 118th Congress the DAMA Sub-Committee favorably marked up a bill for a pilot HBOT program. Unfortunately, there was not sufficient time to bring before the full Committee.

Treat PTSD Act

This would require the VA to use the Stellate Ganglion Block for treatment of Post Traumatic Stress. This treatment calls for the injection of a block into the stellate ganglions that control the fight or flight response. It has a dramatic effect on those PTS folks who are about to fly into a rage. The effect has often been described as similar to flipping a light switch. This treatment is used by the Department of Defense.

Pay Our Coast Guard

There is a need to address gaps in financial security for U.S. Coast Guard personnel during government shutdowns. This bill ensures that members of the Coast Guard, as well as associated support services like NOAA and the Public Health Service Commissioned Corps, receive uninterrupted pay in the event of a government shutdown. The legislation parallels protections already afforded to the Department of Defense, aiming to provide parity for the Coast Guard, which operates under the Department of Homeland Security rather than the DoD.

Conclusion

On behalf of our membership, we would like to extend our thanks to the Chairmen, Ranking Members, and remaining Committee members for the opportunity to discuss our legislative priorities.

Respectfully Submitted,



John B. Wells
Commander USN (retired)
Chairman



MILITARY-VETERANS ADVOCACY

Legislative Agenda 119th Congress

The Military-Veterans Advocacy, Inc Board of Directors approved the following items to the MVA™ legislative agenda for the 119th Congress:

1. **HR 1191**- Earlier effective date for Guam (Aug 15, 1958).
2. **HR 2447** - Panama Canal Zone Veterans Act of 2023
3. Herbicide benefits for Okinawa.
4. **HR 2693** - Pay Our Coast Guard Parity Act.
5. Require a timeline for VA response to rulemaking requests.
6. VA benefits and Appellate reform including legislatively overruling *George v. McOonogh*.
7. Return the Blue Water line to the theater of combat as existed prior to 2002.
8. Cover military dependents exposed to Toxic Exposures.
9. **HR 3649** - Hyperbaric Oxygen Treatment for Traumatic Brain Injury.
10. **HR 3023** - Stellate Ganglion Treatment for PTSD at VA.
11. Presumptive benefits for Fort McClellan. Defer until study ordered by PACT Act completed
12. **HR 1139/S. 740** - GUARD VA Benefits Act of 2023 - Governing Unaccredited Representatives Defrauding VA Benefits Act of 2023 or the GUARD VA Benefits Act of 2023

Bill numbers are those assigned in the 118th Congress

BLUE WATER NAVY • PANAMA CANAL ZONE
 AGENT ORANGE SURVIVORS OF GUAM & THE WESTERN PACIFIC
 AT-RISK VETERANS • NATIVE & INDIGENOUS VETERANS OUTREACH • VETERAN SPOUSES & DEPENDENTS

STATEMENT FOR RECORD

NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

Senate Committee on Veterans' Affairs

House Committee on Veterans' Affairs

Joint Hearing on Legislative Presentations

March 4, 2025

Chairman Moran, Ranking Member Blumenthal, Chairman Bost, Ranking Member Takano and other distinguished members of the Senate and House Committees:

Introduction:

On behalf of nearly 45,000 members of the National Guard Association of the United States (NGAUS) and over 430,000 Soldiers and Airmen of the National Guard, we are grateful for your continued support of those who have selflessly served our country. Your committees have dedicated significant time and energy toward substantial policies to improve the quality of life for the National Guard, both currently serving and retired. We applaud you for these efforts and look forward to working with you during the 119th Congress.

Our main goal at NGAUS is to ensure those who serve, regardless of branch or component, have the resources they need. We must protect and defend all those who protect and defend our great nation. One in three servicemembers serve in the Reserve Component. Our National Defense Strategy relies on these individuals to secure the homeland and deter our adversaries. We depend on them to answer the call. Yet at the end of their career, they are often met with inadequate resources that greatly differ from their Active-Duty brothers and sisters they served with. I know

those of you on this committee understand we can no longer afford to treat the Guard and Reserve as second-class veterans.

In our statement for the record, we would like to focus on three specific areas key to ensure fair and equal treatment of Reserve Component servicemembers and veterans: consistent access to medical coverage, increased parity for education benefits, and clarification for early retirement.

Health and Dental for ALL

Healthcare for our Troops has been a top priority for the National Guard for several congresses, and we will continue to fiercely advocate for this benefit. Currently, over 130,000 individuals serving in the Reserve Component do not have healthcare. This has a significant negative impact on our readiness, and it is unacceptable for those in uniform to not have their basic needs covered.

Unit leaders cannot force their Soldiers and Airmen to purchase out-of-pocket health and dental care. Whether for financial reasons or lack of healthcare literacy, our servicemembers are going without. As a result, the average medical deployability rate for a National Guard unit is around 60-70 percent, far lower than the Active Component which is 85-95 percent. With global tensions, instability, and aggression on the rise, we must focus on military preparedness for ALL armed forces. Every war campaign has required the full involvement of all compositions, and the next large-scale combat operation will be no different.

Combat operations also require a force that is mentally prepared to answer the call. Sadly, sporadic or non-existent healthcare coverage is a breeding ground for mental health issues to fester. Without steady, reliable benefits our members do not have adequate behavioral health resources. The most recent 2020 DoD Annual Suicide Report found the National Guard suicide rate was 30-

40 percent higher than the Active-Duty rate, with the main contributing factor being limited access to resources. This is heartbreaking and unacceptable. Access to healthcare will save lives.

We ask each of you to support and co-sponsor the reintroduction of the **Healthcare for Our Troops Act** in both the House and Senate.

Education Benefit Parity

Your committees have been the biggest champions when it comes to National Guard education benefits, and we are beyond grateful. First with the Forever GI Bill and now with the **Guard and Reserve GI Bill Parity Act**, this committee has signaled to the Guard community that their service and their future matters.

Unlike our Active Component peers, Guardsmen serve in a variety of statuses and on missions that do not accrue GI Bill benefits. A day in uniform is a day in service to this country and it is past time this disparity is corrected. Examples of this uneven eligibility have been particularly acute in the past several years of increased domestic mobilization, as many of those missions did not count toward federal education benefits.

Just a few weeks ago, the **Guard and Reserve GI Bill Parity Act**, H.R. 1423 and S. 649, was reintroduced in the House and Senate. This bill expands GI Bill benefits to cover all Title 32 service, to include annual training and drill weekends. We are incredibly thankful for the dedication of Senators Moran and Blumenthal, and Representatives Levin, Kelly, and Takano for leading this effort. We are confident this bill can move forward, and that this disparity will soon become a thing of the past. We encourage all to co-sponsor these bills and we are hopeful this will be passed during the 119th.

12304b Early Retirement

After the 9/11 attacks, the National Guard experienced unprecedented levels of activation. Between 2001 and 2015 approximately 300,000 National Guard members were mobilized for overseas operations in Iraq and Afghanistan. Additionally, during that same time period, the Guard deployed in support of humanitarian and peacekeeping missions in Bosnia and Kosovo. Many of these members were deployed multiple times. In the FY08 NDAA, Congress authorized early retirement credit for National Guard members who were mobilized under Title 10 orders, for at least 90 days, following 9/11.

As that generation reaches retirement age, it is important those early retirement points are being accurately calculated so that Guard members receive their much-deserved retirement pay. Currently, Human Resources Command is not counting 12304b orders between the years of 2011 and 2018. We firmly believe this goes against congressional intent. This error is costing Guard families thousands of dollars in missed pay and we ask that Congress urge HRC to correct this as soon as possible.

Conclusion:

Thank you for this opportunity to submit a statement for the record. We look forward to participating in the hearing next year. Your efforts are critical to the well-being of our service members and the success of our National Guard. I look forward to continuing our work together and sincerely appreciate the steadfast leadership from the members and their staff in advocating for the men and women of the National Guard.

STATEMENT FOR THE RECORD
QUALITY OF LIFE FOUNDATION
JOINT COMMITTEES ON VETERANS AFFAIRS
QUALITY OF LIFE FOUNDATION'S LEGISLATIVE PRIORITIES FOR
VETERANS AND CAREGIVERS IN 2025
FEBRUARY 2025

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committee, thank you for allowing Quality of Life Foundation's Wounded Veteran Family Care Program (QoLF WVFCP) to present our legislative priorities for the year to you through this statement for the record. Quality of Life Foundation is a national non-profit organization that was founded in 2008 to address the unmet needs of caregivers, children, and family members of those who have been wounded, became ill, or were injured serving this nation. Since 2008, QoLF's mission evolved to include working directly with veterans and caregivers as they attempt to apply for and navigate the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and other clinical support programs within the Department of Veterans Affairs (VA). Serving all generations, we focus mostly on those with significant wounds, illnesses, or injuries, and find ourselves often assisting those with the most complex needs.

As one of the few organizations working exclusively within the Veterans Health Administration (VHA), QoLF has been a prime witness to and help for caregivers utilizing many of the programs and services available within VHA. While we do NOT provide clinical recommendations of any kind, our role is to ensure that veterans and caregivers are prepared for the PCAFC process, assist in the drafting of clinical appeals to ensure VA is following its own regulations and directives, and assist veterans and caregivers in navigating other programs and supports available to them.

Our role allows us to see the positive things that can happen when veterans and caregivers are connected by caring and passionate providers and social workers to the programs and services that enhance both their care and quality of life. PCAFC, Respite, Veteran Directed Care, and the Homemaker Home Health programs are just some of the programs that support veterans in their homes and can serve as a lifeline for veterans and caregivers in need. Unfortunately, we also see what can happen when those especially vulnerable veterans are not connected to those vital resources.

Our legislative recommendations fall into three categories: recommendations that involve all of the Veterans Health Administration, recommendations that apply only to

VA's Caregiver Support Program (CSP), and recommendations that are specific to respite care.

Primary Request

Quality of Life Foundation's primary request for the legislative year 2025 is the passage of the Caregiver Re-education, Re-employment, and Retirement Act introduced in the 118th Congress by Senator Moran and Congressmen Ciscomani and Morelle. The need to support caregivers returning to the workplace once their caregiving years have concluded and allowing them to contribute to Social Security and retirement accounts to provide for them in their later years is absolutely necessary. Caregivers are asking for the opportunity to save for their retirement, something which is currently denied to them and could potentially leave them destitute if their veterans pass away in caregivers' later years. Veteran caregivers currently save the government billions of dollars in labor, but they are vulnerable to poverty upon the death of their veteran.

VHA-wide Requests/Recommendations

1. **Direct the Secretary of VA to establish an easily accessible, standardized, and centralized pathway for outside, non-VA records to be incorporated into the veteran's VHA medical record and require that Veterans Health Administration honor its "Duty to Assist" veterans and caregivers in getting those records integrated into the VHA medical record.** While Quality of Life Foundation approaches the inclusion of outside medical records from the lens of the application process of the PCAFC, the importation of these non-VA medical records into the VA medical record crosses all VHA programs, and is not limited in its application to PCAFC.

Many veterans that QoLF serves have multiple serious medical conditions and multiple insurance options, including TRICARE, Medicare, and/or private health insurance. As a result, many use a hybrid collection of medical providers. As such, all the treatment records need to be available for VHA to consider the clinical needs of the veteran and for the VA CSP to make an informed decision on whether or not the veteran's needs for clinical assistance rise to the level of acceptance into PCAFC.

Even if VHA is aware that non-VA, or even VA Community Care Network (CCN) records exist, there is no easy way for veterans and caregivers to get those records submitted to VA and included into the VHA medical record in a timely manner. Within Veterans Benefit Administration (VBA), there is a "duty to assist" a veteran to seek care and collect those non-VA records. Within VHA, that would translate to VHA staff and in cases of CSP, CSP staff, helping a veteran and caregiver gather outside records and ensuring their appropriate placement in the VHA medical record for consideration in clinical services, treatment, and evaluations.

Additionally, the process of placing the veteran's outside medical records in their VHA medical record, including where in the electronic health record or which VA system it is stored in, varies from facility to facility. Outside clinical records must be received and uploaded in the VA medical records system to be considered for any clinical purpose. However, EACH VAMC Information Technology Office determines who has the ability to upload outside records, leading to variations in procedures and the time needed to complete the process.

Within the VA CSP alone, some facilities allow the CSP office to directly upload the records into the medical records system, while others require the Primary Care Manager (PCM) first go through the records to determine what needs to be scanned in and then send the applicable records to the facility's VA Records office for scanning. Other facilities require that outside records be taken directly to VA Records. Further, none of these circumstances allow the veteran and caregiver to see the uploaded records, as they do not have access to the system where the records are placed either electronically or in person.

Directing SecVA to establish a uniform process for inputting outside records electronically and housing them in a specific manner where they are visible to VA staff and the veteran would allow all clinical data about a veteran to be easily accessed and utilized to make appropriate clinical decisions in a timely manner across all VHA programs.

CSP and PCAFC Specific Recommendations

Because Quality of Life Foundation operates mostly in the CSP space, we have highlighted two needs that veterans and caregivers have specific to the CSP's PCAFC.

- 1. Pass the Veteran Caregiver Re-education, Re-employment, and Retirement Act (S. 3885 and H.R. 9276 in the 118th Congress) that was introduced by Senators Moran and Congressmen Ciscomani and Morelle.** When the original legislation (PL 111-163) was passed creating the VA CSP, the unintended consequence of making the income from PCAFC an unearned income stipend was that caregivers have no means to save for their own retirement or contribute to Social Security if there is no other earned income in the home. (Combat Related Special Compensation, VA Disability, and Social Security Disability Income are all considered unearned income and are the only income sources for many veteran-caregiver households.) Because no prior program had existed to support caregivers in this way across the United States, the consequences for retirement and Social Security contributions were not understood at the time of the legislation. Caregivers first learned of the consequences after they attempted to make

contributions to their pre-existing retirement accounts and were hit by fees for making unauthorized contributions.

Additionally, caregivers have gaps in their resumes and lose their employment certifications while caregiving for their loved one. When their loved one either passes away or returns to independent functioning, caregivers need to return to the workplace and have to address these issues. Also of note are the few caregivers who only receive CHAMPVA as an insurance benefit through PCAFC; they lose health insurance within 90 days of leaving PCAFC through the death or discharge of the veteran where, in other insurance programs, members have 180 days to transition to other health insurance benefits.

Since the creation of the CSP, caregivers have been concerned about being able to prepare themselves for their retirement years. The Veteran Caregiver Re-education, Re-employment, and Retirement bill would study the issue of allowing caregivers to make contributions to Social Security and other types of existing retirement accounts.

This bill would allow caregivers to have funds provided to renew their professional certifications, study the feasibility of caregivers being allowed to participate in a Department of Labor returnship program, and create a study to explore VA incorporating former caregivers into the VA workforce as personal care attendants which would assist VA in filling gaps in its workforce.

Lastly, the bill would allow caregivers with CHAMPVA health insurance benefits only through PCAFC to keep their health insurance for 180 days rather than the current 90 days. This change would provide much needed equity between ChampVA and other insurance programs.

Ultimately, QoLF sees this bill as a way to support caregivers who voluntarily supported their veterans through wounds, illnesses, and injuries by preventing caregivers from falling into poverty and necessitating that they rely on public assistance programs after caregiving whether through aging out or through their veteran passing away. QoLF is not asking Congress to fund retirement for these caregivers, simply to find a pathway so caregivers have the option of funding their own retirement accounts.

2. **Legislate the language surrounding Activities of Daily Living and the level of assistance needed by the veteran to ensure the intent of Congress to allow “regular assistance with an ADL” to be the standard for PCAFC eligibility rather than the current assistance standard of “each and every time a veteran performs an ADL.” Additionally, the language should make clear that any type of assistance provided by another person in completing an ADL would have to be considered, not the new standard that VA has added which is “hands-on.”** The requirement that a caregiver must assist a veteran with an Activity of Daily

Living (ADL) “each and every time” it is completed for eligibility in PCAFC was reviewed by the courts. The *Veteran Warriors, Inc. v. McDonough* ruled that this strict interpretation of assistance with ADL’s under VA’s regulation was allowed under the legislation creating PCAFC. However, VA Central Office CSP has acknowledged that this strict interpretation is keeping veterans, especially older veterans, out of the program and penalizing veterans for being able to do anything for themselves which impedes progress in rehabilitation and potentially causes patient harm. Prior to the 2020 regulation governing PCAFC, the ADL standard for PCAFC was “regular assistance” which was in line with the standard for Supervision, Protection, and Instruction.

QoLF would also ask that Congress legislate that any level of assistance required for an ADL to be completed be worded as “any level of assistance offered as identified by the standards used in Occupational Therapy,” be the standard for used to determine if a veteran has “an inability to complete an ADL.” The wording would read “an inability to complete an activity(ies) of daily living, as defined by needing assistance in any manner to have the ADL completed by the veteran or for the veteran as determined by Occupational Therapy practice standards.” In 2015, VA scored “set up assistance” as included in a veteran’s “inability to complete an activity of daily living.” In the 2020 directive, following the 2020 final rule governing the CSP after the MISSION ACT expansion, it was clear from reviewing records that the VA does not consider setup assistance as part of an inability to complete an ADL. In the most recent Notice of Proposed Rulemaking which closed on February 6 2025, VA once again proposed that set up assistance not be included for consideration of assistance needed due to the “inability to complete an ADL.” But without setup assistance, veterans who can perform some aspects of completing the ADL independently, cannot begin performing the ADL because there has been no setup; thus, they have an “inability to complete the ADL” because setup assistance to start the activity was never given to allow the veteran to initiate the activity.

While QoLF would not normally ask Congress to legislate this language to such specificity, we do so in this instance. The regulation governing PCAFC has changed four times since the creation of this program in 2011, and we are currently waiting for a new final regulation to be published. In order to keep changes from being made each time there is new leadership at the helm of VA, we ask that Congress write the legislation into statute, preventing the legislative language that exists now from being continually re-interpreted by VA and necessitating the constant pauses and re-evaluations in PCAFC that have occurred since the program’s inception.

3. **Change “a need for supervision or protection based on symptoms of neurological or other impairment or injury” to “a need for supervision or protection based on symptoms of any disease/illness, impairment, or injury.”**
Due to VA’s constant interpretation and re-interpretation, as well as local Caregiver

Eligibility Assessment Teams' misinterpretation of VA's directives regarding this issue, Congress should clearly define their intent of supervision and protection. The original law creating the CSP, PL 111-163 included the word "neurological" because Traumatic Brain Injuries and severe mental health injuries created by combat in the Post-9/11 world needed specific legislation to make sure that the needs of those with Traumatic Brain Injuries and severe mental health conditions were being recognized. Fifteen years later, those conditions are better understood as needing specified care. Additionally, Congress added illnesses as conditions to be considered under the MISSION Act. Thus, dementia, Multiple Sclerosis, Parkinson's, ALS, etc., are all included under ADL needs and supervision and protection needs. Therefore, it makes sense for Congress to change the language to reflect any and all conditions for which a veteran may need assistance.

4. **Define "need for regular or extensive instruction or supervision without which the ability to function in daily life would be seriously impaired" as "supervision and instruction needs pertaining to Instrumental Activities of Daily Living (iADL's) included, but not limited to medication management, financial management, cooking, shopping for food, transportation, etc., as defined by common Occupational Therapy tools."** VA routinely in its Notices of Proposed Rulemaking (NPRM) and Final Rules says that medication management, financial management, cooking, shopping, etc., better known as iADL's, are not considered for PCAFC. However, in the actual evaluation instruments, medication management, seizure control, the need for a fiduciary due to inability to manage finances, etc., are actually considered for supervision, protection, and instruction. If a veteran has memory issues so that he is at risk of setting the house on fire cooking, or if a veteran is at risk of malnutrition or dehydration, then cooking and shopping for food are necessities. How does a veteran feed themselves if they are unable to shop for food or prepare meals? How does a veteran pay for housing if they are unable to manage finances and pay bills or at risk of having their money taken by scammers. These tasks are essential to the welfare of the veteran, and these tasks fall under supervision, protection, and instruction. It would be helpful for Congress to define instruction as such so that VA can stop continually interpreting and re-interpreting what exactly Congress means by instruction. Instruction was placed in the law because of veterans with Traumatic Brain Injuries, dementia, and severe mental health conditions causing a lack of task initiation and/or completion without supervision or continuous instruction. As such, it is helpful for Congress to send the clear message to VA that these iADL's are to be included for purposes of PCAFC.
5. **Remove the language "to the maximum extent possible" when describing the input of the physician in the PCAFC process in the MISSION Act, and add "and relevant medical specialists" after "primary care team" in the section referring to who must give input on a veteran's needs for purposes of the eligibility assessment for PCAFC.** This language is found in the CARE Act from the 118th

Congress (S1792). A veteran's specialists such as mental health practitioners, neurologists, neuropsychologists, and orthopedists do not routinely have the ability to directly offer their opinions on the functional ability of a veteran during the PCAFC process. Only PCMs are consulted. Specialists and PCMs have little time to document a veteran's needs, and the criteria for PCAFC are not routine items that a PCM would evaluate. As such, much of the information about very specific treatments or assistance needs may not be found in the record or interpreted correctly by the PCM when filling out a generic questionnaire. PCMs are asked to answer questions about the veteran's treatment plans and institutionalization, but the CSP-PCM PCAFC Collaboration document that is part of the PCAFC application and eligibility process has shown us PCMs rarely answer these questions. PCMs generally do not have time to review all a veteran's specialized treatment plans and, therefore, may answer in a way that disagrees with a specialist who treats a specific, debilitating condition. Local CSP staff normally answer the document assigned for PCMs. By requiring all a veteran's providers to weigh in or document the criteria assessed by PCAFC, we can be assured that medical evidence of a veteran's clinical need is documented by the clinicians who best understand their patient's need(s) for assistance.

6. **Congress should make clear that ALL medical evidence should be given equal weight in the clinical decision for PCAFC, including outside medical records by specialists, as is required in VBA.** Currently, VHA is only required to collect a veteran's outside medical records for consideration in the PCAFC process. VHA does not have to heed them. In fact, in any VHA decision, if outside medical records are proffered to VA, even from a more senior and advanced specialist than VA has, the VHA can ignore or disallow the evidence for any and all clinical care, including PCAFC. This is not true in VBA where the weight of the evidence goes to the more specialized doctor. We believe that Congress should make this the standard for clinical evidence in the PCAFC process. To give you an example, we have a case in Arkansas of a veteran that has been diagnosed with cardiac, pulmonary, and intestinal sarcoidosis. Based on outside records from specialists, the veteran has a rating for sarcoidosis. VHA routinely denies Community Care referrals for the veteran by saying they do not believe the veteran has sarcoidosis, despite the veteran being diagnosed by one of the eight top sarcoidosis centers in the country and the local community doctors as well. By refusing to acknowledge the veteran's sarcoidosis in the VA, the VAMC can deny care, therefore saving money by not paying for outside care for the veteran because the VAMC in the region has no sarcoidosis specialists. By denying the existence of the condition, it also means that CSP does not have to consider the condition for PCAFC purposes.

Respite Recommendations

In the Fall of 2023, Quality of Life Foundation and the Military Officers Association of America (MOAA) held a joint roundtable with stakeholders in the community which was attended by many VSO groups, bipartisan bicameral Hill staffers from the Committees,

White House staffers, non-profit organizations, VACO CSP staff, CMS representatives, TRIWest, and many others. The purpose of the roundtable was to discuss gaps in the respite needs of veterans and caregivers while presenting possible, ACTIONABLE solutions. Of those actionable solutions, we have chosen to highlight two recommendations.

- 1. Develop and implement a program of Federal Respite Care Liaisons (FRCL) to assist caregivers with navigating all programs that are available for respite care inter- and intra- federal agencies.** What became abundantly clear at the roundtable was that there are a multitude of programs for respite available in the nation across various agencies, but stakeholders were not familiar with them or did not know how to access them. Creating a Federal Respite Care Liaison (FRCL) to guide caregivers and veterans through all available respite programs across the federal government, modeled on the Federal Recovery Coordination Program (FRCP, in its original intent under the Dole-Shalala Commission), aimed to coordinate all respite care options and help select the most beneficial programs for veterans and their caregivers to use, would allow much better utilization of existing respite programs and prevent caregiver burnout, increasing health outcomes for veterans. Those FRCL's should be located at all VAMCs and at all Programs of All-Inclusive Care for the Elderly (PACE) offices and Area Agencies on Aging offices (state agencies for the elderly). The wide distribution of those FRCL's would allow veterans and caregivers easy access to assistance with finding respite, and the ability of those FRCLs to recommend respite programs across federal agencies means that veterans and caregivers should be able to access a respite program that meets all of their individualized needs.
- 2. Commission a study on caregiver and veteran usage of respite care services across federal agencies and in the community.** At the QoLF-MOAA Respite Roundtable, RAND pointed out that, despite there being a wealth of respite options, caregivers and veterans do not necessarily take advantage of respite care and that there is no data to understand why this occurs. Therefore, before any current changes are made to respite programs, QoLF believes that a study should be performed to understand why caregivers need respite, what barriers exist to using respite, what benefits caregivers receive from respite, and what costs and benefits are associated with respite care usage for all stakeholders. Once the study has collected, analyzed, and finalized data reported, then a better model of respite care services, alongside a menu of respite options that are more user-friendly, can be made available for the population in need of such services.

Conclusion

Quality of Life Foundation appreciates the opportunity to offer recommendations for VHA and for PCAFC. We would like to also praise Dr. Richardson and her VA CSP staff for her continued effort to improve a program that has challenges created by

processes established prior to the beginning of her leadership. Thank you for allowing us to submit this testimony for your consideration in continuing to improve PCAFC and VHA overall. We are happy to answer any questions that the Committees have.