STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2nd SESSION of the 116th CONGRESS

before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

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EXECUTIVE SUMMARY

As we turn the corner on a new decade the opportunity to reflect and consider the successes and challenges over the last 10 years is crucial to ensuring we continue to make progress beyond the next decade. The Committees are aware of the commitment and tenacious efforts of veterans organizations like MOAA in helping Congress and the Department of Veterans Affairs (VA) transform and modernize its services and delivery systems to improve the health and well-being of veterans, their caregivers, and families—whose very lives depend on the services and benefits rendered through this uniquely vital agency.

In 2019 there was no higher priority for MOAA and veterans than implementing the critical reforms signed into law over the last five years in the areas of VA accountability[1] and veterans' education[2], disability claims[3], and health care improvements[4]. The Committees were instrumental in keeping Congress focused on passing these monumental pieces of legislation and MOAA is so grateful for your leadership in putting veterans and their families first. In the second session of the 116th Congress, MOAA remains focused on serving and advocating for equity in benefits, health care and other issues affecting servicemembers, veterans, and their families and joining the Committees in doing the same.

MOAA and The Military Coalition (a consortium of 34 nationally prominent uniformed services and veterans' organizations, representing approximately 5.5 million current and former members of the uniformed services, their families, and survivors) believes in promoting national recognition and understanding of military service and how health care and benefits are earned through service in defense of the nation—qualitatively different from "entitlement" or "social welfare" programs.

We recognize the fiscal pressures Congress is under; however MOAA considers it our obligation as a leadership organization, like the Committees, to do what is right for veterans and their families, and to do all we can to make them as whole as possible as they live out their lives once they take off the uniform. As such, we oppose decisions that erode foundational services and benefits delivered through VA or decisions that degrade these essential health care and benefits.

MOAA's Overarching 2020 Legislative Priorities:

- Enhance suicide prevention programs and access to behavioral health care
- Assure appropriate health care and benefits for service-connected occupational health and environmental exposures
- Eliminate barriers and strengthen care and support services for women veterans
- Implement the VA MISSION Act and identify legislative improvements
- Preserve VA burial benefits to honor the veteran's service

[1] P.L. 115-41, *Veterans Affairs Accountability and Whistleblower Protection Act*
[2] P.L. 115-48, *Harry W. Colmery Veterans Educational Assistance Act–the "Forever GI Bill"*
[3] P.L. 115-55, *Veterans Appeals Improvement and Modernization Act*
[4] P.L. 115-182, *John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act*

CHAIRMEN TAKANO AND MORAN AND RANKING MEMBERS ROE AND TESTER, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present testimony on our major 2020 legislative priorities for veterans' health care and benefits. MOAA offers our congratulations to Chairman Moran for assuming leadership of the Senate Veterans' Affairs Committee. We look forward to working with you and all on the House and Senate Committees this second half of the 116th Congress.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE PRIORITIES

HEALTH CARE SYSTEM MODERNIZATION

MOAA very much appreciates both Committees' leadership and active engagement in implementing the massive health care system reforms in the Department of Veterans Affairs (VA) Health Administration (VHA).

As we move forward in navigating and synchronizing these very complex and interconnected system changes, we must never forget the lessons learned during the last decade, and more importantly, the medical advances and knowledge gained during two decades of war. MOAA urges the Committees to continue investing in the modernization of VHA clinical, technology and electronic health records, financial, infrastructure, and human resource systems necessary to realize true transformation.

It is important to also remember how interconnected VHA is—not just within context of the broader VA, but how critical this health system is to American medicine in advancing medical breakthroughs and producing medical professionals in and outside of government. Then, as we have seen in recent years, VHA's fourth mission of providing emergency or disaster response to address floods, fires, and now national public health emergencies such as the Coronavirus continues to be of critical importance.

Never again should history be repeated—where demand for health care and benefits outpaced VHA's capacity to deliver care and meet emergent needs as in previous decades—we must assure veterans, caregivers, family members, and survivors that we have their backs, making sure they don't become pawns in budget or political battles aimed at eroding foundational health care services and their service-earned benefits.

MISSION ACT IMPLEMENTATION

Secretary Robert Wilkie and his leadership team have the arduous task of executing and managing VA's transformation and MOAA greatly appreciates the difficulty and the impressive progress made to date in implementing the multifaceted approach to health care delivery. No one in this

chamber can say the massive VA MISSION Act was enacted with little or no effort and/or transparency. Rather, it took hard work, unrelenting communications, and openness to collaboration to get the legislation signed into law. It will take no less effort, cooperation and communication to successfully implement the law. As such, MOAA recognizes we are at a critical juncture and we urge the Secretary and the Committees to work collaboratively together with veterans service organizations (VSOs) and other stakeholder groups to bring more transparency to the process so veterans remain fully aware, engaged, and at the center of the transformation.

Oversight and monitoring of VHA modernization efforts must include supporting policies and initiatives that result in timely access to high quality services and preserving VHA's core health system mission functions—clinical, education, research, and national emergency response. MOAA is committed to working with VA, Congress, and the Administration to refine the MISSION Act as necessary to guarantee the four main pillars of the Act are implemented as intended. Specifically,

1. Consolidating VA's community care programs and assuring implementation is consistent across the system.
2. Expanding the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras.
3. Providing VA the necessary flexibility to align its infrastructure footprint with the needs of veterans.
4. Strengthening VA's ability to recruit and retain high quality health care professionals.

Like many of our VSO colleagues, MOAA continues to be frustrated and disappointed in the limited amount of information provided by VA up to and since June 6, 2019, when the department rolled out the new Community Care Program as part of the MISSION Act. Much of the details related to the planning and rule-making for the consolidated community care program, including network contracts and market assessments are not well known to VSOs. This holds true for the development of regulations and the certification of the caregiver IT management system.

MOAA commends the Department for the tremendous progress it has made in executing the MISSION Act during the first year of its implementation—a successful launch, albeit not a small feat when considering other major VHA system reforms ongoing simultaneously.

VA's Office of Community Care, under the leadership of Dr. Kameron Matthews, Deputy Under Secretary for Health, and her team have been especially accessible in providing VSOs regular updates on community care network (CCN) implementation as well as being very responsive in answering questions and coordinating meetings with TriWest and OptumServe, the third-party administrators (TPAs) responsible for setting up and managing the networks. The big challenge for the Department right now is determining network adequacy without knowing what the demand will be in the CCN regions. This issue will only be solved through time and collection of data according to VA and the TPAs.

We are grateful to Congress for continuing to authorize funding and resources needed to help VA implement the MISSION Act. The funding in 2019, according to the Secretary, allowed VHA to maintain its high patient satisfaction rates (89.7%); to continue to be recognized as providing "as good or better health care" than any in the private sector, and with comparable wait times; and provide 70,000 urgent care visits to veterans in the community since launching the MISSION Act[5].

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"…We're also in the middle of the greatest transformational period in our history. We have launched the MISSION Act that finally integrates VA with the entire American healthcare system. But more importantly, fulfilling the President's promise, this puts veterans at the center of their healthcare decisions, not the institutional prerogatives of VA, but veterans…"
VA Secretary Robert Wilkie

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The concern, however, is while we recognize the substantial weight of these reform efforts and VA's laser focus to meet congressional timelines and mandates, limiting visibility and collaboration to just key stakeholders; how unintentional as that may be on the part of VA, such narrowed coordination could lead to unintended consequences and may likely end up being more costly for both the government and veterans.

Unfortunately what MOAA and our VSO colleagues see as a growing trend these days is lack of information and communication around key developments when VA announces a new initiative or policy decision of which we have little to no knowledge or notice of, nor an opportunity to provide input into the process when it could have made a difference.

One recent example was the Department's announcement of its realignment of VHA Central Office (VHACO). The organizational redesign took VSOs by surprise even though VA later conducted a series of briefings to discuss the realignment. The realignment is expected to be phased in over the next two years and will align people, policies, programs, and resources within the Veterans Integrated Service Networks (VISNs) and VA Medical Centers (VAMCs) charged with providing care to veterans.

While we applaud this effort and want VHA to be more effective, reliable, and agile, VSOs continue to plead frequently to VA about our desire to help and be a resource as the agency takes on and navigates these massive reforms including the MISSION Act. These organizational changes are necessary and expected with any transformation; however, the practical application of the new VHACO realignment and operations plan, including the establishment of a National Leadership Board, or "Board of Governors" as is called to help align resources with the right program lines, remains unclear.

[5] Secretary Robert Wilkie, Press Briefing by Secretary of Veterans Affairs, Nov. 8, 2019.

Fiscal years 2020 and 2021 are pivotal years for VHA transformation, and it will take "a village of stakeholders" to help the Department meet its modernization mandates. MOAA urges VA to be more transparent in communicating its plans and being receptive to stakeholder assistance—assistance Congress and veterans expect, not just in the short-term but over the months and years ahead.

VHA WORKFORCE

In its sixth report in a series on occupational staffing shortages, the VA Office of Inspector General (OIG) for a second time reported "widespread severe staffing shortages" in many occupations throughout VHA. The OIG report (VA OIG 19-00346-241, Sept. 30, 2019) highlighted:

- "A lack of qualified applicants and non-competitive salaries were the two most commonly cited reasons for severe occupational staffing shortages;
- 96 percent of VHA facilities reported at least one severe occupational shortage as of December 31, 2018;
- 39 percent of the medical facilities noted at least 20 severe occupational staffing shortages (e.g., Medical Officer, Psychiatry, Nurse occupations)—Human Resources Management was the most commonly cited non-clinical occupation; and,
- 27 occupations were listed by 20 percent of the facilities as severe occupational staffing shortage."

At a House Veterans' Affairs Subcommittee on Oversight and Investigations hearing last September on VA hiring, both Chairman Takano and Ranking Member Roe expressed concern over the number of clinical and other vacancies in VA—VHA alone has been dealing with chronic health care professional shortages since 2015, and most of the human capital challenges are long standing, according to OIG and the Government Accountability Office (GAO).

VA acknowledged the difficulty it has in competing with the private sector for clinical professionals but has made improvements by aggressively working on the situation—though the OIG concluded more remains to be done, warning that shortages make it difficult for VHA to provide the high-quality medical care it is known for across the system. VA has yet to develop a staffing model at the national level that allows tailoring at the local level, or a Department-wide succession plan since 2009, or consider schedule arrangements as an alternative to higher salaries to attract employees who are more interested in their work/life balance—recommendations repeatedly recommended by the OIG and GAO. According to GAO, VA has been unable to produce a succession plan due to leadership turnover—a problem when you consider about a third of leadership will be eligible to retire in the next two years.

The constant change and reforms over more than a decade are taking a toll on the VA's health system, not the least of which are the pressures being placed on the dedicated medical providers and support staff employees who are responsible for delivering the high-quality care for which the VA is known.

Here's one VA health care provider's view of the constant churn particularly with the implementation of community care, and VHA central office realignment—and MOAA has heard similar concerns from other VA employees:

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"Oh my. That's all I can say. With the new referrals on emergency care, my workload tripled to quadrupled. We are hemorrhaging money. I don't now how the VA is going to sustain without the proper funding. They did an analysis of the increased workload in our department at the VISN level. They said we need 2-3 nurses and 9 support staff. My boss traded 3 support staff for one nurse. We got to hire her and then leadership took away the support staff and said we could not hire.

We are drowning. We can't keep up, which means it is taking longer to get veterans taken care of. There is no budget for us to have the appropriate staff to do what is being dictated we do. I'm so stressed I've had a headache for about 6 months every day I am at work. We have not been given any direction or information about the restructuring here at our VA. I would venture to guess that the morale is the lowest as it's ever been, at least at my VA. Employees are not feeling valued.

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Stories like these are concerning and we suspect more prevalent than we know. Clearly there are still barriers in staffing and human resource practices in VHA even when nurses and other critical medical professionals are available for hire.

MOAA appreciates the Secretary's workforce management challenges across the organization and his priority in attracting and retaining high quality providers and employees. These efforts must also aggressively be directed at obtaining top-notch leadership at medical centers, up through the VISN and at VACO—this should include continuity of leadership on the Secretary's team. Vacancies in key leadership positions like the Under Secretary for VHA (vacant since 2017) and now with the recent departure of the Deputy Secretary make it increasingly more difficult for staff in acting leadership positions. Additionally, turnover filtering down the chain places tremendous burdens on remaining staff—which we all know is eventually unsustainable. These vacancies and turnover can erode moral and culture in medical facilities, and ultimately adversely affect VHA's reputation for delivering the *best care anywhere*.

MOAA recommends pursuing workforce improvements to eliminate VHA vacancies and strengthen recruiting and retention by:

- ***Supporting OIG and GAO recommendations for significant and sustained improvement in such areas as accurately tracking VHA's vacancy numbers; considering the implications for support staff and other team members in staffing models for particular positions; reliable and transparent reporting; recruiting and***

retention oversight that includes consideration of both individual facility and veterans' needs within a community; and, strong and consistent leadership to create a stable and welcoming environment.

- ***Establishing national operational predictive staffing and competitive salary structure models that cover all critical health care occupations to address chronic shortages, especially in high vacancy areas so that VHA is better equipped to assess and implement effective measures to address staffing needs at the national level while supporting flexibility at the facility level.***
- ***Implementing independent practice authority for advance practice nurses ensuring health care professionals are practicing at the full-scope of their field of practice.***
- ***Expanding outreach to DoD and other federal health agencies to recruit transitioning health care professionals; reducing hiring, credentialing and onboarding barriers, and investing in workforce development programs to retain clinicians and support staff.***
- ***Tracking and assessing DoD's health system reforms and the impacts on VA; specifically the impact of the FY 2017 National Defense Authorization Act and the planned 18,000 medical billet reductions on VA and DoD joint efforts to link to system resources and provider networks through sharing agreements and other collaborative initiatives.***

SUICIDE PREVENTION AND BEHAVIORAL HEALTH

MOAA thanks the Committees, VA, and POTUS for your leadership and steadfast resolve in assuring VA and DoD have the funding, resources and authorities needed to deal with the rising rates of suicide and mental health conditions among our servicemembers, veterans and their families.

The tragic loss to suicide of veterans and currently serving members of the uniformed services, the National Guard and Reserves, is arguably one of the most critical and confounding health care dilemmas facing leaders at all levels of our government and the public sector. MOAA applauds leaders' willingness to not stand by and just wait for research or treatments to bear out but to look at new and innovative solutions to meet veterans and their families where they are and resolve their pain and psychological wounds.

The President's executive order, the *President's Roadmap to Empower Veterans and End a National Tragedy of Suicides (PREVENTS)* signed last September, is the much-needed call to action aimed at improving veterans' quality of life and lowering the veteran suicide rate. This initiative coupled with numerous legislative proposals on mental health and suicide prevention being worked diligently by these two Committees and others in Congress gives servicemembers, veterans and their families hope and sends an important message that lawmakers care about them and their welfare.

VHA has made tremendous strides in doing what it can through its direct and purchased care delivery systems but recognizes the demand and need for mental health services are so great it

cannot attack these issues alone. We remain concerned, however, that outreach and community coordination efforts are not as robust and targeted at strengthening relationships with veterans and establishing partnerships outside of VA. Veterans continue to struggle in navigating VA systems rather than VA actively enrolling veterans in health care and providing them the benefits when and where they are needed. Sadly, change is slow. There remains a culture at some VHA facilities, the old mindset that VA should dictate where and when veterans will receive their care, or continue to deliver one-off care, moving the veteran out of VHA without the necessary warm handoff or follow-up care coordination needed to prevent rehospitalization or adverse patient outcome.

One Example:

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About four months ago a 63-year old veteran experienced a crisis and was threating suicide. At the time this veteran was battling multiple health conditions—PTSD, addiction, diabetes, liver disease, memory/cognitive deficits, and frequent bouts of dizziness and instability.

The police were called when he was found in his apartment in a stupor from drinking heavily and contemplating suicide. The veteran agreed to seek help at his VA medical center.

After more than a week of inpatient care, bouncing between the mental health and other hospital wards for health care (because of dangerously high sugar levels associated with his diabetes), he was discharged from the hospital and sent home with 11 different medications for him to manage on his own—in a state of disorientation and with highly fluctuating sugar levels.

One of the medications he was given was insulin with no instructions on how to administer his shots. It was a confusing, scary and overwhelming time for him. He had no idea how he would be able to remember to take all these medications.

Not once as an inpatient did he see or hear from his primary care physician even after multiple attempts to try and connect. It took his psychiatrist to connect with his primary care physician to set up in-home care to help the veteran organize and manage his medications.

Without the help of his psychiatrist and a family member as his advocate to help this veteran, no telling how he would have come through this crisis.

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Reflecting on MOAA's testimony these last seven years, many of our recommendations and concerns still stand today. The need for increased, targeted outreach and community coordination is critical. We urged Congress to continue to appropriate necessary funds for the expansion of

VA's mental health capacity and improve oversight, accountability and responsiveness in areas of access, timeliness, quality, delivery, and follow-on care and support. We said VA can't continue doing business as usual, they must be creative and seek outside assistance to make sure every veteran needing behavioral-cognitive services is not just handed over to a system, but must extend a warm handoff to professionals who will make sure veterans have the best opportunity to heal and thrive. As such, VHA must be the coordinator and overseer of this care and not abdicate responsibility elsewhere.

Make no mistake, MOAA truly acknowledges all the persistent and unrelenting efforts of this Congress and the VA to seek new and effective ways to end the crisis of suicide and provide veterans the mental health services they need to relieve their pain and suffering. We are particularly grateful to VA and the Committees for working with VSOs on several key measures to help attack these problems—there is no doubt we all want to find solutions that will make a difference in the lives of veterans and their families—bills such as:

- **H.R. 3495 and S. 1906, *Improve Well-Being for Veterans Act*—**provides financial assistance to eligible organizations outside of VA to deliver and coordinate suicide prevention services for veterans at risk of suicide and their families.
- **S. 785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act***—aims at improving mental health care through a comprehensive and aggressive approach to connect with more veterans by strengthening VA's mental health workforce, increasing outreach to veterans in rural or hard-to-reach areas, making sure they have access to the services they need, including alternative and local treatment options like animal therapy, outdoor sports and activities, yoga, and acupuncture.
- **H.R. 5697, *Veterans' Acute Crisis Care for Emergent Suicide Symptoms (ACCESS) Act of 2020***—furnishes, at no cost to the veteran, emergent mental health care, inpatient or residential care in a VA or non-VA medical facility to any veteran regardless of discharge classification who served for a period of more than 90 cumulative days.

These and similar bills provide much opportunity and innovative thinking to really make a difference. However, if efforts are not synchronized and methodically coordinated, the VA risks being charged with delivering yet another program or initiative—likely to create additional workloads and barriers, further complicating VHA's ability to successfully implement the MISSION Act and establish the high-performing networks of care mandated in law.

Congressional action should incorporate where possible other initiatives such as the President's PREVENTS Roadmap for ending veterans' suicide mentioned earlier using clinical and non-clinical approaches to preventing suicides by assuring touchpoints for getting help before a veteran succumbs to a crisis situation.

In addition, a lot of work has gone into producing a congressionally mandated report released last year by the Department of Health and Human Services (HHS), *Pain Management Best Practices*

Inter-Agency Task Force[6]. A number of solid recommendations were made to eliminate gaps and improve VA and DoD pain management programs and medication-assisted treatments, including opioid treatment, mental health, and suicide prevention programs for servicemembers and veterans such as:

- Physicians and clinical health care providers caring for servicemembers and veterans, regardless of practice setting, should consider in their pain-care plan prior military history and service-related health factors that may contribute to acute or chronic pain.
- The integration of the VA and DoD health systems is important for effective and timely pain care, and should include coordination of the transition from active duty to veteran status and care coordination across the health care spectrum that includes a smooth transition to primary care, mental health and pain specialty physicians, and other health care providers.

MOAA recommends VHA:

- ***Fully implement and sustain an integrated, multidisciplinary, biopsychosocial, comprehensive behavioral health system, incorporating traditional and nontraditional prevention and treatment protocols to address the epidemic of suicides and growing numbers of servicemembers, veterans and family members suffering from pain, mental health conditions and traumatic injuries.***
- ***Align the HHS Task Force recommendations with other ongoing initiatives such as the PREVENTS Roadmap, and consider these recommendations as part of any congressional legislation or administration policy or program actions going forward.***
- ***Invest in innovative programs and tools like the VA's Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET), a predictive model that analyzes existing data from veteran's health records to identify those patients VA considers at high risk for suicide, hospitalization, illness or other adverse outcomes in order to provide pre-emptive support and care. Expand funding and accelerate research strategies to identify and treat at-risk populations, leveraging VA and DoD electronic health records to complement data collection, prevention and treatment strategies to promote mental health and well-being and eradicate suicides.***
- ***Accelerate effective prevention, treatment, and training programs to address military sexual trauma (MST) experienced by women and men during and after service and seek joint congressional oversight hearings to improve VA and DoD policies and procedures to care for and compensate veterans suffering from MST.***
- ***Support expansion of evidence-based and complementary integrative medical treatment approaches to improve delivery of care and veteran's health outcomes.***
- ***Invest in resources and programs to aggressively promote prevention before crisis, incorporating self-help tools and services for empowering, educating and engaging veterans' involvement in managing their individual health care.***

[6] Department of Health and Human Services *Pain Management Best Practices Inter-Agency Task Force Final Report*, May 9, 2019, https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

SERVICE-CONNECTED OCCUPATIONAL HEALTH AND ENVIRONMENTAL EXPOSURES

MOAA lauds the Committees commitment to getting the Blue Water Navy Vietnam Veterans Act of 2019 through Congress and enacted into law. Our Association, like so many VSOs has pushed for years to extend disability benefits to an estimated 90,000 veterans who served off Vietnam's coast during the war. As of January 2020, those individuals with a presumption of exposure to toxic defoliants such as Agent Orange will be able to receive care for types of cancer and other illnesses linked to these chemicals. Unfortunately, VA continues to delay in adding four diseases the National Academies of Science, Engineering and Medicine have associated with exposure to Agent Orange to the presumptive disease list: bladder cancer, hypothyroidism, "Parkinson's-like symptoms" and hypertension.

In a letter sent to POTUS on Feb. 10, 2020, MOAA and six other VSOs representing millions of veterans, servicemembers, their families and survivors urged him to direct the Secretary of VA to immediately add the four diseases. The letter points out the continued delayed action by VA is causing additional, needless suffering for Vietnam veterans and their families. While the reasons stated by VA are in part to wait for published reports from additional studies, VSOs believe this delay is unnecessary because the scientific community has already provided enough significant data, studies and associations supporting linking these four diseases to the Agent Orange exposure. If such action is not taken by VA, VSOs will press Congress for such action.

While to some, the Vietnam segment of the veteran population is being taken care of, there remains a myriad of other potential environmental hazards affecting veterans, ranging from exposures to burn pits, used to eliminate waste and other materials in combat zones like Iraq, Afghanistan and other locations—to acute, multi-symptom chronic illnesses veterans experienced in the first Gulf War. Further, there are known exposures to contaminated water, abandoned or buried chemicals, cleaning solvents, health issues related to lead paint and other environmental hazards—including those in military housing—and synthetic chemicals used for firefighting, and the list goes on.

Each day it seems new exposures, illnesses, and diseases are coming to light while in the background VA struggles with the collection of data and records to do the necessary research to connect exposures to health conditions—data and service record information only DoD can provide.

MOAA is grateful to Congress for including a provision in the 2020 National Defense Authorization Act to address burn pit exposures by documenting locations of open-air burn pits. However, other provisions failed to pass such as conducting research and studies on the health effects of burn pits and providing mandatory training to medical providers of the DoD on the potential health effects of burn pits and other airborne hazards (such as per- and polyfluoroalkyl substances [PFAS], mold, or depleted uranium) and the early detection of such health effects.

Congress left it up to "VA and DoD to continue their efforts to study the long-term health effects of exposure to harmful toxins in burn pits and to develop jointly a clinical practice guideline on exposure to airborne environmental hazards, which would optimize patient care to servicemembers and veterans exposed to such hazards." MOAA believes if left up to VA and DoD, servicemembers, veterans, and their families will fight and suffer extreme health and financial hardships like Vietnam veterans have endured these many long decades.

Servicemembers have suffered toxic exposures as long as the U.S. armed forces have existed. It is time for Congress to establish standing protocols and procedures to address these and future exposures, so no veteran has to fight each battle alone. This can be accomplished through legislation requiring VA and DoD to strengthen their existing relationship and move forward with urgency to document exposures in service and begin studying their health impacts immediately—treating every servicemember as the future veteran they will become. The care our servicemembers need today must transfer seamlessly to the VA when they need it tomorrow.

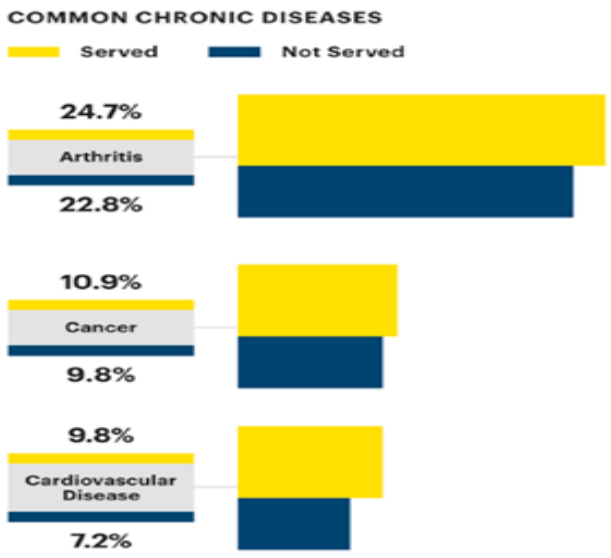
As more veterans come forward with conditions potentially linked to their military service—exposures to toxic substances or other environmental hazards, Congress must assure veterans they will receive the appropriate health care and benefits they deserve. VA and DoD need to work more aggressively together to capture the experiences of servicemembers while they are serving so that research and analysis can be done to better understand how military service affects a servicemembers health.

MOAA, in our close partnership with the United Health Foundation (UHF), has worked for over four years to determine how the unique demands of military service could affect long-term health so that research, public policy and programs can be targeted at understanding and improving the lives of servicemembers and veterans and the health of the communities where they live.

Our last report, the 2018 *America's Health Rankings® Health of Those Who Have Served Report* (an America's Health Rankings® Report) captures trends over six years, comparing 2015-2016 data to a baseline of 2011-2012 data[7].

An important finding in the report indicated those who have served are more likely to have cancer (10.9 percent, compared with 9.8 percent of civilians), cardiovascular disease (9.8 percent to 7.2 percent), and arthritis (24.7 percent to 22.8 percent) than their civilian counterparts.

[7]https://www.americashealthrankings.org/learn/reports/2018-health-of-those-who-have-served-report



This and earlier America's Health Rankings® report findings raise questions about what may be contributing to these higher incidences of chronic disease risks among those who have served, as well as notable trends and differences in the health among subpopulations of those who have served.

The UHF and MOAA are working on this year's *America's Health Rankings® Health of Those Who Have Served Report* to be released during the month of May in recognition of National Military Appreciation Month. We look forward to meeting with Committee members and your staffs to share our findings and look for opportunities for improving the health and well-being of our servicemembers and veterans.

MOAA recommends:

- ***Supporting research to determine the impact on servicemembers exposed to occupational or environmental toxins or hazardous substances resulting from their military service in or outside of the U.S.***
- ***Supporting legislation that assures health care and benefits are established to appropriately compensate and support veterans, family members, and survivors, particularly veterans who experience catastrophic and devastating cancers, diseases, and other health conditions, or death that are service-connected.***
- ***Requiring DoD to implement a plan to establish baseline health assessments, collecting military service assignment, deployment, military history, and other medical-personnel data at the point of entry into the military and at regular intervals throughout military service.***
- ***Requiring VA and DoD to establish standard data elements and procedures, leveraging the departments' electronic health record platform as the official data management system for collecting, retrieving and managing military assignment, deployment,***

military history, and other medical-personnel data to help in informing health care and benefits decision-making.

- ***Allowing surviving family members to add deceased veterans to established registries.***

WOMEN VETERANS HEALTH CARE AND BENEFITS

As more women serve their country, VHA is also seeing an increase of women coming to their medical facilities for care as veterans. According to the Secretary at a press briefing on Nov. 8, 2019, "Ten percent of those who use VA are women. I expect that to go up to about 18-19 percent by 2025."

Yet, women transitioning out of uniform face unique challenges because of their experiences in service, which often makes the adjustment to civilian life more difficult. For VHA, making sure women are welcomed and feel safe in medical facilities that can accommodate their needs continues to be a major challenge.

Each year, VA chips away at increasing funding and outreach programs to meet the expected demand, while encouraging women veterans to "choose VA" for their health care needs. Even with these attempts to attract women veterans, who tend to be younger than male veterans, VA's chief consultant for women's health, Dr. Patricia Hayes, told lawmakers at a House Appropriations Subcommittee on Military Construction-VA in early March that "women continue to use VA medical facilities at significantly lower rates than men, and while enrollment has risen, the gaps need to be addressed."

Recently a number of VSOs gathered to talk about these gaps and our priorities for women veterans this year. Many of the gaps highlighted in a 2018 DAV report titled, *Women Veterans: The Journey Ahead*[8] persist today with—"a broad range of women veterans' needs across a lifespan, including health care, mental health care, community care, shelter, legal concerns, education, disability, and financial security."

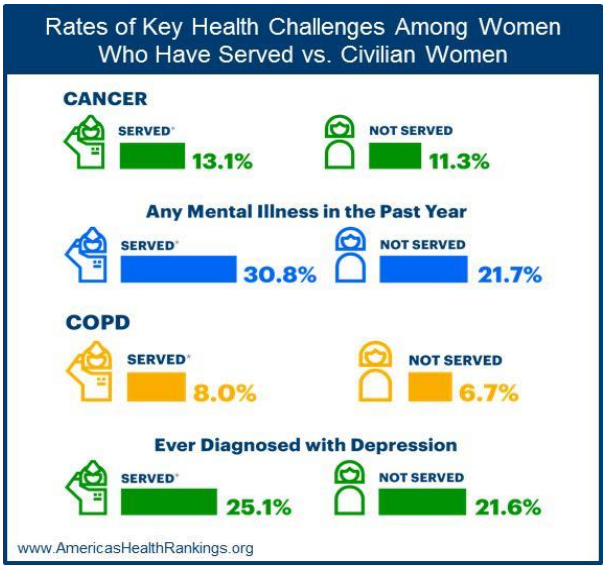
More specific and immediate priorities VSOs are focused on this year include:

- Signing of the Deborah Sampson Act into law and/or incorporating a number of other House and Senate bill provisions which would provide equal access to earned benefits and care for women veterans, including enhancing access to and availability of gender-specific programs to serve women.
- Funding for infertility services.
- Research funding for women veterans with catastrophic health conditions.
- Ending sexual harassment in VA medical facilities.
- Ensuring veterans (men and woman) experiencing MST receive a warm handoff from DoD to VA to mitigate trauma and ease transition.
- Expanding access to child care.

[8] https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf

- Increasing outreach, research and funding for mental health services.

A number of reports and studies in recent years, by VA or outside organizations point to the real and growing challenges and needs women veterans face. As UHF and MOAA reported in our November 2017 *Health of Women Who Have Served Report*[9], the study found women veterans reported higher rates of cancer, mental illness, chronic obstructive pulmonary disease (COPD), and depression. More than 8 percent of the women surveyed over a four-year period reported having suicidal thoughts in the past year—almost twice that of their civilian counterparts.



These are concerning statistics. The statistics are even more alarming when considering women are not seeking care in VA, especially when VA is known for leading the country in providing mental health services.

VA must do all it can to aggressively invest in and implement VA's Strategic Priorities to meet the growing population of women veterans. It must reduce barriers to enrollment in VHA and increase access to comprehensive primary care, health education, and reproductive health services; enhance communication and leverage partnerships; and improve gender-specific medical and mental health care services to meet the unique needs of women servicemembers and transitioning women veterans.

MOAA recommends:

- ***Secure additional funding in the FY 2021/2022 Military Construction-VA Appropriations to meet requirements to provide gender-specific care and redesign the health care delivery system and facilities, including emphasis on programs for women veterans with special needs (e.g., rural, homebound, aging, and amputee veterans).***

[9] https://www.moaa.org/uploadedFiles/Content/Take_Action/Womens_Health_Report/hwwhs17_final.pdf

- ***Consistent with other hiring challenges, develop a workable solution to facilitate hiring additional physicians and other medical staff designated as women's health providers and clinical support team members.***
- ***Assess current research, studies and treatments being used to address higher rates of mental health conditions and suicidal ideation among women who have served, and require VA to establish a comprehensive strategy and prevention plan for incorporating evidence-based approaches and practical wrap-around gender-specific health care programs and services.***

VETERANS' BENEFITS PRIORITIES

SAFEGUARD THE INTEGRITY OF VETERANS' EARNED BENEFITS

MOAA's overall goal is to safeguard the integrity of veteran's earned benefits and support those who served by ensuring they are able to access their service-earned benefits quickly and easily. Throughout the VA, modernizations efforts are ongoing and MOAA is grateful for the Committees' effort to help drive these positive changes for veterans and by continual oversight to support successful implementation of Congress' major legislative mandates.

Vital to this effort is adequately funding the Veterans Benefit Administration's (VBA) information technology (IT) budget. The passage of the Forever GI Bill helped ensure the Post 9/11 GI Bill remains a valuable benefit; however the execution of the legislation exposed the need for VA to modernize its legacy IT systems. As VA attempted to update these systems, veterans experienced delays and errors in receiving their education benefits.

Since the technology challenges last year, the Forever GI Bill has met or exceeded implementation goals for many portions of the bill, but additional IT funding is required for further modernization enhancements to fully implement the legislation and so VA is able to process claims and distribute benefits accurately and on time. The hardworking employees of VBA care deeply about their mission but need Congress' help to improve their systems and processes and better integrate IT systems. When VBA doesn't have the resources and funding for IT and its mission, then veterans, their families and survivors are the ones who suffer.

As VBA funds are appropriated, the money for IT and administrative improvements should not come at the expense of veterans. MOAA opposes any effort to subsidize veterans' benefits by using other veterans' to pay for VA priorities or as an offset for other government requirements. Our nation promised to care for "those who borne the battle"—reducing veterans' and survivor disability or education benefits should not be borne by those who gave so much for their country.

EMPLOYMENT, EDUCATION AND TRAINING PROGRAMS

The Servicemen's Readjustment Act of 1944, the GI Bill, was a triumph of congressional action to improve the lives of servicemembers through the creation of a home loan program, income to aid transition from service, and most notably the education benefit the bill is best known for. Since the GI Bill's inception after World War II, veterans have been targeted by bad actors for the monetary value of their benefit. As Congress has acted further legislation to protect the bill's promise of a quality education, abusive practices evolve, and the updates to servicemember's education benefits provide new opportunities for unscrupulous actors to exploit. The authority to end this exploitation resides with Congress, and we call on the Committees to continue acting to defend this benefit.

S. 2857, the *Protect Veterans' Education and Training Spending (Protect VETS) Act of 2019* is the first bipartisan bill that would protect military and veteran students by closing the 90/10 loophole. The bill will require for-profit schools to secure at least 10 percent of their revenues from sources other than taxpayers. Setting this standard ensures schools are focused on providing a high-quality education for students attending on the GI Bill. Addressing the 90/10 loophole will help address the targeting of GI Bill recipients and increase accountability for schools regarding the quality of the education they are providing when taxpayer dollars are going towards the GI Bill. Please support the passage of S. 2875 and ensure of GI Bill beneficiaries get the best education possible with their hard-earned benefits.

The House-passed bill, H.R. 4625, *Protect the GI Bill Act* is another important measure to increase protections for student veterans. The bill gives veterans the same rights as Title IV students regarding education oversight, including the restoration of benefits for military-connected students whose schools have closed,

VETERANS TREATMENT COURTS

Veterans treatment courts (VTCs) have proven successful across the United States thus warranting a collective effort at the national level to aid court systems that have already adopted a Veteran Treatment Court Program or are intending to establish one.

We appreciate Congress' focus and support on this issue to give veterans what they need to reintegrate into society while understanding the unique circumstances they are facing. MOAA stands behind H.R. 886, *the Veteran Treatment Court Coordination Act of 2019* as a viable instrument for improving existing programs, or for those court systems intending to establish one.

A MOAA member in Tampa, Fla., who volunteers as a VTC coordinator shared the following story of an Army National Guard veteran graduate from the program:

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The SSG honorably served in the U.S. Army's Special Forces before separating from military service. In August 2014, he returned to civilian life and resumed his pursuit for a bachelor's

degree in IT Management at University of South Florida (USF), but got into legal trouble after a late-hour altercation with an off-campus convenience store clerk. Charges included drunken behavior involving a firearm found among his military equipment in his POV. The SSG subsequently was denied re-entry into USF to complete his remaining 17 credit hours for graduation. He pled guilty to charges in Felony Division Court, and his case was later transferred to Division V (VTC) in a post-adjudicatory status under the judge. While in the program the VA medical treatment program diagnosed the SSG with both PTSD and TBI. He successfully completed the program in 2017, and later graduated from Jacksonville State College in IT Management. In the summer of 2018, he wrote a personal note to me, a MOAA Life Member, who served as both the SSG's assigned mentor, and as the VTC Senior Mentor Program Coordinator. Below is an excerpt of the positive impact the VTCs made on his life:

"I [SSG] wanted to… sincerely thank you for what you do for this country, especially for veterans. A lot of people will never know the valor that is demonstrated every week in courtrooms around America, and what it truly means to traverse some of these logic gates, but I do. After I was arrested and banned from USF, I didn't see much hope for me in the civilian world. I had nearly given up completely. You gave me an azimuth, which provided the tools I need for success.

… I especially wanted to thank you, Judge…, and all the other men and women of VTC for taking interest in my case. I have since completed my Bachelor's in Information Technology Management at Florida State College at Jacksonville, Fla., conferred this May. This personal success was largely due to the guidance and motivation I received from established figures like yourself. I pray that you and your loved ones have a wonderful year, and that you and your colleagues continue to inspire others through your acts. Please know that you have been in integral part of bringing the light back into my life. God Bless."

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In summary, without the VTC, this SSG would not have been diagnosed with both service- and combat-connected injuries (PTSD and TBI) and would not have received the VA medical treatment, therapies and counselling that allowed him to get well and become a positively impactful citizen in his local community. Because the SSG entered the VTC in a post-adjudicatory status (i.e., felony conviction), his conviction currently remains on his record. Currently, this issue affects the SSG's ability to secure meaningful employment.

MOAA recommends:

- ***Fully funding VBA's IT requirements and modernization efforts***
- ***Enacting S. 2857, Protect Veterans' Education and Training Spending Act of 2019***
- ***Enacting HR 4625, Protect the GI Bill Act***
- ***Enacting H.R. 886, Veteran Treatment Court Coordination Act of 2019***

VA CEMETERIES AND BURIAL BENEFITS

VA National Cemeteries are viewed by the military and veteran community as national shrines commemorating service and sacrifice to the nation. Therefore, it is critical that veterans and family members making funeral arrangements receive earned burial benefits consisting of access to a national cemetery, a government-furnished headstone or marker, burial flag, and perpetual care for their loved one's grave.

In 2018, the VA estimated that 92% of veterans had reasonable access to burial options, defined as within 75 miles. MOAA appreciates the National Cemetery Administration's (NCA) continued work to ensure increased access for veterans through a plan to establish 18 new national cemeteries.

However, according to a September 2019 GAO report (GAO-19-121[10]), the NCA has made limited progress for implementing these expansions. At the time of the study, the NCA had only opened two of the planned 13 urban and rural initiatives. In addition, GAO cited concerns over the increasing cost estimates for constructing new sites.

MOAA recommends:

- **Supporting GAO recommendations that the NCA adopt better cost-estimating practices for cemetery construction projects and update its cost-estimating procedures to fully incorporate GAO's guide for best practices in developing and managing program costs.**

MOAA recognizes that the NCA provides several services to veterans in their time of need. With potential changes to Arlington National Cemetery's eligibility for burial coming this year, there is greater awareness and concern among servicemembers, veterans, and their families regarding care of the deceased now and in future years.

MOAA recommends:

- **VA work with DoD/military services and VSOs and MSOs to promote and educate families on the burial benefits and resources available servicemembers, veterans and their families.**

Finally, veterans and spouses who choose burial in private cemeteries are entitled to a government-furnished headstone or grave marker; however current law prevents spouses or dependents from being included in the inscription. The FY 2021 President's budget includes allowance, if feasible and upon request, for inclusion of the name of the veteran's spouse and/or dependent child for inscription upon the headstone or marker.

Additionally, H.R. 1126, *Honoring Veteran's Families Act* authorizes the VA to provide inscriptions for deceased spouses and children on VA-furnished headstones.

[10] https://www.gao.gov/assets/710/701814.pdf

MOAA appreciates the efforts of Congress and the Administration to resolve the issue within VA policy and allow spouses or dependents to be represented on the veteran's grave marker.

MOAA recommends:

- ***Supporting the President's budget provision to allow inclusion of the name of the veteran's spouse and/or dependent child on the headstone or marker.***
- ***Enacting H.R. 1126, Honoring Veteran's Families Act.***

CONCLUSION

Thank you for the opportunity to present MOAA's legislative priorities and recommendations for veterans and their families. As a strong proponent of our VSO partners (Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars) and coauthors of *Fiscal Years 2020 and 2021, The Independent Budget (IB): Veterans Agenda for the 116th Congress*[11] and our close relationship with other VSOs and military organizations, like TMC, MOAA recognizes, as do the Committees, the importance of being united and collaborative in our advocacy of those who serve this great country, their caregivers, families, and survivors. MOAA looks forward to working with the Committees, VA and other stakeholder groups this year to address these critical priorities.

[11] http://www.independentbudget.org/pdf/FY22IB_Budget%20Book_WEB.pdf

Biography of René Campos, CDR, USN (Ret)
Senior Director, Government Relations for Veterans-Wounded Warrior Care

Commander René Campos serves as the Senior Director of Government Relations, managing matters related to military and veterans' health care, wounded, ill and injured, and caregiver policy.

She began her 30-year career as a photographer's mate, enlisting in 1973, and was later commissioned a naval officer in 1982. Her last assignment was at the Pentagon as the associate director in the Office of Military Community and Family Policy under DoD Personnel and Readiness.

Commander Campos joined MOAA in October 2004, initially to develop and establish a military family program working on defense and uniformed services quality-of-life programs and readiness issues. In September 2007, she joined the MOAA health care team, specializing in Veterans and Defense health care systems, as well as advocating for wounded warrior care and servicewomen and women veteran policies, benefits and programs.

Commander Campos serves as a member of The Military Coalition (TMC)—a consortium of nationally prominent uniformed services and veterans' organizations, representing approximately 5.5 million current and former members of the uniformed services, including their families and survivors, serving as the cochair on the Veterans Committee and as a member of the Health Care, Guard and Reserve, Survivors, and Personnel, Compensation and Commissary Committees.