S. HRG. 117–746

LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOs: PVA, SVA, MOAA, GSW, NGAUS, TAPS, MMAA, ADBC–MS

JOINT HEARING

OF THE

COMMITTEE ON VETERANS' AFFAIRS

BEFORE THE

U.S. HOUSE OF REPRESENTATIVES

AND THE

U.S. SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

MARCH 8, 2022

Formatted for the use of the Committee on Veterans' Affairs

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C O N T E N T S

MARCH 8, 2022

REPRESENTATIVES

SENATORS

INTRODUCTION OF PAUL E. DILLARD

WITNESSES

Panel I

Page

Panel II

APPENDIX

PREPARED STATEMENTS

STATEMENTS FOR THE RECORD

LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOs: PVA, SVA, MOAA, GSW, NGAUS, TAPS, MMAA, ADBC-MS

TUESDAY, MARCH 8, 2022

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

The Committees met, pursuant to notice, at 10 a.m., in Room 210, House Visitors Center, Hon. Mark Takano, Chairman of the House Committee on Veterans' Affairs, presiding.

Present:

Representatives Takano, Brownley, Lamb, Pappas, Mrvan, Cherfilus-McCormick, Sablan, Underwood, Slotkin, Ruiz, Bost, Banks, Roy, Mann, Moore, Mace, Rosendale, and Miller-Meeks.

Senators Tester, Brown, Blumenthal, Sinema, Hassan, Moran, Boozman, Cassidy, and Tillis.

Also Present: Senator Cruz.

OPENING STATEMENT OF HON. MARK TAKANO, CHAIRMAN, U.S. REPRESENTATIVE FROM CALIFORNIA

Chairman TAKANO. Good morning. I call this hearing to order. A quorum is present. Without objection, the chair is authorized to call a recess at any time.

Before we proceed, I would like to go over some items for our hybrid hearing.

First, if you are experiencing connectivity issues, please make sure you or your staff contact our designated technical support so those issues can be resolved immediately.

Members participating remotely must continue to remain visible on camera for the duration of their participation in the hearing, unless they experience connectivity issues or other technical problems that render the member unable to fully participate on camera.

It is committee policy that members participating remotely will remain muted when not recognized, just like your turning your microphone on and off during an in-person hearing. This is out of courtesy to all members on the committee and so that background noise does not interfere with another member who is recognized to speak.

When you are recognized, you will need to un-mute your microphone and pause for 2 or 3 seconds before speaking, so that your words are captured on the live stream.

If you wish to have a document inserted into the record, please ask for unanimous consent and have your staff email the document to veteransaffairs.hearings@mail.house.gov. It will be uploaded to the committee document repository.

Without objection, members will be recognized in order of seniority for questioning witnesses today. This will make it easier for me to ensure all members participating have an opportunity to be recognized.

Does any member have a question about the procedures for this hearing?

Seeing none, we will move forward.

I now recognize myself for an opening statement.

It is an honor to join all the members of the House and Senate Committees on Veterans' Affairs, virtual and in person, to hear directly from our veterans service organizations. This is our third and final hearing this year to hear testimony from the VSOs, which is invaluable as we work to support our Nation's veterans.

During today's first panel, we will hear from The American Legion Commander and as well as other leaders from Legion.

For our second panel, we will hear from representatives of seven additional VSOs, including Paralyzed Veterans of America, Student Veterans of America, Military Officers Association of America, Gold Star Wives of America, National Guard Association of the United States, Tragedy Assistance Program for Survivors, Modern Military Association of America, the American Defenders of Bataan and Corregidor Memorial Society will also be recognized.

Welcome, everyone. And I would like to welcome all of the VSO members and supporters who have joined us online today as well.

The opportunity to hear from our veterans service organization partners is incredibly important to me and I am grateful you all could participate today.

This is a very exciting and busy month. Last week, the House debated and passed the critically important Honoring Our PACT Act. I want to personally thank the VSO community for the tremendous support you have provided during this successful legislative process.

The work is not over, but I was encouraged to see 42 VSOs send a very strong letter to the House leadership supporting the PACT Act and, with your help, I know we can get this done.

I would also like to express my thanks to Senator Tester for his continued efforts to work with me to pass comprehensive legislation to address toxic exposure in the Senate.

Our bipartisan Honoring Our PACT Act finally provides much-needed access to VA health care and disability benefits to over 3.5 million veterans exposed to toxic substances. It requires that VA presumes veterans who were exposed to toxic substances rather than placing the burden on veterans to prove this link themselves. And, critically, it reforms VA's presumption decision-making process so Congress doesn't have to keep intervening.

Vietnam veterans waited for more than 40 years for benefits related to Agent Orange exposure because of Congress' piecemeal solutions. Toxic-exposed veterans have held up their part of the pact and they deserve our action.

Last week, the House kept its promise to these veterans and I look forward to continuing to work with the Senate to make this law.

In last Congress, we secured several important wins for our veterans with the help of our VSOs, including passing the Blue Water Navy Vietnam Veterans Act, the Deborah Sampson Act, and the Veterans COMPACT Act, and the Commander Scott Hannon Act. I am very proud of these accomplishments, but they are only the beginning. We need to build on these achievements together and continue our fight for better health care and benefits in this Congress and beyond.

Reading today's testimony, it is clear that VSO priorities greatly align with my own.

My committee's top priorities for this Congress include creating a more inclusive and welcoming VA; building equity for an increasingly diverse veteran community; reducing veteran suicide; addressing toxic exposure; ensuring student veterans receive quality education; advocating for women veterans; modernizing VA; supporting VA's long-term care facilities; improving VA's management and oversight; and ensuring our legislative accomplishments are implemented effectively.

Our diverse veteran community includes higher numbers of women, LGBTQ+, Black, Asian, Hispanic, and Native veterans than ever before. It is our country's diversity that strengthens our Armed Forces and veteran communities, and minority veterans deserve to feel safe and welcome when they enter through its doors, with outreach, programming, and solutions that address their unique needs.

Additionally, VA must acknowledge the diversity of its workforce to address systemic discrimination in the workplace. We must ensure that health care and benefits are fairly and equitably distributed to all eligible veterans and, to do that, we must also ensure a safe and equitable workplace for VA employees.

Our work to prevent veteran suicide continues. We must relentlessly pursue well-researched and scientifically sound policies that are proven to prevent suicide.

We have big goals, but I know that with your support and insight here today, along with the support of the Administration, we will be able to deliver on them and fulfill the promises we have made to our Nation's veterans.

I look forward to hearing today's testimony and thank you all for your continued advocacy and support for our veteran community.

Chairman Tester, I now recognize you for your opening remarks.

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

Senator TESTER. Thank you, Chairman Takano. I want to welcome all nine VSOs that are here today, with a special welcome to The American Legion, as you are up first. Commander Dillard, thank you for being here today, and I want to thank you for your advocacy on behalf of our Nation's veterans and their families.

I also want to congratulate Chairman Takano and the entire House for passing the Honoring Our PACT Act. That was incredibly impressive.

Simply put, our job is to do absolutely everything in our power to ensure veterans are connected to the care, the benefits, and the service they deserve in a timely manner.

VA was facing staff shortages prior to COVID–19 and those have only gotten worse. We need to work on recruiting and retaining more folks to care for our veterans and help process their disability claims.

We must also address mental health and continue to work to end veteran suicide nationwide. It is also past time that we finally pass comprehensive reform for toxic exposure.

Since I introduced the Cost of War Act last year, we have seen a lot of progress. VA has created a new presumptive process that has added a dozen new presumptions, including the nine announced last week by the President, but we can't just rely on the executive branch. Congress has to take action and it has a constitutional responsibility to do its job on behalf of veterans. If we are going to fulfill our obligation to veterans, we need to roll up our sleeves and we need to do our jobs, and we need to work together in a bipartisan and bicameral way to deliver the results you need and that you have earned.

Today, I want to give a special welcome to Jan Thompson, who is President of the American Defenders of Bataan and Corregidor Memorial Society.

April 9th of this year marks the 80th anniversary of the Bataan Death March. I would particularly like to remember Ben Steele from Billings, Montana, a survivor of the Bataan Death March who contributed a great deal to our State and to our country. He survived the Battle of Bataan, the Bataan Death March, and a hellship to Japan, what we used to call the Japanese ships transporting American POWs, and forced labor in a coal mine. During his 42-months of imprisonment, he kept his sanity by sketching Montana scenes of cowboys and horses and barns. He came back home to Montana and spent the rest of his life teaching art and supporting students in his community.

They don't make them like Ben Steele anymore and we certainly do miss him. I send my thoughts to his family and all other survivors and family members on this important anniversary.

For the veterans here today, I want to thank you for your service and thank you for your work on behalf of your fellow veterans. We look forward to hearing from each one of you.

Now I will turn it back to Chairman Takano.

Chairman TAKANO. Thank you, Senator Tester. I appreciate the courtesy of all the chairs and ranking members up here today, and I want to extend the courtesy to Senator Cruz, who is with us here today, to introduce our guests.

INTRODUCTION BY THE HONORABLE TED CRUZ

Senator CRUZ. Thank you, Mr. Chairman. It is great to join you.

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, members of the committee, it is my honor and my privilege to introduce American Legion National Commander Paul Dillard to your committees.

Commander Dillard is a proud Texan and a veteran who has dedicated his life to serving our country and serving our veterans.

When he graduated from Whitesboro High School in 1965, he joined the Navy, and ended up serving four tours in Vietnam.

Upon coming home to Texas, Commander Dillard went to college, first at Grayson County Junior College, then East Texas State University. He got married to his wife, Donna, started a family, and eventually went on to start his own business, Dillard & Gand Insurance.

Commander Dillard has been a member of The American Legion for 53 years, since 1969. He has served in many leadership roles in The American Legion over the years, including as Post Commander, Vice Commander, the chairman of many committees, the Commander of the Department of Texas, the National Vice Commander, just to name a few.

He was elected as National Commander last September and is focusing his efforts on the theme "No Veteran Left Behind."

Commander Dillard and his wife, Donna, have been married for 39 years. They have two sons, William and Jonathan, and two grandsons who are members of The American Legion family as well.

It is my great pleasure that I introduce to you a fellow Texan, Commander Dillard, as he gives this Joint Session a report on The American Legion.

Thank you.

Chairman TAKANO. Commander, I am going to give the opening statements to the ranking members.

I will now recognize Ranking Member Bost and then Senator Moran, and then we will have the opening statements from you.

Ranking Member Bost.

OPENING STATEMENT OF HON. MIKE BOST, RANKING MEMBER, U.S. REPRESENTATIVE FROM ILLINOIS

Mr. BOST. Thank you, Mr. Chairman, and good morning.

Many of you who know me know that in my life here and in my life before I got here, I wore many hats. So, whenever I give this testimony this morning, I hope that you can allow me to wear one of the hats I am kind of proud of.

And, you know, it is an honor to be with Chairman Takano, Chairman Tester, Ranking Member Moran in welcoming you here today.

My name is Mike Bost and I am the leading Republican for the House Republican VA committee. I am also a veteran, the son of a Korean War veteran and the grandson of a Korean War veteran; the nephew of a Vietnam veteran, who suffered from the ultimate oxymoron, friendly fire, and has 100 percent disability, but also has had a very successful life after coming home from Vietnam; but I am also the father of a Marine veteran—active Marine—and a grandfather of an active Marine.

Like you, I know what it is like to serve and I know what it is like to stop serving. It is a tough transition, but I have done it, as I know all of you have as well. I still apply the lessons I learned during my active service to my daily life. That is especially true of my work on this committee and why I think these joint hearings are such valuable traditions. You understand the problems facing—what we face because they are your problems too. Your service here

in Washington and throughout the country makes a difference, and I appreciate it.

It has been a difficult couple of years for all of us and veterans have not been immune from it. The American Legion and the other VSOs represented here today are needed now more than ever to help our veterans get the care, benefits, and services they need. I am grateful for each one of you, for your work both in your active service time and now beyond.

I am proud of what we have accomplished together so far this Congress and I am excited for the accomplishments that lie ahead. What is top for me, and I know for many of us as well, is the veterans who are suffering from toxic exposure. Helping them is our number one priority this Congress. We still have a long way to go to get there and this Congress is not getting any longer.

I have heard loud and clear the call of the VSOs community for a comprehensive bill that addresses both care and benefits for toxic-exposed veterans. The time to work across the aisle and across the Capitol to get one for you is now.

We must also work hand-in-hand with Secretary McDonough. He actually, last week, added nine new respiratory cancers to the VA list of presumptive conditions, and I appreciate his leadership and using the authority that Congress has given to the VA and his actions to ensure that veterans can get the benefits they have earned. I encourage the Secretary to continue to act where appropriate on behalf of toxic-exposed veterans.

And I also encourage Chairman Takano and my colleagues in the House to act to pass Chairman Tester's and Ranking Member Moran's Health Care for Burn Pit Veterans Act. The Senate sent that bill our way 3 weeks ago. This is an important first step to fulfill our promises to toxic-exposed veterans and every day the House fails to send it to the President is another day that toxic-exposed veterans cannot get care that they need from the VA. However, I want to underscore my commitment that it is only the first step and additional steps will be needed to address other benefits.

VSOs have been a critical advocate on toxic exposure and I know that you will all continue to be so. I want to thank you for the work that you have been doing and I am proud to be in the fight with you at all times.

And, with that, I yield back.

Chairman TAKANO. Thank you, Ranking Member Bost.

Now, Ranking Member Moran, Senator Moran, I recognize you.

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

Senator MORAN. Chairman Takano, thank you very much for hosting us today, and it is good to be back in this room and hear from our veterans service organizations.

Commander Dillard, welcome. I too can't wear the hat that Ranking Member Bost does, but I am a member of the Sons of the American Legion, and I am an honorary member of the post in Mulvane, Kansas, The American Legion Riders, and I appreciate my relationship with your organization so much. I appreciate it because you speak so well for the veterans that are your members and even veterans who are not.

Thank you to our other VSOs partners for joining us today to share with us your membership's top priorities for the remainder of this Congress, and I look forward to hearing from all of you. I hope that when we join each other together in 2023 that we are all together in person. And, in that regard, I wanted to recognize all the Kansans, American Legion members and others, who are joining us today by technology.

To start with, I want to extend my sincere gratitude to The American Legion for your strong and early support of a bill I introduced, Guaranteeing Healthcare Access to Personnel who Served, called GHAPS, which would work to close the gaps in VA care by ensuring certain and consistent coverage to veterans who get their care through the VA, including often hard-to-reach veterans such as those in rural and highly rural areas, tribal veterans, and those living overseas. I look forward to continuing to partner with you to get this, what I consider to be a very important piece of legislation, across the finish line.

Additionally, I want to commend and thank The American Legion for your continued partnership with the VA to bring telehealth access to rural communities through ATLAS initiative. I look forward to seeing soon the ATLAS pod that is set to come online in Emporia, Kansas later this month, and I am pleased that Kansas veterans in that area of my State will now have better access to VA telemedicine.

I want to thank The American Legion also, and the Military Officers Association, for your support of the Health Care for Burn Pit Veterans Act, which was cosponsored by every single member of the Senate Veterans' Affairs Committee and passed out of the Senate by unanimous consent last month.

I thank Chairman Tester and Ranking Member Bost for their work, and I look forward to continuing our efforts to cooperate with Chairman Takano to get all four corners to a solution that is in the best interests of all veterans.

We share a number of priorities, from meeting the challenges for caring for our toxic-exposed veterans and addressing the disability claims backlog, to continue to enhance suicide prevention and mental health care, and improving access and choice in health care, as well as working toward improved educational benefits, and expansion and flexibility to assist veterans through the COVID–19 pandemic.

You have my commitment that the Senate Veterans' Affairs Committee will continue to partner with you and the larger veteran community on addressing these and other priorities.

I look forward to your presentations today, but before yielding back I want to thank all members of the United States military currently serving in NATO countries, including those with the 1st Infantry Division from Fort Riley, Kansas. They and the people of Ukraine are in our thoughts and prayers. And having confirmed what everyone who served in our military over a long period of time knows, the price of freedom is not easy to attain. And the people of Ukraine and their leaders not only are in our thoughts and prayers, but they provide us with inspiration and a reminder of the sacrifice that is often necessary.

Thank you again for your testimony today, and I yield back.

Chairman TAKANO. I thank the ranking member for his comments. I associate myself with his last comments regarding our service members who are currently serving and our situation in Ukraine.

Let me point out to the Commander before I recognize him for his 5 minutes of my own—I do not wear the hat that my colleague does from the State of Illinois, but I did benefit from American Legion Program Boys State, I can't remember if it was '78 or '79, it was a long time ago, but I certainly appreciated that opportunity and I think it is a great program all across the country.

So let me now introduce our witnesses, and I will now recognize our witnesses for our first panel for their opening statements. First, we have Mr. Paul E. Dillard, National Commander of The American Legion. He is accompanied by Lawrence Montreuil, the National Legislative Director; Ralph Bozella, Chairman of the Veterans Affairs and Rehabilitation Commission; James LaCoursiere, Chairman of the Veterans Employment and Education Commission; Joe Sharpe, Director of Veterans Employment and Education; and Katie Purswell, Director of Veterans Affairs and Rehabilitation at The American Legion.

Commander Dillard, you are recognized for 5 minutes to present your testimony.

PANEL I

STATEMENT OF PAUL E. DILLARD, ACCOMPANIED BY LAWRENCE MONTREUIL, RALPH BOZELLA, JAMES LACOURSIERE, JOE SHARPE; AND KATIE PURSWELL

Mr. DILLARD. First of all, I would like to make a comment in thanking Senator Cruz for his kind introduction for a fellow Texan.

Chairman Takano, Chairman Tester, Ranking Members Bost and Moran, members of the House and Senate Committee on Veterans' Affairs, Russia's invasion of Ukraine is a stark reminder that peace is fragile. At any time, with or without notice, military personnel might be called upon to defend our freedom.

An essential purpose of The American Legion is to ensure those personnel are not forgotten after the fighting is over. The American Legion was founded largely on that idea.

As you see from our legislative priorities for the second session of the 117th Congress, peer support is a central theme. And, as veterans, we are all peers, no matter where we served, no matter when we served, or who we are.

Peer support is the basis upon The American Legion's continued fight for government accountability to men and women exposed to dangerous toxins while in uniform.

Peer support is why we led the fight to obtain health care benefits for bomb test veterans who were exposed to atomic radiation. The American Legion later proved to the world, with the help from Columbia University, that the defoliant Agent Orange poisoned tens of thousands of our peers, Vietnam veterans.

And, today, on behalf of our comrades from the newest era, we implore Congress to deliver long-overdue relief, assistance and rec-

ognition for veterans who suffered due to the exposure to the toxic fumes of burn pits in the Middle East.

Specifically, we call for a three-prong approach. One, concede that exposure occurred to all veterans deployed to identified locations during the Gulf War and the Global War on Terror. Two, establish a list of presumptive illnesses associated with exposure to burn pits and other toxic hazards where scientific evidence exists. And, three, create a framework for the VA to establish additional presumptive illnesses when scientific evidence shows an association.

Veterans who are suffering now cannot wait decades to receive the care they need and rightfully deserve, as was the fate for so many veterans exposed to Agent Orange.

Whether a veteran was exposed to toxins in the jungle of Vietnam or a combat outpost in Iraq, we in The American Legion all stand as peers who have been down this road before and know the government can do better to accept responsibility and help these veterans as they confront illnesses caused by preventable exposures.

This value is written into our American Legion constitution preamble, "To consecrate and sanctify our comradeship by our devotion to mutual helpfulness." That value, over a century old, guides our spirit and peer support today.

There is perhaps no better example of the power of peer support than the Buddy Check program, which The American Legion launched in 2019. More than 3,600 American Legion posts performed Buddy Check outreach services for veterans in 2020, and nearly 3,800 did so again 2021. Approximately 500,000 veterans have been assisted through this program.

Some veterans have needed food, medicine, or household repairs, others needed to understand how VA could help them. The majority was simply glad to hear a fellow veteran's voice during a difficult time.

Isolation is no friend to the veteran who may be confronting posttrauma stress disorder and possibly a risk of suicide, and in need of connection with others who understand. That is why we strongly support the expansion of Buddy Check into a national week outreach by VA. A National Buddy Check Week can help bridge that gap between veterans in need and VA services to help them. Connections like that is why we also strongly support the attachment of trained peer support specialists to posts of The American Legion and other veterans organizations around the country.

American Legion peer support extends to the immigrant veterans who have always served in the United States Armed Forces. For most of our Nation's existence, that service opened a reliable pathway to U.S. citizenship. More than 760,000 immigrants have become naturalized U.S. citizens this way. In the last few years, however, that pathway has been obstructed. Citizenship assistance programs have faded from our military bases. U.S. veterans from other nations are serving honorably and then discharging as resident alien non-citizens. They come out confused. Why did their service not bring them citizenship, let alone expedited citizenship they believe was promised to them. And then, in the worst case,

they are deported and disconnected from the VA benefits they have earned.

Thank you, Chairman Takano, for your leadership on behalf of our immigrant military peers who served honorably but were later deported because U.S. citizenship was next to impossible for them while they were in service, fighting on our behalf.

The American Legion proudly supports the Veterans Deportation Prevention and Reform Act that addresses naturalization during service and protects non-citizen veterans and their families from unwarranted deportation.

Peer support drives The American Legion's ongoing priority to improve VA health care service for women, the fastest-growing demographic among our peers. The Protecting Moms Who Served Act was one step among many more that need to be taken before women feel comfortable and well served in all VA medical facilities.

Peer support is why we continue to fight for fair GI Bill education benefits for Reserve and National Guard veterans who have served on the front line of America's dangerous battle against the COVID–19 pandemic, but have not accrued GI Bill points unless they receive Federal orders.

Peer support stirred The American Legion outrage when we learned that barracks of Walter Reed National Military Medical Center had become so run down that showers and air conditioners did not work, locks were broken, sanitary conditions were nearly unlivable for years. Quality life for military personnel and publicity breakdowns like this have a definite impact on willingness of young people to enlist or stay in the service.

Peer support is always why we demand that U.S. Coast Guard personnel are protected from pay interruptions in the event of government shutdowns, as are the other branches of the military service, they should be receiving their pay.

And this brings me back to Ukraine. Today, as U.S. troops deploy to Eastern Europe to defend our allies in case the war expands, history reminds us again that we never know when or with what notice men and women will be called upon to fight. How we treat them now and in the years ahead when the effects of their sacrifice are upon them is certain to be more than a matter of compassion, but one of national security as well.

With Russia's invasion of Ukraine, we are witnessing Europe's ground war since World War II. It is disheartening to know there are still World War II veterans who do not have access to VA health care and the benefits. The American Legion is fighting to correct this lapse with legislation pending in Congress.

Our World War II veterans halted the spread of tyranny, securing our democracy for generations to come. As of last month, fewer than 240,000 World War II veterans remain, and hundreds pass away every day.

And I want to thank both the House and the Senate Veterans' Affairs Committee for passing bills that would rectify this. Time is literally running out for these veterans. It is critically important that one of these bills is enacted into law as soon as possible.

It is time that we do this now, while we still have some of the greatest generation still with us. We are losing them too quick, let's

honor them. Thank you all for passing that bill, now we just need to get the work done.

Chairman Takano, Chairman Tester, Ranking Members Bost and Moran, on behalf of more than 3 million members of The American Legion family, The American Legion, The American Legion Auxiliary, the Sons of The American Legion, I thank you for the opportunity to present just some of our American Legion's legislative priorities for this session of Congress, and we look forward to your questions and discussions.

Thank you.

[The prepared statement of Mr. Dillard appears on page 63 of the Appendix.]

Chairman TAKANO. Thank you, Commander, for your testimony and, without objection, your written testimony in full will be included in the hearing record.

I now [audio malfunction] you know, your priorities are fully mine. I want you to know that. And, you know, it strikes me that—well, I am proud of the fact that Democrats and Republicans have come together to act immediately on $12 billion in emergency aid to Ukraine. There is an urgency that we see.

Commander, do you believe, as I do, that there is also an urgency to attend to the unfinished business of our toxic-exposed veterans to make sure that we do concede exposure for the purpose of giving health care to 3.5 million veterans who were probably exposed, the framework for future presumptions, and ensuring that we actually approve a list of presumptions? Although the VA has made progress on nine more, we have a more extensive list of 23 in the bill. Do you believe, as I do, that getting this unfinished business done deserves the same sort of bipartisan sense of urgency? Because I believe these veterans are still in the heat of battle with the things that they are continuing to fight as a result of their service.

Mr. DILLARD. Yes, sir, Chairman Takano. As a Vietnam veteran, Agent Orange, we can't wait 40 years. They need the VA health care that they are entitled to and they have earned. Yes, we wholehearted, The American Legion would like Congress to take actions on a toxic bill and get those to the first step, and then we can keep improving as scientific evidence brings other to the forefront. Yes, sir.

Chairman TAKANO. You spoke a lot about peers and peer—and how you have a wonderful program of—you have advocated for the inclusion of Buddy Check Week as a way to strengthen VA's Peer Support Specialists program, and I included the Buddy Check program as well as other helpful ideas in H.R. 6411, the bipartisan, bicameral STRONG Veterans Act.

Can you say more about how vital peer support is in helping veterans with mental health and substance use challenges?

Mr. DILLARD. Yes, Chairman Takano. A veteran talking to another veteran is so much different than talking to someone that don't understand where you have been and how you got there. I have traveled the last 6 months throughout the United States as National Commander. There is stories after stories I have heard on the success. I have heard from other veterans saying I saved a life,

they got him help. We know Buddy Check works and for them to talk to a veteran, there is no doubt about it that it is a very strong program, because over 500,000 we got to visit and talk with and some of them, like I said, they just—it is nice—isolation, isolation, loneliness, that is when things creep back, that is when we can help them most with that phone call.

So, yes.

Chairman TAKANO. Well, thank you, sir.

I now want to recognize Senator Tester for 3 minutes.

Senator TESTER. Thank you, Chairman Takano.

And, Commander Dillard, thank you for being here today.

I want to thank you back a few years when you served in Vietnam and were exposed to Agent Orange. I think somebody said four tours, it might have been you. We certainly appreciate that service.

As we talk about Agent Orange, 49 years after the U.S. presence ended in Vietnam, we still haven't dealt with that issue totally from a presumptive standpoint. Hypertension, for example, otherwise known as high blood pressure, which there is direct scientific evidence that if you were exposed to Agent Orange you could get hypertension, it was directly connected, still is not covered. What would you tell somebody in my position if they said, you know, we can't cover hypertension because it costs too much money?

Mr. DILLARD. I would say you wrote the check for the war to send our veterans in harm's way, it is time to cash that check.

Senator TESTER. So your organization has a number of veterans that served in the Gulf that were exposed to burn pits and oil well fires and those kind of toxins, what are you hearing from them?

Mr. DILLARD. Of course, many of those remember and know Agent Orange, the toxin, this is what they think about more than anything. And they do, they do worry about what may be on the horizon for tomorrow. Will the VA be there? Will the presumptive be there to take care of me?

Senator TESTER. So I want to move to another issue, albeit that I think toxic exposure is—we haven't dealt with well in the past and we need to start dealing with it better today, and that is why we have a number of bills dealing with that issue and we need to get them done this Congress. But VA recently narrowed eligibility for the caregivers program, a program that I know you are aware of.

I am disturbed by reports that veterans and caregivers in Montana are being rejected at very, very, very high rates, including caregivers who have been a part of the program for years and years.

What is your membership experiencing with the caregivers program, and the application and appeals process?

Mr. DILLARD. Yes, Chairman Tester, we are very disturbed because of the hardship it puts on our caregivers, but I would like to ask my Director of Veterans Affairs and Rehabilitation, Ms. Purswell.

Mr. BOZELLA. Commander, if you don't mind, I would like to——

Mr. DILLARD. Ralph?

Mr. BOZELLA [continuing]. Talk, yes. Commander, I would like to handle that. Thank you.

Ralph Bozella, Chairman of the Veterans Affairs Rehabilitation Commission.

We are finding out that the caregivers applying for those claims are being rejected at 86 to 87 percent, and we don't know why those caregivers cannot appeal those claims through the VBA system, and that needs to be fixed. We have to care for those who care for our veterans.

Thank you.

Senator TESTER. Thank you very much for that comment. And, Commander Dillard, thank you very much for your testimony. I appreciate you guys being here.

Chairman TAKANO. Thank you, Chairman Tester.

Ranking Member Bost.

Mr. BOST. Thank you, Mr. Chairman.

Commander, you know, right now, law-abiding veterans are losing their Second Amendment rights simply because the VA appoints them a fiduciary to manage their VA financial benefits. My bill is H.R. 1217, the Veterans Second Amendment Protection Act, would prevent these veterans from losing their right to bear arms unless—and this is an important unless—unless a court has found them to be a danger to themselves or others, just like any other citizen of this United States, not because of the fact that they are a veteran, but because they are a citizen of the United States.

Can I get your organization to support the bill that would stop that from occurring and recommending anybody that has a fiduciary to the NICS system.

Mr. DILLARD. Yes, sir, Ranking Member. We will, The American Legion will support that and we do support that, because no bureaucrat should be able to determine, to ruin or take away your Second Amendment rights to bear arms.

Mr. BOST. Yes. And I think it is a vitally important issue for us to deal with because, when we are dealing with the amount of suicides that our veterans are having every day, many veterans of the 20 a day, even though the 2019 study showed that we reduced that by a small amount, that only six of those have ever been inside a VA or ever sought VA help.

And I believe that there are a lot of communities where our veterans are that they are choosing not to seek that help because of this particular thing that has been—because veterans talk among themselves of things that are out there. And so I am hoping that we can get that moved through.

You know, also, if the PACT Act as passed by the House last week was signed into law, VA expects its claims backlogs to be more than double and VA health care wait times to significantly increase. In recent years, we have brought down wait times for VA significantly through our collective hard work; the PACT Act could single-handedly destroy that progress.

Do you agree that understanding the impacts are important considerations prior to proceeding with what could be an extensive expansion of eligibility?

Mr. DILLARD. Ranking Member, I would like for my colleague here, Mr. Montreuil, to elaborate on that, please.

Mr. MONTREUIL. Ranking Member Bost, we absolutely agree that how a piece of legislation is going to impact the VA, especially

when it is so large, needs to be understood. But we certainly would like to reiterate our call for the need for comprehensive action and the need for a bill that has a concession of exposure, has a list of presumptives and has a presumptive framework, but we should absolutely understand the impact at VA.

Mr. BOST. Yes, I think it is vitally important that everyone understands that everybody sitting up here on this dais and everybody in the committee knows how important because the first two questions—our first group of questions, you are going to continue to hear that today is about toxic exposure and how important it is, but we have got to make sure that as we move forward it is something that we can do. We can provide—not that it is something we can come out and do a press pop with, but it is something that we can get across the finish line and signed by the President, so that our veterans can quickly receive the health care that they need.

And, with that, my time has run out and I yield back.

Chairman TAKANO. Thank you, Ranking Member Bost.

Ranking Member Moran, Senator Moran.

Senator MORAN. Thank you, Chairman Takano.

Again, Commander, thank you. I appreciate your presence here today, but I also greatly enjoyed our conversation in my office. And we like Texans generally in Kansas, except during football season and basketball season, but we may even like you during those times.

I want to highlight again a project that The American Legion is significantly involved in, and I am excited that a pod is arriving in Emporia, Kansas, it has a great history in regard to veterans, The American Legion—and Emporia, Kansas does, it is a very significant place in the history of caring for veterans—and you have partnered to provide that opportunity for an ATLAS pilot program to include Emporia.

I just want to give The American Legion, you and your colleagues, a chance to talk about that partnership with Philips, tell me what you hope it will achieve, tell me and the committee how we can help that be achieved, and what we can do once the pilot program is completed, assuming that it assures us of the things that we are looking for, and how do we make sure it is expanded elsewhere.

Mr. DILLARD. Yes, sir, Ranking Member Moran. The best person that I can think of would be Ms. Purswell to address this.

Senator MORAN. Thank you, ma'am.

Ms. PURSWELL. Thank you very much, Senator. We are so happy to have the ATLAS pod in Kansas. We really want to thank Philips for facilitating this pilot program and bringing us into the fold. Anything that we can do to help support our veterans in especially mental health care at this time we are happy to be involved with.

The Kansas pod, as I am sure you know, is now complete, and they are hoping to do a soft opening here in the next week or two and start seeing patients right away. It is critical things like the ATLAS pod go through because there are rural veterans and veterans that have trouble with access to internet to be able to go to their appointments. They need a safe place that is clinical, that is clean, that there is someone there to help them with the technology that they may not have access to in rural areas.

It is also vitally important that this pilot succeed. We need to have more pods like this in other rural communities for veterans to access.

Senator MORAN. I thank you. And, again, I look forward to being there. We are talking about having a ribbon cutting and I look forward to being with Kansas American Legions. I am going to invite you and the Commander to join us as well as we celebrate one more advancement toward providing, in this case, mental health services to veterans who live in rural and highly rural areas.

Nineteen seconds. I would just highlight that we know that President Biden is supportive of the PACT Act, we know that the Secretary has testified it has challenges in being implemented prior to the President's endorsement, but we have given the Secretary of Veterans Affairs the authority to do something he or his successors could not do, provide health care to every veteran post-9/11 who is experiencing or will experience consequences due to toxic exposure.

The Department of Veterans Affairs has the authority to provide additional presumptions. We are working in the Senate to provide the framework, but we are anxious for the Secretary to by April 1 provide us with the information that he has garnered.

Why would you think, if the Secretary has the authority to provide more presumptions to toxic exposure, that he hasn't utilized that authority to do so?

Mr. DILLARD. Once again, I will let Lawrence Montreuil answer that.

Senator MORAN. Thank you. Sir?

Mr. MONTREUIL. Thank you for that question, Senator Moran.

The VA has certainly been proactive as it pertains to presumptives for toxic exposure, we have seen that with 12 presumptives within the past 8 months, but we would certainly like to see them move forward expeditiously and look at some of the other cancers that we all know there is scientific evidence for.

Senator MORAN. I wanted to live up to Congressman Bost's suggestion that all of us were going to talk about toxic exposure and I didn't want to be the one who didn't.

It is hugely important to each and every one of us in this committee and certainly to those we serve. Thank you.

Chairman TAKANO. Representative Brownley, Chairwoman Brownley, you are recognized for 3 minutes.

[Audio malfunction.]

Chairman TAKANO. Chairwoman Brownley, your microphone—are you muted still or is it a technical problem with us?

[Audio malfunction.]

Chairman TAKANO. Are you un-muted?

What does our technical team say?

[Pause.]

Chairman TAKANO. All right, Chairwoman Brownley, let's go to Senator Sinema and we will come back to you.

Senator Sinema?

[Audio malfunction.]

Chairman TAKANO. I can't hear Senator Sinema either.

[Pause.]

Chairman TAKANO. Okay. Congressman Roy, I will call on you next. Yes, until we can get the audio fixed with the people on Zoom so we can hear it. We will go to you.

HON. CHIP ROY,
U.S. REPRESENTATIVE FROM TEXAS

Mr. ROY. Thank you, Mr. Chairman. I appreciate it.

I appreciate each and every one of you for being here today. Commander Dillard, I appreciate having a Texan here in the room. I echo Senator Cruz's remarks in introducing you here, and thank you for your service and all of you for your service. It is an honor to be here with you all.

There are so many—we have got 3 minutes, obviously, we have so many members that want to talk to you, so it is hard to go through all the issues that are so important. Obviously, we talk on a regular basis with those who are in our districts and our communities, but I appreciate the opportunity here with testimony.

You know, I would love to talk about Second Amendment rights and protecting veterans' Second Amendment rights, we have got legislation, Ranking Member Bost and I both have bills ensuring that our veteran community is not losing their ability to defend themselves because of PTSD and other issues, and I would love to talk with you all about that and I am happy to. Independently, I have talked to a lot of folks in Texas 21, where I represent Fort Sam Houston, I represent Army Futures, represent thousands of veterans in and around San Antonio and Austin. As you all know, that area is highly populated with veterans because, you know, it is the best district in the best State in America, so it attracts a lot of veterans.

But I did want to just throw to you all one just general question, something that I think probably drives me the most in terms of my service on Veterans' Affairs is wait times and quality of service with respect to health care access. You know, we all want to deal with the burn pit issues and we are trying to work through that, and there are some differences of opinion on how to do that and we are going to work through that. We have got to do it responsibly and we need to work hard to do that.

But in general, just a general question for you all about your experience with wait times. I get updates and I ask my constituents to advise me every time they hit an issue and I just keep trying to—give me examples, and then I go feed it to the VA head in South Texas and to try to improve it. But if you could speak a little bit to that, whichever one of you is appropriate, about your experience with wait times, what you are seeing with wait times, what you are seeing with the quality of care, and do you think it is where it needs to be and do you have—you know, do you know any of your fellow veterans and people that have run into snags and run into bureaucracy that can't get in and out of the MISSION Act private care into the VA, running into, you know, data base issues, running into slowdowns. Try to get an MRI, can't get an MRI, tried to get—because I get a lot of those. So I just wanted to hear from you all what you are hearing and your experience there.

Mr. DILLARD. Yes, Congressman, and I understand where you are coming from and I do hear that also. I have been fortunate, I

haven't had that problem per se, and the VA health care is all I use. And so it has been good. But Ralph Bozella, our Chairman of Veterans Affairs and Rehabilitation, can probably shed more light.

Mr. BOZELLA. Thank you, Commander.

Thank you, Congressman Roy.

Access is the number one thing for any veteran and I think whether we have care on a VA campus or care through care in the community through the MISSION Act, we have to always remember that any care that we get through VA is still VA care. VA is still the primary provider. There are access issues because of many barriers, the recruitment and retention of providers, particularly in rural areas. I think the rural health care system really needs a strong look from VA.

If a VA Under Secretary is nominated for VHA and we get that kind of leadership in there, I would hope that rural health is a primary target for fixing those exact kind of issues. I think that we need to recruit more community care providers, people who want to work with VA. There is contractual issues with that. And the number one thing that has to happen when a veteran goes to community care is the records must be transferred back to VA in a timely fashion, and also that bill must be paid or the veterans get stuck with a bill payment.

So I can go on about this, but the time is up and I think you get the message.

Mr. ROY. Thank you, sir.

Chairman TAKANO. Thank you, Congressman Roy.

The situation is that we can't hear what our online participants are saying, so when they ask questions of our witnesses, our witnesses can't hear them.

So we are going to test this again. Chairwoman Brownley, I am going to ask you to try to ask your questions and see if it works, so that our witnesses can hear what your questions are. So, Chairwoman Brownley, give it another try.

[Audio malfunction.]

Chairman TAKANO. I am afraid we can't hear Chairwoman Brownley.

We are going to keep trying to fix it and, while we are fixing it, I am going to go on to Senator—actually, Mr. Mann—Mr. Mann is online, right? So he is not—so we are going to prioritize people here in the room.

So, Senator Boozman, Senator, we are going to go to you next because the next person online, we can't hear them. So, Senator Boozman, go ahead.

HON. JOHN BOOZMAN,
U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. Thank you. We were just—I was asking you about San Antonio. My dad was at [inaudible] on B17s and got his training there. He met my mom. And it was one of those deals like, you know, you meet, 3 months later you are engaged and married and all of that, and were married for, you know, until he passed away in his late 60s. So lots of good memories of the old days going down there through the years.

But I wanted—first of all, I want to thank you all. I have had the opportunity to serve now in the Senate VA Committee and then in the House, and I can tell you, you know, 99 percent of the things we get done is because of the advocacy of our veterans service organizations. You all do a tremendous job.

And a big shout-out, as always, to the Auxiliaries. Nobody does a better job. They certainly are the backbone. My wife reminds me, most of the time they are also the brains of the organization. So we appreciate them very, very much.

But I wanted to just ask about something that is a little bit different. And burn pits are so important, but we have got a lot of other stuff going on at the same time. The CDC estimates that between the years 2000 and 2020 more than 437,000 U.S. service members were diagnosed with a traumatic brain injury, TBI, and other traumas, including military sexual trauma, are major health concerns for service members and veterans due to their direct link to PTSD, in addition to putting these members at high risk of suicide.

The Post-9/11 Veterans Mental Health Care Improvement Act, which was passed out of this committee unanimously, calls on the VA to conduct a study on the efficacy of clinical and at-home resources for PTSD, to include the use of mobile applications, family members, as well as other veterans, when dealing with stressors.

Commander, can you discuss the challenges of service members and veterans suffering from TBI, PTSD, and mental health issues, and why is it so important for service members and veterans to be able to choose treatments that work best for them?

Mr. DILLARD. Yes, Congressman. I am going to ask Ms. Purswell to address that. She is really on top of it.

Senator BOOZMAN. I know she is. We appreciate you.

Ms. PURSWELL. Thank you so much for that question.

As someone who suffers from TBI and PTSD, I have found a lot of challenges. It is really important for us to understand that people who suffer from things like TBI and PTSD sometimes have difficulties with a lot of different tasks. One of the biggest challenges is getting to appointments. The distances that you have to drive and all of the steps that you have to take to get those appointments taken care of and to get care, it really bogs down the veteran's ability to seek care.

Anything that you do that makes it more difficult to seek care creates a barrier. So, things that you were saying, clinical and at-home services, that is critical. It is critical for people with TBI, PTSD. Sometimes we can't get out of the house. Sometimes we are taking so many medications we can't drive or there is no one to drive us.

So, being able to seek care in your home is a game changer that would be wonderful.

Senator BOOZMAN. Very good. Thank you.

I appreciate you guys.

Thank you, Mr. Chairman.

Chairman TAKANO. Thank you, Senator.

We are going to try again with Chairwoman Brownley.

Chairwoman Brownley, can you try again to ask your questions.

Ms. BROWNLEY. Thank you, Mr. Chairman.

Can you hear me?

Chairman TAKANO. Breakthrough.

OK. So, Chairwoman, continue.

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

Ms. BROWNLEY. Thank you, Commander, for being here and thank you to you and all your members and your families for your service to our country.

Senator Tester talked about, in his questioning, the Caregiver Program and I certainly support his concerns with regard to the Caregiver Program. I am trying to enhance in-home care for our veterans, for all veterans who need it, whether they be disabled or elderly.

And I introduced a bill last week, and we are calling it the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2022. We wanted to name it after Elizabeth Dole because of all of her good work, particularly around caregivers.

But the objective of this bill is really to really change the paradigm within the VA for disabled and our elderly. More than half of our veteran population are over the age of 65. To change the paradigm from institutionalized care to home care.

And I think it is an important bill. I think it is what veterans want. I think it is win-win. It is a win-win program because I think it is less expensive, actually, to take care at a high-quality level of veterans at home versus institutionalized care. And I know from all the veterans that I speak to, everyone wants to stay at home if they are able to stay at home.

So, I am not sure whether you are familiar with the bill. I know in your written testimony, you talked about long-term care. It sort of sounded like my bill. I was wondering if you have had a chance to review it and, if so, if you support it.

Mr. DILLARD. Yes, Congresswoman, we have reviewed it and we definitely support it because we believe that veteran, if possible, care at home would be much better for them during that hard time. So, yes, we support your bill.

Ms. BROWNLEY. Well, I look forward to working with you and all the other VSOs to, you know, get this over the finish line. I think it is, we are talking about a lot of important bills. The caregiver bill, the toxins, the PACT Act, and I think this stands up there in importance and I look forward to working with you on it.

And, again, thank you for your service and thank you for being here.

With that, I yield back.

Chairman TAKANO. Thank you, Chairwoman Brownley.

I agree with you, the long-term care is truly a priority that we need to address and especially in light of what we have experienced during this pandemic, I think it has brought those issues to the forefront.

Let us turn now to Senator Sinema. Senator Sinema?

HON. KYRSTEN SINEMA,
U.S. SENATOR FROM ARIZONA

Senator SINEMA. Thank you, Chairman Takano.

Commander Dillard, thank you for your service to this Nation and for the service your organization does for America's veterans. I appreciate The American Legion's support for expanding telehealth, especially for veterans in rural areas. The American Legion was instrumental in placing an ATLAS pod in Wickenburg, Arizona, saving veterans hours of transportation to the nearest VA clinic.

We look forward to continuing the work with The American Legion to support and promote that site so it can serve Arizona veterans to the fullest extent possible.

To my question. Commander Dillard, homeownership can lead to more stable family lives, better health outcomes and personal economic benefits, yet this dream remains out of reach for many Americans and Arizonans, including our veterans.

I have heard that when applying for a residential mortgage, less than 12 percent of qualified veterans take advantage of their earned benefit of the VA loan. Why do you think so few veterans utilize the VA loan and do you believe that veterans don't know they may qualify for a VA home loan or that a VA mortgage may lead to overall lower cost to the borrower?

Mr. DILLARD. Yes, Congresswoman. I would like to ask my chairman, James LaCoursiere, to respond to that, please, or the director—fine, Joe, you can handle it.

Mr. SHARPE. Thank you very much for that question. There are currently some issues with the Home Loan Program. It is currently not as competitive as many of the other private sector Home Loan Programs and we have testified in the past about doing whatever we can to increase the competitiveness of the Home Loan Program.

One of the biggest barriers to veterans being able to take out a home loan is they really don't know all the ins and outs of the program, itself. And we have stated that we would like to see VA do a better job of outreach as far as making sure the veterans are aware of the program and their other benefits. And the other thing is to make sure that veterans are prepared to be competitive with the private sector, themselves. Financial [inaudible] is a huge issue and even though it is a great program where you don't have to pay any money down, it will still make veterans more competitive if they are taught how to be sure to, you know, save enough money where they can compete with the private sector and putting money down, as well.

So, those are some of the issues with the Home Loan Program and we definitely feel like veterans, especially in high-cost areas, need greater assistance. Thank you.

Senator SINEMA. And a follow-up question. Loan officers may not be steering buyers away from VA loans, but they are not required to disclose the VA mortgage option.

Do you think that more widespread disclosure would help protect veterans and ensure that they can access that earned benefit?

Mr. SHARPE. We definitely believe that that should happen. Again, many veterans aren't aware of their benefits and the Home Loan Program is one of the benefits that veterans aren't really briefed on. And with that, that would make us much more competitive as far as purchasing a home loan.

Senator SINEMA. Thank you.

Thank you, Mr. Chairman.

Chairman TAKANO. Thank you, Senator Sinema.

Representative Banks, you are recognized for 3 minutes.

HON. JIM BANKS,
U.S. REPRESENTATIVE FROM INDIANA

Mr. BANKS. Thank you, Mr. Chairman.

And thank you to the guests we have here today. It is such an important topic. We appreciate your leadership.

As I reached out to my local county veteran service officers about the hearing today, I asked them, what do you want me to ask about when we speak with all of you?

And, Mr. Dillard, one of the concerns that I heard among many of my VSOs, as well as the many aging veterans throughout the counties that I represent, is about the incessant amount of paperwork that it takes to file for VA pension benefits. In my district, we have many people who are filing for their pensions and they have had their claims denied and then reinstated after appeal, and I hear this story over and over again. It is obviously unacceptable.

Mr. Dillard, why is pension paperwork so large of an obstacle and what can we do about it?

Mr. DILLARD. You are correct, Congressman.

And that is a problem and it is a stigma that runs rampant through our veterans, but I would like—Ralph Bozella works with this daily and I would like Ralph Bozella to comment on it.

Mr. BOZELLA. Thank you, Commander.

Thank you, Congressman Banks.

You know, the pension process, sometimes gets lost in the overall claims process because veterans are typically filing claims for service-connected disabilities. That service is moving beyond with the ideas for automation in that system. I am not sure how that automation may affect the pension.

But even in the claims process for disabilities, we think VA needs to hire more claims adjudicators and I would think the same thing needs to happen in the pension process, as well.

And as to why the paperwork is more, because once the claims process went to the VBS management system and everything was scanned, that system became more manageable. So, that is what I know about it. Thank you.

Mr. BANKS. And I appreciate that feedback. You know, again, as I talk to my local veteran service officers at the counsel level—I serve 12 counties—I am always struck by how hard they work to serve veterans at the local level, often, and many of the rural communities that I represent in Northeast Indiana. These selfless men and women who serve in this role as the local level, they often volunteer their time to help veterans navigate the complex bureaucracy of the VA.

However, I have been told that inconsistent accountability standards means that the quality the veterans receive might vary from vascular service offer to veteran service officer. And I wonder, Mr. Dillard, if you have any comments about is The American Legion satisfied with the performance of our veteran service officers at the local level and what can Congress do to streamline some of the process or performance-related issues that our VSOs deal with.

Mr. DILLARD. Yes, Congressman. Accrediting service officers is a big key so they can get through the process. And we understand there are some still working on it, so that is difficult times for our veterans to do that and some of them actually get discouraged and disgusted and they don't come back. And so, that is a problem that we will be working through.

And we need to communicate to our veterans more. We have service officers that do all this work for free, also, through The American Legion at different departments, fully accredited.

Mr. BANKS. Thank you very much.

My time is expired.

Chairman TAKANO. Thank you, Mr. Banks.

Senator Tillis, 3 minutes.

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

Senator TILLIS. Thank you, Mr. Chairman.

Commander Dillard, thank you for being here. Thank you for your continued service and that of the team that you have with you there today.

A quick question or advice from you. I think that you are aware that we passed the Health Care for Burn Pit Veterans bill unanimously just a little while back out of the Senate. We now have the PACT Act lying in the Senate. We are going to have to reconcile some of the differences; our three-phase approach versus some of what has been proposed in the PACT Act.

What advice would you give us as we try to reconcile those differences and move forward to make sure that we produce something that goes to the President's desk?

Mr. DILLARD. Yes, sir, Congressman. Once again, I would like Lawrence Montreuil to address that issue.

Mr. MONTREUIL. Thank you for that question, Senator.

As the Commander mentioned in his opening comments, we really feel that comprehensive action is necessary and I think we have heard that throughout the veteran community and the members of this committee. I am certainly aware of the Health Care for Burn Pit Veterans and allowing veterans access now to healthcare, those who are suffering now; that is an important element and that should be a part of any comprehensive approach that we take to address this issue. But I can't urge you enough that a concession of exposure and a presumptive framework are essential elements, as well, and really need to be included in any final legislative package, as those bills are reconciled.

Senator TILLIS. Thank you for that.

Do you agree that we have to take care in the way that we go about in coming up with consensus to make absolutely certain that our current promises made to veterans are kept and that this is an additional installment on the debt that we owe them; in other words, we don't want to simply move forward and not be concerned with the potential resource impacts that it could have on current obligations?

Mr. MONTREUIL. That is certainly something to always be mindful of, but I think another thing to be mindful of the fact is that when we wrote this check, when we sent those veterans into com-

bat and exposed them to these conditions and illness and diseases and we need to ensure that they are taken care of and provided that healthcare.

Senator TILLIS. I agree with that.

Just briefly, I only have 45 seconds, something that I asked in the prior panels last week, what have we learned from COVID and the expansion of telehealth that should just become standard operating procedure within the VA?

Mr. DILLARD. Telehealth has helped tremendously and especially in our rural areas, but we have—we have grown and many veterans are getting used to it and they do like it, instead of driving that distance. So, telehealth is very important into our VA healthcare system and we appreciate it.

Senator TILLIS. Thank you all. Thank you, again, for your continued service.

Thank you, Mr. Chair.

Chairman TAKANO. Thank you, Senator Tillis.

Representative Mrvan?

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

Mr. MRVAN. Thank you, Chairman Takano.

Thank you all from The American Legion who are here today. Commander Dillard, thank you very much.

Yesterday, I was proud to introduce H.R. 6961, the Dignity for MST Survivors Act in an effort to reduce the potential for re-traumatization in MST claims appeal process, as identified by our VSO partners. This legislation would require VA to ensure that members of the Board of Veterans' Appeals complete annual MST training. This legislation would also require VA to review the language used in claim denial letters to ensure such language is carefully worded in order to avoid any re-traumatization of any of our veterans.

Commander Dillard, I appreciate the attention to MST in your written testimony, as well as The American Legion's efforts to address this issue. In your view, what other steps must VA take in order to prevent the re-traumatization of MST survivors in a claim-appeal process?

Mr. DILLARD. Thank you for that question, Congressman. And Ms. Purswell, our director of Veterans Affairs and Rehabilitation, will address that.

Ms. PURSWELL. Thank you for that question.

Just to start with, that bill sounds amazing. It sounds great. Making sure that MST survivors are not re-traumatized by reading through documents when they are being told that they are being denied is really important. We at the Legion, our appeals representatives have a special person who is trained to deal with those sensitive cases. So, I think that is something that could be, in addition to this bill, would be to make sure that you have someone who is trained to understand that there are sensitive issues, sensitive topics, sensitive phrases that should not be used when they are writing appeals letters.

It takes a special person to be able to handle those kinds of claims and appeals and not everybody is cut out for that, and we

need to make sure that we are putting the right people in the right places.

Mr. MRVAN. Well, thank you very much.

Additionally, I have a separate question. We know from the Independent Budget recommendations for VA that modernization of the veterans benefit management system is a priority for several VSOs.

Commander Dillard, do you have any perspective to share regarding the current state of the system and do you believe that the VBMS is equipped to handle the anticipated influx of toxic exposure claims following congressional action on the toxic exposure?

Mr. DILLARD. A very important question and thank you for that. And Ralph Bozella, our chairman, will address that.

Mr. BOZELLA. Thank you, Commander, yes.

Congressman, the system with the VBMS works and it is now about 10, 12-years-old because they took all that paperwork and scanned it, and from that moment on, everything then was filed electronically.

How long will that system last? Well, there is no doubt it has to be improved and updated like all electronic systems. We have heard from a VA employee the other day at one of our meetings that their new management system is working to upgrade that, but you still need to hire more claims adjudicators through the process in order to make it work.

Mr. MRVAN. I thank you.

And with that, I yield back my time.

Chairman TAKANO. Thank you, Representative Mrvan.

We have a few members left and I am going to ask if you would like to participate, if the members would like to participate in another round of questioning with our American Legion, so go ahead, Mr. Rosendale, 3 more minutes if you would like to take 3 more minutes.

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

Mr. ROSENDALE. Thank you, Mr. Chair. I appreciate that.

As with everyone else here making their comments about the toxic exposures, I want to make sure that I mention it as well, and thank you all for being here.

I have had some cancer ravage my family; I lost a brother and a sister to cancer. So, I am very, very well aware and have seen firsthand, the financial and emotional hardship that it causes families, and so I am hypersensitive to it. I want to make sure that we get that assistance out immediately. I would love to pass the Senate legislation so that we can get that treatment out there.

And I was really glad to hear today that we are not only looking at defining the exposure, where and how it took place, the conditions, but also to have this framework with which we don't have to go back out and figure out how are we going to identify other conditions that arise, that that framework is going to be there so we condition just pull the trigger on it and start getting that assistance right away.

Additionally, I was glad to hear the conversations about the red flag laws and our Second Amendment rights for our veterans. I have hosted the Wounded Warriors out at my ranch to go hunting.

I have seen the Warriors & Quiet Waters programs in Montana, the veteran SCUBA program that we have there in Montana. And it is good to see all these additional programs that are being utilized for vent, an area to vent, if you will, for the veterans to deal with some complexities they have in their life, without subjecting them to the loss of their Second Amendment rights, because that is a really big problem.

But we also have to recognize that we have a lot of veterans that are taking their lives and they do use a firearm. And like the Buddy Check program that you were talking about, I think that is good. There is a program that I attended with veterans just to listen in and it was called the Overwatch Project and the Overwatch Project is dedicated toward getting time and distance between the veterans and their firearms, without violating their Second Amendment rights, without passing red flag laws.

And I think that it would be great for everybody to take a look at that and see if they could spread the word around their community, because they have been very successful at helping the veterans with violating their rights.

Commander, if I could, I would like to direct this question to Mr. Sharpe, because it is about education. Have you heard about the new interpretation that has been given to the 8515 Rule, which is going to change from 15 percent of the veterans who receive support from the VA to 15 percent of the veterans who receive support from any financial institution in order to identify that eligibility, because we have got college and universities and veterans on a mass scale that are going to be disqualified from utilizing that benefit because the interpretation is changing.

Mr. SHARPE. Thank you for that question.

The American Legion is aware that there is an issue with 8515 Rule and we are very concerned that any new interpretation that may disqualify a veteran from receiving a quality education that leads to gainful employment, we would not be for.

Mr. ROSENDALE. Exactly.

So, I would ask—I see that my time is up—but I would ask for your support to work with you on that to make sure that that interpretation is not changed.

Mr. SHARPE. Yes, sir.

Mr. ROSENDALE. Thank you so much.

And, Mr. Chair, I would yield back. Thank you.

Chairman TAKANO. Thank you, Representative Rosendale.

I see that Representative Slotkin has joined us and Representative Slotkin, I am going to recognize you for the first round of questioning.

Mr. Mrvan, are you intending to question for a second round?

Mr. MRVAN. Not at this time.

Chairman TAKANO. Okay. So go ahead, Representative Slotkin.

Ms. SLOTKIN. I'm sorry, Chairman. Give me 2 seconds. I wasn't expecting to get a question so quickly. Just give me 2 minutes. So, you can go on to someone else. I apologize.

Chairman TAKANO. Well, I can go ahead with my questioning then, and then I will call on you. So, I am going to do my, I will take my second question and then I will call on Representative Slotkin to do her first round.

Commander, much concern has been expressed about overloading the VA with new eligibilities through the, you know, I think rather, it is through the PACT Act's title, first title, which deals with the concessions, which would enable, or make eligible, 3.5 million veterans who were exposed are our War on Terror veterans and all of our overseas contingency veterans.

But did the Legion take notice of the revisions that were made by the committee regarding the phasing in of eligibility over a 10-year period through, I think, five separate cohorts, so that the VA would not suddenly be deluged with 3.5 million eligibilities all at once. Could you comment on, you know, what you might think the feasibility, that we improve the feasibility. We also definitely improved the cost outlook. We reduced spending, we reduced the cost to implement the bill by about $74 billion.

Your response?

Mr. DILLARD. Thank you, Mr. Chairman.

I believe Lawrence Montreuil can answer that on a better note than me, but that is a concern.

Lawrence?

Mr. MONTREUIL. Thank you for that, Chairman.

And we actually took a note of that and I think the changes made certainly makes it more executable by VA and it seems they have absolutely been supportive. I think the PACT Act is one of the most comprehensive bills that we have seen and if that were to make it to the Senate floor, we would absolutely urge members to vote for that bill.

It includes everything that we think should be in the final, comprehensive package, which includes concession of exposure, presumption of framework, and a list of presumptive conditions. Additionally, it goes further to take care of our Vietnam veterans and it has the presumption for hypertension, which we think is essential. But, certainly, those changes in Title 1, we would assess, would make it more executable by the VA.

Chairman TAKANO. I appreciate that.

And I also appreciate the comments of many of my colleagues on the Senate, and our Republican colleagues on the Senate, who seem ostensibly, to be open, you know, they are open to further discussions and I appreciate your feedback on that.

Just so that it is understood, that there were technical questions raised by VA before we made these changes and I do think that VA was made a lot more comfortable by the phase-in approach, so that they were not deluged with, you know, 3.5 million eligibilities all at once.

I now would like to call on Representative Slotkin for 3 minutes much.

Go ahead, Representative Slotkin.

HON. ELISSA SLOTKIN,
U.S. REPRESENTATIVE FROM MICHIGAN

Ms. SLOTKIN. Great. Thank you. Sorry about that and sorry that I am not in the room with you there.

You know, I represent Michigan. We were thrilled to have the PACT Act pass the House last week and I really urge everybody

to heed what we have been hearing from our panelists over the past week, of just to get it done. Get something done.

But I guess my question is, is there, to our witnesses, you know, we all know Agent Orange. We all know what that meant for the Vietnam-era. That is something that is well-known, even in sort common parlance if you weren't a veteran. People know what Agent Orange is. We know that it created major health problems for a whole generation of veterans.

What can we do to expose people more to understanding what burn pits do to their health? Because I think it is a post-9/11 generation, you know, set of ailments. It is someone like me who watched how many generations of young soldiers lived next to burn pits in Iraq.

So, what can we do to educate people? What can we do to get exposure out there for this set of issues as this generation's Agent Orange?

Mr. DILLARD. Thank you for that question.

First of all, we have got to get a bill passed. We have to get it in law and then it is up to a lot of us VSOs to ensure we alert our members, what is there, what is available, and we will do that. And so, that is the key.

And then after that, it is communication, because they need it. It is something that we have got to, as you said, get her done. You know, we have to get her done because our veterans, they deserve the benefits from the VA for their health and we appreciate it.

Ms. SLOTKIN. Great. Thank you.

I think, for me, as a pragmatist, just understanding how the Legislature works, making sure we get something done, Mr. Chairman, before the summer, and before, certainly, this body breaks on August 1st, I think, is extremely important.

And the PACT Act, the version of the bill that we sent over to the Senate, I think, should be the basis of the conversation and the negotiation. We all want to help our veterans on a bipartisan basis and I appreciate anything you all can do to support the energy to push our Senate friends to get to it.

Thanks very much, Mr. Chairman. I yield back.

Chairman TAKANO. Thank you, Representative Slotkin. I take your words to heart. I was heartened to hear Ranking Member Moran say that he would like to see a four-corners agreement on toxic exposure.

So I believe the spirit of comity, with regard to getting agreement on this issue, I think is very much in the air and so I do take your comments to heart, so thank you.

I see that Representative Miller-Meeks has joined us. I am going to recognize you for 3 minutes for this panel and then I am going to call a recess until we get our next panel empaneled.

But, go ahead, Representative Miller-Meeks.

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

Mrs. MILLER-MEEKS. Thank you so much, Chairman Takano, and thank you to all the witnesses.

Last year, Congress increased funding for the VET TEC pilot program from $15 million a year to $45 million a year to allow for

more eligible veterans to participate. This is a program that provides veterans with an opportunity to use GI-style benefits to participate in short-term training jobs in the IT industry.

The program has been extremely successful. We know that our most recent data, as of March 1, 2022, that total applications received were 60,527. Certificates of eligibility: 40,412. Total participants from fiscal year 2019 to the present have been 5,566. Total graduated: 3,721 for an 87 percent graduation rate. There were 569 who withdrew after the start of the term. Presently attending: 1276. Meaningful employment not obtained is 739, but meaningful employment attained, 19,002, for a 72 percent employment rate, which to me, is outstanding, with an average salary of $60,000 and change.

This has been an extremely successful program in my eyes. I know that veterans in my community appreciate the opportunity to participate and I am just wondering what feedback have you all received on the pilot program and can you please identify any improvements that you think are needed to help more veterans access this program.

Mr. DILLARD. Thank you very much for that question, because it is an important program, but I would like to give this opportunity to my chairman of Veterans Employment and Education Commission, Jim LaCoursiere.

Mr. LACOURSIERE. Thank you, Commander.

And, also, thank you, Congresswoman, for that question, also for your leadership on this particular issue.

We in The American Legion are encouraging and believe in expanding the training and education with VA programs such as the VET TEC and the VRAP, also pushing the VetsFirst, and job employment through the Federal Government.

The best thing we can do is actually make the programs more visible with our servicemembers. A lot of our servicemembers are not aware of their benefits and entitlements. We need to do a better job, and when I say, "we," I am talking the veteran service organizations, but also reaching out to the schools. We need to let them know what their benefits are. So, expanding the programs, the sooner we can get them marketed, where we can get them educated, which gives them decent employment, which also makes them worthy tax-paying citizens, donating money into the communities and also into the national economy.

The other piece of assistance that we are looking at is the extension of the sunset date, which is scheduled to expire December of this year. Thank you.

Mrs. MILLER-MEEKS. Thank you for that.

And I want to also thank Representative Kai Kahele, who was instrumental in helping us push forward legislation to increase funding. We will take it to heart about the marketing and the sunset dates, as well.

And I am over time, so with that, Chairman Takano, I yield back. Thank you so much.

Chairman TAKANO. Thank you, Representative Miller-Meeks.

I am going to have to go back on what I said about moving to the next panel. We have got three more members. I am delighted to recognize Senator Hassan for 3 minutes.

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

Senator HASSAN. Thank you so much, Mr. Chair, and thanks for your flexibility.

And good morning, everybody. Thank you all so much for your service and for what you do for our veterans.

Commander Dillard, I wanted to start with a question to you. As you mentioned in your testimony, The American Legion's Buddy Check initiative is an important peer-to-peer effort in which volunteer veterans check in on their buddies who may need help, whether it be mental health resources or just the comfort of a phone call, knowing that there is another veteran thinking about them and to connect to.

I was glad to see the Senate pass bipartisan legislation that Senator Ernst and I sponsored together, to build on these efforts by directing the VA to designate a national Buddy Check Week.

Commander, can you please speak to how buddy checks, which are volunteer-led, would complement the VA's efforts to support veterans' mental health.

Mr. DILLARD. First of all, thank you for the question, but Senator Hassan, I do want to thank you for your leadership in getting that Buddy Check bill passed through the Senate. It is very important to us.

Senator HASSAN. Thank you.

Mr. DILLARD. We are veterans and we will call veterans. They don't have to be legionnaires. They don't have to be a dues-paying legionnaire. We don't care: A veteran is a veteran and our brothers and sisters in arms.

This can help the VA in many ways on the health of those veterans that we have talked. I have heard so many. We don't have the time to talk about some of the good things I have heard as I have traveled the States.

But when a veteran talks to a veteran, they open up more——

Senator HASSAN. Yes.

Mr. DILLARD [continuing]. And we can promise them that we will always fight for those Second Amendments. There won't be a stigmatism about, I am not going for mental health, and that is the key. So, we need to be there and that helps the VA whenever they start working with that veteran, and we can detect if we sense some problems.

Senator HASSAN. Right.

Mr. DILLARD. And so——

Senator HASSAN. Well, thank you for that.

And I wanted to follow up with one other question, because every year, 200,000 servicemembers transition from military to civilian life. The majority are 18 to 34-years-old in that age range, which is also the age range for the highest veteran suicide rate.

That is why I introduced bipartisan legislation to strengthen and make permanent Solid Start, which, as you know, is a VA initiative that aims to contact every veteran multiple times by phone in the first year after they leave active-duty to check in and help connect them to the VA programs and benefits. I am glad to have the continued support of the Legion for this bill.

Can you speak to how early and consistent contact with veterans transitioning from military to civilian life is critical to their mental health and well-being.

Mr. DILLARD. Yes, Senator.

It is very critical and the first part of coming out of transition, you are in a different place. And so, the Solid Start program was a big step in contacting these veterans at their early stage of transitioning or out of the service because now the VA can tell them of the health and benefits, the possibilities that they may be able to get.

I think that was a very, very good move on the VA in order to do the Solid Start and I think it is three times within the first year. If we had people, we could do it more.

Senator HASSAN. Well, thank you. I am over time. I appreciate the chair's flexibility. I just really appreciate the Legion's leadership on all of these issues. Thank you so much.

Chairman TAKANO. Thank you, Senator Hassan.

I now would like to turn to Representative Mace for 3 minutes.

Representative Mace? Can you hear me, Representative Mace? Nancy? Can you unmute?

Representative Mace? We can't hear Representative Mace.

Nancy, we can't hear you.

Ms. MACE. I am having—give me 1 minute, Mr. Chairman. I am having some technical difficulties with my computer.

Chairman TAKANO. Representative Mace, we can hear you now. Representative, we can hear you.

Oh, she's going to reboot. Okay. She will probably reboot.

Representative Moore, are you prepared to——

Mr. MOORE. Yes, Chairman Takano.

Can you hear me Okay?

Chairman TAKANO. We can hear you.

Go ahead, Representative Moore.

HON. BARRY MOORE,
U.S. REPRESENTATIVE FROM ALABAMA

Mr. MOORE. First, let me say, thank you, Mr. Chairman and, certainly, Commander Dillard, for being here. And I appreciate everyone participating in these hearings.

First question would be, you know, women veterans are some of the fastest growing segment of homeless veteran population that we have. What steps should Congress take to ensure that the needs of our homeless women veterans are being met?

Mr. DILLARD. Thank you very much for that question and my director, Joe Sharpe, of Veterans Employment and Education, he can answer that much better than myself.

Joe?

Mr. SHARPE. I would like to say we have been—thank you for that question—we have been very successful as far as bringing down the homeless problem. At one time, we had about 250,000 homeless veterans at any time and now it is down to about 30 to 40, and a lot of that has been done by legislation that was passed by Congress and also the VA HUD-VASH Program has been highly successful. We definitely believe that that program should be expanded.

It should definitely have some provisions for women veterans, since they are the highest group that is experiencing homelessness. And we would definitely like to have permanent authorization of support and services for veterans and families program. Thank you.

Mr. MOORE. Thank you.

And kind of a follow-up, how can we in Congress improve the Transition Assistance Program to better serve disabled veteran members and their transition from active to civil service?

Mr. MOORE. The American Legion has always been for improving the TAP program. One of the things we wanted to do is to ensure that before a veteran leaves the military, that they are gainfully employed, that there is a revenue source coming into that family before they leave and have to be on unemployment.

Many of the programs that we currently have actually do what we have been looking for. The SkillBridge program that DoD does that actually trains individuals, the program for licensing certification really helps veterans find employment prior to their departure. The VET TEC program is another program, again, that we are very proud of. We have about 10 million jobs that we can't fill because of high-skill type employment and jobs like the SkillBridge program that we would like to see expanded, and the VET TEC, we also want to see expanded, do exactly that.

We have always been for gainful employment and when you start seeing servicemembers being employed with salaries from 60 to $140,000, that is the perfect thing for individuals who are gainfully employed. They are able to take care of themselves, their families, and contribute to their communities. Thank you.

Mr. MOORE. Thank you.

And with that, Mr. Chairman, I am out of time. I will yield back.

Chairman TAKANO. Thank you, Representative Moore.

I am going to call an end to this first panel and excuse our panelists.

Thank you so much to The American Legion for all you do for our veterans, the voice that you provide. It is, indeed, a pleasure to see you all again. I know I spent some time with you all in Phoenix and I very much appreciate all that you do for veterans.

You are a very special voice, a very special voice that is instrumental and essential in moving this place, the Capitol, to do the right thing and to keep our promises.

So, with that, I am going to excuse this panel and before I come down, I want to make sure I shake all your hands before you go and then we will reset the table for the next panel.

A 5 minute recess.

[Recess.]

Chairman TAKANO. I now reconvene the joint committee for the testimony of our second panel, the testimony and our questioning. But before I recognize our second panel, I would like to recognize Jan Thompson, who is the President of the American Defenders of Bataan and Corregidor Memorial Society, the ADBC-MS. This year is the 80th anniversary of the U.S. battles of World War II.

The American Defenders of Bataan and Corregidor Memorial Society represent an important voice for this history and the ongoing

struggles to recognize those who sacrificed so much, including the POWs of these battles.

So, Ms. Thompson, if you are—you will be joining us, I think, through—there you are, Ms. Thompson.

Ms. Thompson, I would like to recognize you. I know you were a guest of Senator Tester, who is not here with us, but I wanted to make sure you had an opportunity to provide some testimony to us. You are welcome.

Can we hear—Ms. Thompson, can you say something, because I want to test the testimony.

Ms. THOMPSON. Yes, good morning, everyone.

Chairman TAKANO. We do hear you, so go ahead.

Ms. THOMPSON. Thank you.

PANEL II

STATEMENT OF JAN THOMPSON, PRESIDENT, AMERICAN DEFENDERS OF BATAAN AND CORREGIDOR MEMORIAL SOCIETY

Ms. THOMPSON. So, this is—so, Chairman Tester and Takano, Ranking Members Moran and Bost, and members of the Senate and House Veterans Affairs Committee, thank you for inviting me to speak about the American POWs of the Empire of Japan during World War II. We honor these American men and women as the heroes who deserve recognition by Congress and America, as a whole. They have largely been forgotten and we must remedy this.

I represent the American Defenders of Bataan and Corregidor Memorial Society and I am the daughter of one of those POWs. The ADBCM Society represents men and women who defended American territories and allies in the Pacific, such as Guam, Wake, Midway, Java, the Philippines, and the Marianas.

Within the first 6 months of the war, by June 1942, the majority became prisoners of war. Our mission is to preserve the history of the American POW experience in the Pacific and to teach future generations of the POW's sacrifice, courage, determination, and faith, as this is the essence of the American Spirit.

Like today's Ukrainians, the Americans in the Pacific were fighting a formidable invader. The Empire of Japan also had far superior equipment and armed forces. Although Guam fell within days of Pearl Harbor, the Marines and civilians on Wake Island held out for a legendary 2 weeks and the American and Filipino defenders in the Philippines repelled the Japanese Army for nearly 5 months. They fought with outdated weapons, lack of medicines, ammunition, and supplies. Help did not come from the United States.

The men on the Bataan Peninsula will have surrendered 80 years ago next month. Those surrendered on Bataan endured what is now known as the Bataan Death March and as Senator Tester said in his opening remarks, this April 9, marks the 80th anniversary of the Bataan Death March.

Less than 1 month later, on May 6, the island of Corregidor was surrendered and the rest of the American and Filipino units scattered throughout the 7,000 islands of the Philippines soon followed.

Some of you know about the wars of the Bataan Death March, but few of you know about the beheading of Wake Island Marines or the machine gunning of American sailors who survived the sinking of the USS *Houston* or the deadly imprisonment in Japan of the indigenous people of Attu from Alaska.

To survive the surrender was just one hurdle, because each day of the POW's captivity, three and a half years, was a constant struggle for survival. All the POWs, American and ally, were starved, denied medical care, refused clothing, routinely beaten, and murdered. Some POWs became human experiments. Some aviators were executed, followed by a ritualistic eating of their livers. And others, without reason, such as on Wake and Palawan, were simply massacred.

As the war progressed, the majority of the POWs were shipped throughout the Empire on what were called "hellships" to be slave laborers for private Japanese companies. All of these hellships were unmarked. Many were sunk by American bombers or submarines.

Thousands of American POWs died by friendly fire. For those who survived captivity, returning home presented another battle. Some POWs were forced to sign gag orders about the horrors they experienced. Many of them could not articulate what had happened to them or what they had witnessed and it took a very long time for the Veterans Administration to recognize they all had returned home with a disability.

The sacrifice and resilience of the American POWs of Japan, especially in light of today's events, should not be forgotten. Their courage continues to inspire.

To this end, in this year of the 80th anniversaries, I request that Congress immediately approve an accurate and inclusive Congressional Gold Medal for America's early defenders of the Pacific who fell to Japan. They are the most diverse World War II cohorts to be considered for the Congressional Gold Medal.

The U.S.-Japan alliance is very strong today and we ask Congress to encourage the Japanese in the following: to institutionalize the reconciliation program that was started in 2010 with the ADBC Memorial Society. The current POW Japan Friendship Program should be expanded. Japan's UNESCO sites need to acknowledge POW slave labor and a world-class memorial should be installed at the Port of Moji, where most POWs entered Japan on the hellships.

The epic battles of Bataan and Corregidor were a symbol of hope and a beacon of our future success. They should not be forgotten. It is time to honor these men and women.

And thank you for listening and inviting me today.

[The prepared statement of Ms. Thompson appears on page 98 of the Appendix.]

Chairman TAKANO. Thank you, Ms. Thompson, for your testimony. I will ask my staff to brief me on the status of the legislation that you have brought up.

Let me just say that I, too, believe this history is so important. The sacrifice of our World War II veterans in the Pacific and, specifically, those that served, those that endured the hellships and those that endured the Bataan Death March. We must remember

their sacrifice. We must face up to history, no matter how terrible it is. We must encourage our ally Japan, to do that. We must live up to those ideals for ourselves, as well, to face our own history.

So, thank you so much for your testimony and thank you so much for the work that you do.

I will now recognize our witnesses for our second panel for their opening statements. First, we have Charles "Charlie" Brown, National President of the Paralyzed Veterans of America, or PVA. You are recognized for 5 minutes for your testimony.

STATEMENT OF CHARLES "CHARLIE" BROWN, NATIONAL PRESIDENT, PARALYZED VETERANS OF AMERICA

Mr. BROWN. Chairman Tester, Chairman Takano, and members of the committee, I am honored to have this opportunity to speak with you today on behalf of tens of thousands of veterans with spinal cord injuries and disorders who depend heavily on the benefits and healthcare available through the Department of Veterans Affairs.

This week, PVA members from our 33 chapters will be meeting virtually with Members of Congress to strongly advocate for the legislation that is crucial to their ongoing health and independence.

My written testimony includes a full list of PVA's 2022 priorities. In the interests of time, I would like to focus on three critically important issues that Congress must address: improved access to specialty systems of care; expanded access to the Home and Community Based Services, or HCBS; and increased access to benefits that promote the health, safety, and independence of catastrophically disabled veterans.

First, PVA firmly believes that VA is the best care for veterans with catastrophic disabilities. Their spinal cord injury and disorder, or SCI/D, system of care provides a coordinated, lifelong continuum of services for paralyzed veterans. There is no comparable private system.

As a result, we are deeply concerned by the reports recently that the VA intends to recommend a part of the Asset and Infrastructure Review process, the closure, or the consolidation of some of the SCI/D centers. We believe that services must be maintained in line with the accurate assessment of available resources and the true needs of veterans with SCI/D.

In the meantime, we are concerned about VA's current workforce crisis. Although, ongoing has been made more difficult by the pandemic, PVA estimates there is a shortage of several hundred nurses in the SCI/D system of care, which limits bed availability for admission into the SCI/D centers, reducing access for specialty-care delivery.

We urge Congress to pass the RAISE Act to help VA address staffing concerns and fulfill its mission to care for veterans.

We also want Congress to pass the MAMMO Act. Mammography services are critical to ensuring the health of our women veterans who see an increased prevalence of breast cancer compared to their civilian counterparts; however, as many PVA women can attest, not all screening devices, whether in the VA or in the community, are accessible for wheelchair-users. No woman veteran should have

less than full access to care, especially simply because they are in a wheelchair or have a disability.

The second issue I would like to address is the improved access to the HCBS. I, along with many of my fellow PVA members, live independently, but depend upon the services of a caregiver to help us live our basic activities of daily living, such as getting out of bed, dressing, and taking care of our basic bodily needs.

One Saturday morning, this past fall, I was informed late that I would not be receiving the home care that I desperately needed. At that point in time, I realized it would be between 25 or more hours before I would receive my next nursing services. I wouldn't be able to eat. I wouldn't be able to drink. I wouldn't be able to take medications. I would be stuck in bed without any services.

Thankfully, through the process of making many phone calls, I was able to regain some help and somebody was able to come out to my home and help me. When I contacted my social worker at the VA offices on the next available opportunity, I was informed that it was my duty to have backup; it wasn't the duty of the services.

For me, when I sustained my SCI/D during my military service, I knew that there would be significant barriers and challenges, but I never dreamed that I would literally be abandoned by the system that was supposed to support me and my fellow veterans. No veteran should ever be able to face this situation.

That is why PVA gives its strongest endorsement for the recently introduced Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act. This critically important legislation would make urgently needed improvements to the VA HCBS, including expanding the Veterans Directed Care Program to all VA medical centers; creating pilot programs to address direct-care worker shortages; and increasing access to respite care. We urge Congress to pass this bipartisan legislation.

Finally, we need Congress to pass pending legislation that would increase access to the benefits that promote the health, safety, and independence of paralyzed veterans. And with the [inaudible] legislation, that would increase access to adaptive vehicles for catastrophically disabled veterans. VA provides one Automobile Grant during a lifetime. The current grant pays for almost one-half or to one-third of the cost of the vehicle to be adapted.

A safe, accessible vehicle is not a luxury to wheelchair users, who often encounter barriers in accessing transportation, including air travel, on other Americans. We urge you to pass either the AUTO for Veterans Act or the Cars for Veterans Act this year.

Thank you, again, for the opportunity to share our views and our ongoing commitment to paralyzed veterans and their caregivers. I would be happy to answer any questions you may have.

[The prepared statement of Mr. Brown appears on page 138 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Brown.

Without objection, your written testimony, in full, will be included in the hearing record.

Next, we will hear from Jared Lyon, National President and CEO at the Student Veterans of America, or SVA.

You are recognized for 5 minutes for your testimony, Mr. Lyon.

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

Mr. LYON. Thank you, sir.

Chairmen Tester and Takano, Ranking Members Moran and Bost, and members of the committees, thank you for allowing the Student Veterans of America to testify on our legislative priorities for the 2022 legislative calendar.

With more than 1500 on-campus chapters, Student Veterans of America is committed to the empowerment of yesterday's warriors. Through a supportive network of chapter leaders, SVA works to transform the skills and experience of student veterans to ensure that they achieve their greatest potential.

In my statement today, I will briefly discuss some of the most pressing issues that we hear from student veterans and our chapters. We encourage the committees to review our written testimony for a comprehensive list of our policy priorities. In my remarks today and the ones that follow, I will focus on our four policy issues of special importance to VHA in 2022.

First, is the permanent emergency protections for VA education benefits. As we look to a future beyond the pandemic, it is clear that VA needs broader, permanent authority to proactively protect student veterans' benefits during national emergencies. These committees saw firsthand, the gravity of the situation facing tens of thousands of student veterans and their families as the pandemic unfolded in earnest back in March 2020.

The sheer amount of work that was involved to identify holes in VA's support system, craft legislative solutions, and push them through Congress cannot be overstated. While we are grateful for the committee's work in making this happen, let's ensure that we don't have to repeat this arduous task.

We strongly encourage these committees to learn from our shared history and make the temporary protections a permanent authority at VA to ensure adequate protections are available for the next emergency.

Second, access to VA healthcare for student veterans. Student veterans' access to VA education benefits is of critical importance. The needs of student veterans do extend beyond education benefits and one of those needs is healthcare.

Military service, especially with the recent end to the 20-year war in Afghanistan, could weigh heavily on the minds of student veterans. According to the Journal of American College Health, student veterans are more likely than their peers to experience mental health challenges. But these data demonstrate that if treatment is available to student veterans, they are more likely to seek out and receive treatment.

SVA believes that Congress should take steps to ensure that mental health resources are available to student veterans where they are: on campus.

An often overlooked program is VA's Veteran Integration To Academic Leadership, or VITAL program. VITAL is a joint effort between the Veterans Health Administration and the Veterans Bene-

fits Administration that provides on-campus mental health and support services to student veterans when and where they need it, and coordinates with VHA, VBA, and Community Care providers.

In addition, VITAL provides education and training on student veteran-specific needs to campus faculty and staff to further aid colleges in creating a more welcoming and inclusive community for veterans transitioning out of the military. When viewed in light of the VA's whole-health treatment objective, VITAL's broad portfolio of services stands out as a well-designed, flexible and responsive to the day-to-day needs of student veterans. SVA supports expansion of the VITAL program and its capabilities on campuses across the country through increases in annual funding and proper prioritization within VA.

SVA has received valuable feedback from student veterans in recent years about how VA can continue to modernize the VA work study program.

One issue that is raised regularly is substantial disparity and opportunities available through VA work study compared to traditional work study currently available to non-veteran peers. VA work study students are largely required to work in roles directly related to VA. This limits greatly participants' ability to learn and develop in the skill sets they need to enter the broader workforce upon graduation.

As part of our ongoing VFW SVA legislative fellowship, we are working with fellow PhD student and Air Force veteran John Randolph of Penn State University to recommend important changes to the VA work study system. Specifically, John proposes broadening the pool of qualifying work study opportunities and improving payment rate and structure.

We hope to work with these committees to examine further expansion of the VA work study programs.

Fourth is childcare. Childcare needs to be another area that we focus on, as it is a pressure point for many student veterans. Increasing access to childcare is a near universal conversation among SVA chapters. It is no surprise that given more than 50 percent of student veterans themselves are parents. Childcare challenges created added pressures for the veterans and post-traditional students that can complicate academic journeys.

Finally, I would like to briefly address two additional issues. SVA remains committed to increasing certain monthly housing allowance rates, or MHA, including that of exclusively online learners, and we look forward to working with the committees to address this issue.

Second, SVA strongly supports Garden Reserve G.I. Bill Parity. We thank Chairman Levin for championing the House passed Garden Reserve G.I. Bill Parity Act. And we encourage the Senate to pass this bill swiftly. And today, on International Women's Day, I would like to recognize and acknowledge our sisters in arms, who make up nearly half of all SVA chapter leaders nationwide.

SVA appreciates the committee's commitment to acting on these issues, which directly support student veterans and their needs. And in doing so, you are ensuring we truly meet the need of all those who have borne the battle. By addressing them, you are ensuring our country delivers on the promise we made to every vet-

eran the day they chose to serve. That service to our country will not just be rewarding on its own, but would leave veterans better off than when they joined.

Thank you for your time, and attention, and devotion to the cause of veterans in higher education. I look forward to your questions.

[The prepared statement of Mr. Lyon appears on page 159 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Lyon, for your testimony. Without objection, your full written testimony will be included in the hearing record.

We will now hear next from—I am jumping a little bit out of order here, but René Campos—Commander René Campos, Senior Director, Government Relations for Wounded—for Veterans Wounded Warrior Care at Military Officers of America. You are recognized for 5 minutes.

STATEMENT OF RENÉ CAMPOS, CDR, U.S. NAVY (RET.), SENIOR DIRECTOR, GOVERNMENT RELATIONS FOR VETERANS-WOUNDED WARRIOR CARE, MILITARY OFFICERS ASSOCIATION OF AMERICA

Ms. CAMPOS. Chairman Tester and Takano, Ranking Members Moran and Bost, and committee members, thank you for the opportunity to share MOAA's priorities.

We commend the committees and VA for pressing hard in 2021 to support veterans, service members, and their families during a difficult year in the fight against the pandemic.

I would like to highlight two concerning trends. First is unpredictable funding. MOAA, like the IB VSOs is concerned about how ongoing crises and threats could dramatically alter VA's mission and funding. Congress must establish a path for predictable funding so VA can meet its modernization mandates.

Equally concerning is VA's ability to execute the massive volume of legislation enacted in recent years while dealing with ongoing systemic problems. The Secretary is further challenged by not having an undersecretary for health and benefits. Congress—MOAA urges Congress and the administration to expedite the process to fill these critical positions.

Turning to health care, stabilizing, modernizing VHA's workforce and support systems is crucial. One member wrote MOAA with thoughts of dropping his care a year being at the VA in Monterey California, saying, at first VA seemed like a good system, but I have since learned it is not user-friendly and difficult to navigate. I have tried working with a patient advocate, but she couldn't do much. Like so many VA employees, she left.

We urge Congress to support the Secretary's human infrastructure plan to include permanent authority for expediting, hiring, and onboarding of staff and increasing pay. For long-term care and extended, VA recently announced its plan to establish more caregiving programs and geriatric and extended care facilities by 2026.

However, we believe more immediate actions are needed. MOAA supports the Elizabeth Dole Home and Community Based Services

for Veterans and Caregivers Act, and we urge funding and passage of this comprehensive legislation.

There is also a need for dedicated funding to expand three newer and hugely popular programs. That is the medical foster homes and veterans directed care programs.

Next, MOAA thanks VA for its commitment to supporting women, minority, and underserved veterans, but it is woefully behind in collecting quality data on race, ethnicity, and gender, and must take corrective action immediately across the enterprise.

MOAA recommends VA and Congress accelerate its efforts to eliminate disparities to ensure equitable delivery of health care and benefits across all veteran populations. We also appreciate Congress and VA prioritizing mental health and suicide prevention. But veterans are still struggling to schedule appointments.

MOAA's Texas council of chapter's experience sums up this challenge. Veterans are getting the runaround in obtaining referrals to community care providers. Many have PTSD and can't get timely access to a mental health counselor at the VA or in the community. Others waited months for routine procedures, like colonoscopies and shoulder surgeries. Congress must ensure VA continues executing enacted legislation and investing in mental health and suicide prevention services.

In terms of benefits, the need for passing comprehensive toxic exposure reforms is urgent. Recognizing when toxic exposure has occurred allows veterans, health care providers and researchers to proactively detect, monitor and treat conditions earlier. MOAA recommends Congress pass comprehensive toxic exposure reform, which includes access to health care, reforms the presumptive process, and establishes presumptions for illnesses meeting the standard of positive association.

Finally, in 2017, Congress took action to protect veterans with VA home loans. But signs of predatory behaviors are reemerging. MOAA believes Congress should mandate regular reporting of data and consumer protection concerns on this benefit, and with the assistance of other Federal agencies.

In closing, we look forward to working with the committees and the VA to better the lives of those who served this country faithfully. I thank you, and I stand by for your questions.

[The prepared statement of Ms. Campos appears on page 185 of the Appendix.]

Chairman TAKANO. Thank you, Ms. Campos. And I apologize for the technical difficulties you endured while under such stress, but I will say that you performed admirably. Without objection, your full written testimony will be included in the hearing record.

I now—let's see. Something out of order here. Our next witness is Claire Manning-Dick, Vice President at the Gold Star Wives of America. You are now recognized for 5 minutes for your testimony, and you are doing it online. Ms. Manning-Dick.

STATEMENT OF CLAIRE MANNING-DICK,
NATIONAL VICE PRESIDENT,
GOLD STAR WIVES OF AMERICA, INC.

Ms. MANNING-DICK. Chairman Tester, Ranking Member Moran, Chairman Takano, and Ranking Member Bost, and distinguished committee members, we want to thank you for inviting us to testify this year. It has been our honor and privilege to work with legislators for over 77 years to better the lives of surviving spouses and families.

[Spoken in foreign language]. My name is Claire Aca Manning-Dick. I am the surviving spouse of Sergeant Richard Charles Dick, who served in the U.S. Air Force from 1964 to 1968. Richard continued his life of service as a dedicated leader as our vice chairman for our Shoshone-Paiute tribes on the Duck Valley Indian Reservation. He fought during the Tet Offensive in South Vietnam, and he died in 2010 due to Agent Orange exposure.

After being his caregiver, I am now the primary caregiver of his 98-year-old mother. I am the daughter of a World War II marine sergeant who fought several battles protecting the Navajo Code Talkers. Later, my father served as a Marine assistant to Ira Hayes, the well-known Iwo Jima flag raiser. I am the granddaughter of a World War I veteran, who served six campaigns in France.

Native American veterans have a strong legacy of service to our country, and I am proud of my heritage and the dedication of our people to this great Nation. Native American veterans who live on isolated reservations like I do understand all too well the pain and suffering of high rates of suicide, opioid, and alcohol addictions, and limited health services.

To receive services from a health specialist, we need to drive 300 miles round trip for the VA medical services or even civilian medical services.

COVID was very devastating to our reservation, and many of our veterans were taken ill. Not having access to mental health services resulted in our reservation experiencing the highest rate of suicide we have seen in years.

It is our hope that the VA will provide better outreach to veterans and their families on all reservations. Especially those in remote areas, and to increase funding to all veteran clinics.

When mental health services are unavailable and no diagnosis is made, benefits are not afforded to the family left behind due to suicide.

GSW supports any effort to reduce the rate of service-connected deaths by suicide, and to expedite the process for survivors to obtain the benefits they desperately need. Of course, an increase in compensation to all surviving spouses is the number one goal for Gold Star Wives of America. Other than the cost of living raises, the DIC, dependent and indemnity compensation, has not had a raise since 1993, when the flat rate was created for all going forward. The flat rate is the equivalent of 43 percent of a 100 percent disabled veteran.

We are asking for equity with surviving spouses of Federal employees who receive 55 percent. We are also asking to authorize survivors of retirees to draw the full month retired pay for the

month in which the retiree dies. Many of our members have been widowed due to the effects of Agent Orange. We are now dealing with the effects of exposure to burn pits and other toxic exposures.

When healthy young people are sent to war and subsequently exposed to toxins, they should not have to prove their exposure or to wait for the science. It has already been 30 years since the First Gulf War, and we are still waiting for a true definition or clinical case of Gulf War Syndrome.

We hear from many of our survivor spouses under age 55, who are wanting to remarry and are hesitant, as they are fearful to lose the benefits which they have been awarded.

For 77 years, we have come to remind you to follow the words of Abraham Lincoln. To care for him who have borne the battle, and for his widow, and his orphan. While our spouses paid the ultimate sacrifice for our country, we are the ones who proudly live out their sacrifice each and every day. [Spoken in foreign language]. Thank you again for your time and attention.

[The prepared statement of Ms. Manning-Dick appears on page 206 of the Appendix.]

Chairman TAKANO. Thank you, Ms. Manning-Dick for your testimony. Without objection, your full written testimony will be included in the hearing record.

I now recognize Brigadier General J. Roy Robinson, President of the National Guard Association of the United States. You are recognized for 5 minutes for your testimony, General.

STATEMENT OF BRIG. GEN. J. ROY ROBINSON (RET.), PRESIDENT, NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

Mr. ROBINSON. Thank you. Chairman Tester, Ranking Member Moran, Chairman Takano, Ranking Member Bost, and other distinguished members of the Senate and House Committees, on behalf of the almost 45,000 members of NGAUS and nearly 450,000 soldiers and airmen of the National Guard, we greatly appreciate this opportunity to share with you our thoughts on today's hearing topics for the record.

Thank you for the support you have provided to ensure accountability and improve our Nation's services to veterans and their families. Over the past several years, the combined efforts of your two committees have produced critical advances that have improved the lives of our National Guardsmen and women. And I would like to personally thank each and every one of you for that hard work. From increased USERRA protections to VA home loan eligibility for National Guard Title 32 service, we continue to make progress on multiple fronts towards true parity between the Active and Reserve components.

Today I would like to focus on three specific issues impacting Guardsmen that fall under the jurisdiction of this Committee: The benefits of increased access to medical coverage, ensuring benefit parity for Guardsmen, and further strengthening the Total Force by finally creating a singular document of military service to replace the active-duty only DD–214.

I would like to discuss with the committee today providing zero-cost TRICARE health coverage to the National Guard and Reserve. While this is not an effort that I expect will be concluded this year, I believe very strongly that the time is now to discuss if an Operational Reserve is better served through ensuring guaranteed medical coverage in lieu of the current disjointed system of third party health contractors and Periodic Health Assessments. This year, NGAUS will advocate for conducting a study at the Department of Defense into what the cost of such a change in policy would be.

The benefits of zero-cost TRICARE coverage extend beyond medical readiness and well-being for reserve component military families. TRICARE, as one of our top retention policies, will help us keep a manned and ready force. In addition to building medical readiness today, providing preventive care throughout our servicemembers' careers will likely reduce medical expenditures when they transition from drilling guardsman to veteran. This will also become a significant employer benefit when a CEO or hiring manager knows a servicemember will not require health insurance coverage.

As we ask more and more of our National Guard and Reserve units in peacetime training, I worry that companies will start to choose equally qualified non-military candidates over our servicemembers simply because they are concerned that the soldier or airman will be away too often. We must find a way to better incentivize these companies.

I ask for each of your support on H.R. 3512, Healthcare for Our Troops Act. This groundbreaking bill will re-create how we provide preventive health care to the National Guard and I am convinced that it will not only provide better health results to our Servicemembers but will prove cost advantageous in the long run.

One of the primary legislative goals of NGAUS is to address the benefit disparity for guardsmen under Federal activation authorities. For the past several years, I have addressed this committee and asked for your assistance in correcting numerous benefits not afforded to the thousands of Guard and Reserve servicemembers deploying under Title 10 U.S.C. Section 12304(b) status.

With the passage of the Forever G.I. Bill and the fiscal year 2018 National Defense Authorization Act, guardsmen and Reservists are now eligible for nearly all of the same benefits as their active duty counterparts, including tuition assistance, transitional healthcare access, and post-9/11 G.I. Bill benefits.

Of major concern for the National Guard is creating full parity for Guard service in relation to earning thepost-9/11 G.I. Bill benefits. Guardsmen currently serve in a variety of statuses and missions that do not accrue the same G.I. Bill benefits as their active duty counterparts.

Unlike our Active Component peers, a day in the National Guard or Reserve does not always equal one day of service: regular weekend training days and annual training do not count toward benefits.

Federal deployments abroad have decreased making it much more difficult for Reserve component servicemembers to earn Federal benefits, including the G.I. Bill.

Examples of this distortion in eligibility have been particularly acute in the past several years of increased domestic mobilization. Much of the COVID response, responses to civil disturbance, and disaster relief have not granted G.I. Bill eligibility.

Lastly, I would like to discuss the need for a singular record of military service across all components and all services. If the Department of Defense truly wants to achieve its long-stated goal of the total force, then a cumulative document recording all military service, active duty, and reserve component is critical.

The fact that the active duty, Guard, and Reserves all have different documents to describe military service is both unnecessary and cumbersome. Thank you.

[The prepared statement of Mr. Robinson appears on page 220 of the Appendix.]

Chairman TAKANO. Thank you, General Robinson. The—your written testimony in full will be included in the hearing record without objection.

Our next witness is Major Bonnie Carroll, founder—president and founder at the Tragedy Assistance Program for Survivors, Incorporated. You are recognized for 5 minutes for your testimony.

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

Ms. CARROLL. Chairmen Tester and Takano, Ranking Members Moran and Bost, and distinguished committee members, on behalf of the Tragedy Assistance Program for Survivors, thank you for allowing me to speak on behalf of the families of America's fallen heroes.

Since TAPS was founded in 1994, we have provided care and support to more than 100,000 bereaved military family members of all ages, representing all services and all manners of death.

In 2021 alone, 9,246 newly bereaved survivors came to TAPS for care. Of those, 27 percent were grieving the death of a military loved one to suicide, and 31 percent to illness loss. More than 16,500 surviving family members whose military loved ones due to an illness are now receiving support from TAPS. Sadly, we project this number to increase by more than 3,000 this year.

As a result of these increasing losses and the challenges they posed for grieving loved ones, many of whom were caregivers for their veteran, without recognition or government support, for years before their death, TAPS is committed to promoting a deeper understanding of the illnesses that may result from exposures to environmental toxins.

As a leading voice for these impacted families, TAPS is grateful to the Chairman and ranking members for crafting comprehensive toxic exposure legislation. The Cost of War Act and the Honoring Our PACT Act will ensure 3.5 million veterans exposed to toxins received critical health care, and their surviving families will have access to all available benefits earned through the service of their loved one.

We thank the House for passing the PACT Act last week and the Senate for passing the Health Care for Burn Pit Veterans Act, the first step in a three-phased approach for delivering health care and

benefits to veterans exposed to environmental toxins and fulfilling our Nation's sacred obligation to care for our veterans and for their survivors.

From our decades of experience, we have learned that families grieving a suicide loss often cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide themselves, for post-traumatic stress, and other mental health concerns due to the traumatic nature of their loss, providing critical bereavement support to help mitigate suicide survivor's risk is imperative.

We appreciate Representative Rouser and Senator Tillis, sponsoring the Expanding the Families of Veterans Access to Mental Health Services Act, which provides VA, vet center counseling, and mental health services to surviving families of veteran suicide loss who are currently ineligible to access these life saving services.

We thank Chairman Takano for introducing the STRONG Veterans Act of 2022, which includes hiring an additional 100 full time equivalent employees at VA vet centers to provide expanded mental health care to veterans, service members, their families, and their survivors.

TAPS also proudly endorses the Gold Star Families Day Act and thanks Senators Warren and Ernst for their support. This important legislation, supported by 35 veteran service organizations, to include Gold Star Wives and American Gold Star Mothers, will create a Federal holiday to recognize and honor the sacrifices made by the families of all those who stepped forward to serve in defense of freedom and who died while serving or as a result of their service.

TAPS remains committed to improving dependency and indemnity compensation for surviving families. We are grateful to Chairman Tester and Senator Boozman, for Congresswoman Hayes—and Congresswoman Hayes for introducing the Caring for Survivors Act of 2021, to strengthen DIC and provide equity with other Federal survivor benefits.

TAPS is also working with Congress to introduce comprehensive legislation to allow surviving spouses to remain—retain their benefits upon remarriage. Under current law, typically young widows who tragically lose their spouse in the military lose survivor benefits if they remarry before the age of 55. Many survivors from illness loss, suicide, as well as combat are younger than 55, and often have children who they must now raise alone. These surviving spouses, therefore, do not remarry after the death of their servicemember because the loss of these financial benefits would negatively impact their family, an additional unfair burden on them.

And I would be remiss if I did not express our support today for the surviving families in Ukraine and to our sister organization, TAPS Ukraine. Thank you for the opportunity to speak on behalf of our families today.

[The prepared statement of Ms. Carroll appears on page 227 of the Appendix.]

Chairman TAKANO. Thank you, Major Carroll, for your testimony. Without objection, your written testimony in full will be included in the hearing record.

Finally, we will hear from Jennifer Dane, Chief Executive Officer and Executive Director for the Modern Military Association of America. You are recognized for 5 minutes for your testimony.

STATEMENT OF JENNIFER DANE,
CHIEF EXECUTIVE OFFICER AND EXECUTIVE DIRECTOR,
MODERN MILITARY ASSOCIATION OF AMERICA

Ms. DANE. Thank you, Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and the members of the committee. I am Jennifer Dane. I am an Air Force veteran. Founded in 1993, the Modern Military Association is the Nation's largest lesbian, gay, bisexual, transgender, and queer military and veteran non-profit, advocating for fairness and equality. And we appreciate the opportunity to be here today.

Our community has served honorably since the Revolutionary War, but we have largely been left out of the narrative. However, over the course of American history, our past and our current existence, especially in Texas and Florida, is laden with discrimination and vast harm, most recently with the implementation of the transgender service ban and Don't Ask, Don't Tell, which was repealed in 2011.

Those two harms harmed hundreds of thousands of veterans and family members indirectly and directly. I, personally, was investigated under Don't Ask, Don't Tell. And know that there isn't a day that goes by that I am not reminded that without equality and fairness, my service is seen lesser than my straight counterparts.

Since then, the fight for equality and justice has never ceased. We are incredibly honored to support—to fully support Chairman Takano's commission on examining the harms of Don't Ask, Don't Tell. We also applaud VA's Secretary McDonough's taking steps to restore veteran benefits for other than honorable discharges, many of which were from Don't Ask, Don't Tell. And he also displayed the pride flag honorably.

However, this is not enough. Currently, the VA, DOD, and DHS do not collect standardized data and research on our over one million veterans, even with the consent of these veterans. Without critical information, health disparities will continue and concerns will only be exacerbated.

Instead of providing cost effective and timely preventative care for these veterans, informed by research and analysis, you all, Congress, are costing American taxpayers millions of dollars. Congress must eliminate the red tape that surrounds approval for research and analysis for our communities. And we know this capability does exist, and we have been working with Cerner to do—to make sure that the Electronic Health Records Management System is fully implemented. We know how critical it is to our communities.

It is 20 years in the making, and it is critical that the success continues. We applaud VA for hiring executives from DHA, and ensuring the leadership that allows us—to make timely decisions, which we know saves lives. This platform will allow for the successful transition from the DOD to VA.

Next, we urge Congress to establish an internal task force within the VA to—that is vital to meet the needs of our communities and provide funding to establish a full time LGBTQ care coordinator.

To date, there is zero funded—fully funded LGBTQ care coordinators that exist. This includes providing—also providing standardized cultural competency training to understand the vast differences and experiences of our LGBTQ military and veteran community, which our organization did create and is the only training program to do so, called Rainbow Shield. We did that to address these urgent needs to fill the gaps.

Lastly, we urge Congress to examine—to fully examine the family building program that works and operates within the VA. For a veteran to receive this service, a service connection disability must be established for those wanting to conceive. If a veteran meets that criteria, they must be married and be able to provide sperm or an egg, which one could assume this means they—to receive that benefit, you must be in a married, heterosexual relationship. It leaves our veterans out that are single, partnered, and married to someone of the same sex.

So with that, we want to really emphasize the fact that our LGBTQ veterans are left out of the narrative many times. We know that this implementation of this Electronic Health Records Management System will change the way that our veterans are seen by collecting data.

So before we can address some of these issues like homelessness or burn pit exposure for our communities, we know that the data and research must exist. So unlike these other VSOs that are up here, that have done this for years, we are just asking for simple data to know what our community needs. Because if we really want to address all veterans, this community must be seen, heard, and known that they are existing in today's society. And with that, again, thank you, Chairman Tester, Chairman Takano, and Ranking members Moran and Bost, and the distinguished members of the committee. I heed for questions and comments.

[The prepared statement of Ms. Dane appears on page 244 of the Appendix.]

Chairman TAKANO. Thank you, Ms. Dane. Without objection, your written testimony in full will be included in the hearing record.

I am going to—since we have only three members and no members—three members present and no members on the online platform, I am going to extend questioning time to 5 minutes each. I will begin with myself. I will recognize myself.

I would like to start with a question for any of the panelists. As I mentioned earlier in the hearing, the PACT Act establishes a process for—at VA for consideration of new potential presumptions which with concrete decision-making timelines at each step of the process. The bill also creates greater opportunity for public input into which conditions VA is considering for inclusion.

Could any of the panel, or a few of the panel describe the importance of VSO input into the presumptive determination process? So we have a—that is what we try to do in the bill.

Major Carroll, I see you smiling. Do you want to begin?

Ms. CARROLL. No. Thank you, sir. I just appreciate this very much. We learn so much from our surviving families, the illnesses that their loved ones suffered, the journey that they took to get

medical care, find that diagnosis, and then service connect it back to deployments and exposures. What you are doing to open this up and really understand what families are facing, and the burden this has placed on servicemembers is tremendous, and I am so very grateful to you. This is critically important.

Chairman TAKANO. Any other panelists? Ms. Campos?

Ms. CAMPOS. Yes, sir. I appreciate that question. We have found over the years in our organization, like many of my colleagues here, that the best legislation is made when you have a collective inclusive group of people working together to craft the legislation as it moves forward.

We have seen from history with—even with these committees in working appeals modernization, we have a collective coalition of people working on toxic exposure. And again, we have come so far that it is important to be inclusive in this process, and we ask that both the committees work together. I know we will work together to do whatever we can to get comprehensive legislation across the line this year.

And we don't have any other choice. We need to do it now.

Chairman TAKANO. Thank you, Ms. Campos. Mr. Brown, I see you nodding your head.

Mr. BROWN. Thank you, Chairman Takano. I will just say that no one works in a vacuum, and working with the VSOs together, I think we can make a strong impact in getting this passed now. It is beyond time. It has happened for a long time. So I thank you, sir, for that opportunity.

Chairman TAKANO. Anybody else wish to weigh in on this question?

Well, thank you for that testimony. One of the goals of the PACT Act is to shift the burden of proof of service connection in favor of the veteran. Can someone please describe for me the current difficulty that veterans face when filing disability claims at VA, particularly when the claim was contingent upon access to service records that are decades old and may not contain all of the relevant information about the veterans' service and potential exposure? Any comment about that? Ms. Campos?

Ms. CAMPOS. Well, I can speak from our members and also from those folks that, including myself, that have gone through the disability process. I am not sure it has changed a great deal. It is very complex. And if you—if the veteran doesn't get—before they are even leaving active duty, if they don't get the assistance, they are fighting a system all the way.

So I think that it is—it is so important that the veteran have what they need. Some folks leaving service have to get their own medical records. In other words, we make it too hard for people to serve. And how we treat them on the other side of the DD–214 is important. And if we don't value their service on that side and help them through that process, which is not a simple process. It is time consuming and also very difficult to even talk to somebody through the process. So it is critical that we—veterans have somebody to help them navigate the system.

Chairman TAKANO. [No Audio].

Mr. BOST. Thank you, Mr. Chairman. My questions are also to anyone on the panel. The January veteran unemployment rates

are, thank heaven, about 38.8 percent, which is actually better than the national average. However, this was down from an 11.8 percent in April 2020 due to COVID–19 pandemic.

What employment programs have you seen that have been most effective at getting our veterans back to work, and what can Congress do to keep these numbers as low as possible?

Mr. LYON. Sir, I am happy to take that question. So when we look at student veterans throughout the United States, and their family members who are in school, they are attending school with one of the best reemployment programs that exists. It is the G.I. Bill. One of the areas that the pandemic shed particular light on, even though the unemployment numbers are low at the moment, is the fact that just over half of all student veterans who are using the G.I. Bill and in school right now are working full or part time while they are in school.

And so it can't be overstated enough that as we think through job programs that work, to encourage employers to actually reach out to today's student veterans on campuses in their communities where they have open jobs, and if we can try to match better the employment opportunities for student veterans with what they are actually majoring in.

Unfortunately, while they are in school, they tend to work in retail or service jobs, yet their top three majors for this population are business; science, technology, engineering, and math; and health related fields. And often that second transition after graduating college and joining the workforce can be made more difficult when you don't have working experience in the industry that you have majored in.

So encouraging folks to reach out from an employment perspective to those working adults who are back in school, today's student veterans. Thank you, sir.

Mr. BOST. Any of you been watching closely our VET-TEC program and the success of the VET-TEC program, and comment on the success of it? I know that it is one of the highest actually placements ones that are out there.

Then the next question, a follow up on that is, are you concerned—right now we are seeing that it is beginning to run out of funds, and do you feel that that is something that should be pushed to the front and taken care of very quickly to make sure a program like that continues?

Mr. LYON. Sir, I don't mind jumping in again here. VET-TEC came to being when Forever G.I. Bill became a reality in 2017. And each year that the pilot program has been available, it has run out of funds quicker than the demand for the program.

When we think of education and training in the broadest sense, the majority of G.I. Bill users are actually attending post-secondary education. They are achieving their degrees. So programs like VET-TEC actually reach out to those veterans who potentially are not planning to go to college and are looking for education and training opportunities beyond the traditional degree.

I think in an ever-shifting economy, as we look to make sure that veterans remain competitive as a workforce, programs like VET-TEC should be prioritized with their ability to make sure that they are properly funded to meet demand for today's veterans.

Mr. BOST. So we are going to—I want to shift to a question here. One in four female veterans report sexual harassment by male veterans on the VA grounds. This is a horrible fact, but VSOs are uniquely placed in to be part of ending the sexual harassment at the VA. How can your organizations partner with the VA and other VSOs to educate veterans and staff on the role in ending sexual harassment at the VA. Anybody?

Ms. DANE. I mean, I can speak to that as the person. I mean, I am a woman that uses the VA facilities. I am also an MST survivor in service. And I think this is a great question to ask. One we don't have an answer to. But I think as the time progresses, and more training, not only with the employees, but also our fellow veterans, I think especially our older VSOs need to strategically talk about what it really means to talk to younger veterans, especially our younger—well, any female veteran for that matter, because some would consider talking to me like, "Hi, sweetheart," as sexual harassment, which isn't definitely the case sometimes. There is more of a case of that.

But just really being—knowing that this isn't—that all VA needs to know, there is so many different diverse perspectives. And I think that the VA is doing a really good job with its staff and training, and I think the veterans are the ones that need to really come together and learn how to talk to one another in ways.

And it is also a reason why that there is specialized—a women's veteran clinic. So there is safety. It is also for LGBTQ folks too. We also want to be protected too. So it is not just for women veterans. It is for those that are different from the veteran portfolio of a white male veteran. If we are different than that, I mean, I feel like there has got to be more education and training for VSOs that have that as their demographic. And maybe just exposure and bringing us together. Because I believe at the crux of it, we are stronger together. And exposing is—exposure to a certain perspective is the best way to solve those problems.

Not directly, to your questions, but indirectly of how we can coop that conversation and do it in a way that is more meaningful and has lasting impacts.

Mr. BOST. Thank you for your answer. My time is expired, and I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Ranking Member Bost. I recognize Senator Blumenthal for 5 minutes. Senator?

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

Senator BLUMENTHAL. Thank you so much, Mr. Chairman, and thank you for the focus on toxic burn pits, subject of intense interest to me, as well as other kinds of contaminants on the battlefield or here at home, Camp Lejeune, and Hawaii are good examples of how exposure to those contaminants can cause lasting severe injury and pain and infliction to our veterans.

I want to focus on an issue where a number of you have been very supportive. I want to cite particularly the Paralyzed Veterans of America, the Disabled Veterans—Disabled American Veterans, and the Veterans of Foreign Wars, which have issued a statement in support of my work on emergency care reimbursements, and the

comprehensive independent budget fiscal years, 2023 and 2024 for Department of Veterans Affairs, BVA compiled along with those other organizations, the DAV and the VFW a written statement on this issue, noting that you "continue to note that VA must begin fully implementing the *Wolf* v. *Wilkie* court ruling."

The statement in the budget comes as a reminder that the VA has work to do in light of your having shared nearly identical recommendation last year. That work is really overdue. The statement goes on to endorse the legislation that I have offered to "mandate VA to begin processing reimbursing veterans for emergency care."

As you well know, the VA's wrongful denial and refusal to process many thousands of outstanding emergency care reimbursements owed to veterans who receive care at non-VA facilities, is continuing to occur despite two judicial decisions in telling the VA to pay veterans back, which the VA is again appealing in the courtroom.

I was proud to introduce the Veterans Emergency Care Reimbursement Act of 2021. I introduced it last year. I am currently working on a letter to Secretary McDonough, who is very aware of my position on this issue again.

Mr. Brown, would you please describe your feeling, and I presume it is a feeling of frustration, because of this ongoing legal battle, and what your expectation would be. What your message is to the VA today?

Mr. BROWN. Well, PVA strongly believes that the *Wolf* v. *Wilkie* court decision must be implemented. I can speak on behalf of specifically one of my friends and members of PVA was taken to an emergency hospital for an injury. Upon getting released from the hospital and going home, he submitted the bills to be paid. They are more than—I believe he is more than—over half a year now, and they still haven't been paid by the VA. That has severely affected his personal credit limits and things like that. And it is beyond uncomprehensible why the VA won't cover those things because there was no facility near him, and the emergency basis, he needed to be taken care of.

And as the VA says before, that we will—this is what we cover. We will cover these bills. But now they don't. So we do expect the VA to move forward. We are encouraging them to do so. We just think they need to move faster than they already are. And it is harmful to veterans in just more than—it is a mental aspect also too. It just doesn't wear down your home, your value at home, but it also wears down your mental ability.

So we strongly encourage the VA to move forward on this in a faster effort.

Senator BLUMENTHAL. Thank you. As you point out, its impact is devastating. Not only financially, possibly physically, but also emotionally. And I would just urge the VA to respond to your very eloquent call. Thank you. Thanks, Mr. Chairman.

Chairman TAKANO. Thank you, Senator Blumenthal. I now recognize Health Subcommittee Chair Representative Brownley. Chairwoman Brownley?

Ms. BROWNLEY. Thank you. Thank you, Mr. Chairman. And thank you for all the panelists for being here, and what you do every single day for our Nation's veterans.

Mr. Brown, I wanted to thank you too for recognizing two of my bills, the MAMMO Bill, which we continue to work on, and the currently—recently introduced bill, the Elizabeth Dole Community Based Services for Veterans and Caregivers Act of 2022.

So, Mr. Brown, if you could, just elaborate a little bit why you think expanding home and community based services for elderly and disabled veterans is important?

Mr. BROWN. Thank you for the question. This one actually hits home with me also. My sister was my caregiver for 22 years. Unfortunately, about two years ago, I lost the ability for her to work for me because I couldn't pay her. She had to get a job outside. Which I fell back on the community care system. So it does hit home.

It is important to keep our dignity, keep our family. You are healthier when you are home than you are in a community care system. So I will just say that is why it is important to me.

Ms. BROWNLEY. Well, thank you for that. And I really do—I really appreciate your support and your own personal story around that. And I think—I introduced this because I think so many of our veterans, both disabled veterans and veterans who are aging, all want to be taken care of at home if they are able to, and not be in any kind of institutionalized care.

So I will look forward to working with you on that bill as we move forward. And, Commander Campos, thank you for mentioning the Elizabeth Dole bill as well. I think probably for the members that you represent, you are representing more of the elderly and less the disabled. So if you could speak a little bit to its importance.

Ms. CAMPOS. Well this—as I said in our testimony, this is—and I think COVID has kind of hit home a lot more the need for having this. Many of the veteran and military service organizations here, and those that we work with in the military coalition, we have been working to try to get VA to move forward quicker to meet the needs of an elderly population.

But again, we also have people leaving service who have been wounded, ill, or injured. Not only because of wars but just in service as a whole. And these veterans want to live as independently as possible. And VA, while I recognize in our testimony, grateful that they are moving forward, expanding extended care and long-term care, and planning over the next few years, there are other things that need to happen more quickly that are popular, like the Veterans Directed Care Program I mentioned.

I can speak personally, too, for my brother who I lost last year, and that foster home care would have been very good. It is something he wanted but he wasn't eligible for. So this bill is—we are very grateful that it is something that is timely and long overdue. So thank you.

Ms. BROWNLEY. Thank you very much, Commander. And thank you for sharing your story with regards to your brother.

I only have a few seconds left, Commander Campos. You also mentioned in your written testimony the importance of the—of another bill that I introduced, the Dental Care for Veterans Act. Can you speak a little bit to that and kind of let us know how many

of your veterans this seems to be a constant issue and problem for them?

Ms. CAMPOS. Thank you ma'am. I appreciate that question. I think like mental health, we have started the dialogue of saying that mental health is physical health, and that is together.

I think you have to look at that in terms of dental health as well. We have supported your bill, as well as Senator Sanders, and we believe strongly that dental health and considering the comorbidities that so many veterans in the VA have, that you can't take care of the physical without also taking care of the mental as well as the dental side of their care.

And again, that affects other parts of their quality of life and their well-being.

Ms. BROWNLEY. Thank you so much. And thank you, Mr. Chairman. I yield back.

Chairman TAKANO. Thank you, Chairwoman Brownley. Ranking Member Rosendale, you are recognized for 5 minutes.

Mr. ROSENDALE. Thank you, Mr. Chair. I appreciate that. And I really enjoy seeing all of our VSOs here in the meeting live. It is great to have you here joining us, really. And thank you so much for all of your advocacy for the veterans. We really do appreciate that.

Mr. Brown, I don't have a question for you, but I really appreciate your statement on the—a number of benefits that the Veterans Administration seems to offer back out and declare that they will cover, and then to actually rescind that at the last moment when the veteran really relies upon it. And I for one sure recognize the—just the unpredictability and the havoc that that creates in a veteran's life, not to mention the other veterans that look at that circumstance and say well, why in the world would I want to get involved in an operation like that that can't run itself properly. So thank you very much for that input.

Which brings me to the question that I want to go to Mr. Lyon about. The previous panel that we had here, I was talking to them about this change in interpretation. Not a change in law, not a change in statute, but a change in interpretation and the 8515 recognition for our students to be able to get education benefits from the VA. And I was wondering if you had any of your members already run into this, because apparently it is starting to roll out, or could you expound upon what we could anticipate this fall if this isn't sorted out.

Mr. LYON. Thank you for the question. I appreciate it. And generally speaking with the issue that you are bringing up, there are certainly big areas of concern. I think chief among them is certainly as it pertains to institutional compliance and the way in which VA is interpreting and presenting guidance.

And I think ultimately, regardless of how many folks are impacted, and there certainly are, the VA guidance is kind of paramount. And just taking your interest, we would love to work with you and your team to have a better opportunity to have a greater sort of clarity and communication from VA relative to this new change in interpretation.

Mr. ROSENDALE. I really appreciate that. And we are trying right now to apply pressure on the VA to clarify, and basically just to

return to the interpretation that they had been using for 60 years. I mean, going back to the G.I. Bill. To make sure that the students were able to get that benefit that they were promised when they actually enlisted. That is where we are supposed to be.

Which brings me to my next question, which is for you, General Roy. We talked to a lot of servicemembers, veterans and active, in regards to the recognition of duty, okay, to identify benefits. And I for one, we—ten percent of the population of Montana is veterans. So we are very, very concerned about these issues. And what I have also seen is the amount of reliance that the military has placed upon the National Guard to supplement all of their additional activities.

Unfortunately, we have been involved in a lot of conflicts as of recent, and it has been very—placed a lot of pressure on the National Guard to help fill those voids. But the other conversation that everyone has is we have to be careful about the diminishing return on this investment, if you will, to make sure that we don't place the benefit level so high on the National Guard that we start drawing the enlistment, the incentive to enlist in the traditional or full active duty.

And so I just would love to hear some feedback from you on this.

Mr. ROBINSON. Yes, sir. That is a great question. But I would ask you to look at it from a little bit different perspective. If you look at the men and women who join the active component of any of the services, their average service is going to be between four and six years. Very few of those servicemembers are going to go on to receive a full retirement and stay in for 20 or 30 years.

So what it does is, it makes the Guard and Reserve a very attractive option when they opt out of active service. When they leave active service, they want to move back to Montana, and they want to continue to serve in a uniform, we want to make it very attractive for the Guard and Reserve to be a great option for them to come in, and fill those ranks, and continue to serve.

And if you think about everything that is involved, and the cost associated with training servicemembers throughout all the services, we want to retain that to the best extent possible. And the percent of those who come and serve in the Reserve components, National Guard and Reserve, they stay longer, and a much greater percentage of them actually qualify for retirement benefits, although at a reduced rate.

So there is actually some goodness in trying to make the Guard and Reserve a more attractive place to go.

Mr. ROSENDALE. And if, in fact, they had already served in full active military.

Mr. ROBINSON. Correct.

Mr. ROSENDALE. That makes sense. Thank you. Thank you very much. I appreciate that. Mr. Chair, my time is up. I would yield back. Thank you.

Chairman TAKANO. Thank you. I learned something from that exchange, so thank you for that question.

Representative Pappas, you are recognized for 5 minutes.

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

Mr. PAPPAS. Thank you very much, Mr. Chairman. And thank you to all of our panelists here today for some very compelling testimony, and for your service, and all of your advocacy work that I think is really important to our committee moving forward. So I appreciate that.

I wanted to start with Brigadier General Robinson. And I appreciate your comments about zero cost TRICARE, about fully parity for members of the Guard and Reserve. I see this through the New Hampshire National Guard, that I come into contact with, who I know are continuously being called upon during times of national emergency and crises in New Hampshire. But we know they aren't always credited for those activations as they should be.

I wanted to highlight a bill that I am introducing later this week. It is a companion bill to a bill that is in the Senate, the Record of Military Service for Members of the Armed Forces Act. It is going to ensure that all members of the Reserve components are provided the same DD–214 as other members of the Armed Forces following their retirement or completion of service.

And so I know that you alluded to this in your testimony. I am wondering if you could talk a little bit more about the importance of a standardized form and what this would do for members of the Guard and Reserve.

Mr. ROBINSON. Thank you for your question. We are working on this right now. So just think about the difficulty in those who have served, providing documentation to the VA for any type of service after they take the uniform off. If they have served in multiple services or multiple components, then it is a matter of going around and gathering up different documents to include the DD–214 from their active service, NGB Form 22 from their Reserve service or from the Guard Reserve—Service.

So the idea that we could someday have one document that captured all the service of a servicemember, without regard to the service component or the actual component that they do the service in, or the geographic location where they do the service, either domestic or overseas, could be captured on one document that at some point in time could possibly be electronic, and it would be there for a very long period of time. As opposed to the servicemembers going around, or their families, when the need arises to prove that service, going around and trying to collect these documents from several different repositories across the country.

So we think it would be a really good move for those in the National Guard who try to document their service with a form that all don't understand. But I also think it would be very positive for those who serve in multiple services and in multiple components, and the challenge of gathering and documenting that service. Thank you.

Mr. PAPPAS. Well thank you for your comments and for highlighting why this is important. And I look forward to continuing to work with you on this issue, and hopefully building some significant momentum in the Congress to pass this really common sense piece of legislation.

With my remaining time, I wanted to turn to Ms. Dane. I know that we are more than a decade now after the repeal of Don't Ask, Don't Tell, but we know that there are LGBTQ veterans who are still denied benefits and services, who have been caught up in everything—in the legacy, really, of that era.

Last September, the VA took steps to remove barriers facing those veterans who are still unable to access benefits, but clearly we need to establish protections in law, which is why I have got a bill called the SERV Act that looks to make permanent access to VA benefits outlined by the Secretary.

I want to thank your association and your leadership on this issue. And just wondering if you have any additional comments on steps we need to take to ensure that LGBTQ veterans are treated fairly and also feel comfortable receiving the care that they need through VA?

Ms. DANE. Absolutely. And thank you for that question. We know that since World War II until the repeal of Don't Ask, Don't Tell in 2011, 144,000 servicemembers were discharged dishonorably or other than honorable, simply for being lesbian, gay, or bisexual.

We know that less than 1 percent of those benefits have been restored. So it is critical that these veterans are seen and visible and get the honor and dignity that they deserve. And especially having their benefits restored.

Our organization these past two years, I have worked with over—probably about 500 service members, trying to get those appeals and the benefits given back from them from the Board of Record Correction. To date, I have only seen one of those upgraded. One upgrade for petitioning the Board of Records Correction.

We also—because of the pandemic, it exacerbated the wait time to actually get them. We saw members of our community die because they didn't have access to health care. And whenever they did die, they couldn't have access to their burial benefits.

So what I—I have to tell families, I am so sorry, I—your family member served with dignity and respect, and we can appreciate that, but the VA says your duty, or your service is not valid. So we urge that the SERV Act be absolutely implemented. And we urge the VA to do this immediately without any hesitation, because we do need to restore dignity and honor to those servicemembers who served our country, and they are our American heroes.

Thank you.

Mr. PAPPAS. Well, thank you very much for those comments. I am over my time. But I do want to say that it is long past the time to right the wrongs of our history, especially when it comes to this group of veterans. So thank you for your comments. I yield back.

Chairman TAKANO. Thank you, Representative Pappas. I now recognize Representative Ruiz for 5 minutes.

HON. RAUL RUIZ,
U.S. REPRESENTATIVE FROM CALIFORNIA

Mr. RUIZ. Thank you, Chairman. It took over two decades since our 9/11 veterans began to serve, but the House has finally passed a historic, comprehensive bill that will help veterans suffering from exposure to burn pits and other toxins.

Last week, House members from both sides of the aisle came together and agreed that our veterans should not have to shoulder the burden to prove their illnesses are a result of their service to our country and exposure to toxic burn pit smoke.

Now, it is the Senate's turn to act. While I understand the Senate has already passed a bill that would allow veterans an extra five years to apply for health care, it doesn't address the key problem, and it is missing an important—the most important key element in order to truly help veterans harmed from toxic exposures.

Presumptions. Military studies based on the Gulf War on the health effects of open air waste burning can be traced back to the 1990s, when concerns about health risk began to rise from returning Gulf War veterans. Yet many continue to argue that more studies and reviews are needed before we can prove our veterans' illnesses are related to their service.

As a physician and public health expert, I understand the necessities for studies and the importance of understanding the science behind an illness and disease, but that has been done here.

The evidence has shown us time and time again that there is a connection between illnesses veterans are diagnosed with and their service near burn pits. Otherwise, healthy veterans with no increased risk factors are becoming delayed casualties of war, when years later they develop respiratory illnesses and cancers.

We don't need more studies to understand why. Carcinogens cause cancer. Breathing noxious chemicals cause lung injury. Burn pits, toxic smoke contains toxic chemicals that harm lungs and carcinogens that cause cancer. We need to follow the evidence and presume service connection for all 23 illnesses listed in the Honoring Our PACT Act, which I call on my Senate colleagues to pass immediately.

Our veterans cannot wait longer to get the health care that we owe them. My first question, Claire Manning-Dick, thank you so much and all the Gold Star Wives of America for your commitment to bring awareness to the inequities that exist and benefits for surviving spouses and children.

As mentioned in your statement, the Gold Star Wives of America supports the Honoring Our PACT Act, which includes my bill, The Presumptive Benefits for Warfighters Exposed to Burn Pits and Other Toxins Act. Can you tell us why it is important to pass legislation that includes a presumption of service connection for illnesses and cancers?

Ms. MANNING-DICK. Yes. It is so important. This is just desperately needed. All of the—just going back to my husband, how hard it was for him to prove that he was exposed to toxic exposure.

And it took years and years to—because we were denied several times. But now, you are looking at the burn pits and the things that the families are going through, especially—I can speak for the isolated areas, because we live so far out on the reservations, and we are not receiving a lot of the outreach and the services that we really need to get. And we need to have a better connection with the VA.

The VA really needs to do a better outreach consistent of doing the paperwork and the studies and the science of the toxic exposure. And this is just something that is long time coming, and I am

just so proud of you to have this encouragement. It is just a long time coming, and we are really supporting anything that you push——

Mr. RUIZ. It seems to me, ma'am, that simply extending the time that veterans can apply for their health care doesn't solve the problem of the burden still on the veteran and having to fight the VA to prove that their service related cancer and chronic bronchiolitis and other lung injuries are due to burn pits; is that correct?

Ms. MANNING-DICK. Yes. Yes, definitely. That is correct. Yes.

Mr. RUIZ. So would you say that the presumption and taking that burden off the shoulders of the veterans is the key element in addressing burn pits for our veterans today?

Ms. MANNING-DICK. Yes. Yes, definitely. We——

Mr. RUIZ. Thank you.

Ms. MANNING-DICK. Thank you.

Chairman TAKANO. Thank you, Dr. Ruiz.

We are—I have got a hard stop at 1:30, but Ranking Member Bost, if you would like to take 5 minutes, please go ahead.

Mr. BOST. Only to thank our witnesses for being here and thanking them for the hard work that they do every day for each one of their groups, organizations, and the veterans that they serve. And thank you so much for being here.

Chairman TAKANO. Thank you, Ranking Member Bost. I, too, in my closing wish to thank all of the witnesses here today for, I know, the incredible work that you do. We have worked with each of you on legislation. Some of that legislation I know has already passed the 50 goal line.

As I say, I think with respect to the Parity Act, we are within field goal range, but we are not going to settle for three points. We are going to go for the touchdown, and as I say, the two point conversion.

So—and that is true also for the PACT Act and everything else, that we have got—that we put through the House, and we have got Ms. Brownley's legislation that is pending. I mean, we have got a lot of folks, a lot of people on both sides of the aisles that want to move stuff. It is going to be my ambition—it is my ambition that we have a banner year for veterans under my watch. So but it is only going to happen—it only happens with you and your members, and your advocacy, and we take our priorities from you. So thank you for all the work you do.

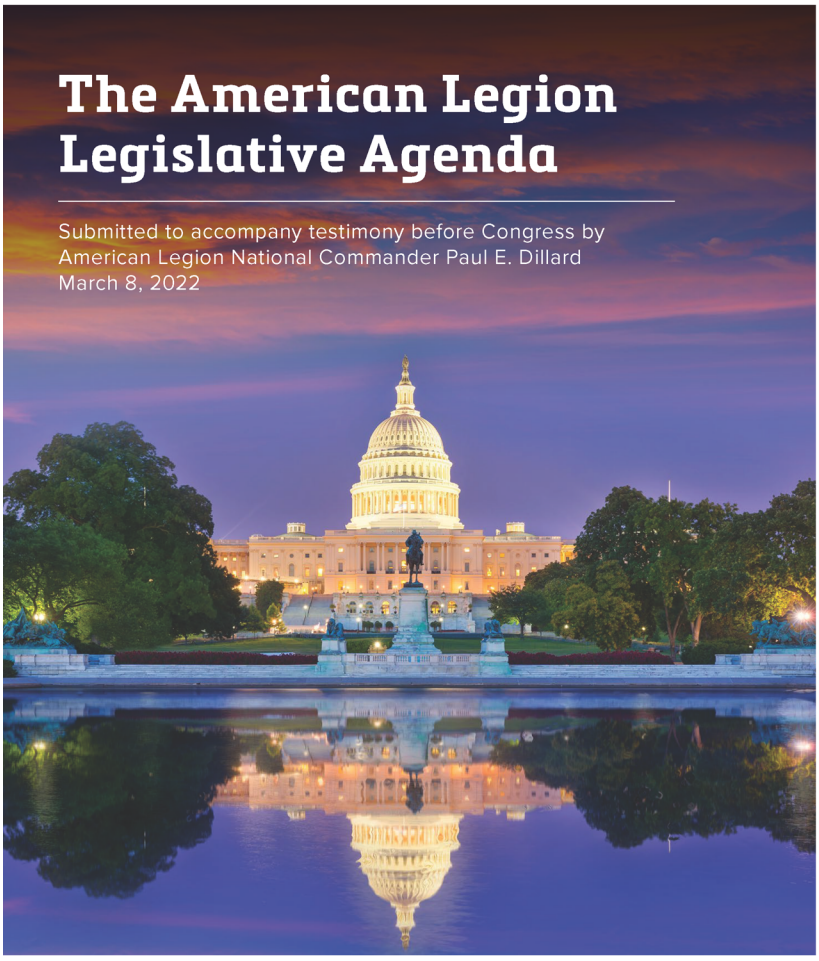
And with that, the joint committee hearing is now adjourned. Thank you.

[Whereupon, at 1:24 p.m., the Joint Committee was adjourned.]

A P P E N D I X

Prepared Statements

AMERICAN LEGION



The importance of veteran peer support

The final line in the Preamble to The American Legion Constitution states a purpose, drafted in 1919, that is as meaningful today as when our organization was founded: ***To consecrate and sanctify our comradeship by our devotion to mutual helpfulness.*** In sum, that means The American Legion is fundamentally built on veteran peer support. We strengthen America by helping each other along a journey most citizens don't clearly understand.

That line has given rise to many opportunities for The American Legion and Congress to collaborate in support of our nation's veterans, military personnel, young people and responsible citizens for over a century. It guided us as we brought the Veterans Administration into existence in 1930 and oversaw its development into the Department of Veterans Affairs, where "the best care anywhere" could not have happened without peer-to-peer advocacy and support from Congress. It gave us the GI Bill and the Veterans Preference Hiring Act. Government accountability for exposure to toxic substances, as well as the effects of post-traumatic stress disorder, comes from our devotion, as veterans, to mutual helpfulness, facilitated and guided by Congress, the administration and the Pentagon.

Paul E. Dillard
The American Legion
National Commander

Today, that line in our Preamble inspires The American Legion's Buddy Check program that has helped thousands of veterans and their families throughout the COVID-19 pandemic. It drives our tireless efforts to prevent veteran suicide, to seek effective treatments for PTSD, to even the health-care playing field for women veterans and to build education and career opportunities for those who have served, regardless of branch, reserve status or National Guard.

The brave men and women who have protected America through the Global War on Terrorism are now Post-9/11 "veterans." Their needs are unique to the battles they have individually confronted – combat danger, exposure to toxic substances, mental health challenges, difficult transitions to civilian life and others. Their needs and concerns are likewise conditioned by this complicated time in America, entering the third year of a global pandemic, as health-care services are strained, the economy is weakened by supply-chain breakdowns and as our troops are called upon once again to stand strong against deadly threats on foreign soil.

Circumstances may differ from one war era to the next, but our mission does not. Whether we served during the Cold War or Operation New Dawn, we know from experience that peer-to-peer support – devotion to mutual helpfulness – can effect positive changes not just for one veteran from one war era or another but potentially for millions across multiple generations.

The legislative priorities in this document represent the voices of our 1.8 million members who serve more than 12,000 communities. American Legion service officers handle some 750,000 VA claims, free of charge, at any one time, all the time. They know better than anyone the VA benefits landscape and changes that need to be made. Moreover, our positions arise from resolutions passed by veterans in support of their fellow veterans.

We are delighted that Congress has acknowledged the power and potential of peer-to-peer support. A National Buddy Check Week through VA can substantially advance an American Legion program that has already served thousands of hungry, lonely, sick and under-informed veterans. The American Legion is a staunch advocate of peer-based VA Vet Centers, structured peer-support programs at local posts and the responsibility we have to connect those who are struggling with mental health issues to VA services that can help them.

Programs and services for veterans always need fine-tuning. That's why we deliver this testimony each year. But what never changes is our shared responsibility to stand by the men and women who stepped into harm's way when our nation needed them, who need us now to live up to our end of the bargain.

Table of Contents

The Best Care for Our Nation's Veterans

Mental Health

Mental health treatment has always been a priority for The American Legion. Recently, it has been a predominant concern as veterans struggle to deal with the ramifications of the ongoing COVID-19 pandemic, the chaotic U.S. withdrawal from Afghanistan and the 20th anniversary of 9/11. Many veterans may feel lost, tired, isolated and hopeless, which can be seen in increased substance use, depression and anxiety, further aggravating pre-existing mental health concerns.

While mental health needs manifest in various ways, some more severe than others, all need quality treatment options that address military and veteran-specific needs. Specifically, we must continue to address two common risk factors that have plagued the military and veteran community for years: substance abuse and PTSD. Supporting the expansion of Vet Centers and the Department of Veterans Affairs (VA) Solid Start Program, as well as access to complementary and alternative medicine (CAM) therapies, will help to mitigate mental health crises.

Since 1979, Vet Centers have been critical resources for veterans and their families when in need of counseling and readjustment assistance. Many servicemembers who reside in rural areas face challenges trying to visit VA medical centers for mental health concerns. Vet Centers, which also offer mobile units, make it possible for veterans to receive services close to home. To improve access to high-quality services, VA should consider increasing the number of Vet Centers in certain states, based on population, providing information on Vet Centers to transitioning servicemembers and instituting a program at Vet Centers to help veterans suffering from food insecurity.

Many veterans are not willing to subject themselves to the emotional strain associated with evidence-based psychotherapies. CAM therapies provide an alternative treatment that may be more comfortable for at-risk individuals. Providing more diverse treatment options is critical to ensure that veterans have increased control and agency in their recovery processes. There are many factors to consider when addressing mental health issues, and providing veterans with alternative therapies allows for a more comprehensive and tailored approach to mental health treatment.

KEY POINTS

» The veteran community struggles with distinct mental health challenges which can lead to anxiety, depression, suicidal ideation and PTSD.

» To better understand veteran mental health issues, The American Legion is scheduled to conduct annual mental health surveys.

WHAT CAN CONGRESS DO?

» Support the funding, implementation and expansion of mental health services at Vet Centers, CAM therapy programs and VA's Solid Start Program to support veterans' mental health treatment.

DoD Photo/ Airman 1st Class Anna Nolte

Suicide Prevention & Peer Support

In the military, servicemembers become a part of something larger than themselves. They find themselves surrounded by their peers who often function as a support network upon whom they can rely. When they transition from active service back to the civilian lifestyle, they may lose that support and feel isolated. Unfortunately, these transitional changes can bring about or exacerbate concerns related to emotional and environmental stress. Many of these issues can lead veterans to contemplate suicide. Peer support can aid in addressing this by providing veterans with access to others who are dealing with similar issues. Other important vehicles for suicide prevention include supporting the VA Suicide Prevention Hotline and continued funding of mental health initiatives.

The American Legion has taken a front-line role in these efforts by implementing an annual Buddy Check Week with Legionnaires and veterans. Buddy Check Week is a peer-to-peer outreach program which facilitates veterans having open and candid conversations with other veterans to share their experiences. There has been immense grassroots success with this initiative, and veterans have been connected with assistance they needed but did not know where to go or who to ask.

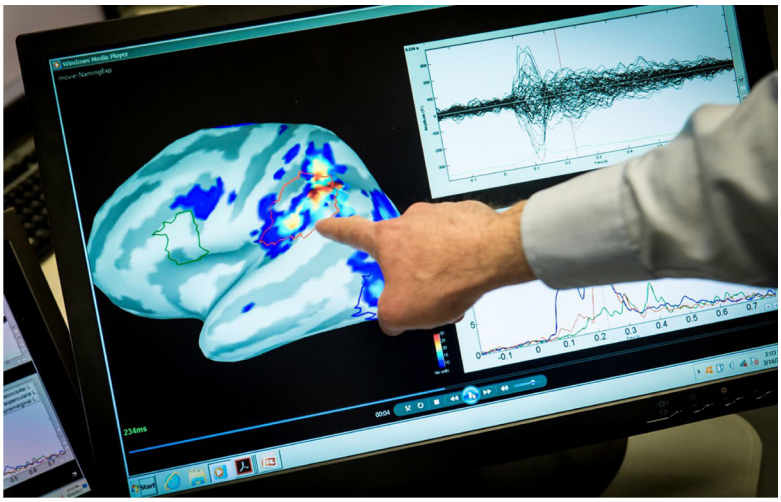
The Department of Veterans Affairs (VA) also works to provide a network of peer support for veterans during turbulent times, such as Peer Support Programs at various facilities across the country. VA continues to hire peer specialists and technicians, provide a Peer Specialist Toolkit on its website and instituted a Caregiver Peer Support Mentoring Program. All are amazing resources, but gaps remain to be filled. Developing effective partnerships with community mental health and addiction agencies to expand access to peer-support services, and ensuring VA has a recovery model tailored to meet the specialized needs of veterans through peer support, can help to bridge these gaps.

KEY POINTS

- Since 2007, the Centers for Medicare and Medicaid Services have identified peer support as an evidence-based practice with Medicaid having reimbursed these services across 20 states.
- Studies have shown peer-support providers are better able to empathize with veterans in an accepting, adaptable and calm manner.
- In 2017, The American Legion established a suicide-prevention program to encourage conversations on the review of methods, programs and strategies that can best address and reduce veteran suicide.

WHAT CAN CONGRESS DO?

- Ensure passage of VA National Buddy Check Week legislation (S. 544, "Budy Check Week" Act).
- Support the expansion of the Peer Support Program, particularly in rural areas.
- Expand the provision of VA peer-support services on virtual platforms.
- Assure VA is providing culturally competent peer-support services to minority veterans.
- Pass legislation creating a pilot program that would provide grants to eligible entities for peer-to-peer mental health programs for veterans.



U.S. Air Force photo by J.M. Eddins Jr.

TBI/PTSD

Traumatic brain injury (TBI) poses specific challenges due to the symptoms that are also commonly associated with post-traumatic stress disorder (PTSD). This makes identifying the source of these symptoms a complicated task. TBI symptoms can exacerbate PTSD symptoms and vice versa. The most concerning TBI issue is the number of comorbidities that are common suicide risk factors. To address this issue, the Department of Veterans Affairs (VA) conducts TBI research through its Office of Research and Development and studies treatment at its Translational Research Center for TBI and Stress Disorders. VA is also at the forefront of TBI/PTSD research and treatment with its Brain Rehabilitation Research Center, War Related Illness and Injury Center, and Polytrauma/TBI System of Care. The American Legion treats TBI as a priority through its TBI, PTSD and Suicide Prevention Committee, which was created by national resolution in 2015. More research must be done to provide high-quality health care to veterans suffering from TBI and PTSD.

KEY POINTS

» TBI is a serious invisible wound of war that afflicts many Post-9/11 veterans; it has many symptoms in common with PTSD.

» When treating TBI and PTSD, a variety of comorbidities require consideration and treatment because of their contribution to suicide risk.

» The American Legion's TBI, PTSD and Suicide Prevention Committee encourages the advancement of research into the complex issues of those who have experienced TBI and PTSD, through new innovative care options.

WHAT CAN CONGRESS DO?

» Facilitate VA and Department of Defense (DoD) efforts to conduct innovative research.

» Provide oversight for VA and DoD initiatives which expand access to evidence-based complementary and alternative medicine (CAM) treatments for veterans suffering from TBI/PTSD.

» Pass legislation empowering veterans to choose treatments that work best for them to address their TBI/PTSD.

VA Recruitment & Retention

Recruitment and retention issues in the Veterans Health Administration (VHA), which have manifested into physician and medical specialist staffing shortages, have long been a concern of The American Legion. Since The American Legion's System Worth Saving program's inception in 2003, the organization has tracked and reported staffing shortages at every Department of Veterans Affairs (VA) medical facility across the United States. Filling staffing shortages is imperative to ensure VHA's ability to provide high-quality and timely care for veterans. This is a particularly poignant issue given the increasing demand for services by veterans returning from military operations, as well as aging veterans.

Recently, VA has made strides in recruiting and hiring employees with the introduction of many new programs and improvements of existing ones. Of note, in FY2020, the medical center director fill rates were above target, and VA took an active role in employing more veterans. Additionally, the percentage of preference-eligible veterans employed at VA was above the U.S. Office of Personnel Management target guidance. Furthermore, VA's Education Debt Reduction Program has added significant retention power which increased employee retention rates.

VA is offering a Pathways to Internship Program that allows currently enrolled students to receive paid VA internships and receive full-time VA employment offers upon completion of the internships. Hiring transitioning medics and corpsmen through VA's Intermediate Care Technician Program plays an equally important role in improving VA recruitment and retention. This direct marketing campaign is used to attract transitioning military medical professionals to work for VA.

More must be done to oversee these programs to ensure their efficacy as well as fill gaps in areas where improvement is needed. It is critical that VHA continues to develop and implement staffing models for critical need occupations and VA comprehensively collaborates with community partners to fill shortages within VA's ranks. Further consideration must be given to finding a balance of primary care and medical specialists, adequately compensating VHA employees to incentivize retention and investigating how to better maintain high-level employees in critical leadership roles.

KEY POINTS

- VA has a shortage of mental health providers, worsened by the COVID-19 pandemic, making it challenging for veterans, especially in rural areas, to receive mental health services.
- Medical officer, psychiatry, nursing and custodial worker professions are commonly cited as having severe occupational staffing shortages.
- Hiring new health-care professionals and non-clinical staff, and understanding how to retain them, is needed for VHA to maintain a robust and viable health-care system for veterans.

WHAT CAN CONGRESS DO?

- Increase pay rates for certain physician and non-physician provider positions at VHA to encourage long-term VA employment.
- Maximize the utility of current recruitment and retention policies, programs, and initiatives while supporting the implementation of new ones.

American Legion Photo by Stephen Geffre

Women Veterans

Women have voluntarily served in every war since the American Revolution. They have stood shoulder-to-shoulder with their male counterparts, filling roles critical to our country's national security. Today, women are the fastest-growing demographic in the military and veteran community. The Department of Veterans Affairs (VA) estimates an annual population increase of 0.6 percent for women veterans by 2045. VA must plan now to account for these demographic shifts and ensure that women veterans are provided high-quality care and resources.

Barriers include not identifying as a veteran, not being recognized as a veteran by VA employees, lack of awareness and understanding of VA health-care benefits and perceptions that VA is an "all-male" health-care system. Other gender-specific difficulties include women veterans being more likely to experience mental health issues and military sexual trauma, as well as chronic pain management and musculoskeletal condition treatment. To address these problems and barriers to care, VA must have care models and standards that are gender-specific and culturally competent.

The Department of Defense has worked with VA to introduce the Women's Health Transition Training Program, to reach active-duty women who are transitioning out of military service, about VA to ensure a seamless transition and connect them with the resources they need. Moving forward, it is equally important to simultaneously oversee current programs and the implementation of past legislation impacting women veterans while also advocating for new legislation which fills the gaps remaining. This means improving mammography services, mitigating the cost of contraceptive care, and studying the need for women-specific drug and alcohol dependency rehabilitation programs, as well as others.

KEY POINTS

» Currently, about 9-in-10 veterans (89%) are men, while about 1-in-10 (11%) are women, according to VA's 2021 population model estimates. The number of female veterans is also projected to increase from around 2 million in 2021 to approximately 2.2 million in 2046.

WHAT CAN CONGRESS DO?

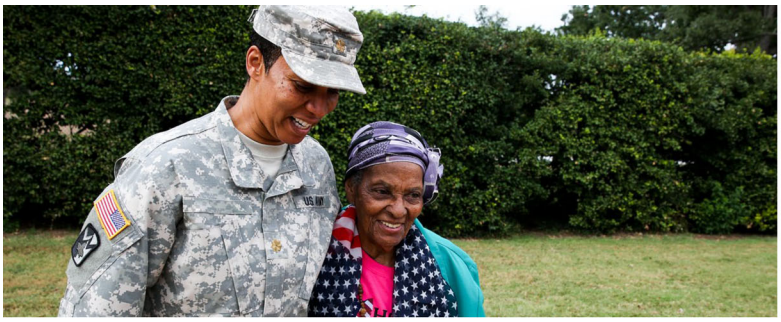
» Improve access to mammography services for women veterans. (S. 2533/H.R. 4794, the Making Advances in Mammography and Medical Options – MAMMO – for Veterans Act)

» Increase access to child-care services and newborn care at VA medical centers.

» Support studies into inpatient women-veteran-specific alcohol and drug dependency rehabilitation programs. (H.R. 344, Women Veterans TRUST Act)

» Provide timely oversight of legislation, which has been signed into law, that impacts women veterans.

DoD Photo by Sgt. Alexis Washburn-Jasinski



American Legion Photo by Greg Kendall-Ball

Minority Veterans

According to the National Center for Veterans Analysis and Statistics, minority veterans represent about 25% of the total veteran population. While the overall veteran population is expected to shrink by 2040, the minority veteran population is anticipated to increase to 34%. It is clear based on the statistics that minority veterans represent a growing demographic within the veteran community. Unfortunately, the U.S. Department of Health and Human Services and the Agency for Healthcare Research and Quality has reported minority veterans suffer from disparities in health care, worse health outcomes and unmet health-care needs. The Department of Veterans Affairs (VA) should be cognizant of these disparities and how they are impacted by gender, sexuality, race, religion and more.

For instance, African-American veterans are more likely to suffer from late-stage chronic kidney disease, colon and rectal cancer, diabetes, and stroke than their Caucasian counterparts. VA has reported that health disparities are potentially attributed to factors that include gaps in health literacy and health activation, lack of cultural competence, unconscious bias among providers, and stigma.

Another minority group with barriers to health care and health-care disparities is LGBTQ+ veterans. A recent Government Accountability Office report found LGBTQ+ veterans are potentially at a higher risk for depression and suicidal ideation. Corroborating these findings is VA's Office of Health Equity, which has noted LGBTQ+ veterans report suffering from negative stigma associated with their sexuality and gender identity which negatively impacts their mental health.

Native American veterans serve in the military at a higher rate than any other ethnic and racial group, yet are considered minority veterans. Like many other minority veterans, they have their own distinct challenges accessing high-quality health care and managing disparities in health care. They disproportionality suffer from high rates of substance abuse, depression, PTSD, diabetes and chronic pain.

KEY POINTS

» Minority veterans, such as African-American, LGBTQ+ and Native Americans disproportionally struggle with disparities in health care and decreased access to high-quality health care.

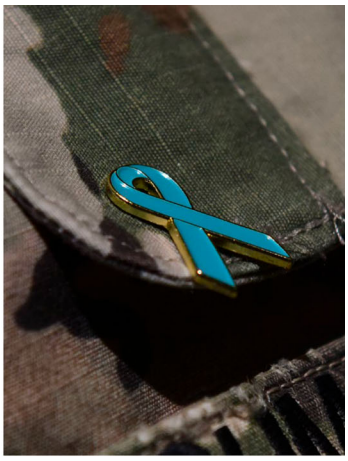
» Ensuring VA has culturally competent health-care providers, inclusive facility policies and educational campaigns on the needs of the minority veteran community is essential in providing high-quality care to this population of veterans.

WHAT CAN CONGRESS DO?

» Support VA's Minority Veterans Program and other minority-veterans related programs, and ensure federal funding is properly working to address health inequities for minority veterans.

» Expand educational outreach efforts on VA programs and services to the minority veteran community.

MST Survivors



DoD photo by Airman 1st Class Monica Roybal

Military sexual trauma (MST) refers to sexual assault or sexual harassment experienced during military service. MST impacts thousands of men and women in the U.S. Armed Forces and veterans' community. According to the Department of Defense (DoD), approximately one in three women veterans and one in 50 male veterans suffer from MST. A history of MST has correlations to many health and economic consequences, including PTSD, unwanted pregnancies, sexually transmitted infections, homelessness and substance abuse. As such, MST claims and treatment involve delicate and sensitive emotional issues with corresponding competent care.

In August 2021, grant rates for PTSD related to MST increased from 50% to 72%. While this would appear negative, it is reflective of effective outreach campaigns which have facilitated more MST survivors seeking help when they otherwise they would not have. Unfortunately, there remains inequity in claims adjudication. According to the DoD's 2018 Sexual Assault Prevention and Response report, 37% of female servicemembers who experienced sexual assault reported the crime while only 17% of men did.

MST has been widely framed as a women's issue, even though statistically, over half of survivors are men. The inequity in claims approvals for male MST survivors is influenced by military and sociocultural expectations of male veterans. According to these expectations, male veterans are expected to handle unwanted sexual situations in the moment and not allow them to happen in the first place. Conversely, women are painted as victims who cannot defend themselves, so their claims are more credible.

To fulfill the Department of Veterans Affairs' (VA) duty to provide care to MST survivors, without retraumatization, for services and treatment, Congress must encourage VA's compliance with recently passed legislation to ensure proper sensitivity training and culture change from the top down. Moving forward, VA and Congress should also consider expanding peer-support services to MST survivors, given it is an issue which reoccurs throughout the entirety of the survivor's life.

KEY POINTS

- MST impacts people of different genders and does not exclusively occur in one gender group.
- Veterans who suffer from MST are more likely to suffer from other dangerous and concerning comorbidities which put their health at risk requiring sensitive and delicate claims treatment and health care.

WHAT CAN CONGRESS DO?

- Enhance peer-support services and mental health resources to MST survivors at VA facilities.
- Support VA in creating reporting and claims filing processes that prevent MST retraumatization.
- Improve oversight of MST claims and subsequent care by combining processes through the creation of a stand-alone MST office.
- Pass legislation requiring VA to provide claims specialists with specific MST Disability Benefits Questionnaires that will give a more complete picture of the survivors' experience and reduce the burden of proof from the veteran.

American Legion Photo by Matthew Hinton

The Future of VA Health Care

The future of Department of Veterans Affairs (VA) health care is as a hybrid system consisting of inpatient and outpatient care, telehealth and community care. Ensuring VA is equipped to meet the unique needs of an increasingly diverse veteran population requires that VA fully leverage all health-care modalities and ensure a seamless transition between them. Modernizing electronic health records, veteran-centric access standards and a transparent online scheduling system for VA-provided care and community care alike are essential to ensuring our veterans receive the care they deserve. The means by which VA delivers care may change, but one thing cannot – VA should continue to deliver the best care anywhere to our nation's veterans. The American Legion stands ready as a true ally with Congress and VA to ensure this nation's veterans have access to the world-class, compassionate care they have earned.

KEY POINTS

» Modernizing the VA health-care system and IT infrastructure is an investment in VA's future and the best path forward.

» Over the next 10 years, VA will move to a new electronic health records system that links VA, DoD and community health-care providers to patient records and unifies all VA facilities under one system.

WHAT CAN CONGRESS DO?

» Ensure VA is accountable to deadlines proposed for various IT system upgrades and installations and that they remain fully funded.

» Pass legislation requiring VA to develop a website and mobile app-enabled self-scheduling appointment system where veterans can request, schedule and confirm medical appointments with health-care providers.

» Pass legislation which requires VA to maintain a website that collects data about patient wait times, effectiveness of care and staffing/vacancy information publicly available (H.R. 2775/S.1319, the VA Quality Health Care Accountability and Transparency Act).

Telehealth & Rural Health

American Legion Photo

Approximately one quarter of veterans live in rural communities. Rural veterans continue to struggle with accessing earned Department of Veterans Affairs (VA) health care due to broadband connectivity problems, limited access to telehealth services, the inability to travel long distances and deficient public transportation. Throughout the years, VA and Congress have worked to bridge this gap in services. The COVID-19 pandemic was particularly helpful to accelerate the movement, given that by mid-2020, 58% of VA health care was being delivered virtually, compared to 14% the year prior. This was no doubt a result of VA telehealth appointments increasing 1,831% by January 2021. At the same time, congressional COVID-19 financial relief in the form of the CARES Act authorized VA to enter into short-term connection agreements with telecommunications companies to deliver free or subsidized support for mental health services.

Despite this work, the widening digital divide for rural communities persists. Native American veterans on tribal lands struggle with deficient access to broadband, limiting their ability to use telehealth services. On the same hand, Veterans Integrated Services Networks covering non-contiguous locations like the Virgin Islands, Puerto Rico, Guam, American Samoa and the Northern Mariana Islands struggle to give care to their rural veterans. These U.S. territories have either no or limited VA facilities, Vet Centers and Community-Based Outpatient Clinics (CBOCs). Rural veterans in U.S. territories deserve the same quality of care afforded to mainland veterans. It is vital Congress and VA continue to juggle the objectives of improving current rural health and telehealth access and services while also finding new and creative ways to expand upon them.

KEY POINTS

- Rural veterans struggle with a variety of barriers to receiving their rightfully earned VA care.
- VA has addressed some of these concerns, especially during the COVID-19 pandemic, when telehealth services significantly increased, but more must be done.
- Broadband limitations, tightening budget constraints, community care referral problems, and qualified provider recruitment and retention must be addressed by VA to better serve rural veterans.

WHAT CAN CONGRESS DO?

- Increase access to Vet Centers and CBOCs in rural areas.
- Promote Rural Promising Practices to help field test initiatives that improve access to services for rural veterans.
- Support the continuation and implementation of new service programs and modernization grants and initiatives benefiting rural veterans, like VA's Project ATLAS (Accessing Telehealth through Local Area Stations).
- Find new ways to encourage VA to enhance recruitment and retention strategies to incentivize medical providers to practice in rural communities.
- Address rural broadband limitations with a robust investment in telehealth infrastructure and digital literacy campaigns aimed at rural veterans.

Caregivers

Veteran caregivers sacrifice daily to provide care and support to loved ones who have served in the U.S. Armed Forces. Caregivers often become hyper focused on the health of their veteran which can result in the neglect of their own needs. This hyper focus can result in compassion fatigue and other mental health issues that impact both the caregiver and the veteran.

Due to the COVID-19 pandemic, caregivers were forced to adjust their work schedules in favor of caregiving duties which added financial stress. VA has addressed these issues through the VA Caregiver Support Program, Family Caregiver Assistance Program and Program of Comprehensive Assistance for Family Caregivers.

KEY POINTS

» Veteran caregivers play a pivotal and multifaceted role in the lives of veterans, often providing around-the-clock physical and mental health support, additional income and fulfillment of day-to-day household duties.

» Supporting veteran caregivers is equally important as caring for veterans, and VA has done this through the implementation of many programs.

WHAT CAN CONGRESS DO?

» Properly oversee VA's various caregiver programs to ensure efficiency and efficacy as well as investigate any potential abuses.

» Mandate increased VA funding for supplemental caregiver support programs such as Respite Care and Veteran-Directed Home and Community Based Services.

American Legion Photo by Lucas Carter

DoD Photo by Senior Airman Julianne Showalter

Toxic Exposures

In August 2021, the Department of VeteransAffairs (VA) announced that asthma, rhinitis and sinusitis would be the first presumptive conditions for veterans exposed to burn pits and other airborne toxic hazards during the Gulf War and Global War on Terror. Additionally, VA announced that it would begin a 90-day review of rare respiratory cancers to identify possible service connection. While the efficiency of VA rulemaking allows for quicker action, legislation is needed to comprehensively address the deadly effects of toxic exposures.

It took decades for VA to provide relief for Vietnam veterans exposed to Agent Orange. Now a new generation of veterans has deployed in support of the Global War on Terror and is coming home with illnesses and conditions caused by toxins. We must break this cycle of providing care that is considered "too little, too late" for our veterans. They cannot wait decades to receive the care they need and rightfully deserve.

The American Legion continues to urge Congress to pass legislation that uses a three-prong approach of (1) establishing the presumption of exposure to all veterans deployed to identified locations during the Gulf War and the Global War on Terror; (2) establishing a list of presumptive illnesses associated with exposure to burn pits and other toxic hazards where sufficient scientific evidence exists; and (3) by creating a transparent framework for VA to establish additional presumptive illnesses when scientific evidence displays an association between exposure and illness.

KEY POINTS

» For veterans with exposure to toxins in Vietnam, VA recognized three additional presumptive conditions for Agent Orange/herbicide exposure: bladder cancer, hypothyroidism and Parkinsonism.

» VA began processing disability claims for asthma, rhinitis and sinusitis on a presumptive basis by conceding exposure to veterans who served in the Gulf War and Global War on Terror theaters of operations.

WHAT CAN CONGRESS DO?

» Mandate VA to recognize more presumptive conditions by establishing a transparent framework to determine additional presumptive illnesses when scientific evidence displays a positive association between exposure and illness.

» Pass comprehensive legislation providing health care for millions of veterans exposed to toxic hazards, thereby conceding exposure while establishing a presumption of service connection for illnesses and cancers related to exposure when the scientific research displays positive association.

Concurrent Receipt

Currently, some 42,000 military retirees with combat-related injuries qualify for retirement pay for their service from the Department of Defense (DoD), and for compensation for service-connected disabilities from the Department of Veterans Affairs (VA). However, for retired veterans with disability ratings of less than 50%, their disability compensation is deducted from their retirement pay. The American Legion supports ending this unfair policy of forcing many military retirees to forfeit their retired pay to receive equal amounts of disability compensation.

KEY POINTS

» Retirement benefits and disability compensation are two separate benefits, provided for two different reasons, and therefore should never be conflated.

» Veterans with service-connected disability ratings less than 50% have their VA disability compensation deducted from their DoD retirement pay.

WHAT CAN CONGRESS DO?

» Pass legislation that will provide total offset relief to veterans who retired from the military (S. 344, the Major Richard Star Act).

American Legion Photo by Timothy L. Hale

Career Transition, Education & Economic Opportunity for Servicemembers & Veterans

American Legion Photo by Alex Slitz

GI Bill for Honorable Service

To receive most Department of Veterans Affairs (VA) benefits, discharge characterized by the military must be "under honorable conditions." However, education-assistance benefits require servicemembers have an "honorable discharge." If the character of service is "general under honorable conditions," the GI Bill remains out of reach for these veterans.

There is no historical precedent for this status quo. The issue of GI Bill for general discharges was debated vociferously on the Senate floor prior to passage of the 1944 Servicemembers Readjustment Act, resulting in a unanimous committee vote to uphold the GI Bill for all discharges other than dishonorable. It was only when the Montgomery GI Bill was passed that education benefits were cut back to only honorable discharges.

The American Legion does not believe there is a compelling reason to have deviated from the initial intent of the GI Bill being for all discharges other than dishonorable. The administrative conditions that result in a general discharge do not negate the honorable service that these servicemembers have provided to our country, and it is time to finally correct this historical inequity by granting these servicemembers the same education benefits that we provided for our World War II veterans and those who served before the Montgomery GI Bill was enacted.

KEY POINTS

» A 1946 Senate Report on the 1944 GI Bill declared, "It is the opinion of the Committee that such (discharge less than Honorable) should not bar entitlement to benefits otherwise bestowed unless such offense was such ... as to constitute Dishonorable conditions."

WHAT CAN CONGRESS DO?

» Correct this statutory incongruity by amending GI Bill eligibility in the U.S. Code to allow those servicemembers who receive a "general under honorable conditions" discharge access to VA educational benefits.

DoD Photo by David Poe

Transition Assistance Program

Approximately 200,000 servicemembers separate from the military annually. As our nation continues to navigate changes in the economic landscape due to the COVID-19 global health crisis, ensuring effective transition assistance is paramount for proper reintegration from active duty to civilian life. Supporting career-building workshops, job fairs and small-business development programs is vital in these reintegration efforts for servicemembers, veterans and their families seeking gainful employment. Utilizing the obligatory Transition Assistance Program (TAP) instruction for all separating servicemembers is a vital component of reintegration.

KEY POINTS

» A July 2021 GAO report examined the efficacy of TAP at small or remote installations, finding seven of the nine reviewed locations exceeded the 85% compliance rate for active-duty servicemembers.

» The FY2022 National Defense Authorization Act (NDAA) authorizes grant funding to eligible organizations to provide supplemental TAP services, such as training opportunities for industry-recognized certifications and job placement assistance.

WHAT CAN CONGRESS DO?

» Ensure the appropriate federal agencies are adequately and comprehensively implementing the FY2019 NDAA, which includes provisions of the BATTLE for Servicemembers Act, which folds optional two-day workshops on higher education, skills training and entrepreneurship into the five-day TAP workshop.

» Properly oversee VA as it completes TAP studies, as directed by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 and provisions within the NAVY Seal Chief Petty Officer William "Bill" Mulder (Ret.) Transition Improvement Act, which was signed into law through the FY2021 NDAA.

American Legion Photo by Jon Endow

Veterans Preference Hiring

Veterans preference hiring provides eligible veterans with preference during the hiring process, based on their veteran status, over other candidates for federal employment. Given their experiences, veterans deserve this benefit because they bring unique advantages to the federal workforce. This process is a win-win for both the veteran and employer, and federal and state-level agencies who use the benefit.

However, changes in the federal workforce environment, increased demand for new hiring authorities and practices, and policy proposals to limit veterans preference hiring pose significant threats to this benefit. To ensure these challenges do not continue, modifications to the veterans preference hiring process that diminish current hiring practices should be vehemently opposed. Congress and the Department of Veterans Affairs should reiterate its support for the Veterans Preference Act of 1944, thereby ensuring its application throughout the federal workforce environment.

KEY POINTS

» Veterans have made up over 30% of the federal workforce since 2017.

» Alongside veterans preference hiring, there is the Veterans' Recruitment Appointment authority which allows agencies to appoint eligible veterans to certain positions without competition.

WHAT CAN CONGRESS DO?

» Oppose any legislation degrading current veterans preference hiring, including proposals that limit it to 10 years after service.

» Mandate federal and state agencies using new hiring authorities report annually to Congress on the employment levels and representation of veterans in their workforces, along with the number of veterans hired using these new authorities.

» Include in that required report a catalog of all veteran recruiting and applicant sourcing activities to ensure the veteran community is aware of job opportunities, regardless of hiring authority and any other activities demonstrating commitments to conducting outreach to veterans.

» Require agencies develop best practices in administrative measures and resources that educate and train human resources professionals and hiring managers on the value of veterans and military spouses and facilitating the translation of military-to-civilian work experience.

Veteran Homelessness

Ending veteran homelessness and mitigating the underlying conditions that create it is critical to protecting those who have served in uniform. From substance-abuse disorders and untreated mental health issues to unemployment and legal troubles, the reasons behind veteran homelessness are various and complex.

Through Housing and Urban Development's (HUD) Point-In-Time count, 37,252 veterans experienced homelessness on a single night in January 2020. This comprised 8% of all homeless adults. Since 2009, both sheltered and unsheltered veteran homelessness has dropped by 49%. To address veteran homelessness, it is critical to have policies that offer support to at-risk and homeless veterans and their families, through advice and counseling, guidance in obtaining care and benefits, financial help, career fairs, and business-development workshops. Doing this helps achieve The American Legion's goal of "getting them before they get on the street."

KEY POINTS

» As of 2019, 21 of every 10,000 veterans were homeless. Overall, 17 out of every 10,000 Americans are homeless.

» COVID-19-related unemployment rates and evictions were a cause for alarm. Despite government moratoriums, evictions are still occurring throughout the United States, and a surge is expected of veterans seeking assistance from homeless service providers.

» Female veterans are the fastest-growing demographic among the U.S. homeless population.

» VA has helped house or prevent more than 800,000 veterans and their families from experiencing homelessness since 2010.

WHAT CAN CONGRESS DO?

» Permanently authorize the Supportive Services for Veterans and Families program.

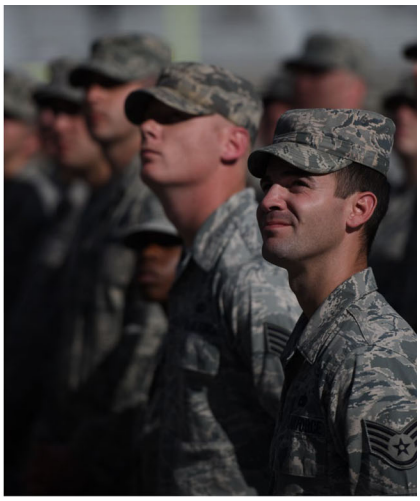
» Allocate additional funding to programming that combats veteran homelessness among women.

» Provide a higher allocation of project-based HUD-Veterans Affairs Supportive Housing (VASH) vouchers for homeless veterans.

» Ensure enhanced-use leasing specifically provides permanent benefits, resources and services to the veteran community.

American Legion Photo

GI Bill Parity for National Guard and Reserve Servicemembers



American Legion Photo by Lucas Carter

From protecting borders and capitals to delivering pandemic aid and supporting local law enforcement, National Guard and Reserve servicemembers have been increasingly called upon to confront unique challenges. Often, they leave their families and civilian employers for sizable amounts of time, sometimes taking significant pay cuts. Yet despite all we ask of them, too often they are denied a cornerstone benefit of service: the GI Bill.

According to the law as it is currently written, National Guard and Reserve servicemembers only accrue GI Bill entitlements when called to active duty under federal orders. When National Guard and Reserve servicemembers are activated under state orders, they do not accrue eligibility for GI Bill benefits.

This discrepancy was especially apparent during the rush to activations amid the COVID-19 pandemic before a national emergency was declared. The result of these emergency declarations has no bearing on the actual duties the servicemember performs. Those activated for coronavirus relief under the aegis of the national emergency declaration received credit toward GI Bill eligibility. However, those activated under a governor's state of emergency did not. Thousands of National Guard servicemembers assisting with the construction of the wall on the U.S.-Mexico border received credit toward GI Bill eligibility, but the 120,000 activated to respond to civil rights protests throughout 2020 did not. We must discard this arbitrary classification of citizen service. The American Legion believes that every day in uniform counts. National Guard and Reserve servicemembers who get stretched to the limit serving alongside their active-duty counterparts deserve the same GI Bill eligibility, and it is past time for Congress to provide it to them.

KEY POINTS

» Over the course of the COVID-19 pandemic, all 50 states and U.S. territories activated servicemembers under 502(f) status to directly support the ongoing national public health crisis.

» When Army Reserve servicemembers are ordered to professional development academies, they are activated under GI Bill-eligible 12301(d) orders.

» When National Guard servicemembers are ordered to the same professional development academies, they are activated under GI Bill-ineligible 502(f) orders.

WHAT CAN CONGRESS DO?

» Pass legislation which would expand access to the Post-9/11 GI Bill by counting every day that a servicemember is activated under Title 32 orders toward benefits eligibility. (H.R. 1836, Guard and Reserve GI Bill Parity Act of 2021)

» Hold the Department of Defense and National Guard Bureau accountable for providing transparency to National Guard and Reserve servicemembers on their GI Bill eligibility.

Financial Protection Against Predatory Lenders

Servicemembers are often targets for predatory and unscrupulous lending practices. Many who served in uniform have heard the horror stories of auto loan rates of more than 20% and reverse mortgage schemes targeted against aging veterans and military retirees who are desperate to remain in their homes. To better protect consumers, the Consumer Financial Protection Bureau (CFPB) was created in 2011 in the aftermath of the 2008 Great Recession. The CFPB has recovered millions of dollars in relief for servicemembers, veterans and their families from companies that targeted them with scams and illegal practices. Specifically, CFPB's Office of Servicemember Affairs works to help military families overcome unique financial challenges by providing educational resources, monitoring complaints and working with other agencies to solve problems with predatory lenders.

Expanding the authority of the CFPB to conduct supervisory examinations for violations of the Military Lending Act will help to improve financial protection and enforcement for servicemembers and veterans. As such, any legislative efforts to undermine the CFPB's power to protect veterans and the military community must be vehemently opposed.

KEY POINT

» In 2021, the CFPB issued an interpretive rule reversing its prior determination that it lacked authority to examine institutions for compliance with the Military Lending Act, and will resume examinations of payday lenders.

WHAT CAN CONGRESS DO?

» Expand the authority of the CFPB to enforce provisions of the Military Lending Act.

» Pass a bill to protect servicemembers employment rights against mandatory forced arbitration agreements.

» Oppose any repeal of CFPB's rule on arbitration agreements.

» Object to any attempt to bar servicemembers and veterans from joining in court cases as plaintiffs against unscrupulous financial institutions.

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Prioritizing Veterans in Federal Contracting

Federal agencies have an obligation to prioritize veteran-owned small businesses in their procurement strategies to promote robust veteran entrepreneurship and ensure resilient public-sector supply chains. Unfortunately, many federal agencies continue to underperform in meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs). An American Legion analysis of the U.S. Small Business Administration's Office of Policy, Planning and Organization found that among the 24 largest federal agencies, only four met both their prime and subcontracting goals (3% of total purchasing) on SDVOSBs in 2020.

Underachieving agencies need to work diligently to increase their share of spending on SDVOSBs and end this discrepancy. However, challenges to veterans preference in government contracting persists even among agencies that already rely heavily on veteran-owned small businesses. The Department of Veterans Affairs (VA) depends on SDVOSBs at a greater rate than any other federal agency, thanks largely to its adoption of the Veterans First Program (Vets First). As a unique verification authority, Vets First provides access for veteran-owned small businesses to take advantage of unique set-aside and sole source contracting opportunities.

Regrettably, VA is attempting to transition its procurement model from its current Medical Surgical Prime Vendor program to the Defense Logistics Agency's acquisition system. Unfortunately, this jeopardizes the future of the Vets First mandate. SDVOSBs will be negatively impacted by VA's move away from a Vets First-compliant procurement program. Any effort to divest from SDVOSBs must be opposed. Instead, the Vets First procurement framework must be actively promoted for the well-being of the veteran community.

KEY POINTS

» Most federal agencies struggle to meet their prime and/or subcontracting quotas with SDVOSBs.

» VA is attempting to transition away from its MSPV 2.0 procurement requirements to the Defense Logistics Agency's acquisition system, a non-Vets First-compliant contracting vehicle.

» Vets First has increased the proportion of contracting dollars going to SDVOSBs to over 20% of all prime dollars awarded in 2020.

WHAT CAN CONGRESS DO?

» Hold agencies accountable for achieving their 3% prime and subcontracting procurement spending goals for SDVOSBs as predicated under Public Law 106-50.

» Codify additional measures to mitigate negative impacts of category management and ensure that SDVOSBs can compete in the federal marketplace.

» Include language in the National Defense Authorization Act to require the Department of Defense to adopt the Vets First procurement model.

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Maintain a Strong National Defense

DoD photo by Sgt. Jesse Elbouab

Military Quality of Life

The U.S. military's greatest resources are individual servicemembers and their families. Without highly qualified and committed men and women, even the most sophisticated weaponry will not provide the deterrent force necessary to defend our nation. Factors that contribute to quality of life include proper compensation, equal opportunities for career development, appropriate housing, quality health care, reasonably priced commissaries and access to affordable day care. Service in the military comes with frequent risks and dangers. However, an individual servicemember's or family's welfare should never be compromised by the loss or degradation of services owed to them.

Before the COVID-19 pandemic, not all military families had adequate or timely access to installation child-care providers, due to a shortage of facilities and lengthy waiting lists. Today, the problem persists, and even with more facilities, there are fewer spots available for child care due to COVID-19 risk-mitigation measures. The Department of Defense (DoD) issues orders and directs military members to move globally, so it must seek new ways to mitigate and reduce the problem with access to child care.

Privatized military housing continues to be a problem for families as contracted companies struggle to provide quality housing. Military families complain of substandard housing, exposure to potentially toxic substances such as lead paint and mold, insect and rodent infestations, as well as issues involving poor maintenance practices. Members of the military are fed up, and between 2019 and 2021, several military families and servicemembers acted by filing lawsuits against privatized housing companies at bases in Texas, North Carolina, Virginia and Washington. Regrettably, a recent Government Accountability Office report found that DoD oversight of military privatized housing remains inadequate to ensure that military families have suitable housing.

According to "Feeding America," the nation's largest hunger-relief charity, nearly 160,000 servicemembers, or 14% of the military, have issues with food insecurity and providing for their families. This issue primarily impacts junior enlisted between the ranks E-1 through E-4, especially those with families residing within the high cost-of-living

areas. A systematic review and frequent adjustments to quality-of-life benefits can ensure servicemembers are focused on their duties rather than being concerned for their families' health and welfare.

The American Legion believes that legislative action and oversight and DoD actions should ensure that quality-of-life standards for servicemembers and their families remain a priority. The pandemic has created significant increases in the cost of living, so funding for programs that enhance the military quality of life protects existing benefits and provides proper oversight of DoD, and its contractors must be adjusted accordingly.

KEY POINTS

» DoD considers child-care services a quality-of-life benefit, and DoD officials have indicated that the primary reason for providing child-care services is to enhance force readiness.

» According to DoD, 10% of families live on-base, in substandard government-owned military housing that is often dilapidated, too small, and lacking in modern facilities. On-base housing has an average age of 33 years or older.

» Food insecurity increasingly threatens individual readiness and the ability for military commands to deploy at a moment's notice.

WHAT CAN CONGRESS DO?

» Pass legislation that would expand financial assistance to servicemembers for child care, increase access through new agreements with private and public child-care facilities, and grant minor military construction authority for the construction of child-development centers (the Military Child Care Expansion Act of 2021).

» Increase funding for rebuilding and renovation of family housing/barracks.

» Continue to fully fund and retain the military commissary system, which is essential to the morale and readiness of service members and their families.

» Increase authorization of appropriations in the National Defense Authorization Act to address matters involving food insecurity resulting from the effects of the pandemic.

DoD photo by Mass Communication Specialist 3rd Class Nathan Burke

Address the Forever Wars & Restore Congressional War Powers

Today, the global security environment the United States faces has changed with the rise of great-power competition and other threats. Too often, the use of military force, as opposed to diplomacy, is considered the primary instrument of national power. There are currently three Authorization for Use of Military Force (AUMF) that presidents can unilaterally use to commit U.S. Armed Forces without congressional approval – AUMF Against Iraq Resolution of 1991, the 2001 AUMF, and AUMF Against Iraq Resolution of 2002.

After decades of protracted military conflicts overseas with little congressional input, Congress needs to reclaim its rightful role in matters of war and peace. Immediate reforms are needed to ensure a balance of national security powers between the president and Congress. These powers must be used for clearly defined purposes and be subject to intense regular review by Congress. Military interventions, and emergency declarations, are areas where the president may act only with authorization or approval from Congress. However, in situations where Congress has no time to act, the president may proceed without congressional approval – for a limited time.

The American Legion urges the renewal of a proper constitutional balance to U.S. foreign policy decision-making by urging Congress to renew its war-making oversight role beginning with repealing outdated AUMFs, reforming the 1973 War Powers Resolution, and properly resourcing civilian tools of diplomacy.

KEY POINTS

- The 1973 War Powers Resolution, enacted near the end of the Vietnam War, sought to reassert congressional prerogatives with respect to matters of war and peace. While intended to keep Congress informed on decisions related to the use of force, it has too often failed to prevent the president from taking the nation into elective war or continuing hostilities without congressional authorization.
- Outdated AUMFs are no longer relevant in an era of great-power competition.
- An overstretched hegemon – as the United States is today – faces limited options in crises, weakened diplomatic influence, and an inability to focus on top priorities.
- The Cost of War Project at Brown University estimates that 20 years of post-9/11 wars have cost the United States an estimated $8 trillion and have killed more than 900,000 people.

WHAT CAN CONGRESS DO?

- Reassert congressional responsibilities concerning matters of military force.
- Repeal and replace outdated AUMFs (S.J.Res.10, the Repeal the 1991 & 2002 Iraq AUMFs; S.2391, the National Security Powers Act of 2021).

DoD photo by Lance Cpl. Colby Cooper

Citizenship for Military Service

Immigrants have always made up a portion of the U.S. Armed Forces, and service in the military has been a pathway to U.S. citizenship for more than 760,000 immigrant servicemembers. In 2021, more than 8,000 servicemembers with permanent residency became American citizens; however, obtaining citizenship is not automatic and requires a servicemember to begin the process upon initial entry into the military. Eligible veterans who do not complete the process are discharged with their resident alien status and remain non-U.S. citizens.

Over the last few years, various reports from citizenship organizations, national and local news sources, and firsthand accounts from members of Congress have confirmed the deportation of hundreds, possibly thousands, of veterans. Many veterans have stated they believe their service automatically awarded citizenship. Furthermore, many believe the military did not do enough to inform non-citizen servicemembers that they qualified for an expedited citizenship process. The servicemember is typically left to pursue citizenship with little assistance or guidance. Recent Department of Defense (DoD) policy changes make it challenging to get their naturalization paperwork in order.

The American Legion believes all non-citizen immigrant veterans should be afforded every opportunity to complete the process toward citizenship before exiting the military. Post-service opportunities should also be bolstered, both for veterans and their family members.

KEY POINTS

» Dating back to 1775, countless immigrants have made the ultimate sacrifice in defense of our nation.

» U.S. Citizenship and Immigration Services teams at military training installations were removed in order to prevent military members being naturalized upon graduating from basic training.

» Veterans have been deported after serving in the U.S. Armed Forces, for committing non-violent crimes.

» Deported veterans lack full access to VA benefits.

WHAT CAN CONGRESS DO?

» Implement measures within the DoD to ensure the process of naturalization through honorable military service is completed before discharge (the Naturalization at Training Sites Act).

» Pass legislation that would provide protection for non-citizen veterans and their families from deportation (H.R.1182/S.3212, the Veteran Deportation Prevention and Reform Act).

» Require DoD and the Department of Homeland Security to report to Congress annually the number of non-citizens serving at that time in the U.S. Armed Forces, the number of naturalization applications filed by servicemembers, the results of those applications, and the number of veterans deported.

Ensure the Coast Guard is Paid

DoD Photo by Petty Officer 3rd Class Jose Hernandez

Defending our nation comes with the obligation for the U.S. government to adequately fund the Department of Defense (DoD), especially during government shutdowns. While the U.S. Coast Guard is not a part of DoD, its role involving national security on our nation's borders and around the world is equally vital to the work our military performs. The U.S. Coast Guard provides law enforcement, port security, maritime and coastal safety, while too often operating outdated equipment and vessels.

The Coast Guard employs approximately 48,282 personnel and is organized under the Department of Homeland Security. Previous government shutdowns caused members of the Coast Guard to temporarily lose pay and benefits, resulting in unnecessary stress, financial problems, significant degradation in readiness, and an increased threat to the nation. Despite not being paid, they continue to work because their jobs are a matter of national security. During the 2019 government shutdown, The American Legion stepped up and issued more than $1 million in expedited Temporary Financial Assistance grants to Coast Guard personnel and their families.

The American Legion believes that the Coast Guard's mission is essential to national security, and its personnel should never go without pay.

The Coast Guard is also in critical need of significant modernization to keep pace with today's emerging threats to the nation.

KEY POINTS

- The U.S. Coast Guard is the only branch of the uniformed services of the Armed Forces that does not fall under the DoD. During federal government shutdowns, Coast Guard personnel are more exposed to working without pay.
- Because the Coast Guard is uniquely responsible for maritime security, search and rescue, port security, law enforcement and military readiness with jurisdiction in domestic and international waters, American presidents have transferred Coast Guard assets to the Department of the Navy during almost every conflict, therefore should be treated and funded accordingly.
- The Coast Guard is in the midst of the largest recapitalization effort in its history – an effort critical to rebuilding the service branch. However, until recapitalization is fully completed, servicemembers must continue to conduct missions with legacy assets, some of which are over 50 years old.

WHAT CAN CONGRESS DO?

- Approve and continue to increase the Coast Guard's budget annually to meet national security requirements and funding priorities such as restoring readiness and recapitalizing legacy assets and infrastructure.
- Pass legislation that would provide pay and allowances for members of the Coast Guard during a funding gap, provide full funding to address the shoreside facility maintenance and recapitalization backlog of the Coast Guard and diversify the Coast Guard (S.1845, the Unwavering Support for our Coast Guard Act).

Build National Pride and Advance Patriotism

Amend & Update the U.S. Flag Code

American Legion Photo by Chet Strange

Appropriate care, display and respect for the U.S. flag has been a mission of The American Legion for nearly its entire history. In June 1923, the Americanism Commission called the first National Flag Conference in Washington D.C. There, representatives from The American Legion, Daughters of the American Revolution, Boy Scouts, Knights of Columbus, the American Library Association, and more than 60 other patriotic, fraternal, civic and military organizations gathered to draw together one standard set of guidelines relating to the flag from the many traditions and variations rampant in the country at that time. President Warren G. Harding even addressed the attendees. A second National Flag Conference was held in June 1924. After both conferences, The American Legion printed and distributed the results nationwide.

Congress made the U.S. Flag Code public law in 1942. Amended several times in the decades since its adoption, the U.S. Flag Code establishes advisory rules for the care, display and respect of the American flag. However, the law does not provide any criminal or civil penalties for violating any of its provisions. Minor changes have been made, but Congress has never made comprehensive changes to the code.

The American Legion believes our flag, which predates our Constitution, says "America," more than any other symbol. America is a tapestry of diverse people, and the flag represents the values, traditions and aspirations that bind us together as a nation. It stands above the fray of day-to-day politics and differences of opinion. It unites us in times of national crisis. Therefore, The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple accepted patriotic customs and practices pertaining to its display and use. These changes include additional times and occasions where the flag should be displayed at half-staff, how other flags should be flown when accompanying the U.S. flag and allowing for a flag patch to be worn on the uniforms of military personnel, first responders and members of patriotic organizations.

KEY POINTS

» The United States Flag Code, Title 4, United States Code, Chapter 1, Subsections 1-10, is a codification of existing rules and customs pertaining to the display and use of the flag of the United States of America.

» Practices and customs have been modified over the years regarding certain display procedures.

» The Flag Code needs to reflect current, accepted patriotic practices.

WHAT CAN CONGRESS DO?

» The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple customs and practices pertaining to the display and use of the flag of the United States of America.

» Pass legislation which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices (H.R.4212, the Flag Code Modernization Act of 2021).

Legislative Victories in the 1st Session of the 117th Congress

Accomplishments and Progress for the Veteran Community in 2021

American Legion Photo by Lucas Carter

Preventing Veteran Suicide: After many years of discussion about service animals as an alternative therapy for veterans struggling with PTSD and the associated symptoms of anxiety, depression, and suicidal ideation, in August 2021, the Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act was signed into law. This bill implemented a five-year VA service-dog therapy pilot program for eligible veterans enrolled in VA's health-care system, who have been recommended for participation by qualified mental health providers or clinical teams.

Mental Health & Rural Veterans: In June 2021, the Sgt. Ketchum Rural Veterans Mental Health Act was signed into law. It requires VA to establish and maintain three new Rural Access for Growth Enhancement Program (RANGE) centers in rural areas in need of additional mental health resources.

Women Veterans: Congress and VA continue to oversee the implementation of key provisions of the Deborah Sampson Act, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act, and the Commander John Scott Hannon Veterans Mental Health Care Improvement Act which were all signed into law during the 116th Congress to improve care for women veterans. At the end of the first session of the 117th Congress, the Protecting Moms Who Served Act became law to codify and increase funding for VA maternity care coordination.

Close the 90-10 Loophole: The 90-10 rule mandates for-profit schools obtain at least 10% of their revenue from sources other than Title IV education funds. Since its enactment in 2009, the Post-9/11 GI Bill was considered a part of the 10% category, making veterans valuable targets to predatory institutions looking to offset Title IV funding. In 2021, through the American Recovery Act, this loophole was closed by mandating GI Bill benefits to count as public funds.

Toxic Exposures: As a result of the FY2021 National Defense Authorization Act, VA added Parkinsonism, bladder cancer and hypothyroidism to the list of presumptive conditions from Agent Orange exposure to veterans of the Vietnam War. VA took additional proactive measures by establishing asthma, rhinitis and sinusitis as presumptive illnesses for those veterans exposed to burn pits and other airborne hazards during the Gulf War and the Global War on Terror.

Global War on Terrorism Memorial: At the end of 2021, the president signed the Global War on Terrorism Memorial Location Act into law as part of the NDAA. This ensured the memorial would be constructed in a place of prominence on the National Mall in Washington D.C. where monuments honoring veterans of World War II, Korea and Vietnam are located to serve as permanent memorials to the sacrifices veterans and their families have made for freedom.

The American Legion's Congressional Testimony in 2021

March 18: BEYOND DEBORAH SAMPSON, IMPROVING HEALTH CARE FOR AMERICA'S WOMEN VETERANS IN THE 117TH CONGRESS

The issue: Health care for women veterans

The forum: House Committee on Veterans Affairs, Subcommittee on Health

American Legion testimony: Recommended Congress urge VA to extend quality newborn care at VA medical centers, expressed support for the Protecting Moms Who Served Act, and called on VA to recognize differences in gender makeup and how women respond to treatments, in addition to identifying gender-specific plans of action

April 21: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans Affairs, Subcommittee on Oversight and Investigations

American Legion testimony: Support for H.R. 711, H.R. 1948, H.R. 2082, the VA Quality Health Care Accountability and Transparency Act; the Improving VA Accountability to Prevent Sexual Harassment and Discrimination Act; the VA Beneficiary Debt Collection Improvement Act; and a discussion draft bill to require VA to submit to Congress a plan for expending COVID funding for VA

April 28: PENDING LEGISLATION

The issue: Pending legislation

The forum: Senate Committee on Veterans Affairs'

American Legion testimony: Express support for S.437, S.454, S.565, S.657, S.810, S.927, S.952, and S.1188.

May 5: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans Affairs

American Legion testimony: Support for H.R. 1355, H.R. 1585, H.R. 1972, H.R. 2127, H.R. 2372, H.R. 2607, and H.R. 2368

May 12: SUPPORTING DISABLED VETERANS, THE STATE OF CLAIMS PROCESSING DURING AND AFTER COVID-19

The issue: VA benefits and claims during the COVID-19 pandemic

The forum: Senate Committee on Veterans Affairs

American Legion testimony: Discussed the rise of ACE examinations, eliminating the backlog with ACE, and the critical role of Disability Benefits Questionnaires

June 23: HONORING VETERANS AND MILITARY FAMILIES, AN EXAMINATION OF IMMIGRATION AND CITIZENSHIP POLICIES FOR U.S. MILITARY SERVICE MEMBERS, VETERANS AND THEIR FAMILIES

The issue: Immigration and citizenship policies for military servicemembers, veterans and their families

The forum: Senate Judiciary Committee, Subcommittee on Immigration, Citizenship, and Border Safety

American Legion testimony: Discussed issues related to veteran deportation, immigration and customs enforcement deportation process problems, and recommended solutions. Recommended solutions included implementing measures within DOD to ensure the process of naturalization through honorable military service is completed prior to discharge and reopening the 19 field offices abroad to support the naturalization process for deployed servicemembers.

September 21: PENDING AND DRAFT LEGISLATION

The issue: Pending and draft legislation

The forum: House Committee on Veterans Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Expressed support, support with amendments, and opposition to several pieces of legislation. Bill topics range from veteran educational benefits, stipends for childcare services, home loan assistance, homeless veteran's reintegration programs, to the shallow subsidy program and more.

October 13: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans Affairs, Subcommittee on Health

American Legion testimony: Expressed support for H.R. 23819, H.R. 2916, H.R. 4575, H.R. 4794, H.R. 5073, and H.R. 5317. Indicated no position on H.R. 5029 and draft legislation related to seasonal influenza vaccines furnished by VA.

October 20: PENDING LEGISLATION

The issue:

The forum: House Committee on Veterans Affairs, Subcommittee on Disability Assistance and Memorial Veterans' Affairs

American Legion testimony: Articulated support for H.R. 2568, H.R. 2724, H.R. 2827, H.R. 3402, H.R. 3793, and H.R. 4191. Wrote in opposition of H.R. 2800 and no position for H.R. 4772. Additionally, showed support for draft legislation concerning improving the manner in which the Board of Veterans Appeals conduct hearings regarding claims involving MST and to extend increased dependency and indemnity compensation paid to surviving spouses of veterans who die from ALS.

November 17: SUPPORTING SURVIVORS, ASSESSING VA'S MILITARY SEXUAL TRAUMA PROGRAMS

The issue: Discussing VA's MST programs, how they have been doing, and how to improve them moving forward.

The forum: House Committee on Veterans Affairs, Subcommittee on Disability Assistance and Memorial Veterans' Affairs and Subcommittee on Health

American Legion testimony: Recommended ways for VA to improve care provided to MST survivors. This advice included improving the oversight of MST claims and subsequent care, combining VHA and VBA MST processed by creating a stand-alone MST office, and requiring DOD to permanently maintain records of reported MST allegations thereby expanding victims' access to documented evidence which is necessary for future VA claims.

December 7: REMOVING BARRIERS TO VETERAN HOMEOWNERSHIP

The issue:

The forum: House Committee on Veterans Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Discussed the challenges with utilizing the VA Home Loan Program as well as solutions. Solutions included VA and Congress considering adding flexibilities into the VA home loan for extremely competitive markets as well as increasing support for VA-approved appraisers and equipping them with accessible information and education.

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Preamble to The American Legion Constitution

FOR GOD AND COUNTRY, WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:

To uphold and defend the Constitution of the United States of America;

to maintain law and order;

to foster and perpetuate a 100-percent Americanism;

to preserve the memories and incidents of our associations in all wars;

to inculcate a sense of individual obligation to the community, state and nation;

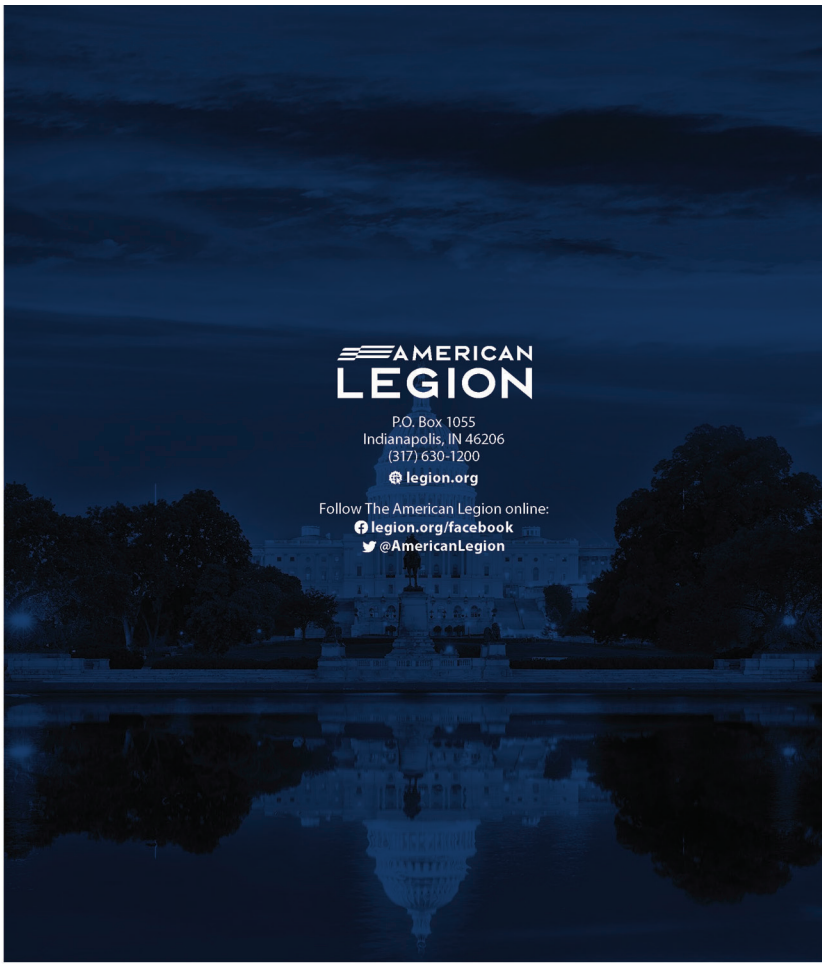
to combat the autocracy of both the classes and the masses;

to make right the master of might;

to promote peace and good will on earth;

to safeguard and transmit to posterity the principles of justice, freedom and democracy;

to consecrate and sanctify our comradeship by our devotion to mutual helpfulness."



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American Defenders of Bataan and Corregidor Memorial Society

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STATEMENT FOR THE RECORD
to the
Senate Veterans' Affairs Committee and House Veterans' Affairs Committee

Joint Hearing

To Receive Legislative Presentations of Veterans Service Organizations

By
Jan Thompson
President
American Defenders of Bataan and Corregidor Memorial Society

8 March 2022

AMERICAN PRISONERS OF WAR OF JAPAN
THE YEAR FOR A CONGRESSIONAL GOLD MEDAL

Chairmen Tester and Takano, Ranking Members Moran and Bost, and Members of the Senate and House Veterans Affairs Committees, thank you for allowing us to describe how Congress can meet the concerns of veterans of World War II's Pacific Theater. The American Defenders of Bataan and Corregidor Memorial Society (ADBC-MS) represents the prisoners of war (POWs) of Japan, their families, and descendants, as well as scholars, researchers, and archivists. Our goal is to preserve the history of the American POW experience in the Pacific and to teach future generations of the POWs' sacrifice, courage, determination, and faith—the essence of the American spirit.

This year, 2022, is the 80th anniversary of the first American battles of World War II. These were battles of fierce resistance and defiance against Imperial Japan, a stronger, better equipped invader. Today, in fact, marks the fall of the Dutch East Indies to Japan and the capture of a West Texas National Guard Battalion as well as two American aviators and one sailor too seriously wounded to be moved off Java. Barely a week before, the cruiser USS *Houston* (CA-30) went down in the Battle of Sunda Strait.

In April, after 99 days of constant warfare and no hope of resupply, the Bataan Peninsula in the Philippines was surrendered and the infamous Bataan Death March began. Less than one month later, on May 6th, the Fortress Island of Corregidor and its associated commands defending

Manila were surrendered. The rest of American and Filipino units throughout the Philippines soon followed. And on June 7th, Japan invaded Alaska's Attu in the Aleutians, imprisoning 42 Native Americans.

I testify today to encourage your efforts to remember the American men and women who gave their all under desperate conditions to demonstrate determination and resourcefulness against a ruthless enemy and a long-decided policy of prioritizing the war in Europe. The result was that most became POWs of Japan who suffered some of the War's worst consequences. One-third did not return home.

For all, the homefront was their third battle--after surviving warfare in the Pacific and enduring atrocities as a POW. Forced to sign gag orders about the horrors they witnessed and unable to explain the after-effects of torture, abuse, starvation, and trauma, the POWs of Japan first focused, as do today's veterans, on obtaining healthcare, disability benefits, survivor benefits, caregiver support, mental health access, and education. As you have heard from other veterans' groups who have testified, these same challenges remain.

The fourth and final battle for the American POWs of Japan is for them not to be forgotten. Current and future generations can be inspired by their "victory from within." These men and women were not losers but survivors and resistors. There are still lessons to be learned. Most importantly, Congressional advocacy for the POW's legacy reassures today's fighting men and women that their own service and sacrifice will be remembered.

To ensure that the POWs' unique history is appreciated and retained, I ask Congress to:

1. Award, collectively, the American POWs of Imperial Japan the Congressional Gold Medal. This group represents every U.S. state, territory, tribe, and military service. It would be the most diverse World War II cohort eligible for a Congressional Gold Medal.

2. Amend title 36, United States Code to include National Former POW Recognition Day among the days the POW/MIA flag is required to be displayed. This is April 9th, which is the anniversary of the Bataan Death March. The President is already required to issue a proclamation for this remembrance day.

3. Instruct the U.S. Department of State to prepare a report for Congress on the history and funding of the "Japan/POW Friendship Program." This visitation program began in 2010. Inquiry should include (i) how other Allied POW reconciliation programs initiated by the Government of Japan in 1995 compare both in funding and programming and (ii) how the U.S. program compares with the various Kakehashi people exchange programs in the United States funded by the Government of Japan starting in 2015.

4. Encourage the Government of Japan to continue and institutionalize the "Japan/POW Friendship Program" established in 2010. Initially established as a reconciliation visit to Japan for former POWs, the program has included widows and the elderly children of POWs. The program needs to transform into a permanent educational, remembrance, and exchange initiative of history, justice, and democracy.

5. Encourage the Government of Japan to publish in Japanese, English and other languages on the website of the Foreign Ministry of Japan the 2009 Cabinet Decision offering a formal apology to all the prisoners of war of Japan.

6. Request the Government of Japan to honor its 2015 written promise to include the "full history" of Japan's UNESCO World Industrial Heritage properties of the *Meiji Industrial Revolution: Iron and Steel, Shipbuilding and Coal Mining*. The history of POW slave labor at many of the Heritage sites is not included at those locations or at the Tokyo Information Center.

7. Encourage the Government of Japan, to create a central government-funded memorial for the Allied POWs of WWII at the Port of Moji on Kyushu where most of the POW hellships docked and unloaded their sick and dying human cargo. Currently, none of the memorials to Allied POWs are funded by Japan's central government. In addition to the U.S. POWs, there were POWs from the UK, Australia, the Netherlands, India, New Zealand, South Africa, Ireland, Norway, Malta, Jamaica, Finland, Portugal, Italy, Saudi Arabia, Argentina, Egypt, Estonia, and Czechoslovakia.

Our history

On December 7, 1941, Imperial Japan attacked not only Pearl Harbor but also the Philippine Islands, Guam, Wake Island, Howland Island, Midway, Malaya, Singapore, Thailand, Hong Kong, and Shanghai. On December 8th, the U.S. declared war on Imperial Japan. Immediately, 203 North China U.S. Marines and Navy medics in Peking, Tientsin, and Chinwangtao became prisoners of war. The same day the 154 Merchant Marines from the SS *President Harrison* were captured near Shanghai.

Two days later, Guam became the first American territory to fall to Japan. In mid-December, 400 Marines, 1,200 unarmed civilian construction contractors, and 45 Chamorro Pan Am employees on Wake Island made an unprecedented defense against a Japanese Armada for nearly two weeks. At the same time, the U.S. Far East Air Force in the Philippines was destroyed. On December 26th, General Douglas MacArthur, commander of the United States Army Forces in the Far East (USAFFE), declared Manila, hoping it would be spared attack–it was not. American-Filipino forces retreated to the Bataan Peninsula.

By March 1942, Imperial Japanese armed forces had crushed the U.S. Asiatic Fleet in battles off Java. The Dutch East Indies soon fell, marooning a U.S. artillery battalion from West Texas and

several wounded American aviators. Although the aim of the December 7th surprise attack on Hawaii's Pearl Harbor was to destroy the U.S. Pacific Fleet in its home port and to discourage U.S. action in Asia, the other strikes served as preludes to full-scale invasions and brutal military occupation.

Only in the Philippines did our military units mount a prolonged resistance to Imperial Japan's assault. They held out for five months. As early as 1940, a decision had been made to delay the defense of Asia to first fight in Europe. Help could not and would not be sent in time. On April 9, 1942, approximately 12,000 Americans and 65,000 Filipinos became POWs with the surrender of the Bataan Peninsula. The same day the infamous Bataan Death March began. It was a three-part, nearly 100-mile trek by foot and train up Bataan to Camp O'Donnell. Thousands died and hundreds have never been accounted for from the March and its immediate aftermath.

By June 1942, most of the estimated 27,000 Americans ultimately held as military POWs of Imperial Japan had been surrendered–they did *not* surrender. After the fall of the Philippines, most American POWs were airmen, sailors, and merchant marines. If you count American civilians held as internees in Japan, the Philippines, China, and throughout the Pacific, the total number of U.S. POWs is closer to 36,000. Nearly all remained captives until the end of the war. If the Japanese had not paroled in June 1942 the almost 100,000 Filipino soldiers who were under U.S. command that they had captured, the number of American POWs would have quadrupled.

By the War's end, roughly one-third or more than 12,000 Americans had died in squalid POW camps, in the fetid holds of "hellships," or in slave labor camps owned by Japanese companies. Sadly, of the 12,000 who died in Japanese custody, almost one-third (or 4,000) can be attributed to friendly fire although not so intended by the Americans. These 4,000 were aboard unmarked hellships targeted and sunk by American planes and submarines.

Surviving as a POW of Japan and returning home was the beginning of new battles: finding acceptance in society and living with serious mental and physical ailments. In the first six years after the war, deaths of American POWs of Japan were more than twice those of the comparably aged white male population. These deaths were disproportionately due to tuberculosis, suicides, accidents, and cirrhosis. In contrast, 1.5 percent of Americans in Nazi POW camps died (as noted above the mortality rate for POWs of Japan was 20 times greater).In the first six years after liberation, the mortality rate of those who survived the Japanese POW camps was three times the rate of the Nazi POW camp survivors.

Progress toward Remembrance, Reconciliation, and Preservation

An essential element of showing respect and acceptance to today's servicemen and women is to ensure that they are not forgotten. Whether on a battlefield or in a prison camp, their service

mattered. This is the primary mission of the ADBC-MS. To this end, we have had several significant achievements in the last decade.

In 2009, the Government of Japan, through its then-Ambassador to the U.S., Ichiro Fujisaki, issued an official, Cabinet-approved apology to the American POWs of Japan that reads: "a heartfelt apology for our country having caused tremendous damage and suffering to many people, including prisoners of wars, those who have undergone tragic experiences in the Bataan Peninsula, Corregidor Island, in the Philippines, and other places." In the following year, 2010, Japan initiated the "Japan/POW Friendship Program" in which American former POWs visit Japan and return to the places of their imprisonment and slave labor.

Thus far, there have been 11 trips, one each in the fall of 2010 through 2019. In 2015, there were two trips. In 2016, 2018, and 2019, due to the advanced age of surviving POWs, only widows and children participated in the program. In all, 46 former POWs, all in their late 80s or 90s, as well as nine widows and 18 children in their 60s and 70s have made the trip to Japan. A number of the caregiver companions were wives, children, and grandchildren.

There was, of course, no trip in 2020 or 2021. It is unclear if one will be planned for this year. However, the Foreign Ministry has budgeted funds for the trips. These unused funds can be used to establish a permanent fund for activities toward remembrance and reconciliation.

On July 19, 2015, the Mitsubishi Materials Corporation (MMC) became the only Japanese company to officially apologize to those American POWs who were used as slave laborers to maintain war production. This historic apology was offered to the 900 Americans who were forced to work in four mines operated by Mitsubishi Mining, Inc., the predecessor company of MMC. The apology was followed by a $50,000 donation for research and documentation.

Earlier in 2015, in April, a former National Commander of our organization, Lester Tenney, a Bataan Death March survivor and slave laborer at Mitsui's Omuta coal mine on Kyushu (one of the UNESCO World Heritage sites), attended Japanese Prime Minister Shinzo Abe's historic address to a joint meeting of Congress. Dr. Tenney was also invited to the official banquet where the Prime Minister and his wife personally greeted him. That same year, Prime Minister Abe included in his war anniversary statement on August 14th, his recognition of "the former POWs who experienced unbearable sufferings caused by the Japanese military."

President Barack Obama's iconic hug on May 26, 2016 of Hiroshima atomic bomb survivor Shigeaki Mori was also a nod to Mr. Mori's passion to identify and track down the families of the 12 American Naval and Army aviators who died in the August 6, 1945 attack. In December 2016, the President invited ADBC-MS vice president Nancy Kragh and me to witness Japanese Prime Minister Shinzo Abe's historic visit to Pearl Harbor.

In August 2018, a historic ceremony was held in Hawaii remembering the 400 American and Allied POWs who died on January 9, 1945, when bombs dropped by American planes sank the hellship *Enoura Maru* in Takao Harbor, Formosa (today's Taiwan). Unknown to their families until 2001, their remains that had been buried onshore had been retrieved in 1946 and moved to Hawaii. The ceremony marked the placement of a memorial stone in the National Memorial Cemetery of the Pacific for these POWs who were buried there as "unknowns."

Success should encourage more action

The benefits of Japan's long-awaited acts of contrition have been immeasurable for former POWs and their families. The visitation program is a great success. It has given the participating veterans a peace of mind and their families a connection to their fathers' challenges. For the Japanese people touched by these visits, it is often their first introduction to the non-Japanese victims of the Pacific War.

But we are concerned for the future. There is no formal agreement between the U.S. and Japan to continue the visitation program, and Japan's Foreign Ministry must request annually its line item in the budget. We know that despite the tens of millions of dollars being expended by Japan on "Kakehashi" exchange programs in the United States, the funds for the POW Friendship exchanges have been slashed and now lay dormant.

Moreover, the American visitation program was an afterthought. Since 1995, the Japanese government has had visitation and research programs for POWs from the Netherlands, the United Kingdom, and Australia. The American program was first negotiated by the Obama Administration in 2010 by then-Assistant Secretary of State Kurt Campbell. Today, there is the possibility that the program may end.

This is profoundly shortsighted. And it is something that should worry members of Congress. Our relationship with such an important ally can only strengthen through reconciliation efforts. History does not end when the last witness dies. The proliferation of revisionist history in Japan is cause enough to encourage greater work to tell a complete and accurate history of the Asia Pacific War.

Missing at Japan's UNESCO World Heritage Sites

We have been especially alarmed by how the Government of Japan treats the sites of Japan's "Meiji Industrial Revolution: Iron and Steel, Shipbuilding and Coal Mining" on the UNESCO World Industrial Heritage list. Despite a signed promise to UNESCO in 2015 to report the "full history" of the properties, there is no mention of POW slave labor at any of the locations or at the new Tokyo information center. Requests by visiting POW groups to meet with the government official in charge of the sites have been met with silence.

In five of these eight new World Heritage areas there were 26 POW camps that provided slave labor to Japan's great industrial giants including Mitsui, Mitsubishi, Sumitomo, Kawasaki, Aso Group, Ube Industries, Tokai Carbon, Nippon Coke & Engineering, Nippon Steel, Furukawa Company Group, and Denka. Nowhere is it acknowledged that Allied POWs were forced to maintain war production at these sites.

What we ask Congress:

★ To encourage the Government of Japan to keep its promises and responsibilities by preserving, expanding, and enhancing its reconciliation program toward its former American prisoners. As trauma is now understood to be intergenerational, we feel it is important for the trips to Japan to continue.

★ To encourage the Ministry of Foreign Affairs to publicize its apology to the Allied POWs, the visitation program, its participants, and its achievements. A commitment to remembrance is essential. We believe that both countries will be stronger the more we examine our shared history.

★ To encourage Japan to turn its POW visitation program into a permanent fund supported by the Japanese government and industry. This "Future Fund" would not be subject to the Ministry of Finance's yearly review and would support research, documentation, reconciliation programs, and people-to-people exchanges regarding Japan's history of forced and slave labor during WWII.

★ To suggest that part of the Fund's educational programming should be the creation of visual remembrances of this history through museums, memorials, exhibitions, film, and installations. Most important, the Fund would support projects among all the arts from poetry, literature, music, dance, and drama to painting, drawing, film, and sculpture to tell the story to the next generation.

★ To instruct the U.S. Department of State to continue to vigorously represent the interests of American veterans with Japan. It is only the U.S. government that can persuade Japan to continue the visitation program, to create a Future Fund, and to ensure that the Sites of Japan's Meiji Industrial Revolution include the dark history of POW slave labor.

★ To instruct the U.S. Department of State to prepare a report for Congress on the history and funding of the "Japan/POW Friendship Program" and how it compares with programs for Allied POWs established in 1995 by the Peace, Friendship and Exchange Initiative and current Kakehashi exchange groups. This report can provide a metric to evaluate the POW program, highlight its success, and assess how to expand it into a more permanent course of remembrance and learning.

★ To encourage the Japanese government to create a memorial at the Port of Moji, where most of the POW hellships docked and unloaded their sick and dying human cargo. The dock already features memorials to the Japanese soldiers and horses that departed for war from this port. Nowhere in Moji's historic district is there mention of the captive men and looted riches off-loaded onto its docks. This tells an incomplete history of the landmark.

Most Importantly We Ask for the Congressional Gold Medal

In this historic year, the 80th anniversaries of the loss of the USS *Houston*, the Bataan Death March, the fall of the Philippines, the Mindanao Death March, Battle of Midway, and the invasion of Attu, we most importantly ask Congress to approve an accurate and inclusive Congressional Gold Medal for the American POWs of Japan. It is a long overdue symbol of the country's commitment to our veterans to "never forget."

Over the past few years, there have been Congressional Gold Medals given to groups that included American POWs of Japan. Eight members of the Doolittle Raiders were POWs, at least one Nisei member of the Military Intelligence Service was a POW, a number of Merrill's Raiders were captured and beheaded as Japanese POWs, hundreds of merchant marine suffered in Japanese POW camps, scores of Chinese Americans including a member of the West Texas National Guard became POWs, and nearly all the officers of the Filipino troops who were awarded Congressional Gold Medals were American.

Unlike previous WWII-focused Congressional Gold Medal awards that honor specific service units or ethnicities, the American POWs of Japan are men and women from many ethnic groups, races, religions, military services, and regions. They come from all the American states, territories, and tribal lands. The American POWs of Japan are the most inclusive and diverse cohort to be considered for a Congressional Gold Medal.

Eighty-one years after the start of the War in the Pacific, it is time to recognize all Americans who fought the impossible and endured the unimaginable in the war against tyranny in the Asia. Moreover, as I have described above, the Gold Medal would also recognize that the POWs are the only American wartime group to have negotiated its own reconciliation with the Enemy.

High price of freedom

The American POWs of Japan and their families paid a high price for the freedoms we cherish. In return for their sacrifices and service, they ask that their government keep its moral obligation to them. They do not want their history ignored or exploited. What they want most is to have their government stand by them to ensure that they will be remembered, that our allies respect them, and that their American history is preserved accurately for future generations.

The history of the American Defenders of Bataan and Corregidor is one of resilience, survival, and the American spirit, good and bad. In battle and at a death camp, our war was one of blood and resistance. We did not and would not give up. We, thus, ask Congress to support our Pacific War veterans in their unique quest for justice and remembrance.

Congress can cement our victory into national history with a Congressional Gold Medal.

Ms. Jan Thompson
President
American Defenders of Bataan & Corregidor Memorial Society
Daughter of PhM2c Robert E. Thompson USN, USS *Canopus* (AS-9)
Survivor of the hellships *Oryoku Maru*, *Enoura Maru*, and the *Brazil Maru*
Survivor of the POW Camps Bilibid (Philippines), Fukuoka 3B (Japan), & Mukden (China)
POW# 2011
https://www.adbcmemorialsociety.org/
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Reference Points for American POWs of Japan

Pacific Theater of WWII

1940-1946 plus

Updated February 25, 2022

Includes sections of information and dates for: POSTWAR - 1946 & Beyond (23); **WARTIME JAPAN'S HOLIDAYS** (26); **CLASS A WAR CRIMINALS** (27); **COMMEMORATIONS** (28); **JAPANESE CEREMONIES CONSIDERED INCLUSIVE OF ALL WAR DEAD** (29); **BATAAN DEATH MARCH MEMORIAL MARCHES IN U.S.** (30); **MAP OF BATAAN PENINSULA AND CORREGIDOR ISLAND (31)**

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1940

June

14 - Paris falls to Nazi Germany. The Vichy France puppet state established soon after.

October

6 - State Department issues an advisory to all American citizens residing in Japan, China, Hong Kong and French Indo-China to return to the United States. Omitted were the Philippines, Wake, Guam, or Midway. Living in the Philippines at this time were approximately 10,000 American civilian citizens of whom some 3,000 were family members of American military personnel stationed there. (There were also approximately 1,500 British subjects, primarily Australians, living in the Philippines.)

19 - United States begins to quietly remove its military families from the Philippines, Guam, Midway, and Wake. The S.S. *Washington*, sent to Manila, only allowed military families to board. By May 1941, all remaining military wives and dependents on the Philippines had been ordered home to the United States.

November

12 - Admiral Harold R. Stark, U.S. Chief of Naval Operations (CNO), author of the American 'Europe First' policy, presents the Secretary of the Navy with his "Memorandum on National Policy" – "**Plan Dog Memo**" See: http://docs.fdrlibrary.marist.edu/psf/box4/a48b01.html

1941

January 29 to March 27, 1941 - Secret staff conversations in Washington between the United Kingdom and the United States "to determine the best methods by which the armed forces of the United States and the British Commonwealth...could defeat Germany and the Powers allied with her, should the United States be compelled to resort to war." Their final report (ABC-1) said "Since Germany is the predominant member of the Axis Powers, the Atlantic and European area is considered to be the decisive theatre...**If Japan does enter the war, the military strategy in the Far East will be defensive."** As historian Louis Morton observed, **"**Implicit in this concept was acceptance of the loss of the Philippines, Wake, and Guam."

May

27 - President Roosevelt declares an unlimited national emergency in response to Nazi Germany's threats of world domination.

June

21 - U.S. Congress legislates that during the existence of a national emergency as had been declared by President Roosevelt on May 27, 1941, U.S. citizens in the Philippines were barred from departing from or entering any territory of the United States without a valid passport issued either by the Secretary of State or by the High Commissioner to the Philippine Islands.

July

26 - June 30, 1946 – United States Army Forces in the Far East (USAFFE) formed. Headquartered in Manila, Luzon, the Philippines with **General Douglas MacArthur** as commander. The raw Philippine army "inducted into" the U.S. Army by presidential order, increased the number of troops officially to 100,000.

26 - After learning that 30,000 Japanese troops had landed at Saigon and Haiphong in Indochina, President Roosevelt signs a decree freezing all Japanese assets in the U.S., denying the Panama

Canal to Japanese shipping, and placing an embargo on the export of strategic raw materials to Japan.

October and November troop ships from the U.S. and China arrive in the Philippines with American soldiers, airmen, and Marines.

November

5 - Imperial Conference held in Japan. Emperor Hirohito approves the plan for a war against the United States, Great Britain and the Netherlands, to start at the beginning of December.

16 - Far East Air Force (FEAF) formed. It is the military aviation organization of the United States Army in the Philippines.

20 - 192nd and 194th Tank Battalions arrive in the Philippines. Thanksgiving Day. The men are from five activated National Guard units from Maywood, Illinois, Port Clinton, Ohio, Janesville, Wisconsin, Harrodsburg, Kentucky, and Salinas, California. See **Bataan Project,** https://bataanproject.com/

25 - Japanese strike force to attack Pearl Harbor sets sail.

26 - Hull Memorandum (or Hull Note). U.S. demands that Japan withdraw from Indochina,leave China (without Manchukuo), and agree to an Open Door Policy in the Far East.

28 - Point of no return for Japan.

30 - Total strength of the entire U.S. Army garrison in the Philippines is 31,095 officers and enlisted men. Figure does not include Navy and Marines. See: https://history.army.mil/books/wwii/5-2/5-2_3.htm#p48

December

1 - Emperor Hirohito approves attacks against the United States, the British Empire and the Dutch colonial empire.

7 – Japan Bombs Pearl Harbor

8 – Japan bombs The Philippine Islands, Hong Kong, Wake, Midway, Guam, Bangkok, Shanghai, Howland Island, Malaya, Singapore

8 - U.S. Marines, sailors and soldiers in China (300) surrendered and become the first American POWs.

8-10 – Japan invades Guam; Guam surrenders. First American territory to fall to Axis power. First American military nurses become POWs of Japan.

11-22 – **Battle of Wake Island,** 400-some Marines hold off an invading Japanese Armada for two weeks. Assisted by 1,200 civilian workers from Morrison Knudsen and a handful of Chamorro Pam Am employees who are also made POWs. Includes Chinese, Japanese, and Korean Americans from Hawaii.

22 - Roosevelt and Churchill reconfirm that their prime objective is to save Europe, setting aside the defense of Asia.

22-January 14, 1942 - Arcadia Conference held in Washington. First military strategy meeting between Britain and the United States. Outlined **Europe-First** strategy and limits any reinforcements to be sent to the Pacific. Limited resupply efforts all fail.

24 – MacArthur activates **War Plan Orange** to retreat to the Bataan Peninsula, http://www.history.army.mil/books/70-7_06.htm

26 – **British PM Winston Churchill addresses a joint meeting of Congress, confirms the Europe-First strategy.**

1942

January

2 – Japan takes Manila.

3 - Washington war planners brief Army Chief of Staff General George C. Marshall telling him that relief of the Philippines garrison could not be effected soon, and so vast a force as necessary to be successful would be "an entirely unjustifiable diversion of forces from the principal theater–the Atlantic." A conclusion of the Arcadia Conference lobbied by Churchill.

6 - Eleven Navy nurses in Manila, Philippines taken prisoner. They serve most of their internment at Los Baños before being liberated in February 1945.

7 – Siege of Bataan begins.

10 – MS *Argentina Maru* departs Guam with the first POWs sent to Japan (Zentsuji War Prisoners Camp on Shikoku Island) for slave labor, includes five Navy nurses and a civilian American woman and child.

10 – **General MacArthur travels from Corregidor to Bataan to visit the troops**. It is the only time he goes to Bataan. Says help is on the way.

10 - First surrender ultimatum made by Japanese General Homma to US Forces in the Philippines. Leaflets dropped on Bataan during MacArthur's visit.

~21 – Three Seaman and two Marines from Wake Island beheaded on the deck of the *Nitta Maru* by Japanese Naval officers and kicked into the sea as revenge for the stiff resistance put up by the Wake Island defenders.

23 - *Nitta Maru* arrives in Shanghai with POWs from Wake Island making it the first slave-labor hellship of Americans to arrive in China.

23 - Rabaul on the island of New Britain, the peacetime capital of the Australian Mandated Territory of New Guinea, falls to the Japanese. The small Australian garrison, Lark Force, was overwhelmed and most of its troops, including six army nurses, captured.

February

4 - Tol Plantation Massacre. Retreating Australian troops from the fall of Rabaul massacred. Made to sign directives specifying whether they wanted to be shot or bayoneted to death. https://www.awm.gov.au/collection/P09455.001

8 - Deadline given to General Masaharu Homma by Tokyo to complete the conquest of the Philippine Islands.

14 - SS *Vyner Brooke* (and other small vessels) sunk by Japanese forces in the course of evacuating civilians, Australian nurses and wounded British soldiers away from the beleaguered island of Singapore. A number of survivors make it ashore to Bangka Island. Japanese soldiers bayonet to death the servicemen and rape and shoot the 22 Australian military nurses, only nurse Vivian Bullwinkel survives the **Radji Beach Massacre**. Many of the other women survivors were later coerced into becoming comfort women. http://muntokpeacemuseum.org/ ; https://www.bbc.com/news/world-australia-47796046

15 - Capitulation of Singapore. Becomes a major transit port for POWs.

15 - General MacArthur issues a proclamation to his troops that "Help is on the way from the United States. Thousands of troops and hundreds of planes are being dispatched. The exact time of arrival is unknown as they will have to fight their way through." Declaring that no further retreat was possible, he asserted that "our supplies are ample" and that it was imperative to hold until aid arrived. It is unclear if MacArthur believed this. He soon realized that help was not being planned or on its way.

19 – Darwin, Australia bombed by Japan. More than 250 people killed.

19 – President Roosevelt signs Executive Order 9066 to intern nearly 120,000 Japanese Americans away from the West Coast as well as hundreds of Italians and Germans.

23 - Secretary of War Harry Stimson and Chief of Staff George Marshall send MacArthur a message ordering him to leave the Philippines for Australia.

27 – USS *Langley* (CV-1) sunk near Tjilatjap (Cilacap), Java

28 – USS *Langley* (CV-1) Lieutenant Commander Thomas A. Donovan abandoned by mistake on Christmas Island by rescue ship USS *Whipple* (DD-217). On March 11, he became a prisoner of the British Indian soldiers who had mutinied and on March 31 was turned over to the invading Japanese. He was held at Makassar, Celebes until September 1943 and then at No.1 Branch Camp of Java POW Camp 1624828 until the end of the war. [See: https://www.usni.org/magazines/navalhistory/2000-06/ordeal-forget]

March

Japan makes plans to use Allied POWs to build a railway from Bangkok to Rangoon.

1 -Battle of Sunda Strait off Java, cruiser **USS *Houston* CA-30 sunk, end of the Asiatic Fleet** [See: http://dc.etsu.edu/cgi/viewcontent.cgi?article=3686&context=etd]
Of the 1,061 aboard, 368 survived, including 24 of the 74-man Marine detachment. When news of the sinking reached Houston thousands signed up for active duty and millions were raised to pay for another ship. *Remember the Houston* became a rallying cry.

1 – **Second Battle of the Java Sea**, destroyer USS *Pope* (DD-225) sunk and the 151 surviving sailors become POWs.

1 - Imperial Japanese Navy cruiser *Chukuma* sinks the destroyer USS *Edsall* (DD-219) near Christmas Island and recovers survivors. Nothing more was known of these men until 1952 when the remains of five were found, beheaded, in a mass grave on Celebes Island near Kendari.

1 - Japan occupies Batavia (Jakarta).

1- USS *Pecos* (AO–6) sunk near Christmas Island by Japanese Naval forces, killing most of the survivors of the USS *Langley*.

2 - Lieutenant Commander Shunsaki Kudō orders his destroyer, *Ikazuchi*, to rescue 442 survivors from the Royal Navy destroyer HMS *Encounter* and United States Navy destroyer USS *Pope* (DD-225). The survivors had been adrift for some 20 hours/ These ships had been sunk the previous day, along with HMS *Exeter*, in the Java Sea between Java and Borneo, off the Indonesian port of Soerabaja. Rare act of compassion hurt Kudo's career and he never mentions it. https://www.usni.org/magazines/proceedings/1987/january/chivalry

3 – Submarine USS *Perch* (SS-176) scuttled in the Java Sea and all 59 crew members become POWs. All but six of the 59 officers and enlisted men would survive the war in POW camps and return home.

4 - The US Navy's chief medical officer at Surabaya, Java, **Lt. Cmdr. Corydon McAlmont Wassell**, persuades the captain of the Dutch submarine tender MV *Janssens* to take his eight severely injured patients from the USS *Marblehead* from Tjilatjap (Cilacap), Java to Fremantle, Australia (arriving 13 March).One ended up on another ship, while a ninth sailor, Seaman

Benjamin Grover Hopkins, Jr., felt unable to travel. The Nebraska native remained at the hospital in Java where he was soon captured by the Japanese. He eventually recovered enough to be shipped to Japan for slave labor at a ship yard at Nagasaki and then a coal mine nearby where he was liberated. Wassell was awarded the Navy Cross, mentioned by President Roosevelt, in an April 28, 1942 fireside chat on the eve of the fall of Corregidor, as "almost like a Christ-like shepherd devoted to his flock," and had a movie made of his exploits by Cecil B. deMille starring Gary Cooper. https://warfarehistorynetwork.com/2015/12/07/dr-corydon-wassell-caring-for-the-wounded-in-java/

8 - Dutch surrender the Dutch East Indies (Indonesia) after two months of fighting.

8 - Two hospitalized American aviators left on Java captured after their unit, 7th Bombardment Group (Heavy), 22nd Squadron evacuates to Australia. Sailor Ben Hopkins also surrendered.

10 – Texas 2nd Battalion, 131st Field Artillery Regiment on Java surrendered, known as the "Lost Battalion" Unit included both a Chinese (Eddie Fung) and Japanese American (Frank Fujita) who is not included in the Gold Medal given to Japanese Americans who served in the War.

11 – General Douglas MacArthur, family, and many gold bars leave Corregidor for Australia. First by PT Boat, then by plane.

17 - General MacArthur and family arrive in Australia, landing at Batchelor Airfield near Darwin.

20 - General MacArthur first says his famous "I shall return" phrase during an interview with the Australian press at the Terowie Train Station in South Australia. He said: "The President of the United States ordered me to break through the Japanese lines and proceed from Corregidor to Australia for the purpose, as I understand it, of organizing an American offensive against Japan, the primary purpose of which is the relief of the Philippines. I came through and I shall return".
https://sofrep.com/specialoperations/on-this-day-in-1942-gen-douglas-macarthur-gives-the-i-shall-return-speech/

21 - Lt. General Jonathan Wainwright under orders from Washington in contradiction to MacArthur's orders assumes command of U.S. Forces in the Philippines (USFIP). He appoints Maj. Gen. Edward P. King, Jr. to command all U.S. forces on Bataan.

Only one-third of the men MacArthur left behind on March 11, 1942 survive the War.

April

5 - Easter Sunday.

6 - "Royce's Raid" U.S. airmen evacuated to Australia successfully bomb the Japanese air base at Gasmata, New Britain, a daring mission that exceeded 2,200 miles. They followed this up with two days of bombing behind enemy lines on Mindanao, flying over 5,200 miles without losing a plane.

9 - Surrender of Bataan Peninsula and start of the Bataan Death March. Earthquake on 8th. Maj. Gen. Edward P. King, Jr. surrenders the nearly 78,000 Am-Fil troops on Bataan. The largest defeat in American military history.

12 - Pantingan River Massacre. Between 300 and 350 surrendered officers and non-commissioned officers from the 91st, 71st, 51st and 1st Divisions, the 1st Regular Division and the 3rd Philippine Constabulary were massacred off a ravine near the junction of Trails 6 and 29 between the towns of Bagac and Pilar on the Bataan Peninsula in the Philippines. One of the infamous Colonel Masanobu Tsuji's many unprosecuted atrocities.
https://www.nytimes.com/1946/01/11/archives/filipino-survivors-tell-of-slaughter-400-captives-killed-on-bataan.html

18 – **Doolittle Raid on Tokyo**, eight men captured by the Japanese in China - Three executed by firing squad - One dies of beri-beri and malnutrition while in prison - Four survive 40 months of prison, mostly in solitary confinement.

~Exact date unknown – **Navy Lt. Richard Nott Antrim** at the Makassar POW Camp on Celebes, Netherlands East Indies does the unthinkable by stepping forward to stop a savage beating of another officer near death and asks to be beaten instead. Antrim was the Executive Officer of the destroyer USS *Pope* (DD-225) that was sunk on March 1. **He was the only man during World War II to receive the Medal of Honor for acts performed while in captivity. He was recommended for this honor by the camp's senior POW officer,** USS *Langley* (CV-1) Lieutenant Commander Thomas A. Donovan. [see: http://theirfinesthour.net/2012/04/tfh-430-cdr-richard-n-antrim-usn/]

28 - President Roosevelt in his Fireside Chat "A Call for Sacrifice" highlights the extraordinary bravery of the men fighting in Asia to cushion the inevitable loss of the Philippines. His examples were Arkansas' **Lt. Commander Wassell** who saved eight severely wounded soldiers from capture on Java, the exploits of the USS *Sailfish* sinking Japanese ships in the Pacific, and **Texan Capt Hewitt Wheless** who piloted from Del Monte Field on Mindanao a crippled B-17 Flying Fortress on a successful bombing mission against a Japanese convoy near Lesgaspi, Southern Luzon on December 14,1941. His severely wounded crew also managed to take down seven Zeroes before he crash landed at the Cagayan field, on the northern coast of the Mindanao.

29 – Emperor Hirohito's Birthday. Final assault on Corregidor begins.

May

4–8 - Battle of the Coral Sea. Tie.

5 - Prime Minister Tojo promulgates "The Treatment of Prisoners Policy"

1. ***White prisoners of war will be used as laborers for the enhancement of our industry.*** *They will be used for labor related to military production. They will also be sent as laborers to Korea, Manchuria, and China where prison camps will be established for them.*
2. *Prisoners who are not white and do not need to be kept in prison camps will be released on the condition they promise not to engage in military activities against Japan, but will be used in some capacity in the local area.*

5 - The epic of Bataan and Corregidor was a symbol of hope and a beacon of success for the future. It was in this vein that President Roosevelt writes to General Wainwright on the eve of his surrendering his troops:

In every camp and on every naval vessel, soldiers, sailors, and Marines are inspired by the gallant struggle of their comrades in the Philippines. The workmen in our shipyards and munitions plants redouble their efforts because of your example. You and your devoted followers have become the living symbols of our war aims and the guarantee of victory.

6 - Morrill's Extraordinary Escape to Australia. Skipper of the minesweeper USS *Quail* (AM-15), Lt. Commander John H. Morrill, gives his crew holding out on Fort Hughes (Caballo Island) near Corregidor the choice of surrendering to the Japanese or striking out across open ocean on the *Quail's* 36-foot diesel motor launch. Only 17 of his 24-member crew could join him on the desperate voyage. With a pistol recovered from a dead serviceman as their only armament (this may not be true), supplies and weapons scavenged from the beached tugboat *Ranger* on Caballo, and with a few charts and navigational aids from the *Ranger*, Morrill and his crew evaded the Japanese and transversed 2,060 miles of ocean, reaching Darwin, Australia on June 6 after 31 days.

6 - Surrender of Corregidor by Lt. General Jonathan Mayhew Wainwright IV.

8 – Surrender of The Philippine Islands.

10 - Surrender of Mindanao, Philippines.

28 - General Guy Fort on Mindanao finally surrenders his men.

June

Most Filipino POWs paroled (released) to their families in the Philippines. They are made to sign a loyalty oath.

4-7 - Battle of Midway. American victory.

4 – Three downed American pilots from the carrier USS *Enterprise* (CV-6) captured by the Imperial Japanese Navy destroyer *Makigumo* during the Battle of Midway. They are executed 10 days later by being thrown overboard. http://www.cv6.org/company/pow.htm

6 - Imperial Japanese Army invades and occupies the Aleutian Islands capturing Attu's population, which consisted of 45 Aleuts and two white Americans: amateur radio operator and weather reporter Charles Foster Jones, who was killed, and his wife who was forced to watch his beheading. The 42 Aleut inhabitants who survived the Japanese invasion were taken to a POW camp near Otaru, Hokkaido, Japan where 16 died and several raped. Mrs. Jones was taken to Yokohama, Japan and held captive until the end of the war with the Australian nurses captured during the Battle of Rabaul in New Britain.

7 – *Asama Maru* leaves Yokohama and SS *Conte Verde* leaves Shanghai for Lorenco Marques (now Maputo, Mozambique) with Americans and Canadians from Japan to be exchanged for Japanese arriving via the MS *Gripsholm* that departed from New York June 18th. First of only two diplomatic exchanges of prisoners/internees between the U.S. and Japan. Captured Army and Navy nurses from Guam aboard. http://www.salship.se/mercy.php

9 - Allied forces in the Philippines complete surrender. All forces in the Philippines, with the exception of certain small detachments in isolated areas, had surrendered.

July

1- First "hellhip" sunk by U.S. "friendly fire." *Montevideo Maru* torpedoed by submarine USS *Sturgeon* (SS187). All 1,000 POWs aboard, mostly Australian, killed. They were survivors of the fall of Rabaul. http://montevideomaru.naa.gov.au/

4 - Iligan Death March, also referred to as the "Mindanao Death March" or the "Dansalan Death March." Surrendered Filipino and American soldiers in Mindanao under the command of BG Guy Fort were made to march on a rocky dirt road and under the blazing tropical sun, from Camp Keithley in Dansalan to Iligan in Lanao – a distance of about thirty-six (36) kilometer (25 miles) prior to their transfer with the rest of the Mindanao POWs to Camp Casisang, Malaybalay, Bukidnon. One of 16 incidents of indignities, torture and barbarities committed against the Filipino and Foreign Prisoners of Wars (POWs) and civilians by the Japanese listed by Philippine Prosecution Team to the Tokyo War Crimes Tribunal.
https://www.metrocdo.com/2021/04/04/the-mindanao-death-march/

24- Exchange of 3,000 passengers in Lorenco Marques (now Maputo, Mozambique) between the MS *Gripsholm* and the two Japanese vessels takes only 4 hours, or one every 5 seconds. Westerners weep at the sight of food on the *Gripsholm*.

August

11 – *Nagara Maru*, first "hellship" of American POWs (179) leaves the Philippines. The destination is Formosa. POWs are mainly the senior officers in the Philippines, including Generals Wainwright and King. https://sites.google.com/site/powsofthejapanese/Home/hellships-information-photos/nagara-maru

17- 18 – Makin Island Raid. Nine Marines inadvertently left behind during the night withdrawal from this island in Gilberts. They were subsequently captured, moved to Kwajalein Atoll, "Execution Island," and executed. Remains have never been recovered.

October

7 - Lord Chancellor John Simon in the House of Lords announces the establishment of the United Nations Commission for the Investigation of War Crimes (UNWCC). Representatives of Australia, Belgium, Canada, China, Czechoslovakia, France, Greece, India, the Netherlands, Luxembourg, New Zealand, Norway, Poland, South Africa, the United States, Yugoslavia, and Ethiopia participated. http://www.unwcc.org/

Wake Island POWs, mostly civilians, begin slave labor to construct the Soto Dam in Sasebo, Japan. The construction takes over two years and 53 American POW deaths. Every Memorial Day in May, the U.S. Navy holds a memorial service to the POWs at the site.

November

10 - T/4 John E. Robinette of C Company, 192nd Tank Battalion from Port Clinton, Ohio, a distant cousin of U.S. President Joe Biden, dies of beriberi in the Cabanatuan POW Camp in the Philippines. At Baliuag on December 30, 1941, C Company's tanks won the first tank battle victory of World War II against enemy tanks.
https://bataanproject.com/provisional-tank-group/robinette-tec-4-john-e/

11 - Brigider General Guy Fort tortured, and executed by firing squad on Mindanao. He commanded the 81st Division on Mindanao and was forced with his men on the **Iligan (Mindanao) Death March.** Reportedly Fort's last words were "You may get me but you will never get the United States of America." Fort, from Gloversville, New York, is the only American-born general officer to be executed by enemy forces. His body has never been found.

December

Remaining Filipino POWs paroled/released in the Philippines

By the end of 1942, some 54 hellships had transported an estimated 50,000 POWs for slave labor throughout the Empire

1943

April

4 – 10 American POWs and two Filipino convicts escape from the Davao Penal Colony in Mindanao, The Philippines, among them Lt. Col. William Edwin Dyess, who will tell the world of the horrors of the Bataan Death March and Japanese atrocities.

18 - USAAF P-38 intercepts and shoots down the plane carrying **Marshall Admiral Isoroku Yamamoto**, commander of the Combined Fleet, near Buin.

22 – Submarine USS *Grenadier* (SS-210) attacked and scuttled near Lem Voalan Strait, Malaya, all 76 crew members become POWs. Black American sailor, TJ Trigg, is among the crew.

June

1 - "Discovery" by Japanese guards at the Kawanami Shipyards associated POW Camp Fukuoka #2B near Nagasaki that Staff Sergeant **Frank Fujita** of the 2D Battalion, 131st Field Artillery, Texas National Guard, who had been surrendered on Java in March 1942 was a Japanese American.

October

7 - Wake Island Massacre. 98 Civilian POWs machine gunned to death. Among them are the captain and first mate of the Seattle tugboat SS *Justin Floss.* Sole survivor is thought to have carved the date of massacre on a rock before being tracked down and beheaded by Rear Adm. Shigematsu Sakaibara. More likely, the date (5/10/43) was carved months earlier by the entire POW crew. http://www.stripes.com/news/search-for-closure-accurate-account-of-wake-island-massacre-continues-1.166538

16 – M.S. *Gripsholm* sails into the harbor at Mormugao, India, where the *Teia Maru*, a Japanese troop ship, was waiting. The *Gripsholm*, carrying Japanese from the U.S. and Latin American, exchanges its passengers for the 1,516 passengers on *Teia Maru*, mostly Americans and Canadians who had been interned in Japanese-held Asia. It took several days for the cargo to be moved from one ship to another and just a few hours for the passengers to trade places for the

voyage back to New York and Yokohama. The *Gripsholm* arrives in Jersey City, across the river from New York City, on December 1, 1943. Last exchange. Japan receives the last of its requested high-value citizens (Imperial Japan considered all Japanese living in the U.S. citizens and the men draftable). Hope for exchanging Japanese in the U.S. for the POWs ends.

17 - *Completion of the Thai-Burma Death Railway.*

Americans from the USS Houston and the Texas Lost Battalion among the 60,000 Allied POW slave laborers constructing the railway. Also over 200,000 Asians laborers (rōmusha) that included Burmese, Javanese, Malays, Tamils and Chinese. Over 12,000 Allied prisoners died during the construction of the railway, including more than 2,700 Australians, 2,800 Dutch, 6,500 British. Of the 700 Americans sent to build the railway +/-356 Americans died of which 79 were from the USS Houston. It is difficult to determine precisely how many rōmusha died, as record keeping was poor. The number is estimated to be between 75,000 and 100,000. http://www.scottmurray.com/bridge.htm

One of the original locomotives used on the railway made by Nippon Sharyo was recovered and restored to sit at the entrance of the museum of the Yasukuni Shrine.First train brought in Comfort Women. http://hellfire-pass.commemoration.gov.au/building-hellfire-pass/

24 - Iconic photo taken of Leonard Siffleet, an Australian Special Forces radio operator sent on mission to Papua New Guinea, being beheaded on Aitape Beach by Japanese Naval officer Yasuno Chikao. https://rarehistoricalphotos.com/leonard-siffleet-sword-1943/

November

22-26 - Cairo Conference. Outlines the Allied position against Japan during World War II and made decisions about postwar Asia.

27 - Cairo Declaration, https://avalon.law.yale.edu/wwii/cairo.asp

28-December 1 - Tehran Conference. First Big Three strategy conference.

December

20 – Hopevale Massacre. Eleven American Baptist missionaries and their children captured and beheaded (children bayoneted to death) in the Philippines. http://www.historynet.com/moving-target.htm

By the end of 1943, 40 hellships transported 24,000 POWs to slave labor sites throughout the Japanese Empire.

1944

January

28 - Lt. Col. William Edwin Dyess story of the Bataan Death March and other Japanese atrocities to POWs published in the *Chicago Tribune*. A national sensation. Dyess had died a month earlier in a flight training mission. War Department oked the release of the story after the MS *Gripsholm* had arrived safely back in the U.S. **Embeds the phrase "Bataan Death March" into the U.S. political lexicon**. Prior to these articles, the BDM was simply the "long trek" or "long march." http://archives.chicagotribune.com/1944/01/29/page/2/article/tribune-series-on-dyess-hailed-by-morgenthau

March

17 - General Douglas MacArthur addresses a dinner hosted by Prime Minister Curtin held at the Australian Parliament, Canberra and repeats before cameras his pledge to return to the Philippines. Photos from this dinner become the iconic pictures of his statement.

18 – 72 Mariners, the Indian crew of the sunk British freighter *MV Behar*, mainly Laskars from Goa, are beheaded on the Japanese cruiser *Tone* in the Indian Ocean. Last mass atrocity carried out on Allied merchant seamen. http://fremantlebiz.livejournal.com/2445.html

May

27 - Army Air Corps 2nd Lt. Robert E. Thorpe's P-47D Thunderbolt is downed by Japanese ground fire near Kairiru Island, New Guinea. Before his beheading, he was made to stand so that his lower body could be used for target practice. After death, his liver was removed and fried for the officers' dinner. On May 17, 2013 the Rhode Island State Assembly honored Lt. Thorpe.

June

15-July 9 – Battle of Saipan. Horrific suicides by Japanese families living on the island.

July

13 - After being adrift in the Pacific for 43 day when his B-24, *Green Hornet*, crashed during a rescue mission, California Olympian and Airman **Louis Zamperini** is captured by the Imperial Japan Navy near the Kwajalein Atoll known as "Execution Island." He is transported to Kwajalein after three days. In his cell he discovers carved on the wall "Nine Marines marooned on Makin Island, August 18, 1942," followed by their names). The Marines had been executed.

24-August 1 – **Battle of Tinian**. Island becomes the staging ground for the atomic bomb.

August

15 - Ohio native, Pvt Everett Reamer who fought on Corregidor with the 60th Coast Artillery Anti-aircraft, is a POW slave laborer for Nippon Express (Nippon Tsuun) at the Osaka Main Headquarters Camp No. 1-B (Chikko). After "stealing" Red Cross boxes that the Japanese had withheld, he and others are tortured and forced to stand at attention. He is the last to drop, 132 hours later on August 20, 1944. Said to be the record for this sort of torture. Briefly noted in the Guinness Book of Records; reportedly removed by the request of the Japanese government.

September

2 – **Lt. George W. Bush**, future president of the United States, evades capture after parachuting from his burning *Avenger* plane off the island of Chichi-jima. Nine members of his attack squadron, who also ended up in the water, were taken prisoner by the Japanese garrison on the island. They were tortured, beaten, and then executed, either by beheading with swords or by multiple stab-wounds from bayonets and sharpened bamboo stakes. Four were then butchered by the island garrison's surgeons and their livers and thighs eaten by senior Japanese officers. http://www.telegraph.co.uk/news/2017/02/06/george-hw-bushs-comrades-eaten-japanese-pow-guards/ ; http://ww2today.com/2-september-1944-usnr-lt-george-h-w-bush-shot-down-in-dive-bomb-attack

7 – Sinking of the hellship *Shinyo Maru* off Mindanao, Philippines by the USS *Paddle* (SS-263). Only 82 survived among the nearly 800 POWs on the ship. U.S. Army Air Corps Chaplain Father La Fleur dies saving fellow POWs. He is memorialized through a statue in front of St. Landry Catholic Church, Opelousas, Louisiana,
https://www.hmdb.org/marker.asp?marker=86781;
http://www.submarinesailor.com/history/pow/paddlesinksshinyomaru/
https://www.stlandrycatholicchurch.com/lieutenant-father-lafleur.html
https://www.ncregister.com/features/us-army-chaplain-s-cause-for-canonization-advances-father-joseph-lafleur-model-of-a-shepherd

October

20 – MacArthur returns to the Philippines, lands on Leyte

24 – *Arisan Maru* enroute from Manila to Takeo, Formosa with 1,782 POWs aboard torpedoed by the USS *Snook*. Only *nine* POWs survive the sinking, which is the largest loss of POW lives in a single disaster at sea. Exceeding the more than 1,500 deaths of the 1912 sinking of the RMS *Titanic*. Five survivors were able to find a life boat and a sail. With Baltimore native 2nd Lt. Robert S. Overbeck as skipper, they sailed the 250 miles to China in two and one-half days by following the stars. There they were rescued by Chinese partisans.
http://www.powresearch.jp/en/archive/ship/arisan.html; https://overbeck.org/rso;
https://pows.jiaponline.org/2019/10/75th-anniversary-of-arisan-maru-tragedy.html

December

13 – **Departure of the *Oryoku Maru*, the last and the most notorious of the hellships voyages from the Philippines with 1,622 aboard**, mostly officers. This was the first of three ships (followed by the *Enoura Maru* and *Brazil Maru*) in a voyage to Japan and Korea via Formosa with each attacked by American bombers. Of the 577 POWs who made it to the dock at Moji, Japan only 403 survived to the end of the war. Former Vice President Walter Mondale's first cousin dies in the ship's hold likely on December 15th from an air raid by planes off the USS *Hornet and USS Cabot (CVL-28), http://www.oryokumaruonline.org/index2.html; http://www.west-point.org/family/japanese-pow/Erickson_OM.htm*

14 - Palawan Massacre in the Philippines, 150 POWS who had been building an airfield on the island were sent to air raid trenches, doused with gasoline, set afire, and machine-gunned or bayoneted to death by the Kempeitai. Eleven escaped and are rescued by Filipino guerrillas. Capt Fred Bruni from Janesville, Wisconsin's Company A of the 192nd Tank Battalion was the senior POW officer and among the first to die.

1945

January

2 - Japanese Americans released from Internment by Public Proclamation No. 21 issued on December 17, 1944 by Major Gen. Henry C. Pratt, the commanding general of the Western Defense Command, based at the Presidio in San Francisco.

9 - Sinking of the hellship *Enoura Maru* in the Port of Takao, Formosa by aircraft from the USS *Hornet*. Ship held POW survivors from the sinking (also by aircraft from the USS *Hornet*) of the *Oryoku Maru* near Subic Bay, Philippines. 300 POWs killed and buried in shallow graves. In 1946, an American Graves Recovery Team exhumed the bodies. Their remains were put in 20 boxes and re-interred in 20 graves of "Unknowns" at the National Memorial Cemetery of the Pacific in Hawaii (Q916). This was not rediscovered until 2001. Memorial installed 2018.

9 - General Douglas MacArthur lands in the Philippines at Lingayen Gulf on Luzon.

19 - Moji, Fukuoka, the major port of entry into Japan for POWs, suffers major Allied attack.

22 - Burma Road reopened by Allied forces.

25 – Battle of the Bulge ends. Allied Victory. The Ardennes: Belgium, Luxembourg, Germany.

27 – Soviet Army liberates Auschwitz-Birkenau in Poland, the largest Nazi concentration and death camp.

30 – *Brazil Maru* arrives at Moji, Japan with the survivors of the *Oryoku Maru* and *Enoura Maru*. Last hellship shipment of POWs from the Philippines. Seventy-four die the first day out of Manila. Of the 1,622 aboard the original ship to Japan, the *Oryoku Maru*, only 403 survived to the end of the war.

30 – The Great Raid - Liberation of Cabanatuan POW Camp in the Philippines by more than 100 U.S. Army Rangers, Alamo Scouts and Filipino guerrillas who traveled 30 miles behind Japanese lines to reach the camp. The 30-minute raid liberated 513 sick and dying POWs.

Sandakan Death Marches - In late January, May, and June 1944, the Imperial Japanese Army initiated a series of three marches from a POW camp in Borneo at Sandakan of over 2,400 Austrian and British POWs to Ranau 250 kilometers (160 miles) away to the west, in the rugged Borneo jungle interior through marshes and jungle. There was no medical assistance and little food. Anyone who could not keep up was 'disposed of'. Those too ill to begin the trek were killed or left to starve. The six Australians who escaped were the sole survivors. The Sandakan "death march" remains the greatest single atrocity committed against Australians in war. https://www.awm.gov.au/visit/exhibitions/stolenyears/ww2/japan/sandakan

February

3 – Battle of Manila begins.

3 - Liberation of Santo Tomas Internment Camp in Manila by American paratroopers

4 - Liberation of Bilibid Prison holding American POWs in Manila

4–11 - Yalta Conference, Crimea. Big Three discuss the postwar order.

13-16 – Firebombing of Dresden, Germany.

16-27 - American and Filipino ground forces retake Corregidor Island in Manila Bay, the Philippines.

19 - March 26 - Battle of Iwo Jima.

23 - The photo, *Raising the Flag on Iwo Jima* taken by Joe Rosenthal.

23 - Liberation of Los Banos Internment Camp, Philippines.

March

3 – Battle of Manila ends - Rape of Manila – retreating Japanese destroy city, rape hundreds, and kill 100,000 civilians.

9-10 – Firebombing of Tokyo, single most destructive bombing raid in military history [Army Day in Japan, anniversary of the Battle of Mukden, 1905]

24 – Announcement to the Diet of the formation of the People's Volunteer Fighting Corps (国民義勇隊, Kokumin Giyūtai) to defend the Home Islands of Japan. A mobilization not of volunteers, but of all boys and men 15 to 60 and all girls and women 17 to 40, except for those exempted as unfit.

April

1 - U.S. submarine USS *Queenfish* (SS-393) sinks the Japanese Red Cross relief ship *Awa Maru* loaded with supplies for Allied POWs, resulting in a court martial for the captain of the submarine Cmdr. Charles Elliott Loughlin, since the ship had been granted safe passage by the U.S. Government.

1-June 22 – Battle of Okinawa.

7 - Japanese battleship *Yamato* is sunk 200 miles (320 km) north of Okinawa, while underway on a suicide mission.

7 - Kantarō SUZUKI becomes Prime Minister of Japan.

8 - Japanese government issues the oper-a-tional plan to defend the Home Islands called *Ketsu-Go* (Deci-sive Oper-a-tion). The in-tent of *Ketsu-Go* is to in-flict enor-mous casual-ties on any in-vaders. It was believed this would under-mine the Amer-i-can will to con-tinue the fight for Japan's un-con-di-tional sur-render.

9 – 3rd Anniversary of the beginning of the Bataan Death March and Surrender of Bataan.

12 – U.S. President Franklin D. Roosevelt dies.

13 - Japanese cabinet orders reforming the People's Volunteer Corps [*Kokumin Giyūtai*] into a civilian militia.

15 - Ishigaki Incident. Three United States Navy airmen from the USS *Makassar Strait* killed by the Imperial Navy on Ishigaki Island in southern Japan. Memorial erected in 2001. https://www.shipleybay.com/ishigaki.htm, https://www.shipleybay.com/archives/Memorials/Ishigaki/Stars_and_Stripes_2001-06-24.pdf

18– American war correspondent Ernie Pyle is killed by Japanese machine gun fire on the island of Ie Shima off Okinawa.
26 – Smothers Brothers' father, West Point '29 Major Thomas Smothers, Jr. (45th Infantry Regiment, Philippine Scouts) dies on the dock at Moji, Japan awaiting transport to Korea, was a survivor of the *Oryoku Maru*, *Enoura Maru*, *Brazil Maru*, Cabanatuan, Bataan Death March, and the Battle of Bataan.

28 - Mussolini is captured and hanged by Italian partisans

29 - U.S. Seventh Army's 45th Infantry Division liberates Dachau, the first concentration camp established by Germany's Nazi regime.

30 - Adolf Hitler commits suicide.

May

5 - B-29 crewmen captured near Kumamoto in Kyushu, Japan. They are soon killed by un-anaesthetized vivisections carried out for the edification of medical students at Kyushu Imperial University's College of Medicine with their body parts kept in formaldehyde jars for study until the end of the war.

8 – Nazi Germany officially surrenders to the Allies.

14 - 2nd Lt Ambrose Finnegan, USAAF courier, MIA in the Bismarck Sea off New Guinea from an aircraft crash. Uncle of President Joe Biden. First President who is a Primary Point of Contact (PNOC) of a MIA relative (no confirmation of death).

June

1 - The Interim Committee, a secret high-level group tasked with advising President Truman on nuclear issues, recommends the atomic bomb be used on Japanese targets as soon as possible and without prior warning because the potential loss of U.S. life in an invasion of Japan would be unacceptably high.

10 - Japanese Prime Minister SUZUKI declares that Japan would fight to the last rather than accept unconditional surrender.

12 – Japanese cabinet passes a special conscription law, and renames the recently formed militia units into the People's Volunteer Fighting Corps [国民義勇戦闘隊, *Kokumin Giyū Sentōtai*]. **Country fully militarized. Almost no one is considered a "civilian" in Japan.**

26 - United Nations Charter signed in San Francisco.

July

14 – First Naval bombardment of the Japanese Home Islands. USS *South Dakota* (BB-57), USS *Indiana* (BB-58), and USS *Massachusetts* (BB-59) of Task Unit 34.8.1 bombarded the city of Kamaishi, Honshu, Japan. Significant damage to the Sendai POW Camp #5-B Kamaishi and its associated Nippon Steel iron mill killing at least 42 POWs. Today a Japanese UNESCO World Industrial Heritage site (no mention of POWs)

16 – Trinity Test. U.S. Army completes the world's first atomic weapons test, at the Los Alamos research site in New Mexico.

17- 2 August 1945 – Potsdam Conference. Establishes the postwar order, peace treaty issues, and countering the effects of the war.

21 – President Harry S. Truman approves the order for atomic bombs to be used against Japan.

26 – Potsdam Declaration. Demands Japan's unconditional surrender.

26 - Clement Atlee succeeds Winston Churchill as British Prime Minister.

28 - Japanese Prime Minister Suzuki publicly dismisses the Potsdam Declarations as a mere rehash (*yakinaoshi*) of earlier rejected Allied proposals, and says that Japan will ignore it (*mokusatsu suru*). "Ignore" is interpreted in the West as "reject" the proposal. Quote: *My thinking is that the joint declaration is virtually the same as the earlier declaration. The government of Japan does not consider it having any crucial value. We simply mokusatsu suru. The only alternative for us is to be determined to continue our fight to the end.*

August

6 – Atomic Bombing of Hiroshima.

8 - Soviet Union declares war on Japan.

9 – Atomic Bombing of Nagasaki.

15 – The War Ends - The Emperor speaks directly to the Japanese people over the radio at noon.

But now the war has lasted for nearly four years. Despite the best that has been done by everyone--the gallant fighting of our military and naval forces, the diligence and assiduity of out servants of the State and the devoted service of our 100,000,000 people--the war situation has developed not necessarily to Japan's advantage, while the general trends of the world have all turned against her interest.

>Hours after the surrender, 17 American airmen are executed by beheading on Aburayama [Abura Mountain] in the suburbs of Fukuoka City, Kyushu.

16 - Six man Office of Strategic Services (OSS) team parachutes into (Hoten) Mukden (today's Shenyang), POW camp in northern China to liberate the POWs and locate the senior officers held by the Japanese.
19 - Several dozen British, Dutch, and American senior officers including Lieutenant Generals Jonathan Wainwright and A.E. Percival are located at the Hsian POW camp, 150 miles north of Mukden.

21 - Japanese authorities decide to set up the Recreation and Amusement Association (RAA) for the benefit of Allied occupation troops modeled on their military government's Comfort Women system of sexual slavery.

27 - First airdrops of food and supplies to POW camps on the Home Islands of Japan by the 20th Air Force.

From 27 August to 20 September, aircraft of the 58th, 73rd 313th, 314th and 315th Bombardment Wings flew 900 effective sorties to find 158 prisoner of war and civilian internment camps.

29 – First POW camp on the Home Islands of Japan evacuated, Omori on Tokyo Bay and the nearby Shinagawa "hospital," which rescuers said was "an indescribable hellhole of filth, disease, and death." http://www.mansell.com/pow_resources/camplists/tokyo/omori/omori.html

Today, the Heiwajima Motor Boat Racing venue is located at the site of this former POW camp on the artificial island built by the POWs. This state-sanctioned gambling franchise was created by unindicted Class-A war criminal and black marketeer Ryoichi Sasakawa. It now is used to support the Sasakawa family of foundations such as the Nippon Foundation and Tokyo Foundation. The camp held famed aviators Louis Zamperini and Pappy Boyington

30 - General Douglas MacArthur, Supreme Commander of the Allied Powers (SCAP), arrives in Japan at the Atsugi airfield near Yokohama aboard Bataan II.

31 – **Etta Jones, the first Caucasian female taken prisoner by a foreign enemy on the North American continent since the War of 1812, liberated in Totsuka, Japan** along with 18 Australian nurses captured at Rabaul. She was captured in June 1942 when Japanese troops invaded Attu Island in the Aleutians. Her husband was killed and beheaded before her. She and the 42 Aleuts living on Attu were taken as POWs to Japan (Nearly half of them died — many from tuberculosis, malnutrition and starvation).

31 - Reconnaissance missions to Hainan Island, the Peking, Hong Kong and Shanghai areas of China, and the Mukden area of Manchuria to verify the existence and location of 57 additional POW camps.

September

2 – Formal surrender of Imperial Japan signed aboard the battleship USS *Missouri* (BB-63) in Tokyo Bay. Lt. General Wainwright in attendance.

8 - General Douglas MacArthur enters Tokyo.

11 - General MacArthur orders the arrest of Hideki Tojo and 39 other suspected war criminals. Tojo tries to commit suicide.
12 – Japanese surrender ceremony held at the Municipal Building of Singapore. Lord Louis Mountbatten representing the Allies. Officially ends the Japanese Occupation of Southeast Asia.

27 – Emperor Hirohito meets with General Douglas MacArthur at the United States Embassy in Tokyo. One of the first of many times MacArthur uses historic dates to make a point to the Japanese. [**1940**. Tripartite Pact, defense alliance agreement concluded by Germany, Italy, and Japan.]

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POSTWAR - 1946 & Beyond

NB: Japanese government will schedule meetings with Americans on the anniversaries of events scheduled by MacArthur

January 19, 1946 - Gen. Douglas MacArthur issues a special proclamation ordering the establishment of an International Military Tribunal for the Far East (IMTFE). On the same day, he also approves the *Charter of the International Military Tribunal for the Far East* (CIMTFE), which prescribes how it was to be formed, the crimes that it was to consider, and how the tribunal was to function.

Feb. 11, 1946 - MacArthur approves the draft version of Japan's new postwar constitution. Coincides with Japan's Empire Day, which was sanitized to National Foundation Day.

March 25, 1946 - MacArthur places all brothels, comfort stations and other places of prostitution off-limits. The RAA soon collapses.

April 29, 1946 – Tojo Hideki, wartime premier of Japan and 27 other militarists indicted by the International Military Tribunal for the Far East (Tokyo War Crimes Tribunal) of war crimes; opening of the Tokyo War Crimes Tribunal [**Emperor Hirohito's birthday**]

May 3, 1946 - Indictments read at the International Military Tribunal for the Far East.

May 3, 1947 – Japan's new constitution enacted.

1948 - Former POWs and some civilian internees, if located, are paid about $1.00-2.50/day for their "lost meals" during imprisonment from seized Japanese assets by a congressionally established War Claims Commission (WCC) in 1948.

November 12, 1948 – Tojo and six other wartime leaders and generals sentenced to death – Tokyo War Crimes Tribunal adjourned.

December 23, 1948 – Tojo and six other leaders executed by hanging [birthday (1933) of Emperor to be: Akihito]

September 8, 1951 – Peace Treaty of San Francisco signed by 48 nations, denies POWs redress.

April 28, 1952 – Peace Treaty comes into force, ends Occupation, except on Okinawa.

December 31, 1958 - Any Japanese war criminals still in custody released from prison in Japan

January 7, 1989 – Emperor Hirohito dies. Showa era ends.

August 31, 1994 - **Peace, Friendship, and Exchange Initiative** **(PFEI)** inaugurated to fund historical research and exchange programs with nations Japan had committed aggression against or dominated during World War II. Allied POWs, **with the exception of American POWs**, were included in this program.

August 15, 1995 - **Murayama Statement.** First (of possibly only five) official, Cabinet-approved apologies for initiating World War II. Used as the template for all subsequent Japanese war apologies until the second Abe Administration.

...we should bear in mind that we must look into the past to learn from the lessons of history, and ensure that we do not stray from the path to the peace and prosperity of human society in the future.

During a certain period in the not too distant past, Japan, following a mistaken national policy, advanced along the road to war, only to ensnare the Japanese people in a fateful crisis, and, through ***its colonial rule and aggression, caused tremendous damage and suffering to the people of many countries, particularly to those of Asian nations.*** *In the hope that no such mistake be made in the future, I regard, in a spirit of humility, these irrefutable facts of history, and express here once again my feelings of deep remorse and state my heartfelt apology. Allow me also to express my feelings of profound mourning for all victims, both at home and abroad, of that history.*

1999 - Former POWs organize lawsuits for compensation against the Japanese companies that enslaved them during WWII.

June 28, 2000 - **Senate Judiciary Committee hearing "Former U.S. World War II POW's: A Struggle For Justice"** – Determining Whether Those Who Profited From The Forced Labor Of American World War Ii Prisoners Of War Once Held And Forced Into Labor For Private Japanese Companies Have An Obligation To Remedy Their Wrongs And Whether The United States Can Help Facilitate An Appropriate Resolution.

October 6, 2003 - U.S. Supreme Court refuses to hear the POWs of Japan appeal of a lower court's denial of their right to sue private Japanese companies. By not hearing the case, the

Court affirms the U.S. government stance that the Treaty of Peace between the United States, other Allied nations, and Japan, waived all claims of American and Allied nationals against Japan and Japanese nationals arising out of WWII. Effectively ends all POW efforts for compensation for their slave labor. Legal Analysis Paper.

November 11, 2008 - Dr. Lester Tenney, last National Commander of the American Defenders of Bataan and Corregidor Memorial Society and Bataan Death March survivor met with the Japanese Ambassador to the United States Ichiro Fujisaki and his wife at their official residence to explain why the American POWs of Japan needed an apology and a program comparable to the one established for other POWs of Japan in 1995. Compensation for slave labor is no longer sought.

February 6, 2009 - Japanese government apology to the POWs of Japan appears as an answer to a Dietmember's questions. This format makes it a "cabinet decision" and official. It translates to: "accepting with a spirit of humility the facts of history that Japan through its colonial rule and aggression caused tremendous damage and suffering to the people of former Allied nations and other nations including former POWs, our country has expressed the feelings of deep remorse and heartfelt apology on various occasions."

March 9, 2009 - Japanese Prime Minister Taro Aso answers questions on WWII POW forced labor during the Diet session. Aso Mining (today's Aso Group), which used 300 Allied POWs, was owned by his family of Prime Minister Aso. He said: "I understand that accepting with a spirit of humility the facts of history that Japan, through its colonial rule and aggression, caused tremendous damage and suffering to the people of many countries including former Allied nations, including former POWs, our country has expressed the feelings of deep remorse and heartfelt apology on various occasions such as Prime Ministers' statements in 1995 and 2005."

May 30, 2009 - Japan's Ambassador to the United States Ichiro Fujisaki at the last convention of the American Defenders of Bataan and Corregidor in San Antonio, Texas delivers an official Japanese government apology to the American POWs of Japan. No text is shared nor is the historic event noted on Foreign Ministry website.
As former Prime Ministers of Japan have repeatedly stated, the Japanese people should bear in mind that we must look into the past and to learn from the lessons of history. ***We extend a heartfelt apology for our country having caused tremendous damage and suffering to many people, including prisoners of wars, those who have undergone tragic experiences in the Bataan Peninsula, Corregidor Island, in the Philippines, and other places.***

On September 13, 2010 - Minister of Foreign Affairs Katsuya Okada apologizes to six American POWs, including two survivors of the Bataan Death March, Lester Tenney (CA) and Robert Rosendahl (MO) who are in Japan for the first POW/Japan Friendship Program..

December 26, 2012 - Shinzo Abe, grandson of Nobusuke Kishi–economic czar of Manchukuo (occupied northern China), the longest serving wartime cabinet minister, unindicted Class-A war

criminal, and prime minister (1957-1960)--becomes prime minister for the second time. Vows to free Japan from its "masochistic history."

August 15, 2013 - Prime Minister Abe deconstructs the Murayama war apology, scrapping a nearly 20-year tradition that began with the 1995. He stops apologizing and no longer acknowledges Japan's wartime hostilities. He oddly notes "The peace and prosperity that we now enjoy have been built upon the precious sacrifices of the war dead."

December 25, 2013 - Prime Minister Shinzo Abe visits the Yasukuni Shrine. A Shinto shrine created by the Meiji government in the 19th century to promulgate State Shinto and divineness of the emperor. Rites at the Shrine apotheosize some of Japan's military war dead, including convicted Class A war criminals. Abe is the first sitting Japanese head of government since former Prime Minister Junichiro Koizumi in 2006 to visit there.

April 29, 2015 (Emperor Hirohito's birthday) - Prime Minister Shinzo Abe becomes the first Japanese to address a joint meeting of Congress. His grandfather, Nobusuke Kishi, a former prime minister of Japan, was an unindicted Class-A war criminal. Abe only mentions Japan's military victories of Pearl Harbor, Bataan, Corregidor, and the Coral Sea and expresses his "eternal condolences to the souls of all American people that were lost during World War II." American POW of Japan Dr. Lester Tenney in the gallery and is invited to the gala dinner that evening. Abe stops by his table and greets him and his wife.

July 19, 2015 - Mitsubishi Materials Corporation (MMC) of the Mitsubishi Group, the successor of Mitsubishi Mining that used POWs as slave laborers in four of their mines, apologizes in a speech at the Simon Wiesenthal Center. The apology was received by James T. Murphy (CA) and Lester Tenney (CA, both former POWs who survived the Bataan Death March and brutal coal and copper mines in Japan. **MMC is the only company to have apologized.** (*N.B.*: Mitsubishi is the largest and most important company in Japan. Traditionally, Mitsubishi sets the example for Japanese companies.)

August 14, 2015 - Prime Minister Abe further deconstructs the Murayama apology. He no longer notes what Japan has remorse for or to whom the apology is directed. He adds that "We must not let our children, grandchildren, and even further generations to come, who have nothing to do with that war, be predestined to apologize."

May 27, 2016 - President Barack Obama becomes the first U.S. president to visit the atomic bombed city of Hiroshima. He embraces Mr. Shigeaki Mori, a Hiroshima survivor, who devoted his adult life to memorizing the 12 American aviators who died from abuse and radiation exposure in Hiroshima. The documentary *Paper Lanterns* tells his story. An American POW was invited to attend by the White House, but did not in the end.

August 15, 2018 - Dedication of a Memorial Stone on the Memorial Walk at the National Memorial Cemetery of the Pacific in Hawaii to the POWs who died aboard the hellship *Enoura Maru* in Takao Harbor, Formosa after being bombed by planes from the USS *Hornet*. The 400 men are buried as unknowns in 20 mass graves.

April 30, 2019 - Emperor Akihito abdicates. End of MacArthur's policy to associate Japan's war crimes with the Japanese Emperor.

April 9, 2021 - POW/MIA flag returned atop the White House. Was removed during the Trump Administration. The day selected for the return is National Former POW Recognition Day, which is the anniversary of the start of the Bataan Death March.

August 15, 2021 - Prime Minister Abe fully dismantles the remnants of the Murayama war apology. He removes any references to "learning from history."

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WARTIME JAPAN'S HOLIDAYS

Beginning with the start of the Second Sino-Japanese War, July 7, 1937, Imperial Japan began to increase the number of Japanese days of commemoration and celebration. Most of them appear to have been excuses for special military drills, assemblies, or labor effort, rather than for fun and relaxation.

Before the 1937 war there were 12 official national holidays. Since then, there was an increased emphasis upon military celebrations, and all events relating to the Imperial family, such as birthdays, death days, etc. **Dates often predicted the beginning of battles and specific attacks.**

The following is a list of the more important wartime Japanese national holidays:

- January 1, New Year's Day
- January 3, Emperor celebrates opening of New Year - called G*enshisai*
- January 8, Beginning of the Army year
- February 11, Anniversary of accession of the Emperor Jimmu, and the founding of the Empire (*Kigen Setsu*). Set as beginning in 660 B.C.
- March 6, Birthday of the Empress
- March 10, Army Day (anniversary of Battle of Mukden, 1905)
- March 20 or 21, Spring Equinox Festival
- April 3, Anniversary of the death of Emperor Jimmu
- April 29, Emperor's Birthday (associated with the Army; in peacetime it was marked by elaborate military reviews in Tokyo)
- April 30, Festival of Yasukuni Shrine

- May 5, *Tango no Sekku* — Boys' Day
- May 27, Navy Day (anniversary of the Battle of Tsushima, 1905)
- September 23 or 24, Autumn Equinox Festival
- October 17, *Kannamesai*. Imperial Thanksgiving of Autumn
- November 3, Commemorative festival for the Emperor Meiji
- November 23, *Niinamesai*. Autumn offering to the Imperial ancestors
- December 8, Great East Asia Day
- December 25, Anniversary of the death of Emperor Taisho

Since September 1939, the Japanese were required to observe "Greater Asia Commemoration Day" (*Koa Hoko bi*, 興亜奉公日) on the first day of each month as a day of national self-denial in honor of the men fighting for Greater Asia. On this day there was to be no smoking, drinking, etc. After the attack on Pearl Harbor, the day for commemoration was altered to the 8th day of each month.

The Yasukuni ceremonies assumed major importance, because on these occasions the soldier dead are enshrined and deified. This was viewed as the great reward that made all the sacrifices seem bearable to the people. This is the only occasion throughout the year when the Emperor bows to the tablets and spirits of dead subjects who have become minor gods in the spirit world. The actual ceremonies last three days, beginning April 30. Relatives arrive from all parts of Japan throughout the preceding week, during which entertainment is provided for them. The second, less important of the semi-annual Yasukuni Shrine Festivals took place on October 22 or 23.

See: **https://www.lonesentry.com/articles/ttt07/japanese-festivals.html**

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CLASS A WAR CRIMINALS

Although 70 Japanese leaders and rightists were identified as Class-A War Criminals, only 28 were indicted. Among those never indicted, were Nobusuke Kishi, who later became Prime Minister and grandfather of Prime Minister Shinzo Abe; Ryoichi Sasakawa, founder of Japan's Fascist Party, gangster, rightist, and founder of a host of foundations; and Yoshisuke Aikawa, founder of Nissan. They were imprisoned in the expectation that they would be prosecuted at a second Tokyo Tribunal that never materialized and never charged. They were released in 1947 and 1948.

Two (Yosuke Matsuoka and Osami Nagano) of the 28 defendants died of natural causes during the trial. One defendant, Shumei Okawa, had a mental breakdown on the first day of trial, was sent to a psychiatric ward, and was released in 1948.

The remaining 25 were all found guilty, many of multiple counts. Seven (7) were sentenced to death by hanging, 16 to life imprisonment, and two (2) to lesser terms. All seven sentenced to death were found to be guilty of inciting or otherwise implicated in mass-scale atrocities, among other counts. Three of the 16 sentenced to life imprisonment died between 1949 and 1950 in prison. The remaining 13 were paroled between 1954 and 1956, or less than eight years in prison.

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COMMEMORATIONS

✍**April 9 – National Former Prisoner Of War Recognition Day**

-Day of Valor [*Araw ng Kagitingan*], National Holiday in the Philippines
-Ceremony at WWII Memorial in Washington, DC and other places
-Commemoration at Bataan Road, Orangeburg, NY (Former Camp Shanks) hosted by Dominican College
-2021 - return of POW/MIA flag atop the White House by President Joe Biden after having been removed by President Donald Trump in 2020.

✍**Early March - Remembrance Day for the USS *Houston* (CA-30) and the Lost Battalion at the USS *Houston* Memorial in the Sam Houston Park, Houston, Texas.**

✍**Late March or early April, Bataan Memorial Death March, White Sands, NM. Event began in 1989. https://bataanmarch.com/**

✍**May 30 - Memorial service to the 53 American POWs who died building the Soto Dam in Sasebo, Japan.** https://www.stripes.com/news/memorial-to-american-pows-in-sasebo-receives-an-update-1.104907

✍**Sunday preceding Memorial Day ~ Memorial Day [Last Monday in May] service at the Commonwealth War Cemetery in Hodogaya, Yokohama, Japan.** VFW Japan (based at US Fleet Activities, Yokosuka) hosts a Memorial Day Service with the Royal British Legion's Tokyo Branch, representatives of all branches of the US military, Allied Forces and other organisations such as the Boy Scouts of America in paying tribute to those who died in service to their country.

The remains of a small number of US POWs who died in Japan were not repatriated as they could not be distinguished from among the 335 soldiers, sailors and airmen of the Commonwealth, the Kingdom of the Netherlands and the United States who were originally cremated and buried in a communal grave near a POW camp in the port city of Moji (now part of the city of Kitakyushu) in Fukuoka Prefecture. Their ashes are contained in an urn housed in the

Yokohama Cremation Memorial, a beautiful and dignified shrine erected on the eastern edge of the British Section of the Commonwealth War Cemetery, Hodogaya. The names of 284, including 48 Americans are inscribed on the walls of the shrine, while the identities of the other 51 remain unknown.
https://www.cwgc.org/visit-us/find-cemeteries-memorials/cemetery-details/49433/YOKOHAMA%20WAR%20CEMETERY/
http://branches.britishlegion.org.uk/branches/tokyo/memorial-day

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JAPANESE CEREMONIES CONSIDERED INCLUSIVE OF ALL WAR DEAD

Last Monday in May [like in the U.S.] - Memorial Day at **Chidorigafuchi, Tokyo Japan.**

Since 1959, members of the Imperial Family and national leaders have gathered at Chidorigafuchi for a ceremony honoring Japan's unidentified dead from their 14 years of war in Asia. The focus is the military dead, but as all the collected remains are unidentified, it is impossible to separate the combatants from the noncombatants. Ashes from bones collected from battle sites are deposited in the ossuary there. This public park, steps away from Yasukuni and the Imperial Palace, is managed by a non-governmental organization, in cooperation with the Environmental Ministry. Different religious ceremonies and rites are held throughout the year.

July 13 – Chinreisha Festival (Spirit-Pacifying Shrine) at the Yasukuni Shrine dedicated to all of those who died in wars or incidents from 1853-1945 and who cannot be enshrined in the Main sanctuary, in other words enemies of Imperial Japan. This includes the American and Allied forces during WWII. This small shrine is behind gates off to the left (south) of the main shrine [*honden*] at Yasukuni. Erected in 1965, this structure houses (or welcomes) the spirits of all the war-dead (unnamed).

Third Friday in September - National POW/MIA Recognition Day

Second Sunday in September – Maywood Bataan Day

★Maywood, Illinois was the town with the largest number of men on the Bataan Death March, home of Company "B" of the 192nd Tank Battalion that arrived in the Philippines on November 20, 1941, Thanksgiving. Of the 89 men of Company "B" who left the U.S. in 1941, only 43 returned from the war. http://mbdo.org/about-mbdo/about/

November 11 ~ Commonwealth Remembrance Day for Allied POWs who died in Formosa (Taiwan). Weekend closest to the 11th and is held in the Taiwan Prisoner of War Memorial Park, which is located on the site of the former Kinkaseki Prisoner of War Camp in

Jinguashi, Taiwan. http://www.powtaiwan.org/archives_detail.php?THE-REMEMBRANCE-DAY-SERVICE-AT-KINKASEKI---VIDEO-38

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Bataan Death March Memorial Marches

White Sands, NM, http://bataanmarch.com/ Bigger every year, New Mexico had largest number of men on the Death March, followed by California
Brainerd, MN, https://www.facebook.com/BataanMemorialMarchBrainerdMn/?fref=nf
Chesapeake, VA, https://www.facebook.com/Chesapeake-Bataan-Death-March-464188050284397/
S Dakota, http://blackhillsveteranmarch.com/history/
Pennsylvania, https://strongvetwpa.org/bataan-memorial-march
New York, https://www.facebook.com/events/1168848923170955/
Maryland, Florida and other places

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For corrections and questions

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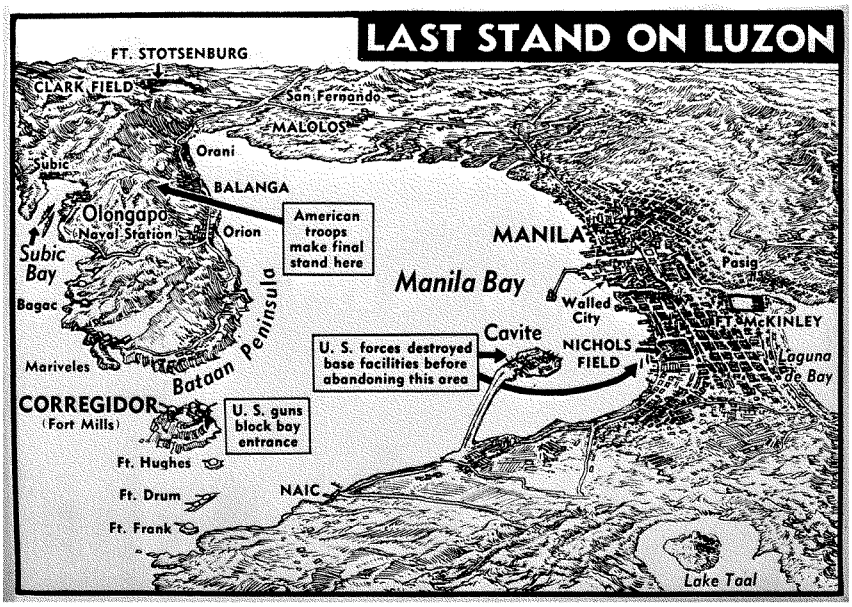
Map of Bataan Peninsula and Corregidor Island
South Luzon Island

137

in the Philippine Islands
April 1942

Land invasion started in Northern Luzon at Aparri



ANNUAL LEGISLATIVE PRESENTATION

CHARLES BROWN

NATIONAL PRESIDENT

PARALYZED VETERANS OF AMERICA

BEFORE A JOINT HEARING OF THE

HOUSE AND SENATE COMMITTEES ON VETERANS' AFFAIRS

MARCH 8, 2022

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and members of the Committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2022 policy priorities. For more than 75 years, PVA has served as the lead voice on a number of issues that affect severely disabled veterans. Our work over the past year includes championing critical changes within the Department of Veterans Affairs (VA) and educating 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). Our concerns and policy recommendations are particularly important in light of the continuing discussions around the delivery of VA health care, including the review of the department's assets and infrastructure. Proper consideration must be given to how any such reforms will impact veterans, like PVA members, who must rely almost exclusively on VA for their health care, and specifically depend upon VA's specialized systems of care.

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 ongoing programs to secure benefits for veterans; review the medical care provided by the VA's SCI/D system of care to ensure our members receive timely, quality care; invest in research; promote education; organize sports and recreation opportunities; and advocate for the rights of veterans and all people with disabilities through legal advocacy and accessible architecture. We have also developed long-standing partnerships with other veterans service organizations (VSOs).

PVA, along with the co-authors of The Independent Budget (IB)—DAV (Disabled American Veterans) and the Veterans of Foreign Wars of the United States (VFW), continue to present comprehensive budget and policy recommendations to influence debate on issues critical to the veterans we represent. We recently released our budget recommendations to inform the debate on VA funding for fiscal years (FY) 2023 and 2024 advance appropriations.

COVID-19's CONTINUED IMPACT ON VA's SCI/D SYSTEM OF CARE

Health care providers and systems around the world have been hit hard by the pandemic with many systems, including VA, having to redirect resources to care for patients with COVID-19. Overall, VA has done a commendable job minimizing the pandemic's impact for veterans who are inpatients in one of the VA's 25 SCI/D facilities and those who reside in one of the six VA SCI/D long-term care centers. They have kept infections of inpatients and staff to a minimum and maintained stringent measures to protect this extremely vulnerable population.

The isolation of SCI/D patients, however, comes at a high cost. The lack of recreational activities, day trips, and in-person therapy sessions weigh heavily on the psyche of patients and adversely affect their physical and mental wellbeing. Limited caregiver and visitor access has also been very difficult for many paralyzed veterans, particularly those who live in long-term care centers. Regrettably, their VA medical providers have had to serve as their outlet for pent up frustrations.

Insufficient staffing within the SCI/D system is an enduring concern and its current shortfalls cannot be entirely attributed to the ongoing pandemic. For the past few years, staffing levels have hovered around 70 percent, meaning the system lacks nearly a third of the nurses it needs to properly care for the veterans it serves. VA needs the authority to provide additional pay, compensation, and retention incentives to make VA service more attractive to health care and related support professionals. Congress and VA should also place greater emphasis on providing specialty pay for Registered Nurses (RNs), Licensed Vocational Nurses (LVNs) and Certified Nursing Assistants (CNAs) who work within the SCI/D system of care.

The liberal use of telehealth has been a lifeline for thousands of SCI/D veterans who receive outpatient care through VA. However, SCI/D veterans are "high touch" patients. VA telehealth must not be viewed as a long-term solution to providing needed care. These veterans must be able to resume face-to-face meetings with their providers as quickly and as safely possible.

COVID-19 also caused the deferral of thousands of elective procedures, resulting in a huge backlog of care. However, in truth, the term "elective procedure" does not apply to our members because every touchpoint increases the department's ability to detect well-known secondary complications of an SCI/D such as bowel or urological complications, infections, autonomic dysreflexia, degeneration of the spine, pressure sores, overuse of the shoulders, and

compression syndromes. The early identification and treatment of complications related to lifestyle, aging, and living with an SCI/D are critical. VA has resumed yearly comprehensive preventative health evaluations for these veterans in many locations. It is imperative that these annual evaluations be conducted as quickly as possible to maximize veterans' health, prevent complications, and help them get the most out of life.

PVA PRIORITY: STRENGTHEN AND IMPROVE VA'S HEALTH CARE SYSTEM AND SERVICES

Protect Specialized Services—PVA firmly believes VA is the best health care provider for disabled veterans. The VA's SCI/D system of care provides a coordinated life-long continuum of services for veterans with an SCI/D that has increased the lifespan of these veterans by decades. VA's specialized systems of care follow higher clinical standards than those required in the private sector. Preserving and strengthening VA's specialized systems of care—such as SCI/D care, blind rehabilitation, amputee care, and polytrauma care—remains the highest priority for PVA. However, if VA continues to woefully underfund the system and understaff facilities, their capacity to treat veterans will be diminished, and could lead to the closure of facilities and reductions in services offered to them.

Staffing Vacancies—While the roots of the current staffing crisis precede the pandemic, there's no denying that COVID-19 has made matters much worse. Despite hiring thousands of staff through relaxed hiring and management practices to respond to the pandemic, VA's staffing levels remain relatively unchanged. Comparing VA's FY 2021 third and fourth quarter VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act (P.L. 115-182) Section 505 reports, VA closed out the third quarter with 33,139 vacancies and the fourth quarter with 47,310 vacancies. The increase of 14,171 vacancies means Veterans Health Administration (VHA) staffing levels now mirror its November 2019 levels when the department had 49,000 openings. The prolonged lack of adequate staffing reduces patient safety and requires existing nursing and other clinical staff to work long hours which contributes to work-related injuries and staff burn out.

VA's ability to meet the highest standards of care for our veterans relies on more than just having the right number of physicians and nurses. They also need qualified and well-trained housekeepers. At the end of FY 2021, VA reported that only 55 percent of its 3,566 environmental positions were filled which heightens the health risks to veteran patients, particularly those who have compromised immune systems.

Lengthy, cumbersome hiring processes make it difficult to hire and retain staff, which prohibits SCI/D centers from meeting adequate staffing levels necessary to care for this specialized population. PVA estimates there is a shortage of several hundred nurses in the SCI/D system of care. Considering veterans with SCI/D are a vulnerable patient population, the reluctance to meet legally mandated staffing levels is tantamount to willful dereliction of duty. SCI/D centers with nursing shortages limit bed availability for admission to an SCI/D center, reducing access for specialized care delivery. Veterans are often admitted to a VA non-SCI/D ward and treated by untrained SCI/D clinicians for days or weeks until an SCI/D bed becomes available. As SCI/D long-term care facilities are exceptionally limited, veterans with SCI/D who have chronic medical issues are being treated in community institutions, by providers not trained in SCI/D. This results in compromised quality of care and poor outcomes.

Recently, VA unveiled a 10-step human infrastructure plan that includes working with Congress to increase pay and compensation for health care providers; expedite the hiring process by leveraging hiring authorities and redesigning the national onboarding process; invest in education by funding scholarship programs for employees and working with the President on loan forgiveness; and better protect employees from COVID-19 by pursuing the latest workplace safety measures.

The VA Nurse and Physician Assistant Retention and Income Security Enhancement (VA Nurse and Physician Assistant RAISE) Act (H.R. 5575) would support the first step of the department's plan by allowing VA to make critical adjustments to current pay limitations and significant compressed pay schedules between compensation levels. We urge Congress to pass this bill without delay and provide VA with the resources it needs to fulfill its mission to take care of veterans.

Infrastructure—Inclusion of the Asset and Infrastructure Review (AIR) process in the VA MISSION Act was an important step toward creating a more flexible and dynamic VA system needed to provide quality care for future veterans. VA recently delayed releasing its recommendations for realigning health care facilities due to COVID but we are more concerned that the members of the Commission itself have not been named. Deciding whether certain aging VA facilities should be closed entirely or replaced with new structures should not be rushed. The fact that panel members have not yet been seated threatens to undermine the effectiveness of, as well as confidence in, the AIR process.

In reviewing VA's infrastructure, decisionmakers must remember that VA's SCI/D system of care is unique and not replicated outside of VA. The VA SCI/D system of care provides a coordinated life-long continuum of services for SCI/D veterans and is highly regarded as one of VA's Centers of Excellence. Congress and VA must make a concerted effort to ensure the system is preserved.

Oversight of VA MISSION Act Implementation—Congress should continue its rigorous oversight of the VA MISSION Act to ensure VA meets its obligations to our veterans under the law, including a stringent evaluation of the Veterans Community Care Program (VCCP). The VA MISSION Act directed needed changes to VA's delivery of health care in the community and at VA health care facilities around the country. PVA supported the VA MISSION Act. We believe that integrated community care will strengthen VA's ability to serve veterans with catastrophic disabilities.

Regarding the accessibility of care in the community, we have heard of several instances where care was delayed because consults were lost or slow to be processed. In some cases, the veteran was approved for care in the community, but the provider never received the necessary paperwork, which hampered their ability to deliver care. Some veterans took matters into their own hands to coordinate care that VA staff should have handled. There are still instances where veterans were erroneously charged for care they received through the VCCP or Urgent Care. Other times, veterans were told they would be contacted regarding care they would receive in the local community, but the call never came.

Additionally, veterans and their caregivers have experienced problems in receiving prompt payment through VA's Bowel and Bladder program, which falls under the VCCP. Bowel and

bladder care for veterans with SCI/D is a supportive and necessary medical service for those unable to manage bowel and bladder functions independently. The clinic of jurisdiction, or VA medical facility, authorizes such care under the VCCP to enrolled veterans with SCI/D who are dependent upon others for bowel and bladder care while residing in the community. 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.

For caregivers to receive payment for the care they provide, they must follow a process of submitting timesheets. Over the past year, PVA has received a steady stream of complaints from members and their caregivers about the bowel and bladder program. They range from VA failing to pay caregivers after they submitted their claim to home health agencies not receiving timely payment. In one case, VA failed to compensate the agency nearly $180,000 for services provided to veterans in their care.

The department recently changed its policy and all claims for reimbursement through the bowel and bladder program are being processed through a single, nationwide location. From our experience, it's been a rocky start and many original problems like slow, or no payments still exist. Providing this specialty care is critical to the health and well-being of veterans with SCI/D. Any lapses in the delivery of this care, even one day, can have a detrimental impact on the health of SCI/D veterans. Given the serious nature of the payment issues described above and the adverse impact they have on veterans and providers alike, we urge the Committees to closely monitor the implementation of the department's new payment process.

Mental Health—Wounds and injuries that result in paralysis for military personnel during deployments are highly complex and difficult to evaluate and treat. These challenges are complicated by the reality that gender differences call for an advanced understanding of differing health care needs to be effective, particularly in cases involving catastrophic injuries or illnesses and mental health. Thus, it is essential more research is conducted on how mental illness presents in veterans with SCI/D, especially women veterans.

There is also inconsistency in VA's ability to meet the inpatient mental health needs of veterans with catastrophic disabilities. VHA is obligated to provide inpatient mental health care to those in need, which includes veterans with SCI/D. According to VA, there is no readily available list of VA facilities that can provide on-site inpatient mental health care to veterans with SCI/D. Services provided vary based on Veterans Integrated Service Networks (VISNs) and local arrangements to provide care.

Congress should conduct oversight of VA's ability to meet the mental health needs of veterans with SCI/D, including the department's ability to handle the detoxification and withdrawal needs of individuals within this population living with substance use disorder. Currently, there are limited or no opportunities for inpatient residential substance abuse treatment for SCI/D patients.

Increased Access to Assisted Reproductive Technologies (ART)—Hundreds of veterans have been able to start or grow their families since VA began providing services to veterans with service-connected infertility. We are thankful for this provision and would like to see it made a permanent part of the health benefits package of veterans enrolled in VA health care.

We would also like to see the services expanded. VA's current temporary authority prohibits the use of gametes that are not a veteran's and his or her spouse's. Because they require donated gametes, they are ineligible for in vitro fertilization (IVF) through VA, which is confusing as donated gametes are authorized for use in VA-provided artificial insemination.

Also, due to the complex care needs of women veterans with SCI/D, many of these veterans are unable to carry a pregnancy to term. These women veterans need the services of a surrogate to have a child. We call on Congress to mandate that VA establish permanent authorization of ART to include IVF services, gamete donation, and surrogacy for veterans with service-connected infertility, and include the treatment of veterans' spouses in applicable cases.

To improve access to fertility services, Congress should pass the Veteran Families Health Services Act (H.R. 2734/S. 1280) or the Veterans Infertility Treatment Act of 2021 (H.R. 1957) to expand and improve access to ART for servicemembers and veterans and permanently authorize funding to provide IVF and ART.

Care of Women Veterans With SCI/D—Women are the fastest-growing demographic of veterans in the country. While this is truly something to celebrate, we rarely consider what it will mean to care for the growing number of women veterans seeking treatment at VA facilities. PVA's powerful cohort of women veterans can offer a unique perspective to accessing care when they engage with VA services. All women veterans deserve the highest standards when seeking gender-specific care, but access to these services is limited for many PVA members.

VA has a robust SCI/D system of care supporting the needs of paralyzed veterans; however, outside of that system, our members see limited access to care. One such limitation is that mammography services are often physically inaccessible to our women members. Mammography services are critical in ensuring the health of our women veterans who see an increased prevalence of breast cancer compared to their civilian counterparts.

One of our women members recently went to VA for a mammogram, and her experience was harrowing. This member has used a wheelchair since a military vehicle accident in 1999 left her with high-level paralysis that limits her arm function. Multiple staff attempted to lift and manipulate her body to attempt to perform a proper mammogram from her wheelchair. Understandably, this member doubts the accuracy of the scan since the machine was not fully accessible to a wheelchair user. This example is just one of many stories of women veterans not receiving equitable access to gender-specific health care. Passage of the Making Advances in Mammography and Medical Options for Veterans Act, or the MAMMO Act (H.R. 4794/S. 2533), would help ensure that women veterans with SCI/D will be able to receive improved access to mammography within VA and the community.

Equal access goes beyond mammography services. VA must ensure that all aspects of care are accessible to veterans with mobility limitations. OB/GYN clinics, routine medical exams, and other specialty appointments may also be inaccessible for non-ambulatory veterans. As VA and Congress work together to oversee the implementation of accessible medical equipment throughout the department, PVA asks for transparency and cooperation from both. On a related matter, H.R. 5212, the Improving Oversight of Women Veterans' Care Act of 2021, would require VA to produce an annual report on veteran access to any gender-specific care

that is outsourced to community care contracts. We know that veterans prefer to receive care at VA when available, and PVA believes this data would show a growing demand for accessible gender-specific care.

Emergency Care—On September 9, 2019, the U.S. Court of Appeals for Veterans Claims (CAVC) ruled in *Wolfe v. Wilkie* that VA's 2018 reimbursement regulation violates the Emergency Care Fairness Act of 2010 that requires VA to reimburse veterans for the emergency medical expenses they incur at non-VA facilities that are not covered by the veteran's private insurance. The CAVC certified the case as a class action and ordered the department to remedy its unlawful regulation by reimbursing veterans for all their past and future out-of-pocket emergency medical expenses not covered by the veteran's private insurance other than copayments. It has been over two years since the CAVA issued it ruling and VA still has not fully complied with it. VA must begin fully implementing the *Wolfe v. Wilkie* court ruling, which will require significant additional funding to meet the costs for previously provided emergency care.

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

Insufficient Long-Term Care Beds and Services for Veterans with SCI/D—PVA continues to be concerned about the lack of VA long-term care beds and services for veterans with SCI/D. Many aging veterans with an SCI/D are currently in need of VA long-term care services. Unfortunately, VA is not requesting, and Congress is not providing, sufficient resources to meet the current demand. In turn, because of insufficient resources, VA is moving toward purchasing private care instead of maintaining long-term care in-house for these veterans. However, it is especially difficult to find community placements for veterans who are ventilator dependent or have bowel and bladder care needs.

Our nation's lack of adequate long-term care options presents an enormous problem for people with catastrophic disabilities who, because of medical advancements, are now living longer. There are very few long-term care facilities that are capable of appropriately serving veterans with SCI/D. VA operates six such facilities; only one of which lies west of the Mississippi River. All totaled, the department is required to maintain 198 authorized long-term care beds at SCI/D centers to include 181 operating beds. When averaged across the country, that equates to about 3.6 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, they are often forced to reside in nursing care facilities outside of VA that are not designed, equipped, or staffed to properly serve veterans with SCI/D. As a result, veterans staying in community nursing facilities often develop severe medical issues requiring chronic re-admittance back into an acute VA SCI/D center.

VA has identified the need to provide additional SCI/D long-term care facilities and has included these additional centers in ongoing facility renovations, but most of these plans have been languishing for years. Last year, work began on a replacement acute SCI/D care facility in San Diego that will add 20 new long-term care beds into the system. Next year, construction is expected to begin on a new long-term care SCI/D center at the VA North Texas Health Care System, designed to include 30 SCI/D long-term care beds. If everything stays on track, the project could be completed sometime in 2025.

The North Texas project also includes shell space for an additional 30 long-term care beds and would provide shared resident dining, kitchen, and living areas to support them, as well as common resident gathering areas and space to support staff on that level. There is currently no funding to support building out the shell space. The need for long-term care beds is particularly severe in the south-central region as there is not a VA SCI/D long-term care center within 1,000 miles of Dallas despite a significant regional population of veterans with SCI/D. Not fully funding this project postpones the opportunity to further address the shortage of VA long-term care beds for the aging population of veterans with SCI/D.

PVA strongly recommends that Congress provide supplementary funding to construct the full complement of 60 SCI/D resident beds at the VA North Texas Health Care System to complete the project in one construction phase.

Improve Availability of VA's Home and Community-Based Services (HCBS)—In February 2020, the U.S. Government Accountability Office (GAO) released a report entitled, "Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand."[1] The report describes the use of and spending for VA long-term care and discusses the challenges VA faces in meeting veterans' demand for long-term care and examines VA's plans to address those challenges. From FY 2014 through FY 2018, VA data shows that the number of veterans receiving long-term care in these programs increased 14 percent (from 464,071 to 530,327 veterans), and obligations for the programs increased 33 percent (from $6.8 to $9.1 billion). VA projects demand for long-term care will continue to increase, driven in part by growing numbers of aging veterans and veterans with service-connected disabilities. Expenditures for long-term care will increase as well and are projected to double by 2037. According to VA officials, the department plans to expand veterans' access to noninstitutional programs, when appropriate, to prevent or delay nursing home care and to reduce costs.

Long-term care services are expensive, with institutional care costs exceeding costs for HCBS. Studies have shown that expanding HCBS entails a short-term increase in spending followed by a slower rate of institutional spending and overall long-term care cost containment. Reductions in cost can be achieved by transitioning and diverting veterans from nursing home care to HCBS if they prefer it and the care provided meets their needs. VA spending for institutional nursing homes grew from $3.5 billion to $5.3 billion between 2007 and 2015; however, the number of veterans being cared for in this setting has remained relatively stable—partially attributed to expanding HCBS—indicating the cost of institutional care is rising. Despite doubling HCBS spending between 2007 and 2015, VA currently spends just over 30 percent of its long-term care budget on HCBS, which remains far less than Medicaid's HCBS national spending average for these services among the states. VA must continue its efforts to ensure veterans integrate into and are able to participate in their community with reasonable accommodations.

Veteran Directed Care (VDC) Program

PVA strongly believes that VA and Congress must make HCBS more accessible to veterans. One of the programs that should be expanded to all VA medical centers is the VDC Program.

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[1] GAO-20-284, Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand

The VDC program allows veterans to receive HCBS in a consumer-directed way and is designed for veterans who need personal care services and help with their activities of daily living. Examples of the types of assistance they can receive include help with bathing, dressing, or fixing meals. It is also for veterans who are isolated, or whose caregiver is experiencing burden. Veterans are given a budget for services that is managed by the veteran or the veteran's representative.

Unfortunately, the VDC program is only available at 69 of VA's medical centers, with an enrolled population of about 4,900 veterans. Our members and other veterans are consistently asking for help in getting this program implemented at their VA health care facility. I am one of these veterans as this program is not available at the West Palm Beach VA, which is my VA medical center. Another PVA member has been waiting over two years for the Cleveland VA to implement the program. VA recently announced plans to add new VDC programs at 70 medical centers over five years but we believe Congress should accelerate that schedule and provide the dedicated funding necessary so every VA medical center can offer a robust VDC program as soon as possible.

Homemaker and Home Health Care Aides

Another concern our members have voiced is VA not authorizing adequate hours to care for their home care needs. In accordance with Title 38, 1720C subsection (d), the cost of VA home health care services shall not exceed 65 percent of the amount it would cost if the veteran was placed in a nearby nursing home. Even if we use costs at the higher end of the spectrum for nursing homes and home health aides, this formula should result in 50 hours or more of VA home care per month.

A VA physician determines and prescribes the number of home care hours a veteran needs in accordance with VHA Handbook 1140.6 entitled, "Purchased Home Health Care Service Procedures." A physician might put in a consult for 28 hours, but the request may only be authorized for 21 hours or less. Veterans often contact PVA as the hours of care they receive are not adequate, and we must initiate an appeal to secure more assistance.

In April 2018, VHA issued a Home Health Care Changes Educational Memo describing a new methodology for determining the number of home care hours veterans are to receive. The memo noted that the changes could significantly impact the amount of services available to individual veterans, "specifically [those] engaged with the Home Health Aid and Home Maker Services." While we recognize VA's challenge with limited resources and that our veterans are not the only ones using VA long-term care, is it reasonable for doctors who know their patients the best to prescribe 28 hours, but the veteran only be authorized for 14? Is it reasonable for a veteran with a terminal disease to only receive 4 or 6 hours a week? We believe that such little home care for catastrophically disabled veterans is in fact not reasonable.

Veterans also have had difficulty receiving authorized care as agencies are having trouble finding sufficient numbers of workers to provide needed care. So often, people assume that because VA provides caregivers or nurses, we must be well cared for. Unfortunately, that is not always the case. For example, on a Saturday morning late last fall no nurse arrived to help me get out of bed. The previous day the VA-contracted home health agency informed me that they had not been able to find a nurse to assist me on Saturday morning.

I called the scheduler and asked what I should do. She informed me that they would continue to try to find someone to assist me. When no one showed up the next morning, I called the agency and was notified that nobody would be coming by, even though they told me they would continue to make calls. Then, to my astonishment, they informed me that it was my responsibility to find a backup nurse for situations like this.

Trapped in my bed, I realized nobody was coming for me for hours. This meant I would not be able to care for my bladder needs. Also, I was not going to be able to take my medications or even drink anything. I was alone and felt abandoned.

Luckily, I was able to reach the nurse who was to assist me that evening. She was shocked at the situation and agreed to come help me. Without her assistance, I do not know what would have happened. Following this incident, I contacted my VA social worker and she informed me that it was my responsibility to have back up care if the agency cannot serve me. This was extremely disappointing to me. When care providers fail to see the seriousness of our situations, it is dehumanizing, and it cannot be allowed to continue.

Congress must recognize that the veterans' population is aging and that veterans like PVA members are catastrophically disabled and at the same time losing regained function due to age. Veterans who must rely on caregivers, including those who have limited or no family support, have earned the right to live in their homes in a dignified and safe manner.

Workforce Shortages

Even when veterans have access to VDC, it can be challenging to find home care workers. Veterans have the option of using an agency to help them find a caregiver, but that greatly reduces the funds the veteran has available for the hours of service they need. Agencies typically will charge 20 to 25 percent above what they pay their worker. So, while the veteran may be paying out the VA authorized limit of $20 per hour, the actual worker will be making $12 or $13 per hour.

The shortage of caregivers or home care workers is not unique to VA. Acute shortages of home health aides and nursing assistants are cropping up across the country, threatening care for older Americans and those with serious disabilities. A vigorous national effort is needed now to help curb the effects of these shortages and bolster the direct care workforce. Legislation like H.R. 2999, the Direct CARE Opportunity Act, and S. 2344, the Supporting Our Direct Care Workforce and Family Caregivers Act, would expand workers' earning potential and provide the financial assistance for transportation, childcare, and housing that direct care workers need to stay in their jobs.

Increasing 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.

Finally, for veterans with catastrophic disabilities, the need for a caregiver does not go away when hospitalized. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks SCI/D veterans need. Currently, veterans with high-level quadriplegia and other disabilities must pay out of pocket for their caregivers or caregivers donate their time, as veterans cannot receive caregiving assistance through VA programs while in an inpatient status. This limitation must be addressed as these veterans not only need their caregivers while hospitalized but also to ensure that they can be timely discharged home.

In light of the need to improve access to HCBS, PVA is proud to support the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act (H.R. 6823). This critically important legislation would make urgently needed improvements to VA HCBS, including several that target our concerns about current program shortfalls. We call on Congress to quickly pass this desperately needed legislation.

Assistance for Family Caregivers—VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) also needs enhanced congressional oversight as VA sets to expand the program to veterans of all eras by October 1, 2022. This comes as VA has significantly tightened eligibility for the program making it both difficult to remain in and be deemed eligible for it. Between October 1, 2020, and January 6 of this year, the PCAFC received 127,500 caregiver applications. Of this number, 116,500 applications were processed and 16,600 were approved, and 101,500 were found not eligible and/or denied (87.9 percent).

VA has reported that the three main reasons veterans were found not eligible or denied are 1) applying during the wrong phase, 2) not having a service-connected condition rated 70 percent or greater, and 3) not meeting the requirement of needing full-time assistance with an activity of daily living (ADL). Two out of the three reasons given for denial were based on VA's stringent regulatory requirements which are inconsistent with Congress's legislative intent. These requirements make it impossible for many catastrophically disabled veterans to qualify for the PCAFC.

A PVA member with a spinal cord injury at the T-5 level is one of these individuals. He is service connected at 100 percent for loss of use of both feet; 100 percent for loss of anal sphincter control; and 60 percent for neurogenic bladder. His combined service-connected rating of Special Monthly Compensation, R-1, is the second highest level available. This veteran had been part of the PCAFC for several years but was recently informed that he is being discharged from the program because he no longer meets its requirements. The explanation that was given to the veteran was that it did not appear as if he needs assistance each time that he performs an ADL.

PVA is currently exploring the most appropriate appeal option for this individual, but he is a good example of the catastrophically disabled veterans that VA is eliminating from the program. The requirement for a veteran to need assistance with an ADL every time they perform that task was imposed by the department through the regulatory process. VA Secretary McDonough acknowledged problems with the new program eligibility rollout, including the high rate of denials during a Senate Veterans' Affairs Committee hearing on December 1, 2021, and more recently during a press conference in February. Congress and VA must examine the impact of veterans being removed from the program, including those with SCI/D, while ensuring that the final expansion of the program to all eras of eligible veterans is not delayed.

PVA PRIORITY: BENEFITS IMPROVEMENTS AND APPEALS REFORM IMPLEMENTATION

Oversight of the Veterans Appeals Improvement and Modernization Act (P.L. 115-55)— The Veterans Appeals Improvement and Modernization Act of 2017 ("AMA") was a historic change to the claims and appeals process. While VA continues to implement this historic legislation, we continue to have concerns, and look forward to working with VA and Congress on continued oversight and improvements.

Although AMA launched on February 19, 2019, PVA representatives still do not have full access to VA's claims and appeals tracking software program "Caseflow," newly designed for AMA. Additionally, our representatives do not receive timely notice of action in our members' claims – as representatives, we should receive notice when the claimant does.

While VA's Duty to Assist Veterans obligations under AMA have not decreased, several major claims development issues specifically affecting PVA members have become problematic: PVA representatives have not yet been informed of the new Outside Medical Opinion process, which is critical for medically complex claims, and the adequacy rates of VA medical opinions and VA examinations are being challenged at an alarming rate.

Adequate and accurate exams continue to be an issue for all veterans, as they were before AMA. Investigations from the VA Office of Inspector General (VA OIG) have quantified the problem. VA OIG estimated that more than half of the 62,500 claims of the spine were incorrectly processed by the Veterans Benefits Administration (VBA) in the first six months of claims decided in 2018.[2] The VA OIG report described VBA "processing errors" as those that included improper evaluations, missed secondary conditions, and evaluations based on inadequate exams. Our experience is this continues to be the case. When VA obtains a medical opinion, adequacy is non-negotiable.

We look forward to working with VA and Congress to ensure veterans are receiving fair and timely adjudications of their appeals, and that the department provides the information necessary for all stakeholders to make sure that it is meeting its goals.

Automobile Allowance Grants and Adaptive Equipment—For an individual with disabilities, freedom and independence improves mental health. Relying on others for everything, especially transportation can be frustrating, leaving a veteran feeling helpless. Having access to an adapted vehicle allows a veteran to feel stronger and fosters pride in their ability to maintain their health, meet work and family obligations, and attend community engagements.

VA's Automobile Allowance was initially created by Congress to assist severely disabled World War II veterans with the purchase of an automobile or other conveyance. Little has been done to ensure the program still meets the needs of catastrophically disabled veterans. Vehicles that meet the dimensions for adaptation are larger in size; thus, they tend to be more expensive, running anywhere from $30,000 to $60,000 and higher. The current allowance is a one-time

[2] Accuracy of Claims Decisions Involving Conditions of the Spine, Department of Veterans Affairs Office of Inspector General, September 5, 2019.

payment of $22,355.42, which does not cover the whole cost of the vehicle. The lifespan of the average adapted vehicle is 10 years.

Uncontrollable factors are increasing the cost of suitable vehicles for these veterans. They include a reduced inventory of suitable vehicles due to COVID-19 and the world-wide computer chip shortage and increased demand for vehicles like Mercedes-Benz Sprinter and Ford Transit vans by home delivery companies. To put this impact in perspective, a vehicle which cost a veteran about $37,000 in 2016 exceeds $57,000 today. That figure does not account for the cost of accessories or modifications not reimbursed by VA—all of which is borne by the veteran.

The current benefit does not match the lifespan of SCI/D veterans. Due to the high cost of adapted or adaptable vehicles, veterans are driving vehicles well past their lifespan. For example, one of our members received his automobile allowance 43 years ago and his vehicle now has over a half a million miles. Repairs are costly, but he cannot afford to purchase a new vehicle.

To ensure veterans with service-connected disabilities have access to safe, reliable transportation, Congress must pass the Advancing Uniform Transportation Opportunities for Veterans Act or the AUTO for Veterans Act (H.R. 1361/S.444), which would allow eligible veterans to receive a second Automobile Allowance after 10 years. Another bill, the Care Access Resources for Veterans Act or the CARS for Vets Act (H.R. 3304) would also allow a second grant after 10 years but includes additional language designating certain vehicle modifications (e.g., van lifts) under the definition of medical services for VA health care purposes.

VA's Automobile Adaptive Equipment (AAE) program helps physically disabled veterans enter, exit, and/or operate a motor vehicle or other conveyance. VA provides necessary equipment for veterans with qualifying service-connected disabilities such as platform wheelchair lifts, under vehicle lifts, power door openers, lowered floors/raised roofs, raised doors, hand controls, left foot gas pedals, reduced effort and zero effort steering and braking, and digital driving systems.

The program also provides reimbursements (to service-connected veterans) for standard equipment including, but not limited to, power steering, power brakes, power windows, power seats, and other special equipment necessary for the safe operation of an approved vehicle. Support for veterans with non-service-connected disabilities is limited to assistance with ingress/egress only. Veterans need the independence AAE provides, allowing them to transport themselves to and from work, medical appointments, and other obligations. Congress must pass legislation that allows veterans who have non-service-connected catastrophic disabilities to receive the same type of adaptive automobile equipment as veterans who have service-connected disabilities.

VA Home Improvement Programs—Improvements are long overdue for VA's Home Improvements and Structural Alterations (HISA) program. As the name suggests, HISA grants help fund improvements and changes to an eligible veteran's home. Examples of qualifying improvements include improving the entrance or exit from their homes, restoring access to the kitchen or bathroom by lowering counters and sinks, and making necessary repairs or upgrades

to plumbing or electrical systems due to installation of home medical equipment. The lifetime HISA benefit is worth up to $6,800 for veterans with service-connected conditions and $2,000 for veterans who have a non-service-connected condition. These rates have not changed since 2009 even though the cost of home modifications and labor has risen at least 40 percent during the same timeframe. As a result, that latter figure has become so insufficient it barely covers the cost of installing safety bars inside a veteran's bathroom. We urge Congress to pass the Autonomy for Disabled Veterans Act (H.R. 5819), which would raise HISA grant rates to $10,000 for service-connected disabled veterans and $5,000 for non-service-connected disabled veterans, and tie HISA grants to the Consumer Price Index (CPI) to help ensure rates remain current.

Clothing Allowance—VA's clothing allowance is an annual sum of money paid to veterans with service-connected disabilities who have clothing that is damaged by their prosthetic or orthopedic devices (such as a wheelchair) or by medicine they are using for a skin condition. Veterans must apply for clothing allowance with their local VA medical center by August 1 each year. The requirement to reapply annually is burdensome for VA and veterans alike. PVA believes veterans with static conditions should not be required to reapply each year. Instead, their annual payments should automatically renew once their eligibility and the permanent status of their condition has been established. Congress must pass the Brian Neuman VA Clothing Allowance Improvement Act (S. 2513) or the Mark O'Brien VA Clothing Allowance Improvement Act (H.R. 4772), which would make clothing allowance payments automatic until VA determines the veteran is no longer eligible to receive the benefit or wants to receive it.

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

One of the most important SMC benefits is Aid and Attendance (A&A). PVA recommends that A&A benefits be appropriately increased. Attendant care is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. Many PVA members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC beneficiaries at the R-2 compensation level (the highest rate available). Ultimately, they are forced to progressively sacrifice their standard of living in order to meet the rising cost of the specialized services of a trained caregiver; expensive maintenance and certain repairs on adapted vehicles, such as accelerated wear and tear on brakes and batteries that are not covered by prosthetics; special dietary items and supplements; additional costs associated with needed "premium seating" during air travel; and higher-than-normal home heating/air conditioning costs in order to accommodate a typical paralyzed veteran's inability to self-regulate body temperature. As these 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.

Benefits for Surviving Spouses—Many of our oldest veterans are passing away and, in most situations, their widows were their primary caregivers for 40 years or more. Therefore, many of them did not have careers, could not work, or even go to school. In addition to this loss of income, because many of them could not work, they earned no Social Security work credits. So, when a service-connected SCI/D veteran passes away monthly compensation that may have been upwards of $8,000 a month stops, and their widow receives only about $1,400 per month in Dependency and Indemnity Compensation (DIC). Occasionally, adjusting to this precipitous drop of revenue into the household can be too difficult for some surviving spouses and they are forced to sell their homes and move in with friends or family members.

Losing a spouse is never easy and having a security net to provide financial assistance after the passing of a loved one eases this burden. DIC is intended to protect against spousal impoverishment after the death of a service-disabled veteran. For 2022, this compensation starts at $1,437.66 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. 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 ones. Survivors who rely solely on DIC benefits face significant financial hardships at the time of their spouse's death. PVA strongly believes the rate of compensation for DIC should be indexed to 55 percent of a 100 percent disabled veteran's compensation.

Additionally, if a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death, their eligible survivors can receive an additional amount (currently $305.28) per month in DIC. This monetary installment is commonly referred to as the DIC "kicker."

Unfortunately, survivors of veterans who die from Amyotrophic Lateral Sclerosis (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, only has an average lifespan of between three to five years; thus, making it very difficult for survivors to qualify for the kicker.

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. PVA strongly endorses the Justice for ALS Veterans Act (H.R. 5607/S. 3483), which would allow these survivors to receive this additional amount of compensation. We urge Congress to pass this legislation as quickly as possible.

Finally, to date more than 20,000 veterans have died from COVID-19. There are many service-connected conditions that are known to aggravate COVID symptoms and the relationship between the two should be taken into consideration when determining eligibility for survivor benefits. Congress should pass H.R. 746/S.89, the Ensuring Survivors Benefits During COVID-19 Act, which directs VA to obtain a medical opinion that determines whether a service-connected disability was the principal or contributory cause of death for a veteran who died from COVID-19.

PVA PRIORITY: INCREASE EMPLOYMENT PROSPECTS FOR VETERANS WITH DISABILITIES

Many federal government programs support employment opportunities for the larger veteran community, but most of these programs focus on transitioning servicemembers. However, we see older veterans and veterans with significant disabilities often left out of the target demographics for several of these programs. These older veterans, particularly our catastrophically disabled veterans, see a higher unemployment rate than the younger veterans, and PVA is committed to finding creative ways to solve this problem.

At PVA, our Veterans Career Program (VCP) assists veterans with employment and education opportunities. Many veterans engaging with VCP are disabled veterans seeking more appropriate employment for themselves and their lifestyles. Our counselors report a high volume of veterans seeking help with appeals after initially being denied access to VA's Veteran Readiness and Employment (VR&E) program services. VR&E is fundamentally an employment assistance program for disabled veterans, but at PVA, we see catastrophically disabled veterans denied access to these critical benefits because the VR&E counselors deem them too disabled to work. The unemployment rate is often over 6.5 percent for these veterans, which is currently three percent higher than veterans who do not report a disability. Furthermore, many are discouraged and are no longer even seeking employment. This disparity must be considered when examining VR&E's process for determining access to services for catastrophically disabled veterans.

Recently, PVA convened a workgroup that will focus on VR&E oversight and engagement. The goal of this workgroup is to collaborate with the VR&E program to increase outreach engagement and improve outcomes. With several veterans service organizations and community partners engaged, this workgroup would like to see increased transparency from VA. We need data showing enrollment in the various tracts, an accurate count of counselors, and the employment outcomes at the end of each tract. Also, we would like to see increased collaboration with existing agencies such as the Department of Labor's Veterans' Employment and Training Service (DOL VETS) and the American Job Centers so there is better engagement with on-the-job training opportunities. PVA also believes there are creative ways to ensure that our most vulnerable veterans are not denied access to the VR&E program.

Discussions continue to take place about the ratio of VR&E counselors to the veterans enrolled. PVA understands the intent of the goal ratio, but lacking a clear understanding of outcomes and performance, such a goal seems arbitrary. Without increased transparency of the VR&E program, there is no way to ensure the program's success. Reducing the administrative burden for VR&E counselors is essential; however, PVA is more concerned that the program is accessible and equitable for the enrollment of significantly disabled veterans. There are

creative solutions to the issues facing VR&E, but until we understand the complexities of the problem, our attempts will be unsuccessful.

Finally, as a result of the COVID-19 pandemic, we are grappling with the traditional notion of what it means to work. Although there are now increased work-from-home opportunities, in addition to in-person full-time employment opportunities, VR&E, DOL VETS, and other federal employment programs need to find ways to engage a growing number of veterans who can only commit to part-time work due to their disabilities. Veterans should not be denied access to employment programs because of their disabilities, and PVA believes it is long past time to begin to meet the needs of these veterans.

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, 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 2022

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $ 437,745.

Fiscal Year 2021

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $455,700.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $253,337.

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.

CHARLES BROWN

National President
Paralyzed Veterans of America (PVA)

"PVA came to my bedside and started helping me build a life print for the rest of my life."
– Charles Brown

Charles Brown was elected PVA national president in May 2021, during the organization's 75th Annual Convention, to begin a one-year term on July 1, 2021. He previously served as senior vice president for three years.

From a very young age, Brown knew he wanted to serve his nation and had a calling to work with military aircraft. He joined the U.S. Marine Corps in 1985 and was trained in aviation ordnance. In 1986, Brown sustained a spinal cord injury as a result of a diving accident while serving in Cherry Point, NC.

During his initial rehabilitation at the Department of Veterans Affairs' Spinal Cord Injury center in Augusta, GA, he was introduced to PVA and became a member of the Southeastern Chapter.

"PVA helped me through the process of filing for benefits," Brown says. "They gave me ideas for accessible bathrooms and entrances to my house. They have offered me sporting opportunities I never would have thought about."

In 1987, he moved back to his native Missouri. Wanting to give back to the organization who had given so much to him, Brown served on the Gateway Chapter board in a multitude of capacities, including Americans with Disabilities Act coordinator, advocacy director, treasurer, and vice president.

While in St. Louis, Brown helped establish the Rolling Rams quad rugby team. "I really enjoyed helping to build the team," Brown remembers. He recalls recruiting players by making phone calls to rehab facilities, and even talking to people in wheelchairs at the mall.

The team really took off when a couple of recreational therapists got involved and brought athletes with them. "It's a blessing to know that you can get things done when you have the right people in the right positions," he says.

Seeking a more wheelchair-friendly climate, Brown relocated and joined the Florida Chapter of PVA in 1999. In Florida, he served in a number of positions, including hospital committee chair, secretary, hospital liaison, national director, and president. Brown has also served on numerous national committees, including strategic planning, planned giving, and resolution.

Brown believes in helping his fellow Veterans improve their quality of life and is passionate about continuing to help PVA improve the accessibility of our nation.

He says, "PVA is in great hands, not because of me but because of the team that PVA is and has been for 75 years. Together, we are all the face of PVA and we will continue to let everyone know that we count, that our voice matters, and that we deserve the same rights as everyone else."

Currently on the USA Boccia team, Brown was selected team captain for the Parapan American Games in Guadalajara, Mexico. Ranked 63rd in the world after one international tournament, he fully believes that an active life has kept him healthy.

Brown resides in Loxahatchee, FL and enjoys classic cars, fishing for fun, and spending quality time with family.

2022 LEGISLATIVE PRIORITIES

#PushingAccessForward

Protect Access to VA's Specialized Health Care Services

System Access
Congress must preserve access to VA's specialized services, including its SCI/D system of care, and provide funding to ensure the system continues meeting the needs of SCI/D veterans.

Staffing
VA must have the authority to provide additional pay, compensation, and retention incentives to make it more attractive to health care and related support professionals.

Infrastructure
VA must receive funding for maintaining and expanding its health care infrastructure, including specialty facility-based long-term care that is in line with its actual needs. VA must also have the ability to hire additional staff to manage the construction process and implement needed reforms.

Expand Access to VA Long-Term Services and Supports

Facility-Based Long-Term Care
VA must adequately assess the number of veterans who need facility-based long-term care and receive funding to provide a safe margin of specialty VA long-term care capacity for veterans with SCI/D.

Home and Community-Based Services and Caregiver Supports
Veterans with catastrophic disabilities must have access to a full range of supports and services that allow them to remain independent in their homes and communities. VA must expand access to its Veteran Directed Care program and ensure its Homemaker and Home Health Aide program provides the level of support veterans require to live full, productive lives.

Congress must continue strong oversight of VA's implementation of the expansion of its Program of Comprehensive Assistance for Family Caregivers. Eligibility determinations must be consistent and the appeals process fair. Final expansion of the program to all eras of eligible veterans must not be delayed beyond October 1, 2022.

VA must work with other federal agencies and Congress to ensure veterans have access to home care workers by increasing pay and providing incentives for workers to provide these important services. Veterans with catastrophic disabilities must also receive payment for their caregivers even when the veteran is hospitalized due to the type of assistance these veterans need, even in acute care settings, and to make sure they have assistance following discharge.

Improve VA Health Care Services and Benefits for Catastrophically Disabled Veterans and their Survivors

Assisted Reproductive Technologies
Congress must repeal VA's ban on IVF and authorize VA to provide assisted reproductive technology, including IVF, surrogacy, and gamete donation at VA for any veterans enrolled in VA health care.

Survivor Benefits
Congress should increase the rate of Dependency and Indemnity Compensation (DIC) for surviving dependents, and lower the threshold of eligibility to allow more survivors to receive this benefit who currently do not meet the requirements. Congress must also ensure survivors of veterans who die from ALS receive full benefits, including access to the additional DIC benefit.

2022 LEGISLATIVE PRIORITIES

#PushingAccessForward

Adapted Automobile Benefits

Congress must increase the number of times eligible veterans can access the Automobile Allowance Grant, ensure veterans receive appropriate Automotive Adaptive Equipment (AAE) reimbursements, and authorize veterans who have non-service-connected catastrophic disabilities to receive the same type of AAE as veterans whose disabilities are service-connected.

Home Modification Grants

Congress must raise the rate of funding available through VA's Home Improvements and Structural Alterations grant program to improve access to housing adaptions for all catastrophically disabled veterans.

Increase Access to VA Health Care and Benefits for Women Veterans with SCI/D

Health Care

VA must fully meet the needs of women veterans with catastrophic disabilities and consider their unique needs in developing programs and providing services targeted to the broader women veteran population; and when necessary, implement additional training to VA staff to ensure standards of care align with the needs of severely disabled women veterans.

Benefits

Veterans with catastrophic disabilities who have experienced military sexual trauma (MST) must have access to the services and benefits needed to address MST-related issues and have assurance that any issues related to their catastrophic disabilities are considered when evaluating MST claims and the provision of related services.

Protect the Civil Rights of People with Disabilities

Improve Access to Air Travel

Congress must make systemic changes to improve air travel for people with disabilities, particularly wheelchairs users, by reforming the Air Carrier Access Act to add standards for aircraft accessibility and improve enforcement of the law.

Increase Americans with Disabilities Act (ADA) Compliance

Congress must support increased compliance with the ADA by improving tax incentives that help businesses remove access barriers and increasing funding for the Department of Justice's (DOJ) ADA mediation program. DOJ must investigate more individual complaints and issue long-overdue regulations governing non-fixed equipment and furniture, including hotel bed height and medical equipment.

Strengthen and Enhance Social Security Benefits

Congress must strengthen and enhance the Social Security system without harming beneficiaries by improving benefits for low- and middle-income beneficiaries; eliminating the five-month waiting period for Social Security Disability Insurance (SSDI); replacing the abrupt termination of SSDI benefits with a phased reduction as earnings rise; offering caregivers credits under Social Security; and ending pension penalties for public servants.

Increase Employment Prospects for Veterans with Disabilities

Congress must protect and strengthen employment rights for veterans with disabilities through tax incentives for employers; enhanced entrepreneurship opportunities; and improvements to federal hiring and promotions. Congress must also increase oversight of VA's Veteran Readiness and Employment program, ensuring severely disabled veterans are not unjustly denied enrollment to these critical benefits.

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 2022"

MARCH 8, 2022

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Chairmen Tester and Takano, Ranking Members Moran and Bost, and Members of the Committees,

Thank you for inviting Student Veterans of America (SVA) to submit testimony on our organization's policy priorities for 2022. With a mission focused on empowering student veterans, SVA is committed to providing an educational experience that goes beyond the classroom.

Through a dedicated network of campus-based chapters across the country, SVA aims to inspire yesterday's warriors by connecting student veterans with a community of dedicated chapter leaders. Every day these passionate leaders work to provide the necessary resources, network support, and advocacy to ensure student veterans can effectively connect, expand their skills, and ultimately achieve their greatest potential.

Introduction

At Student Veterans of America, our goal is to inspire tomorrow's leaders. This ethos is embodied by the SVA chapter at Georgetown University. The Georgetown University Student Veterans Association (GUSVA) is one of our many Chapters that have greeted the challenges associated with social distancing as an opportunity to transform their operations and increase accessibility to student veterans and the community. Georgetown University is home to our 2021 Chapter of the Year, and they continue to inspire others with their adaptability and commitment to their community.

One of the clearest examples of GUSVA's commitment to community has been its incredible work at the forefront of helping to resettle our Afghan allies. Since August 2021, despite challenges presented by the pandemic, GUSVA has coordinated with other community partners such as Husayn for Humanity, Afghan Youth Relief Foundation, VFW Posts 9274 and 3150, and National Capital Battalion Naval ROTC to expand their outreach and serve as an example for other chapters interested in making a difference for our new Afghan neighbors. Overall, GUSVA coordinated 9 service projects with 70 volunteers, which contributed to a total of 210 hours of service in the greater District of Columbia-Maryland-Virginia (DMV) area. The chapter has also amplified visibility for queer veterans on campus and launched *Women Vets @ GU*, an interest group which celebrates women veterans in higher education. A queer person of color who served in the U.S. Navy during Don't Ask, Don't Tell, Chapter President Nick Mararac helps to guide the chapter in its support of those who have been historically discriminated against and excluded due to their genders and sexualities. On September 11, Secretary Denis McDonough of the Department of Veterans Affairs recognized GUSVA for leadership and service during the National Day of Service, during which they recruited 37 volunteers. GUSVA has been a leader in their community through service.

While examples like Georgetown are special, they are not unique. Over this past year, student veterans nationwide have risen to the occasion as they always have. Katherine Martinez served from 2015-2019 as a Sonar Technician with duty stations aboard the USS Winston S Churchill and the Mid-Atlantic Regional Maintenance Center. When she left the Navy in 2019, she attended Tidewater Community College and was introduced to SVA, later becoming Chapter President. She has devoted much of her time to raising awareness about mental health issues through her service as a Character Does Matter mentor and Operation Legacy project coordinator with the Travis Manion Foundation, and she served for three years as the chairperson for the Virginia Beach American Foundation for Suicide Prevention. In 2020, Katherine transferred to Old Dominion University and joined the SVA chapter where she served as the Community Outreach Officer and in 2021 became the first female President in the 13-year history of the chapter at ODU. Katherine graduated this year, has joined SVA's Board of Directors along with Nick, and plans to pursue graduate school this fall.

Stories like those above inspire us every day in our work at SVA, and we hope they do the same for the members of these committees as you strive to improve the lives of student veterans in higher education.

Table of Contents

The GI Bill as the Front Door to VA

SVA has long championed the benefits of the GI Bill for student veterans. It offers unparalleled opportunities to beneficiaries, assisting them in accomplishing their educational and professional dreams, but it remains a deep source of untapped potential for VA. The GI Bill is one of VA's greatest assets and, if properly harnessed, can aid the Department in growing the number of veterans it serves.

For many veterans, the GI Bill is the first touchpoint they will have with VA, making their experience with it the barometer by which they will judge any potential future interactions with VA.[1] A positive GI Bill experience builds veterans' trust and confidence in VA, and, in turn, increases veterans' likelihood of taking advantage of the full range of VA services. The GI Bill is truly the front door to VA, but to fully realize its great potential, Congress must conduct strong oversight and ensure VA reprioritizes education services internally, updates their aging IT infrastructure, and makes use of technological advances to better serve veterans' needs.

We applaud the steps VA has taken to embrace this vision. With an overhaul of VBA's IT systems underway, the agency is making huge improvements in GI Bill customer service by reducing call center wait times, enhancing communication options, and ensuring quicker benefit transactions. These improvements will help lay the groundwork for the trust and confidence that will build VA's brand among current GI Bill beneficiaries and all those to come. At the same time, it will help VA better communicate with veterans about all the services the Department offers.

While VA's recent efforts to prioritize the GI Bill through modernized IT infrastructure are laudable, there is more work to be done. SVA calls on VA and Congress to explore how the GI Bill can better integrate within the higher education system to reduce friction points that negatively impact veterans. Student veterans using their earned education benefits sit at a confusing crossroads between the higher education policies at the Department of Education (ED) and those at VA. To address this issue, we encourage, among other things, greater interagency collaboration, data sharing, and automation where possible.

The effects of embracing the GI Bill as the front door to the VA will be substantial. The Department will welcome more veterans through its doors and outperform their expectations by delivering a top-of-the-line experience with the GI Bill, laying the groundwork for future engagement and utilization of the entire scope of VA's programs and services.[2] We look forward to focusing on this concept as we work with our partners at VA and our veteran advocate counterparts in 2022 and beyond.

SVA Research Findings and Initiatives

Over the past decade, SVA has dedicated significant resources to researching the efficacy and impact of the Post-9/11 GI Bill. The bottom line is this: student veterans are among the most successful students in higher education.[3] We hope the information below is helpful in providing a more robust understanding of who student veterans are and how we can better serve them.

Our team produced both the Million Records Project (MRP) and the National Veteran Education Success Tracker

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[1] *See generally Journeys of Veterans Map*, U.S. DEPARTMENT OF VETERANS AFFAIRS, Journeys of Veterans Map. https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf; (last visited Feb. 25, 2021); *VA Welcome Kit*, DEPARTMENT OF VETERANS AFFAIRS, VA Welcome Kit (Nov. 12, 2020) https://www.va.gov/welcome-kit.

[2] THE U.S. DEPARTMENT OF VETERANS AFFAIRS, FY 2018 – 2024 STRATEGIC PLAN 5 (May 31, 2019).

[3] Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

Project (NVEST).[4] The purpose of these studies was to address a straightforward question: "What is America getting for its multi-billion-dollar investment in the education of veterans?" In partnership with VA and the National Student Clearinghouse (NSC), we studied the individual education records of the first 854,000 veterans to utilize the Post-9/11 GI Bill.

Not satisfied with just knowing student veterans' level of success in higher education, SVA started the Life-Cycle Atlas Project to begin "mapping" student veterans' educational journeys from high school to the present to better understand how student veterans succeed in higher education.[5] With almost 4,000 responses the project has already produced three key findings.

First, much of the public has an outdated view of veterans' post-secondary educational journey: high school, military service, college, then workforce. This view has persisted since the World War II era, when service members returned from service to use the GI Bill to earn a college degree and enter the workforce. However, our research has found veterans' educational journeys are more diverse than ever before due to more options to serve and greater accessibility of college courses.

A second key finding was discovered within these journeys. Service members are exposed to implicit messaging that they are not college material and thereby discouraged from considering a college education after service. This implicit messaging sometimes starts with high school guidance counselors and is reinforced throughout military service. It is often not until after they have separated and hear about other veterans succeeding in college that veterans realize their potential and enroll.

Finally, examining the transition from school to the workforce, the Life Cycle Atlas Project is finding that student veterans are not utilizing the variety of career preparation opportunities that are available to them, such as internships and externships. This puts student veterans at a disadvantage compared to more traditional student groups who have taken advantage of these career preparation opportunities.

SVA's research on student veteran demographics further illuminates their status as post-traditional students. Ninety percent of student veterans using the GI Bill are prior enlisted, while the remaining ten percent are prior warrant and commissioned officers. Ninety percent are over the age of twenty-five. Nearly half are married and half have children, while seventeen percent are single parents. Forty-eight percent of student veterans work while enrolled with eighteen percent of those working multiple jobs.[6]

In terms of school and degree choice, eighty-two percent of student veterans attend a not-for-profit public or private university. Student veterans are using their GI Bill to earn degrees in this order: first, bachelor's degrees, then master's degrees, followed by associate degrees, and finally terminal degrees, such as a PhD, JD, MD, etc.[7]

While the national Grade Point Average (GPA) for undergraduate college students is a respectable 3.15, the GPA for student veterans is 3.44. Student veterans are out-graduating nearly all other students achieving a success rate of seventy-two percent compared to the national average of sixty-six percent. Additionally, NVEST data demonstrate that student veterans have a substantially higher graduation rate when compared to other adult students who are comparable peers.[8]

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[4] *See generally Research*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/ (last visited Feb. 24, 2021).

[5] *See generally Life Cycle Atlas*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/life-cycle-atlas/ (last visited February 15, 2021).

[6] Cate, C.A. Student Veteran Census Survey 2022. Student Veterans of America, Washington, D.C.

[7] Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

[8] *Id.*

In its first six years, the Post-9/11 GI Bill enabled more than 340,000 veterans to complete a post-secondary degree or certificate. SVA projects the Post-9/11 GI Bill will support approximately one-hundred thousand veterans graduating every year, with an overwhelming majority graduating from premier schools. That is 100,000 new doctors, accountants, scientists, financial analysts, nurses, social workers, lawyers, cybersecurity engineers, and teachers, or enough to fill the largest college football stadium in America, every single year,[9] and as we recognize International Women's Day today, we note that twenty-three percent are women.

When looking at income, veterans with degrees out-earn their civilian peers who have never served. Veterans with a bachelor's degree earn $84,255 annually compared to $67,232 annually for those who have never served, and at the advanced degree level the difference is even higher, veterans with advanced degrees earn $129,082 annually compared to $99,734 annually.[10]

Over the last few years, SVA has deployed the Veteran Opinion Survey, a national survey of veterans that periodically collects opinions on the challenges they face, and the effectiveness of the groups and government leaders tasked with addressing them. These surveys elevate the voice of student veterans on policy matters of national importance and were designed to provide an important accountability check for the agencies, elected officials, and the organizations that serve them.[11] The pandemic confirmed the value of these new surveys as SVA used them to better understand how COVID-19 impacted student veterans and their families. The unique data that was collected informed SVA's action on behalf of student veterans during this challenging period.

In 2022, SVA will focus our research on better understanding student veterans' core needs. We are releasing three surveys this year, our Veteran Household Financial Health and Planning Survey, Veterans in the Workforce, and our first ever Student Veterans' Basic Needs Survey. These new research tools will fill critical gaps in currently available information, allow us to better serve our chapter members, and advocate for meaningful policy solutions.

SVA's annual Veteran Household Financial Health & Planning Survey is designed to help stakeholders better understand financial wellness of veteran households and provide early indicators on the return on investment of the GI Bill. The new survey will offer key insights into veterans' ability to meet their financial needs and those of their families by collecting information on subjects like debt, home ownership, and retirement planning. The survey results will help stakeholders, including policymakers, better understand veteran financial challenges, the financial impact of service member transition, and veteran socioeconomic mobility.[12] Last year's survey provided interesting insights. Sixty-three percent reported their current student loan debt was less than forty thousand dollars. Fifty-five percent of respondents reported current home ownership with seventy-three percent of this group reporting they used a VA home loan to help finance their home purchase. Fifty-four percent reported they are currently contributing too little to their retirement savings and forty-nine percent saying that their current level of debt is making it difficult to contribute to their retirement.[13]

The SVA Student Veterans' Basic Needs Survey just concluded and our Research team is analyzing the results. The survey is intended to address a concerning lack of data on the basic needs of student veterans and the broader veteran community. To fill these gaps, this new survey collected critical information on topics like food

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[9] *See* Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

[10] *Student Veterans: A Valuable Asset to Higher Education*, INSTITUTE FOR VETERANS AND MILITARY FAMILIES AND STUDENT VETERANS OF AMERICA (2017), https://studentveterans.org/wp-content/uploads/2020/08/Student-Veterans_Valuable_9.8.17_NEW.pdf.

[11] *Veterans Opinion Survey*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/veterans-opinion-survey/ (last visited Feb. 24, 2021).

[12] *Veteran Household Financial Health & Planning Survey*, Student Veterans of America, https://studentveterans.org/research/veteran-household-financial-health-planning-survey/ (last visited Feb. 15, 2022).

[13] *Veteran Household Financial Health & Planning Survey Results*, Student Veterans of America (on file with author).

security, housing security, childcare, and healthcare access, among others. This additional information will equip our community, supporters, and elected officials with the knowledge they need to support veterans' basic needs.[14]

The Veterans in the Workforce survey is focused on collecting and reporting information related to veterans' participation in the workforce, such as job satisfaction, potential job/career changes, and veteran trends in the labor market. While many studies focus on veterans' transition to the workforce, few focus on veterans who are already in the workforce. This lack of information prevents policy makers and stakeholders from making data-driven policies to support veterans in the workforce and robs businesses of essential information that would help them attract and retain veterans in their companies. This annual research project focuses on currently employed veterans' attitudes (job satisfaction, workplace stress and conflicts, etc.), what job seekers are looking for in potential jobs, managers, and companies from graduating student veterans and other veteran job seekers and provide insights from veteran entrepreneurs.

The GI Bill is creating an ever-growing network of successful veterans who are going to run businesses, invent new technologies, teach young minds, and lead in their communities, which is why we need to bolster empowering policies and programs that best support student veteran success to, through, and beyond higher education. Quality data is key to these efforts. We encourage these Committees to take advantage of the full breadth of SVA's research as they endeavor to craft the policies that will serve current and future generations of student veterans.

Diversity, Equity, and Inclusion

SVA has long advocated for the creation of inclusive spaces, not only among its chapter membership, but also on campuses across the nation. Last September, we partnered with the Rutgers Center for Minority Serving Institutions on a first-of-its-kind collaboration that will help SVA collect more data and hear more voices that will inform our policy work on Capitol Hill. We encourage committee members to tune in to our social media platforms and podcast for "SVA Mondays" to learn more about how this partnership is advancing diversity, equity, and inclusion for student veterans and military-connected students at minority serving institutions.

SVA is also creating a senior fellow position to oversee the diversity, equity, and inclusion initiatives at our national headquarters, including leading the creation of our new Racial Justice Task Force. The goal of the task force will be to expand representation and inclusion of communities of color across SVA's operations including chapter membership, organizational programming, and advocacy.

Last, but not least, SVA will lead a national conversation through a Student Veteran Inclusion and Representation Summit ensuring that Black, Indigenous, and People of Color student veterans and service members, as well as their families, are at the forefront of conversations about diversity, equity, and inclusion. Representation is imperative where diversity, equity, and inclusion are a goal, and SVA sees this summit as an opportunity to create space that is more representative of the nation, rather than the groups that have historically predominated higher education. It is our hope that this summit is the first in a long series of discussions that help reframe the national conversation around inclusion and representation in higher education. We invite everyone here today to attend, take part in these meaningful dialogues, and allow this experience to inform and reshape how we think about our legislative priorities going forward.

Priorities Overview

In this testimony, we will highlight our top policy priorities for 2022 and beyond, most of which originate from direct interactions with student veterans at our annual Regional Summits, Leadership Institute, Washington Week, and National Conference. Our priorities fall into the following five categories.

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[14] *Basic Needs and Wellness Survey*, Student Veterans of America, https://studentveterans.org/research/student-veterans-basic-needs-and-wellness-survey/ (last visited Feb. 15, 2022).

- GI Bill Improvements
- Post-Traditional Student Success
- Strengthening Higher Education
- VA Modernization
- Transparency and Accountability

SVA is committed to the next phase of thinking about the GI Bill, elevating the voices of student veterans, and better addressing their everyday needs. With the collective input of student veterans provided during SVA programming throughout the last year, we have finalized our legislative priorities, which are shared in detail in the sections that follow and in a one-page summary available to all Committee Members, student veterans, and interested advocates.

Top Priorities

1. *Codify GI Bill protections created during the COVID-19 pandemic for use in future emergencies.*

For years, student veterans have encountered challenges with education benefits during times of unexpected hardship—often due to natural disasters.[15] The pandemic exposed the true scale of these challenges and the numerous gaps in VA's legal authority that prevent the agency from protecting students and their benefits in emergency situations. In response to these challenges, and to protect student veterans and their families from a sudden, unnecessary loss of benefits, Members of these Committees and their staff worked tirelessly to patch holes in the underlying veterans' education benefits support structure as quickly as they were identified, creating a temporary safety net that we rely on to this day.

As June approaches, along with yet another expiration of these provisions, the question will once again arise as to whether these protections must be extended once again. As we have all seen over the past two years, these repeated extensions are an inefficient and time-consuming way to govern. Over the course of the pandemic, these protections have proven themselves invaluable. We should learn from our shared history and preserve these protections to ensure VA can protect our nation's veterans during future emergencies.

SVA strongly urges the Committees to make the temporary COVID-19 protections permanent so that, when an emergency or major disaster is declared, the Secretary of VA may proactively enable these critical, stabilizing authorities and protect student veterans and their families.

We appreciate how quickly and effectively Congress has responded to the unique and significant needs of student veterans throughout the pandemic. These actions were necessary to preserve the basic integrity of the educational benefits system. Allowing these protections to expire without a permanent solution would place our nation's veterans back into the precarious position they were in before the pandemic, armed only with the hope that whichever Congress is in session at that time will do the right thing as quickly as it must be done. This is needlessly reactionary. The common-sense solution is clear: make the current protections permanent.

2. *Identify and establish better support for post-traditional students' basic needs, including food, shelter, and childcare.*

In December 2018, the GAO released a report on food and housing insecurity among college students.[16] After reviewing 31 separate studies, they concluded that "[n]one of these studies… constitute a representative study" of our nation's students.[17] In fact, no federal agency has assessed food and housing insecurity among

[15] Student Veterans of America. Natural Disaster Map. https://studentveterans.org/government-affairs/natural-disaster-map/.

[16] GOVERNMENT ACCOUNTABILITY OFFICE, FOOD INSECURITY: BETTER INFORMATION COULD HELP ELIGIBLE COLLEGE STUDENTS ACCESS FEDERAL FOOD ASSISTANCE BENEFITS, GAO-19-95. December (Dec. 2018.), *available at* https://www.gao.gov/assets/gao-19-95.pdf.

[17] *Id.*

postsecondary students and that will remain true until the most recent National Postsecondary Student Aid Survey (NPSAS) is completed. [18]

Other research designed to fill current gaps paints a potentially concerning picture. A 2020 survey conducted by The Hope Center found that in 2019, nearly 40 percent of student respondents reported being food insecure during the previous 30 days, more than 46 percent reported experiencing housing insecurity in the past year, and 17 percent reported being homeless during the past year.[19]

While SVA works to collect its own data through our 2022 Student Veteran Basic Needs Survey, we call on Congress to also support efforts to collect additional data on student basic needs.

Childcare needs are another pressure point for post-traditional students, including many student veterans. Increasing access to childcare is a near-universal conversation among SVA Chapters. This is no surprise given that more than fifty percent of student veterans are parents. [20] Childcare challenges create added pressures for student veterans and other post-traditional students which can complicate academic journeys.

With childcare costs comprising about 10 percent of an average family's income, and presumably more for single parents, financial pressures can compound more quickly for student parents.[21] These pressures have predictable outcomes: twenty-four percent of students pursuing bachelor's degrees reported that they have considered stopping taking courses in the latter half of 2020 due to childcare or caregiver responsibilities.[22] This number rises to thirty-two percent for those students pursuing associate degrees.[23]

According to the Center for Community College Student Engagement (CCCSE), twenty-two percent of parent students reported a lack of childcare made it difficult for them to complete their coursework.[24] And, of those that manage to graduate, the Institute for Women's Policy Research (IWRP) reports that "[m]edian student parent debt is nearly 2.5 times higher than debt among students without children."[25]

The only federal program dedicated solely to providing childcare assistance for lower-income students in higher education is Child Care Access Means Parents in Schools, or CCAMPIS, but historical challenges with underfunding and available childcare providers, particularly in evening and weekend hours, limit its effectiveness.[26] Other federal programs that provide childcare assistance, such as the Child Care Development

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[18] *Real College Survey 2020: Five Years of Evidence on Campus Basic Needs Insecurity*, THE HOPE CENTER, https://hope4college.com/wp-content/uploads/2020/02/2019_RealCollege_Survey_Report.pdf (last visited Feb. 24, 2021).

[19] *Id.*

[20] *The 2020 SVA Census Survey: Student Veteran General Breakdowns*, STUDENT VETERANS OF AMERICA 6 (Jan. 2021), https://studentveterans.org/wp-content/uploads/2021/04/SVA-Census-2020-Report.pdf

[21] Rasheed Malik, Working Families Are Spending Big Money on Child Care, CENTER FOR AMERICAN PROGRESS (June 20, 2019), https://cdn.americanprogress.org/content/uploads/2019/06/19074131/Working-Families-SpendingBRIEF.pdf (citing U.S. CENSUS BUREAU 2014 SURVEY OF INCOME AND PROGRAM PARTICIPATION, WAVE 3 (2019)), <https://www.census.gov/programssurveys/sipp/data/datasets/2014-panel/wave-3.html (last visited Feb. 24, 2021).

[22] Gallup. *Gallup State of the Student Experience: Fall 2020 Report.* https://www.gallup.com/education/327485/state-of-the-student-experience-fall-2020.aspx.

[23] *Id.*

[24] CCCSE. The Impact of COVID-19 on Entering Students in Community Colleges. Spring 2021. https://cccse.org/sites/default/files/SENSE_COVID.pdf.

[25] Institute for Women's Policy Research. *The Student Parent Equity Imperative: Guidance for the Biden-Harris Administration.* https://iwpr.org/wp-content/uploads/2021/04/Student-Parent-Equity-Imperative_final.pdf.

[26] *See generally* TERRY BRIDGET LONG, THE HAMILTON PROJECT, HELPING WOMEN TO SUCCEED IN HIGHER EDUCATION: SUPPORTING STUDENTPARENTS WITH CHILD CARE (Oct. 2017), available at

Block Grant (CCDBG), have more difficult eligibility rules, thus limiting their effectiveness as a support pillar for post-traditional students.

SVA recommends that Congress increase funding for CCAMPIS and build in enhanced flexibility for CCDBG applicants. We also recommend Congress investigate how they might expand or create new programs modeled off the pilot programs established for childcare at VA medical facilities.

Finally, we recommend that the members of these committees continue considering draft legislation first proposed by former VFW-SVA Fellow El'ona Kearney of The Evergreen State College as part of the VFW-SVA Legislative Fellowship. El'ona's work highlighted the lack of assistance for non-traditional childcare options, such as care from relatives and neighbors who are more likely to be available and willing to assist with childcare during off-peak times like evenings and weekends. This stipend proposal would provide at least some flexibility and assistance to student veterans, many of whom need alternative childcare options.[27]

3. *Ensure members of the National Guard and Reserve receive the same benefits as those on active duty when performing the same work.*

As U.S. defense plans change from utilizing the National Guard and Reserve Components as a 'strategic reserve' to an 'operational reserve', we see an increasing level of overlap in the training and service requirements for the deployment of these service members and those of active-duty service members. However, under current law, these similar responsibilities do not equate to similar benefits. These inequities were laid bare recently as members of the National Guard were tasked with responding to numerous, unprecedented challenges including multiple natural disasters, COVID-19, and the violent insurrection in our nation's capital.[28]

SVA would like to recognize the ongoing efforts to address these issues in the House-passed H.R. 1836 – Guard and Reserve Parity Act of 2021. We thank Chairman Levin of the HVAC EO Subcommittee for his tireless work to make every day in uniform count the same for everyone who wears it. We encourage the Senate to pass this critical legislation and finally bring parity to benefits for members of the Guard and Reserve who undertake the same duties and risks as their active-duty counterparts.

4. *Comprehensively review and update Monthly Housing Allowance (MHA) calculations to address gaps and disparities such as those related to Veteran Readiness & Employment (VR&E), break pay, overseas institutions, and online instruction.*

Even before the pandemic, SVA regularly heard from students that current MHA rates do not reflect the reality of their living situation. Whether it be the lower subsistence rates for VR&E compared to Post-9/11 MHA, the lack of payment for periods between academic terms, the flat rate for overseas learners, or inequities in distance learners' MHA, students have raised concerns about the efficacy of MHA and its disconnect from the needs of today's students.

Student veterans are quite often post-traditional students that do not fit the mold of traditional students. They tend to carry greater responsibilities for dependents and lack the flexibility and support structures available to traditional students. With these realities mind, SVA believes it is time to review certain fundamental assumptions underlying MHA. We encourage Congress to consider the following recommendations to ensure MHA meets the needs of today's student veterans.

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http://www.hamiltonproject.org/assets/files/higher_education_student_parents_womenLong.pdf

[27] Discussion Draft, To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to pay to certain veterans, who receive certain educational assistance furnished by the Secretary, a weekly stipend for child care services (2021), available at https://docs.house.gov/meetings/VR/VR10/20210921/114046/BILLS-1172ih-U1.pdf.

[28] Meghann Myers, *State National Guard chiefs call for more troops, more benefits for federal missions*, MILITARY TIMES (Jan. 29, 2021), https://www.militarytimes.com/news/your-military/2021/01/29/state-national-guard-chiefs-call-for-more-troops-more-benefits-for-federal-missions.

VR&E subsistence rates. For years, student veterans have shared concerns about affording basic necessities while pursuing their VR&E individualized training and education plans, concerns echoed in a 2014 Government Accountability Office (GAO) report which found that veterans may discontinue their plans before completion due to financial pressures.[29] This issue exists primarily due to VR&E having two different subsistence rates: the internal VR&E subsistence rate and the much higher Post-9/11 MHA rate.

The standard VR&E rate is substantially lower than the Post-9/11 MHA rate and based on several factors, such as rate of attendance, number of dependents, and training type.[30] The maximum rate possible under this model requires a student to have two dependents and scarcely reaches the national average MHA under Ch. 33. Raising the VR&E subsistence rate to the Post-9/11 MHA rate reduces bureaucracy, eliminates confusion, encourages program utilization, and ensures greater fairness in benefits for veterans with service-connected disabilities.

Break pay. Another issue that continues to cause hardship for many students is the lack of payment for periods between academic terms. The Post-9/11 Veterans Educational Assistance Improvements Act of 2010 removed interval pay, otherwise known as break pay, from the GI Bill. Reinstating break pay is one of the top policy recommendations shared by student veterans.

We understand there are significant cost considerations when it comes to break pay, but it is important to remember that student veterans are post-traditional, meaning they are pursuing education without parity in the support structure many traditional students use during school breaks. We continue to hear from student veterans throughout the year about the financial difficulties that occur between terms. SVA asks that Congress explore options to provide relief to our student veterans in a way that is both consistent with the intent of the law and fiscally responsible.

Overseas rates. We have also heard from students about the overseas MHA rate, recently changed to the U.S. national average, not being adequate for their training locale. SVA does not believe the national average is the appropriate MHA rate for international locales, particularly when many of those areas have significantly higher costs of living. We recommend these Committees review ways to either more appropriately match the MHA rate with overseas locations, or simply use the relevant DOD Overseas Housing Allowance (OHA) rate or national average, whichever is greater. VA already uses DOD's BAH rates to determine MHA rates for domestic students and OHA rates for those in U.S. territories. We believe using the OHA rate for overseas GI Bill students is a common-sense solution that provides a more equitable housing rate and establishes consistency in the methods VA uses to establish those rates.

Distance learner rates. A recurring complaint throughout the pandemic has been the inequitable treatment of distance learner MHA rates compared to in-person MHA rates. While Congress responded quickly to preserve MHA rates for students who were attending classes in-person but forced online, students who were enrolled solely in distance learning courses continued to receive an MHA rate that is half the national average. With more students learning online, many student veterans see this difference as unfair or a punishment for their school or education choices.

SVA recognizes that the pandemic has shown this difference to be unreasonable. We believe now is the time to begin the discussion on how best to bring parity to these MHA rates while ensuring the solution is workable. We have yet to identify the ideal solution, but we ask that the members of these committees work with us to find creative solutions that will shrink the gap between the current rates.

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[29] U.S. GOVERNMENT ACCOUNTABILITY OFFICE, VA VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM – FURTHER PROGRAM MANAGEMENT IMPROVEMENTS ARE NEEDED 6 (Feb. 27, 2014), available at https://www.gao.gov/products/gao-14-61.

[30] *Veteran Readiness and Employment (VR&E) Subsistence Allowance Rates*, U.S. DEPARTMENT OF VETERANS AFFAIRS (Sept. 29, 2021), https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp.

We thank the Committees for considering the various buckets of MHA reform that are needed to ensure the benefit appropriately and adequately addresses the needs of today's student veterans.

5. *Explore options to better integrate and support VA healthcare on campuses, particularly through the VA VITAL program.*

When we speak about student veterans and their needs, we must also consider their needs beyond education benefits. One recently prioritized advancement, the expanded telehealth utilization at VA, has been a transformative innovation that promises to improve access to healthcare to veterans nationwide, and we believe the intersection of student veteran needs, campus locations, and VA healthcare is a natural fit.

An oft-overlooked program that quietly excels is VA's Veterans Integration to Academic Leadership, or VITAL, program. VITAL is a joint effort between the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA) that provides on-campus mental healthcare and support services to student veterans and, when needed, coordinates with VHA, VBA, and community care providers. In addition, VITAL provides education and training on student veteran-specific needs for campus faculty and staff to further aid schools in creating a more welcoming community for transitioning student veterans.

When viewed in the light of VA's "Whole Health" treatment objective, VITAL's broad portfolio of services stands out as well-designed, flexible, and responsive to the day-to-day needs of student veterans. We know how important programs like this are to student veterans because, based on our public opinion surveys, healthcare and mental healthcare services have been identified as the top two issue areas on which veteran service organizations should focus their advocacy efforts.[32]

In addition, SVA would like to see VITAL program capabilities expanded on campuses across the country through increases in annual funding and by making on-campus access to VA Healthcare, including the use of telehealth technology, and coordination with community care providers a top agency priority. This could not only increase student veteran access to VA healthcare, but access for veterans in the broader community as well, empowering veterans of all stripes to seek and receive the health care services they need.

SVA thanks Representative Ellzey for his leadership on H.R. 5516, *the VITAL Assessment Act*. The bill would produce a report on the VITAL program, providing Congress with key information to better understand and support the program. The bill passed the House, and we encourage the Senate to pass the measure as well. The report mandated by this legislation is the first step to improving and expanding this program on campuses across the country.

To fully realize VA's commitment to treating the whole health of veterans, we encourage Congress to explore ways to better integrate VA healthcare on campuses nationwide, especially with additional support for the VA Vital Program.

Additional Priorities

GI Bill Improvements

1. *Expand protections for members of the National Guard and Reserve who face short-term deployments and training obligations during their academic term.*

SVA has heard from student service members who face challenges in completing coursework or exams due to conflicts with short-term military training or deployments. Administrative issues such as withdrawal and reimbursement can also contribute to uncertainty for service members as they manage concurrent military service and school obligations. SVA believes most institutions sincerely want to help these students balance their military duties with their studies, but students nevertheless lack a basic safety net in many instances.

Federal law requires institutions to offer student service members readmission in certain circumstances associated with long-term and short-term duty obligations.[31] These are important protections, but they only address the initial barrier of readmission, while service members often encounter many other challenges when balancing military duty and their studies. A recent change to law also requires that institutions provide a policy that "otherwise accommodates" service members during short service-related absences.[32] This is a significant first step toward protecting student service members, especially for those in the many states that have no laws requiring institutions to provide such accommodations.[33] Nevertheless, this language is unlikely to cure confusion and the fundamental inequities created by the current patchwork of different state laws in this area.[34]

SVA thanks Representative Underwood for championing H.R. 5604, the *Protections for Student Veterans Act*. This bill, which has passed the House, would establish specific universal protections for service members using VA education benefits and who are impacted by military service obligations. Student service members using VA benefits and managing concurrent military duty deserve the certainty of standard protections at the federal level. This legislation fills gaps by establishing a baseline set of safeguards for these students while still allowing schools and states the freedom to offer more generous protections, should they so choose.

While SVA supports this bill, we believe it must be expanded on by ensuring students are allowed the option to continue their classes for credit while also excusing absences during service obligations. Without this option, service members may not be entitled to continue their studies during a short-term activation. The current language may force service members to take an incomplete and resume their courses only after their service obligation concludes. SVA is aware of instances where National Guard units have provided leeway for student service members to continue studies during recent state-side deployments, but students may still be prevented from doing so unless their institutions provide similar flexibility. SVA also encourages future efforts to expand the scope of these protections to encompass all student service members, not just those using VA education benefits.

Finally, SVA encourages Congress to work in tandem with ED, VA, and DOD to explore other ways to provide student service members with additional protections and flexibility so military duty does not negatively impact academic progress.

2. *Address concerns with VR&E processes and personnel.*

Last April, VA announced a self-identified change in how it assesses eligibility for VR&E as it relates to other veterans' education benefits. In short, a veteran may use their VR&E eligibility up to a 36-month cap and then, separately, use another education benefit, such as the Post-9/11 GI Bill, up to its own 36-month cap, with a total cap of 48 months. SVA would like to commend VA for identifying and changing its interpretation. This change provides a greater benefit to eligible veterans and complies with the underlying statute.

To continue this positive trend, SVA encourages more discussion around the VR&E program with VA and a focus on specific areas of concern, such as the lack of counselors, difficulty in contacting VA to determine eligibility, long timelines in the assessment process, uneven counselor guidance and accessibility, among others.

VR&E is one of the most flexible and important programs in VA's portfolio. Indeed, in certain scenarios, it provides a vastly greater benefit than even the generous Post-9/11 GI Bill. Particularly considering the recent change to entitlement charges by VA, it is more important now than ever to thoroughly review this program for obstacles, barriers, and shortfalls that prevent it from fulfilling its true potential as a benefit. We look forward to working with the Committees on the best path forward for the program.

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[31] *See* 20 U.S.C. 1091c; 38 U.S.C. § 3679(f)(1)(G).

[32] 38 U.S.C. § 3679(f)(1)(G).

[33] *See generally* Internal SVA Working-compilation of State Student Service Member Protection Laws. (available on file with organization).

[34] *See generally id.*

Post-Traditional Student Success

1. *Call for additional funding for VetSuccess on Campus (VSOC) locations and veteran centers and explore ways to increase the SCO-to-veteran ratio on campuses.*

The VSOC program is one of the few SVA hears about that is uniformly positive. Despite this, over its lifetime, the program has only expanded to approximately twenty schools beyond its original ninety-or-so. This program is popular, providing tremendous help and guidance to student veterans and schools. We encourage Congress to provide adequate funding to ensure it can expand to meet the growing needs of student veterans everywhere.

On-campus student veteran centers are crucial to student veteran success. According to the results of a survey conducted by Operation College Promise, "the most beneficial campus service was a veteran center on campus especially one with a specific office/lounge where veteran students can meet, work together and learn about veteran/military student benefits and programs."[35] This closely parallels what SVA hears directly from student veterans, many of whom often request additional support for their veteran centers. These requests for additional support are coming at a time when veteran-support services are facing reduced funding on many campuses.[36] We thank Representative Frankel and Senator Rosen for their efforts to address this issue through *The Veteran Education and Empowerment Act*, which would, among other things, reauthorize grant funding to support student veteran centers on campuses across the country.[37]

Another common piece of feedback we receive from student veterans is that there are not enough School Certifying Officials (SCO) to adequately address the needs of all the student veterans at many campuses. SVA hears similar feedback from SCOs themselves. This overlap in feedback from SCOs and the students they serve is concerning because it suggests there is a very real problem with VA's currently recommended ratio of one SCO to every 200 GI Bill students. We encourage committee members to consider how they might address shortfalls in VA's current guidance on this issue.

2. *Expand access to reliable broadband internet.*

As SVA has testified before, higher education's rapid transition to online instruction in the wake of COVID-19 has made students' access to affordable and reliable broadband internet more important than ever.[38] This transition has accelerated investment in online program infrastructure at institutions around the country. As a result, we expect online learning to play an increasingly mainstream role in higher education, even well after the pandemic. It is concerning, then, that millions of Americans cannot either access or afford reliable broadband internet. Put another way, the digital divide in this country is real, and the pandemic laid bare these inequities.

SVA would like to recognize the passage of the *Infrastructure Investment and Jobs Act* which provides $65 billion to improve broadband access in rural areas and affordability in lower-income communities.[39] As part of this, the Emergency Broadband Benefit Program, which we applauded for its direct benefit to communities of need, has been turned into a permanent program called the Affordable Connectivity Program. Programs like this, with

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[35] WENDY A. LANG ET AL., COMPLETING THE MISSION II: A STUDY OF VETERAN STUDENTS' PROGRESS TOWARD DEGREE ATTAINMENT IN THE POST 9/11 ERA 10 (Nov. 2013), *available at* https://campussuite-storage.s3.amazonaws.com/prod/1280306/3a32f069-629b-11e7-99ef-124f7febbf4a/1691064/278b511c-024e-11e8-8b36-0a8d44716112/file/completing_mission_ii-Nov2013.pdf (emphasis added).

[36] Military Times Staff, *About 1 in 3 colleges have cut funding for veteran-support programs, survey says*, MILITARYTIMES (Feb. 22, 2021), https://www.militarytimes.com/education-transition/2021/02/23/about-1-in-3-colleges-have-cut-funding-for-veteran-support-programs-survey-says/.

[37] Veteran Education and Empowerment Act, H.R. 3686 (2021); Veteran Education and Empowerment Act, S. 1881 (2021).

[38] Student Veterans of America, Testimony of Justin Monk before the U.S. Senate Committee on Veterans' Affairs hearing on the topic of "SUCCESS AFTER SERVICE: IMPROVING VETERANS' EMPLOYMENT, EDUCATION, AND HOME LOAN OPPORTUNITIES." <https://www.veterans.senate.gov/imo/media/doc/10.27.21%20Monk%20SVA%20Testimony1.pdf>.

[39] Infrastructure Investment and Jobs Act. https://www.epw.senate.gov/public/_cache/files/e/a/ea1eb2e4-56bd-45f1-a260-9d6ee951bc96/F8A7C77D69BE09151F210EB4DFE872CD.edw21a09.pdf.

funding to support and flexibility in how they are applied, serve as remarkable examples of how Congress can help those in need quickly.

However, despite the much-needed influx of funding to support these programs, the work to bridge the digital divide is not yet complete. According to the FCC, there are at least 2.2 million veteran households in this country without either fixed or mobile broadband connections, with price and location described as the top barriers to adoption.[40] For student veterans, over half of whom are parents, the consequences of being unable to access reliable broadband extend beyond themselves to their dependents.

A recent Pew Research Center survey found that roughly a quarter of the population does not have a broadband internet connection at home.[22] Pre-pandemic, students in these disconnected homes fell into what is called the "Homework Gap", where the lack of an adequate internet connection prevented them from being able to complete their homework and contributed to lower rates of academic success. Courses shifting online during the pandemic only worsened these inequities. Without other options than dropping out entirely, students have increasingly begun to sit outside their schools, local libraries, or coffee shops to connect to free wireless internet and complete their schoolwork, a practice FCC Chairwoman Jessica Rosenworcel has called "Parking Lot Wi-Fi."[41]

SVA recognizes that much has been done recently to address these concerns, and we applaud the work that has been done. But with so many more veterans still in need of help, we urge these Committees and Congress to continue exploring innovative ways to make sure students can access this essential service, which will continue to play an ever-larger role in their higher education journeys.

Strengthening Higher Education

1. *Pass a comprehensive reauthorization of the Higher Education Act (HEA).*

Reauthorizing the *Higher Education Act* (HEA) and ensuring student veterans' voices are heard during the process remains a top priority for SVA. While HEA generally falls outside the jurisdiction of these Committees, SVA implores all Members, as engaged veteran advocates, to prioritize and participate in efforts to reauthorize HEA. VA significantly impacts the lives of student veterans and military-connected students, but the agency's education business lines handle only a fraction of the higher education legislation and regulation that ultimately affect student veterans, service members, and their families.

The unfortunate reality is that HEA is woefully out-of-date, and as a result, unable to adequately serve students in a 21st Century higher education system. Reauthorization is well overdue given the frequency with which Congress has addressed the statute in the past. SVA encourages Congress to take the steps necessary to reauthorize the HEA.

2. *Ensure accurate and timely implementation of the improved 90/10 Rule that now counts VA and DOD educational benefits as federal education funds.*

Congress has finally closed the harmful 90-10 loophole in a move that will protect student veterans and service members from bad-actor institutions more interested in prioritizing profit than student outcomes.

The 90/10 rule was intended to serve as a market viability test to ensure proprietary schools were fit enough to

[40] The Federal Communications Commission, *Report on Promoting Broadband Internet Access Service for Veterans, May 2019.* Accessed July 20, 2020. https://docs.fcc.gov/public/attachments/DOC-357270A1.pdf.

[41] STATEMENT OF JESSICA ROSENWORCEL COMMISSIONER FEDERAL COMMUNICATIONS COMMISSION BEFORE THE SUBCOMMITTEE ON COMMUNICATIONS & TECHNOLOGY COMMITTEE ON ENERGY AND COMMERCE UNITED STATES HOUSE OF REPRESENTATIVES SEPTEMBER 17, 2020. <https://docs.fcc.gov/public/attachments/DOC-366984A1.pdf>

attract healthy, diverse sources of revenue.[42] In other words, it was intended to prevent bad-actor schools from subsisting entirely off federal taxpayer money. To that end, Congress crafted a rule requiring that proprietary schools obtain a minimal amount of their revenue, now just 10 percent, from sources other than federal financial aid.[43]

Unfortunately, the law suffered from a critical oversight—it excluded VA and Department of Defense (DOD) education benefits like the GI Bill and Tuition Assistance.[44] This loophole created a perverse incentive for bad-actor schools to target student veterans and service members for their earned education benefits.[45] These students became the linchpin of a scheme by low-quality, bad-actor schools to evade the 90/10 rule.[46] For every one VA or DOD education benefit dollar that bad-actor schools took in from service members and veterans, they gained access to another nine dollars in federal financial aid.[47] The result was that bad schools had a pathway to subsist entirely off federal taxpayer dollars.

The loophole's impact on student veterans and service members has been disastrous. Bad-actor institutions employed well-documented, deceptive, aggressive, and downright fraudulent recruitment tactics to enroll student veterans.[48] Some student veterans attending these schools fully expended their earned VA education benefits, and many took out federal student loans in addition.[49] Low-quality schools have left student veterans with worthless degrees, non-transferrable credits, depleted benefits, and mountains of debt.[50] Simply put, the loophole emboldened bad-actor schools and negatively impacted the academic and financial futures of thousands of

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[42] *See generally Cleland v. National Coll. of Business*, 435 U.S. 213, 216 (1978) (discussing the purpose of the Department of Veterans Affairs' 85-15 rule—the model for the 90/10 rule—as "allowing the free market mechanism to operate" by ensuring "[t]he price of the course…respond[ed] to the general demands of the open market as well as to those with available Federal moneys to spend.").

[43] The original rule required proprietary institutions to obtain at least 15 percent of their revenue from sources other than title-IV federal financial aid. Pub. L. No. 102-325 (1992). Congress amended the rule in 1998 to require that these schools earn just 10 percent of their revenue from sources other than federal financial aid. Pub. L. No. 105-244 (1998).

[44] It is clear the loophole was an unintentional oversight because that is how congressional staff who drafted the rule's statutory language described it afterward, and because excluding such massive sources of federal education assistance flies in the face of the law. *See* WALTER OCHINKO, VETERANS EDUCATION SUCCESS, DEPARTMENT OF EDUCATION DATA SHOWS INCREASED TARGETING OF VETERANS AND SERVICE MEMBERS, HIGHLIGHTING URGENCY OF CLOSING 90/10 LOOPHOLE 3-4 (Nov. 2017), *available at* https://static1.squarespace.com/static/556718b2e4b02e470eb1b186/t/5a043bdfc83025336298845f/1510226911840/VES+90%3A10+Report+-+FINAL.pdf (citing Daniel Golden, *For Profit Colleges Target the Military*, BLOOMBERG NEWS (Dec. 30, 2009), *available at* https://www.bloomberg.com/news/articles/2009-12-30/for-profit-colleges-target-the-military).

[45] *See* Tanya Ang and Lauren Augustine, *The '90-10 rule' in higher education is a target on veterans' backs*, THE HILL (June 24, 2019, 7:00 AM), https://thehill.com/opinion/education/449445-the-90-10-rule-in-higher-education-is-a-target-on-veterans-backs.

[46] *See* ALEXANDRA HEGJI, CONGRESSIONAL RESEARCH SERVICE, R46773, THE 90/10 RULE UNDER HEA TITLE IV: BACKGROUND AND ISSUES 40 at n.50 (April 26, 2021) (referencing "several reports of false or predatory marketing or advertising practices on the part of some proprietary IHEs attempting to enroll GI Bill and TA participants, in part to pass the 90/10 requirement."), *available at* https://files.eric.ed.gov/fulltext/ED614219.pdf.

[47] OCHINKO, *supra* note 6 at 4.

[48] *See generally Why For-Profit Institutions are Targeting Veterans Educational Benefits*, VETERANS EDUCATION SUCCESS (Jan. 1, 2014), https://vetsedsuccess.org/why-for-profit-institutions-are-targeting-veterans-education-benefits (summarizing numerous accounts of predatory recruitment of student veterans at bad-actor proprietary institutions); U.S. SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS COMM., 113TH CONG., IS THE NEW G.I. BILL WORKING? FOR-PROFIT COLLEGES INCREASING VETERAN ENROLLMENT AND FEDERAL FUNDS 9-11 (July 30, 2014), *available at* https://static1.squarespace.com/static/556718b2e4b02e470eb1b186/t/56100b87e4b0147725a71e86/1443892103628/GI-Bill-data-July-2014-HELP-report.pdf.

[49] IS THE NEW G.I. BILL WORKING?, *supra* note 10 at 10-11; OCHINKO, *supra* note 6 at 13 (discussing reports of proprietary schools aggressively steering student veterans toward federal student loans or fraudulently authorizing loans on behalf of these students).

[50] *See generally* IS THE NEW G.I. BILL WORKING?, *supra* note 10 at 9-11 (discussing the aggressive and deceptive recruitment of student veterans at proprietary institutions and the consequences for these students such as debt, inability to find a job after graduation, and wasted GI Bill benefits); *Why For-Profit Institutions are Targeting Veterans Educational Benefits, supra* note 10 (discussing student veterans attending bad-actor proprietary institutions and being left with worthless degrees, non-transferable credits, and debt).

student veterans and service members.[51]

Fortunately, Congress saw fit to close the loophole, an effort which garnered bipartisan support.[52] The new law requires that all "federal education assistance" be appropriately counted on the 90 percent side of the 90/10 equation.[53] Congress delayed the law's implementation until January 1, 2023 and subjected the change to negotiated rulemaking to begin no later than October 1, 2021.[54]

SVA is committed to ensuring the new rule is implemented in a timely and accurate manner by the Department of Education. We have taken an active role in rulemaking on this issue so far. We'll continue to do so until the process concludes and a strong version of the new rule goes into effect. We hope the new 90/10 law serves to highlight good proprietary institutions and hold them up as models for how the sector can truly serve students.

3. *Restore the Gainful Employment and Borrower Defense rules to defend students and taxpayers against fraud, waste, and abuse.*

Borrower Defense to Repayment (BD) and Gainful Employment (GE) are important policies that can protect students against bad actors and low-quality institutions in higher education. The BD rule is supposed to provide federal student loan relief to students who were defrauded by bad-actor schools.[55] The GE rule was designed to ensure certain programs provide a worthwhile education—one that is affordable relative to earnings after graduation.[56] Together, these measures can help protect both students and taxpayers against fraud, waste, and abuse.

The BD and GE policies were meant to provide critical assurances that guard students against bad actors in higher education. The 2015 and 2016 closures of ITT Technical Institute and Corinthian Colleges respectively highlight why these policies are so important for student veterans. These schools closed abruptly after being mired in controversy for having allegedly engaged in false or deceptive representations to students. After the schools closed, thousands of students were left with debt, depleted education benefits, and few, if any, viable ways to transfer credits to other institutions to continue their educations.[57] The events surrounding ITT and Corinthian Colleges were not isolated occurrences, with thousands of student veterans impacted by other proprietary school closures in the years that followed.[58] The documentary *Fail State* illuminates the practices of

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[51] *See generally* Kimberly Hefling, *Vets snared in for-profit college collapse want GI Bill Money back*, POLITICO (July 2, 2015), https://www.politico.com/story/2015/07/veterans-gi-bill-for-profit-colleges-119697; Chris Kirkham and Alan Zarembo, *For-profit colleges are using the GI Bill to make money off veterans*, LOS ANGELES TIMES (Aug. 18, 2015), https://www.latimes.com/business/la-fi-for-profit-colleges-gi-bill-20150809-story.html; Danielle Douglas-Gabriel, *Veterans are getting short shrift as for-profit colleges close down, report says*, THE WASHINGTON POST (Oct. 21 2016), https://www.washingtonpost.com/news/grade-point/wp/2016/10/21/veterans-are-getting-the-short-shrift-as-for-profit-college-close-down-report-says/.

[52] Pub. L. No. 117-2, § 2013 (2021); *U.S. Senate Closes 90/10 Loophole in Bipartisan Amendment to COVID Relief Reconciliation Package*, VETERANS EDUCATION SUCCESS (March 6, 2021), https://vetsedsuccess.org/u-s-senate-closes-90-10-loophole-in-bipartisan-amendment-to-covid-relief-reconciliation; *see also* Protect Veterans' Education and Taxpayer Spending Act of 2019, S. 2857, 116th Cong. (2019) (demonstrating landmark bipartisan support for an earlier legislative effort in the Senate to close the 90/10 loophole).

[53] Pub. L. No. 117-2, § 2013 (2021).

[54] *Id.*

[55] *Why Students Need a Strong Borrower Defense Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS, 1 (2021), https://ticas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Borrower-Defense-Rule.pdf.

[56] *Why Students Need a Strong Gainful Employment Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS, 1 (2021), https://ticas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Gainful-Employment-Rule.pdf.

[57] *See generally Why Students Need a Strong Borrower Defense Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS (2021), https://ticas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Borrower-Defense-Rule.pdf.

[58] Natalie Gross, *Thousands of veterans had education derailed when for-profit college chains abruptly closed*, MILITARY TIMES (June 20, 2019), https://rebootcamp.militarytimes.com/news/education/2019/06/20/thousands-of-veterans-had-education-derailed-when-for-profit-college-chains-abruptly-closed/.

bad actor schools in higher education by revealing their aggressive recruiting practices, poor student outcomes, and how they contribute to growing student debt in America.[59]

The Forever GI Bill sought to correct some of the damage done by low-quality institutions that shut down by allowing beneficiaries to restore GI Bill entitlement. However, for student veterans and service members who hold federal student loans, BD may be their only option for relief after being defrauded. The Gainful Employment rule could work to protect students at the outset of their academic journey by ensuring that only quality career education programs have access to title IV funds.

Unfortunately, BD was substantially weakened in recent years, and GE was rescinded altogether in 2019. SVA opposed these rollbacks and continues to work to restore these important student safeguards. In 2020, SVA was proud to partner with a diverse coalition of student groups and VSOs that led the charge to overturn ED's weakening of the BD rule. That effort resulted in a bipartisan rebuke of the new regulation in both houses of Congress.[60]

ED has initiated rulemaking to revise both the BD and GE regulations through the Negotiated Rulemaking process as required under the HEA. This process incorporates input from diverse experts representing constituencies throughout higher education who debate and work toward consensus on HEA regulations. At this time last year, we informed you SVA was looking forward to participating in negotiations to rebuild the BD and GE rules. We're proud to report that we were privileged to have one of our staff represent service members and veterans in the recent negotiated rulemaking session that addressed BD. The negotiations produced strong draft regulatory language that enjoyed near universal consensus among negotiators. We look forward to continued participation in the rulemaking process and eagerly await the Department's proposed rules on BD and GE, the latter of which is currently being negotiated.

SVA encourages members of Congress to support, defend, and strengthen these critical policies that protect student veterans, service members, and their families.

4. *Improve oversight and accountability of trends in higher education such as institutional conversions, online program management, and lending practices.*

Today's students, including student veterans, have more learning options than ever, with many, quite literally, right at their fingertips. These new, often innovative ways of learning are compelling options for post-traditional students, like student veterans, especially as the cost of higher education and student loan debt continue to rise. As higher education changes, it is important that policy makers weigh the risks and benefits posed to students by new learning options and investigate ways to address affordability more broadly.

Bad-actor proprietary schools in higher education have come under increased scrutiny in recent years, due in large part to numerous high-profile closures and repeated allegations of fraud. As these schools face growing attention from legislators, regulators, and law enforcement, there has been a corresponding trend in schools converting to non-profit status or being acquired by or rebranding under the umbrella of public institutions.

The overarching concern with conversions is that a converting proprietary school may not sufficiently untangle itself from its former profit-driven motives and structure.[61] This means students, including veterans and service members who enroll at these institutions at disproportionate rates,[62] run the risk of believing converted schools

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[59] DIRECTOR ALEX SHEBANOW, FAIL STATE, FAILSTATE.COM (A SDCF LLC Film 2018), https://failstatemovie.com.

[60] Michael Stratford, *Congress sends rebuke of DeVos 'borrower defense' rule to Trump's desk*, POLITICO (May 19, 2020, 9:29 PM), https://www.politico.com/news/2020/05/19/congress-devos-rebuke-270077.

[61] *See generally* Robert Shireman, *How For-Profits Masquerade as Non-profit Colleges*, THE CENTURY FOUNDATION (Oct. 7, 2020), https://tcf.org/content/report/how-for-profits-masquerade-as-nonprofit-colleges/.

[62] CAREN A. ARBEIT AND LAURA HORN, U.S. DEPARTMENT OF EDUCATION, A PROFILE OF THE ENROLLMENT PATTERS AND DEMOGRAPHIC

are dedicated to a public or non-profit mission when, in reality, the schools may still prioritize profits over student outcomes.[63]

These concerns are exacerbated by the growing adoption of online content in higher education, which has been compounded itself by the forced shift to online learning during the pandemic. The growth in online programs has given rise to a concerning method of conversion where public or non-profit institutions acquire for-profit schools to manage online courses.[64] This is an appealing maneuver for some public and non-profit schools looking to expand online options because certain proprietary institutions have well-established, robust capacity for online program management. These arrangements have also come under scrutiny because schools—even prominent ones—will cede core responsibilities, like student recruitment, to proprietary OPMs in lucrative revenue-sharing deals.[65] Such contracts run the risk of recruitment and profits being prioritized over quality student outcomes.[66]

Institutional conversion was addressed to some extent in VA laws through additional oversight measures passed in the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.* Specifically, the law increased oversight of converted proprietary institutions by subjecting them to annual risk-based reviews for three years following conversion.[67] We thank Congress for passing this important oversight measure. Still, as a recent GAO report illuminates, these conversions continue to pose major risks to students.[68]

In recent years, higher education has seen a boom in innovations with the potential to expand pathways to higher education to untold numbers of new students. These innovations, like distance education programs and competency-based education models, offer compelling incentives to students and institutions as alternatives to traditional brick-and-mortar classes. The affordability and flexibility of these programs are key selling points among post-traditional students, like veterans, but these new trends are not without risk.

As we reshape how we think of workforce development, and the interactions between students and institutions, we must commit to fully understanding these trends and establish appropriate guardrails to protect students from unscrupulous actors and low-quality programs. We encourage Congress to continue monitoring institutional conversions as well as online program management and to legislate additional safeguards where appropriate to protect students.

Institutional lending practices are also worthy of Congress's attention. The CFPB recently signaled they would

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CHARACTERISTICS OF UNDERGRADUATES AT FOR-PROFIT INSTITUTIONS 16 (Feb. 2017), *available at* https://nces.ed.gov/pubs2017/2017416.pdf (explaining that "Compared with other undergraduates, larger percentages of students at for-profit institutions were military students (9 percent vs. 4 percent in public and nonprofit). Military students constituted a larger percentage of students enrolled at for-profit 4- year institutions than at any other level of for-profit institution (12 percent vs. 2–7 percent), public (3 –5 percent), or nonprofit institution (4 percent).").

[63] *See generally* Robert Shireman, *These Colleges Say They're Nonprofit—But Are They?*, THE CENTURY FOUNDATION (Aug. 6, 2018), https://tcf.org/content/commentary/colleges-say-theyre-nonprofit/; Robert Shireman and Yan Cao, *Dubious Conversions of For-Profit Colleges: Decoding the GAO Report*, THE CENTURY FOUNDATION (Jan 27, 2021), https://tcf.org/content/commentary/dubious-conversions-profit-colleges-decoding-gao-report/.

[64] *See generally* Lindsay McKenzie, *University of Arizona's Big Online Push*, Inside Higher Ed (Aug. 4, 2020), https://www.insidehighered.com/news/2020/08/04/university-arizona-acquires-ashford-university.

[65] *See TCF Analysis of 70+ University-OPM Contracts Reveals Increasing Risks to Students, Public Education*, THE CENTURY FOUNDATION (Sept. 12, 2019), https://tcf.org/content/about-tcf/tcf-analysis-70-university-opm-contracts-reveals-increasing-risks-students-public-education; *See also* Linsday McKenzie, *Key Senators Turn Up Heat on OPMs*, INSIDE HIGHER ED (Feb. 5, 2020), https://www.insidehighered.com/news/2020/02/05/online-program-management-companies-face-washington-microscope.

[66] *See TCF Analysis of 70+ University-OPM Contracts Reveals Increasing Risks to Students, Public Education*, THE CENTURY FOUNDATION (Sept. 12, 2019), https://tcf.org/content/about-tcf/tcf-analysis-70-university-opm-contracts-reveals-increasing-risks-students-public-education.

[67] Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315, Title I, Subtitle A, § 1022.

[68] *See* Robert Shireman and Yan Cao, *Dubious Conversions of For-Profit Colleges: Decoding the GAO*, THE CENTURY FOUNDATION (Jan. 27, 2021), https://tcf.org/content/commentary/dubious-conversions-profit-colleges-decoding-gao-report/.

begin reviewing such activity. The Bureau identified the following areas of concern: enrollment restrictions, transcript withholding, improper payment acceleration, failure to issue refunds, and improper lending relationships.[69]

Some institutions have also begun offering an alternative financing product to traditional private student loans. This product, known as an Income Share Agreement (ISA), is an arrangement between the institution or other lender and a student which provides the student with up-front cash to pay for their studies and ties their monthly repayment amount to their post-graduation earnings. These agreements are attractive to students because there is no interest and because repayment is often capped both as to term and amount. As with any financial product, however, there are risks involved, and students may be unable to identify them.[70] This is particularly problematic given that many proponents of ISAs argue that these agreements are exempt from federal consumer credit laws.[71]

We ask that Congress be mindful of these and other institutional lending issues as it crafts legislation that may provide the opportunity for any needed oversight in this area.

VA Modernization

1. *Monitor VA's ongoing efforts to modernize IT and communications systems, including implementation of the Digital GI Bill.*

Typically, using the GI Bill is one of the first interactions a newly transitioned veteran will have with VA in the universe of post-service benefits and programs.[72] This means a seamless GI Bill process is key to establishing trust and confidence in the agency with every veteran they serve.

In turn, SVA has been a vocal supporter of a full-scale IT modernization effort at VA for a long time.[73] To meet the needs of our veterans, VA Education Service platforms must become a system that can adapt and change with the evolving landscape of higher education. This modernization effort is already underway thanks to the steps Congress took to provide VA with the funds needed to start this process.[74] We appreciate VA's prompt efforts to begin implementing these changes. Still, the project is ongoing, and we will continue to call on Congress to provide the necessary funds to complete the task. In addition, strong oversight of this years-long process must be maintained as student veterans cannot afford for it to falter.

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[69] *Consumer Financial Protection Bureau to Examine Colleges' In-House Lending Practices*, CFPB (Jan. 20, 2022), https://www.consumerfinance.gov/about-us/newsroom/consumer-financial-protection-bureau-to-examine-colleges-in-house-lending-practices/.

[70] STUDENT BORROWER PROTECTION CENTER, SOLVING THE STUDENT DEBT CRISIS OR COMPOUNDING THE CRISIS? (2020), *available at* https://protectborrowers.org/wp-content/uploads/2020/07/SBPC_Hayes_Milton_Relman_ISA.pdf.

[71] STUDENT BORROWER PROTECTION CENTER, CREDIT BY ANY OTHER NAME 5 (2020), *available at* https://protectborrowers.org/wp-content/uploads/2020/07/Pearl.Shearer_Credit-By-Any-Other-Name.pdf.

[72] *See generally Journeys of Veterans Map*, U.S. DEPARTMENT OF VETERANS AFFAIRS, Journeys of Veterans Map. https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf; (last visited Feb. 25, 2021); VA Welcome Kit, DEPARTMENT OF VETERANS AFFAIRS, VA Welcome Kit (Nov. 12, 2020) https://www.va.gov/welcome-kit.

[73] *See generally* STUDENT VETERANS OF AMERICA, TESTIMONY BEFORE THE SUBCOMMITTEE ON ECONOMIC OPPORTUNITY AND TECHNOLOGY MODERNIZATION OF THE H. COMM. ON VETERANS' AFFAIRS ON MOVING BEYOND PATCHWORK SYSTEMS: THE FUTURE OF EDUCATION SERVICES IT, 116th Cong. (Sept. 16, 2020), *available at* https://studentveterans.org/wp-content/uploads/2020/09/HVAC-EO_-IT_Testimony_Sept16_2020.pdf; STUDENT VETERANS OF AMERICA, TESTIMONY BEFORE THE H. AND S. COMMS. ON VETERANS' AFFAIRS ON LEGISLATION PRIORITIES OF 2020, 116th Cong. 6 (March 3, 2020), *available at* https://www.veterans.senate.gov/imo/media/doc/03.03.2020%20-%20SVA%20Testimony.pdf; STUDENT VETERANS OF AMERICA, TESTIMONY BEFORE THE H. AND S. COMMS. ON VETERANS' AFFAIRS ON LEGISLATIVE PRIORITIES OF 2019, 116th Cong. 7 (March 7, 2019), *available at* https://www.veterans.senate.gov/imo/media/doc/5%20-%20SVA%20Testimony%2003.07.19.pdf.

[74] Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, Div. J, Title V, § 515.

Specifically, SVA still supports draft legislation from the past HVAC EO Subcommittee hearing on April 14th aimed at establishing critical benchmarks and requirements for transparency that will ensure VA addresses specific IT infrastructure issues and provides appropriate updates on its progress. VA, to its credit, has been communicative and transparent about the process and improvements thus far, and we are greatly appreciative of the efforts they have undertaken to this point. Our support of this, or substantially similar, draft legislation is driven by our hope that it will help VA avoid the pitfalls that plagued previous implementation efforts, like that of the Forever GI Bill.

Lastly, as a recommendation, SVA recommends taking full advantage of the ongoing modernization effort at VA and establishing pre-emptive, automatic qualification to transferring service members and electronic Certificate of Eligibility (COE) disbursal. This is one of the most obvious and impactful ways to turn the modernization effort into a reality for our veterans.

SVA looks forward to working with committee members and officials at VA to ensure this modernization effort is successful. The educational experiences of current and future generations of student veterans depend on it.

2. *Establish the Veteran Economic Opportunity and Transition Administration with Undersecretary representation for all economic opportunity and transition programs at VA.*

Greater focus must be placed on economic opportunity for veterans, including through higher education.[75] This would be best achieved by building on the early success of the new office at VA dedicated to transition and economic opportunity and elevating it, and Education Service, to its own administration at VA. Presently, economic opportunity programs such as the GI Bill, home loan guaranty, and many other empowering programs for veterans are buried within the bureaucracy of VBA and functionally in competition against disability compensation policy for internal resources.

Over the past century, VA has focused on compensating veterans for loss, but the reality of the 21st century and beyond demands the additional goal of empowering veterans to excel post-service. Critically, this will further advance our nation's goals of enhancing economic competitiveness. A focus on veteran contributions to business and industry, to governments, to non-profit organizations, and to communities through the best education programs in our country will result in impressive returns on the taxpayers' investments.

3. *Restore study abroad opportunities for GI Bill and VR&E students.*

In August 2020, VA enacted a revised interpretation of 38 U.S.C. § 3680A(f), the statute underlying the approvals of study abroad programs for student veterans. These new requirements restricted students' ability to attend some of the most common and popular study abroad programs available.[76] In response to these changes, SVA and NAFSA wrote a letter to Secretary McDonough asking him to reconsider these administrative changes that create obstacles to student veterans pursuing study abroad.[77] VA's response to our letter made clear that the agency believes their revised interpretation is strictly compliant with the underlying statute and they have no room to provide relief to the affected students.[78]

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[75] *See* DISABLED AMERICAN VETERANS, PARALYZED VETERANS OF AMERICA, AND THE VETERANS OF FOREIGN WARS., THE INDEPENDENT BUDGET – VETERANS AGENDA FOR THE 116TH CONGRESS. Retrieved from: 120 (2019), *available at* http://www.independentbudget.org/pdf/IndependentBudget_2019.pdf (explaining that "[t]his nation should have as much focus on the economic opportunities for veterans as it does for their health care and benefits").

[76] Institute of International Education (IIE), "Duration of Study Abroad," Open Doors Report 2020 (New York: IIE, 2020), https://opendoorsdata.org/data/us-study-abroad/duration-of-study-abroad.

[77] Letter to the Honorable Denis R. McDonough, Secretary of the Department of Veterans Affairs. <https://www.nafsa.org/sites/default/files/media/document/nafsa-sva-042021.pdf>.

[78] Letter to NAFSA, SVA from Thomas J. Murphy, Acting Under Secretary for Benefits. <https://www.nafsa.org/sites/default/files/media/document/va-nafsa-061521.pdf>.

While we understand VA's position as appropriate to the letter of the law, we believe this change creates unnecessary obstacles to an increasingly necessary component of many higher education programs and inequity between the treatment of student veterans and Title IV students as it relates to studying abroad. SVA believes that student veterans should be given the same opportunity to study abroad and develop the skillset they need to enter a global workforce as ED provides their Title IV classmates.

In short, and as seen in our joint letter to VA:

> *"It is vital to ensure all students have access to a quality education that will prepare them for the global workforce into which they will graduate. Therefore, we urge the Department to work with relevant stakeholders in higher education and study abroad to review the current VBA guidance on the use of Post-9/11 GI Bill benefits for study abroad and to consider following a similar approach to that of the U.S. Department of Education's Title IV Federal Student Aid program, which allows the use of these funds for study abroad programs that award academic credit."*[79]

We look forward to working with these Committees on this issue going forward.

4. *Improve VA Work Study to address pay disparities and expand job opportunities so they better align with student goals.*

SVA has received valuable feedback from student veterans in recent years about how VA can continue to modernize the work-study program. One issue raised regularly is the substantial disparity in job opportunities available to students participating in the VA Work-Study program compared to those available through Federal Work Study. VA Work-Study students are largely required to work in roles directly related to VA. This limitation greatly diminishes VAWS students' ability to learn and develop the skillsets they need to enter the broader workforce.

To begin addressing this disparity, the recent Isakson-Roe bill re-established the ability of students to qualify for VA Work-Study when performing veteran liaison duties for members of Congress.[80] This is a step in the right direction, and we greatly appreciate the work these Committees did to expand the program to include these opportunities, but more can be done to expand opportunities available to student veterans through the program.

As part of our ongoing VFW-SVA Fellowship program, we are working with Fellow and PhD candidate John Randolph of Penn State University to recommend important changes to the VAWS system. Specifically, he proposes broadening the pool of qualifying work-study jobs and improving the payment rate and structure.

Veterans' demonstrated propensity for service should be rewarded by expanding the jobs available through VA Work-Study to at least include public interest, non-profit, and government agency positions. Specifically, these Committees might consider including veteran liaison jobs at public agencies and non-profit organizations that fulfill duties like those performed by participants who can now work for members of Congress.[81] We hope to work with the Committees' leadership to examine ways to further expand opportunities available to VA Work-Study students so they can benefit from the greater variety of experiences available to their Federal Work Study peers.

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[79] Letter to the Honorable Denis R. McDonough, Secretary of the Department of Veterans Affairs. <https://www.nafsa.org/sites/default/files/media/document/nafsa-sva-042021.pdf>.

[80] Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315, Title I, Subtitle A, § 1006.

[81] *Id.* (authorizing duties including "[t]he distribution of information to members of the Armed Forces, veterans, and their dependents about benefits and services under laws administered…" by VA.).

5. Refine the GI Bill Comparison and Feedback Tools.

The Comparison Tool can be invaluable to veterans trying to understand the value of their GI Bill as they consider their educational options.

As it stands, the lack of coordination between ED and VA on College Navigator, College Scorecard, and GI Comparison Tool reduces the overall delivery of powerful data to veterans.[82] The Comparison Tool has unique data, justifying itself as a separate tool from ED's options, but the underlying data is not being shared effectively between these tools, leaving prospective students an incomplete view of their options. We encourage members to explore ways to better share and integrate the data across ED and VA resources.

SVA also believes student outcome measures should be displayed in the GI Bill Comparison Tool. Establishing the appropriate data feeds and displaying the information in the tool would require IT upgrades that fit neatly alongside those currently happening at VA. In one of the most common-sense recommendations we have, each institution should be required to disclose how effective it is at delivering on its promise to students. By informing military-connected students about the effectiveness of GI Bill-eligible programs, we allow them to make informed decisions about how to spend their education benefits.

The GI Bill Comparison Tool also suffers from a lack of detailed information about student complaints. For any given school, the tool simply shows a tally of complaints across broad categories. The tool also only publishes complaints from the prior 24 months. We have previously provided specific recommendations to address these issues in a public comment on VA's continued collection of information through the GI Bill Feedback Tool:

> VA should publish and maintain a comprehensive database of all school-specific complaints submitted through the Feedback Tool. Students should be given the option to disclose their narrative comments publicly, and those comments should be included in the database. The feedback database should be presented in a familiar interface, preferably one that mirrors other popular review websites. This means it should include helpful user features like search, filters, and sorting. We further recommend the Department include a link on each school's profile page in the GI Bill Comparison Tool that directs students to a full, detailed list of complaints submitted about that institution. This will help students identify and better understand the true nature of complaints submitted about each school. It will also improve the ability of advocates and researchers to monitor and analyze past and present institutional compliance with the Principles of Excellence and other laws.[83]

To address concerns about fake or inaccurate reports, we believe VA should verify that reports come from current or former students of the institution for which feedback is being provided and that schools be given the opportunity to issue public responses to complaints.

VA should also place caution flags on schools in the GI Bill Comparison Tool that receive an inordinate number of student complaints. VA currently only places caution flags on schools with a program of education subject to "increased regulatory or legal scrutiny" by VA or other federal agencies.[84] We support this use of caution flags, but student veterans also deserve to be alerted when a school has received a troubling number of student complaints.

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[82] *See generally College Navigator*, NATIONAL CENTER FOR EDUCATION STATISTICS, US DEPARTMENT OF EDUCATION, https://nces.ed.gov/collegenavigator (last visited March 1, 2020); *College Scorecard*, US DEPARTMENT OF EDUCATION, https://collegescorecard.ed.gov (last visited March 1, 2020); *GI Bill Comparison Tool*, US DEPARTMENT OF VETERANS AFFAIRS, https://www.va.gov/gi-bill-comparison-tool/ (last visited Feb. 24, 2021).

[83] *SVA Comment on OMB Control No. 2900-0797 Agency Information Collection Activity: Principles of Excellence Complaint System Intake*, STUDENT VETERANS OF AMERICA 3 (2020), *available at* https://www.regulations.gov/comment/VA-2020-VACO-0001-0084.

[84] *GI Bill® Comparison Tool: About This Tool*, U.S. DEPARTMENT OF VETERANS AFFAIRS (June 11, 2020), https://www.benefits.va.gov/gibill/comparison_tool/about_this_tool.asp#sourcedata.

We also ask that VA develop a mechanism to maintain closed schools within the tool, versus having them simply disappear. This removal of schools from the tool means associated data also disappears, leaving significant gaps in the overall picture for how those schools served students. We look forward to working with Congress and VA to update this valuable resource so it can better serve student veterans, service members, and their families.

Transparency and Accountability

1. *Improve data collection and sharing practices across government agencies and call for more publicly available data.*

There are several areas where government data on student veterans could be improved to help us better understand their needs and successes. For instance, data on student veterans generally in the Integrated Postsecondary Education Data System (IPEDS) is lacking. There is also insufficient data on student veteran incomes. Finally, there is a shortage of government data on student basic needs issues.

We recommend the committees support a whole-of-government approach to addressing these gaps. For instance, Congress should explore ways in which it can work with ED to make data on self-reported veteran status available in IPEDS in addition to the data that exists for those students using VA or DOD education benefits. Further, we ask that the committees encourage data-sharing between ED, VA, and the Internal Revenue Service (IRS) to improve longitudinal data on student veteran incomes. Lastly, we ask that the committees support collection of data on student basic needs by including studies and program reporting requirements in relevant legislation.

SVA itself will take a leading role in collecting more data on student veteran basic needs. We recently concluded our first ever Student Veteran Basic Needs Survey that collected responses from student veterans on several different topics including food security, housing security, and childcare. This effort will inform our policy work and SVA looks forward to sharing the results with committee members.

Relatedly, we also ask that members of these committees support the College Transparency Act (CTA) which has broad bipartisan support in both chambers.[85] This legislation, backed by nearly 150 organizations, would improve higher education data and ensure students have access to critical information to make more informed choices about their higher education journeys all while protecting students' individual data.[86] Short of comprehensively reauthorizing the HEA, passing the CTA to transform how post-secondary data is collected might be one of the most important steps Congress can take to improve higher education in America.

2. *Call for improved data and studies on how student debt impacts student veterans, service members, and their families.*

The rising level of student debt is a well-documented issue facing today's college students, with this debt growing by more than 100 percent between 2010 and 2020 and the cumulative national total surpassing $1.7 trillion.[87] What is less understood is how student debt specifically impacts student veterans. SVA's annual census data confirms that some veterans graduate with student debt, but exactly why this is and how it affects their academic and financial futures remains unknown.

SVA has been privileged to welcome the Pew Charitable Trusts to our National Conferences in recent years to

[85] College Transparency Act, S. 839, 117th Cong. (2021).

[86] Letter from organizations supporting the College Transparency Act to bill sponsors (2021), *available at* https://www.ihep.org/wp-content/uploads/2021/06/PostsecData-National-Skills-Coalition-College-Transparency-Act-Letter-2.pdf.

[87] *See* Abigail Johnson Hess, *U.S. student debt has increased by more than 100% over the past 10 years*, CNBC (Dec. 22, 2020), https://www.cnbc.com/2020/12/22/us-student-debt-has-increased-by-more-than-100percent-over-past-10-years.html (citing Federal Reserve figures).

present research about veteran student debt. Early findings indicate more than a quarter of student veterans borrowed student loans in the 2015-16 academic year.[88] Pew's analysis also shows most student veterans who borrow student loans do so to cover living expenses.[89] The research so far has been illuminating, and SVA looks forward to the release of additional insights in coming months that will more closely examine the exact reasons why veterans borrow student loans at the rate they do.

We believe more can be done at the federal level to improve data collected on veteran student loan debt and to make it available to the public. Better understanding this debt is critical before determining what must be done to address it. To do so, SVA recommends these committees consider creating new federally funded research grants to support student veteran research initiatives.

We look forward to amplifying future data in this area and working with Congress, VA, and ED to identify ways the federal government can improve data gathered on student loan debt held by veterans.

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In closing, SVA is grateful for the opportunity to submit testimony on our policy priorities for the 2022 legislative calendar. Our top priorities are codifying the temporary COVID-19 protections, improving support for student veterans' basic needs, Guard and Reserve benefit parity, MHA reform, and integrating VHA onto college campuses. They are the best ways we have identified to improve the physical, emotional, and financial well-being of our nation's student veterans. By addressing these issue areas, our country delivers on the promise we made every veteran the day they chose to serve – that service to our country would not just be rewarding on its own but would leave veterans better off than when they joined.

President Franklin Delano Roosevelt transformed America into the modern nation we know today. His administration launched massive programs and agencies like Social Security, the SEC, and more. Then in 1944, he signed into law a 'little' program being called "the Servicemen's Readjustment Act," better known as the GI Bill. But this 'GI Bill idea' almost never made it out of congress; there were some who said this new program would be the ruin of our returning GI's.

The President of Harvard famously penned, "We may find the least capable among the war generation, instead of the most capable, flooding the facilities for advanced education in the United States." And the President of the University of Chicago, a World War I veteran himself, argued, "Colleges and universities will find themselves converted into educational hobo jungles."

In 1948, just four years after their original opposition, there was widespread retraction, with Harvard's president stating, "for seriousness, perceptiveness, steadiness, and all other undergraduate virtues," the veterans of World War II were "the best in Harvard's history."

The continued success of veterans in higher education in the Post-9/11 era is no mistake or coincidence. At SVA we use the term, "the best of a generation." In our nation's history, educated veterans have always been the best of a generation and the key to solving whatever problems our nation faces, this is the legacy we know today's student veterans carry.

We thank the Chairmen, Ranking Members, and Committee Members for your time, attention, and devotion to the cause of veterans in higher education. As always, we welcome your feedback and questions, and we look forward to continuing to work with the Committees and the entire Congress to ensure the success of all generations of veterans through education.

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[88] Phillip Oliff, Ama Takyi-Laryea, Scott Brees & Richa Bhattarai, *Veteran Student Loan Debt Draws New Attention*, PEW (Sept. 13, 2021), https://www.pewtrusts.org/en/research-and-analysis/articles/2021/09/13/veteran-student-loan-debt-draws-new-attention.

[89] Phillip Oliff, Ama Takyi-Laryea, Scott Brees & Richa Bhattarai, *Why Veterans With GI Bill Benefits Still Take Out Student Loans*, PEW (Jan. 7, 2022), https://www.pewtrusts.org/en/research-and-analysis/articles/2022/01/07/why-veterans-with-gi-bill-benefits-still-take-out-student-loans.

STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2nd SESSION of the 117th CONGRESS

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

March 8, 2022

Presented by

CDR René A. Campos, USN (Ret.)

Senior Director, Government Relations for Veterans-Wounded Warrior Care

EXECUTIVE SUMMARY

MOAA commends the Committees and the Department of Veterans Affairs (VA) for pressing hard in 2021 to care for veterans and servicemembers, their families, caregivers, and survivors during yet another difficult year in the fight against the COVID-19 pandemic. We also thank you for your continued advocacy on their behalf to ensure the nation is prepared to meet their needs in the coming years.

We are very appreciative of Congress, the VA, and the Administration for championing enactment of the Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse (SAVE LIVES) Act[1]. This monumental legislation allows the VA to vaccinate all veterans, veteran spouses, caregivers, and those receiving care through the Civilian Health and Medical Program of VA (CHAMPVA) against COVID-19. MOAA hopes this legislation opens the door for passage of additional legislation to protect veterans from other harmful infections like influenza and pneumonia.

MOAA also thanks the Committees for enacting other key legislation in the first session of the 117th Congress, such as:

- **Protecting Moms Who Served Act of 2021** (Public Law No. 117-69, Nov. 30, 2021)[2] — Codifies maternity care coordination programs at the VA.
- **Hire Veteran Health Heroes Act of 2021** (Public Law No. 117-67, Nov. 30, 2021)[3] — Identifies and refers health occupation members of the Armed Forces for potential employment with the VA.
- **Disability Claims Disparity Study** (Public Law No. 117-66, Nov. 30, 2021)[4] — Requires the Comptroller General of the United States to conduct a study on disparities associated with race and ethnicity related to certain benefits administered by the VA Secretary.
- **PAWS for Veterans Therapy Act** (Public Law No. 117-42, Aug. 25, 2021)[5] — Directs the VA to carry out a dog training therapy program and authorizes the department to provide service dogs to veterans with mental health illnesses who do not have mobility impairments.
- **Sgt. Ketchum Rural Veterans Mental Health Act of 2021** (Public Law No. 117-21, Jun. 30, 2021)[6] — Directs expansion of VA rural care and directs the department to conduct a study of its mental health care resources available to veterans living in rural areas.

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[1] Text - H.R.1276 - 117th Congress (2021-2022): Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse Act | Congress.gov | Library of Congress
[2] Text - S.796 - 117th Congress (2021-2022): Protecting Moms Who Served Act of 2021 | Congress.gov | Library of Congress
[3] Text - S.894 - 117th Congress (2021-2022): Hire Veteran Health Heroes Act of 2021 | Congress.gov | Library of Congress
[4] Text - S.1031 - 117th Congress (2021-2022): To require the Comptroller General of the United States to conduct a study on disparities associated with race and ethnicity with respect to certain benefits administered by the Secretary of Veterans Affairs, and for other purposes. | Congress.gov | Library of Congress
[5] Text - H.R.1448 - 117th Congress (2021-2022): PAWS for Veterans Therapy Act | Congress.gov | Library of Congress
[6] Text - H.R.2441 - 117th Congress (2021-2022): Sgt. Ketchum Rural Veterans Mental Health Act of 2021 | Congress.gov | Library of Congress

- **THRIVE Act** (Public Law No. 117-16, Apr. 14, 2021)[7] — Provides improvements to the Veteran Rapid Retraining Assistance program.

While last year was especially productive for the VA, 2022 has all the signs of being a particularly challenging year. The fact that we are six months into the new fiscal year with no appropriations signed into law is troubling; it places a great deal of undue burden on the VA and creates uncertainty about what the department can expect for FY 2023 and FY 2024 advanced appropriations.

Implementing reform measures has historically presented challenges for the VA without the full support of those championing the legislation. More than ever, the VA needs the maximum assistance and commitment of all stakeholder partners, including Congress, to successfully implement the significant legislation enacted to date and forthcoming measures to help drive the kind of change Congress expects to achieve in the 21st century.

MOAA'S MAJOR 2022 LEGISLATIVE PRIORITIES:

1. **Veterans' Health Care** — Strengthen and sustain the Veterans Health Administration (VHA) system by:
    a. Preserving VA's foundational missions and services through the annual appropriations process to secure funding by the start of each fiscal year.
    b. Focusing on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports.
    c. Stabilizing and modernizing the workforce and support systems.
    d. Prioritizing and accelerating access to caregiving support, as well as long-term and extended care programs and services.
    e. Eliminating disparities for women, minority, and underserved veterans, and expanding access and services to ensure equitable delivery of health and benefits among all veteran populations.
    f. Ensuring the VA continues executing enacted legislation to improve access and delivery of behavioral health and suicide prevention services.

2. **Veterans' Benefits** — Expand and enhance the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) by:
    a. Passing comprehensive toxic exposure reforms.
    b. Supporting and monitoring VA actions to reduce the claims backlog, protecting veterans from predatory claims companies, and ensuring underlying conditions are considered for Dependency and Indemnity Compensation (DIC) claims.
    c. Protecting veterans' GI Bill education benefits.
    d. Protecting veterans' VA Home Loan benefits.
    e. Converting an existing VA cemetery into the next Arlington National Cemetery.

[7] Text - H.R.2523 - 117th Congress (2021-2022): THRIVE Act | Congress.gov | Library of Congress

CHAIRMEN TESTER AND TAKANO, RANKING MEMBERS MORAN AND BOST, and Committee Members, on behalf of the Military Officers Association of America (MOAA), it is a privilege to have the opportunity to once again present testimony on our major veterans' health care and benefits priorities for this year. MOAA is committed to working with the Senate and House Committees to help ensure the VA has the infrastructure, resources, staffing, and funding necessary to handle current and future missions.

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

VETERANS' HEALTH CARE PRIORITIES

PREDICTABLE FUNDING

Like other federal agencies, the VA has been funded under a series of stopgap measures since Oct. 1, 2021, when the new fiscal year began.

This is a worrying trend to MOAA — a situation all too common rather than the exception for funding the federal government. The trend also is worrisome to Secretary Denis McDonough, who told reporters in December and February press conferences a full-year continuing resolution would negatively impact the department's discretionary budget by $1.8 billion and reduce the compensation and pensions budget by $9 billion. He also indicated the department could absorb pay raises for nurses if he received what the President requested in his FY 2022 budget proposal.

The Veterans Health Administration (VHA) is planning for the drastic consequences if this budget impasse continues, and what serious adjustments will need to be made — tough moves like reducing referrals for community care, especially in rural areas where care is needed the most; or choosing between reducing payments for all veterans or stopping payments to some veterans.

McDonough told reporters he had no idea how the VA would "bend ourselves into a pretzel to operate under these limited numbers."

In February, The Independent Budget (IB) veteran service organizations (IBVSOs) published recommendations for VA's FY 2023 and FY 2024 budget[8]. The IBVSOs, which include Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), and the Veterans of Foreign Wars (VFW), have provided their views and estimates to leaders in Congress and the VA for decades. MOAA values our partnership with the IBVSOs and their expertise in formulating recommendations to Congress.

The COVID-19 pandemic and other domestic and international crises continue to wreak havoc and uncertainty. Health care systems around the country, including the VA, are left wondering

[8] Independent Budget Numbers 2022_single_pages_FINAL.indd

when or if we will soon reach a state of certainty, or what will be the "next normal." The IBVSOs and MOAA are concerned about what the ongoing crises and budget threats will mean for current and future policy changes, which could dramatically alter VA's funding requirements.

Some examples, according to the IB report: "[T]he Asset and Infrastructure Review (AIR) mandated by the VA MISSION Act[9] will determine how and where VA plans to deliver health care to enrolled veterans over the next decade and what VA facilities will be required to assure timely and convenient access. Congress is also considering major legislation that could change how and when VA recognizes injuries, illnesses, and disabilities associated with military toxic exposures, which would significantly increase the number of veterans eligible for VA health care and benefits."

Great progress has been made thus far in modernizing VHA's electronic health record, community care networks, caregiver programs, and operational, financial, and technology systems. The VA must be given every opportunity to achieve what has been mandated by law and fix any vulnerabilities it identifies during its implementation of these reforms.

MOAA will do all we can to support the Committees in establishing a sustainable path for predictable funding so the department can meet its congressional modernization mandates and provide the best care and benefits anywhere to those in our veterans and uniformed services communities.

MOAA urges Congress to:

- ***Immediately pass the FY 2022-2023 appropriations-advanced funding bill.***
- ***Preserve VA's foundational missions and services through the annual appropriations process to secure funding by the start of each fiscal year to meet VA mission requirements.***

OVERSIGHT AND ACCOUNTABILITY

MOAA remains concerned about VA's ability to execute the enormous volume of legislation amassed since the passage of the MISSION Act to modernize VHA and address systemic problems, weaknesses, and/or challenges identified by watchdog organizations like the Government Accountability Office (GAO) and the VA Office of Inspector General (VA OIG).

Many of these systemic problems cannot be solved by legislation alone. In a May 2021 report titled *VA's High Risk List Action Plan Update: Managing Risks and Improving VA Health Care*[10], the department provides its assessment of GAO's rating earlier in the year concerning VHA leadership's commitment to resolving high-risk concerns in the following areas:

- Ambiguous policies and inconsistent processes
- Inadequate oversight and accountability

[9] Text - S.2372 - 115th Congress (2017-2018): VA MISSION Act of 2018 | Congress.gov | Library of Congress
[10] vaHighRiskListActionPlanManagingRisksAndImprovingHealthCare-202105.PDF

- Information technology challenges
- Inadequate training for VA staff
- Unclear resource needs and allocation priorities

While Secretary McDonough has committed to working with GAO to make VA's high-risk list a part of the commitment of "being a leader who will fight relentlessly for the veterans," VA's self-assessment in all areas of concern is a work in progress, with a substantial number of actions planned through March 2022.

The Secretary is further challenged in fully addressing systemic issues by not having the Under Secretary for Health (USH) and Benefits (USB) positions filled for well over a year under this Administration. The USH has remained unfilled for over five years, though current and former VHA officials have done exceptional work performing the duties of this consequential position in addition to other duties. MOAA looks to Congress and the Administration to expedite the process to appoint USH and USB leadership.

Accountability to those VHA serves is equally important. The health system must step up its communication and outreach efforts to be more transparent at every access point in the system. This could involve anything from a physician reviewing health care options with a veteran during a visit to outreach efforts providing a veteran with timely VA and community program and service information.

MOAA leaders see the value of effective communication by VHA leaders at the local level. More work should be done that would replicate feedback like the following example:

The communications provided by the VISN 6 organization has been superb. In general, this fine level of communication is much appreciated by communities, veterans' groups, the North Carolina Department of Military and Veterans Affairs, as well as their counterparts in Virginia. There is also excellent communication with the North Carolina Department of Health and Human Services. VISN 6 leadership is continually reaching out to service organizations in the interest of improving veteran health care and access to necessary resources, reducing suicides and homelessness, and helping all veterans live their best lives.

To a veteran, caregiver, family member, or survivor, timely access to quality care and information, when and where it is needed, can be lifesaving. It also is essential to building trust and confidence in the system.

MOAA recommends the Committees remain laser-focused on VHA's leadership, oversight, and accountability issues by conducting ongoing hearings and other

activities to ensure successful resolution of systemic problems highlighted in GAO and VA OIG reports.

VHA WORKFORCE

Before the pandemic, VHA had over 39,000 heath care vacancies. Clinical staffing shortages contribute to employee burnout, longer wait times for veterans, and more veterans sent to community providers despite preferring to receive their care at a VA medical facility. These last two years of the pandemic have exacerbated such troubling trends while lowering morale and increasing trauma among the medical staff.

- The VA OIG's report[11] on Sept. 28, 2021, found that 98% of VHA facilities (95% in 2020) identified at least one severe occupational health shortage. About 90% of medical facilities report severe shortages in medical officers; 73% of facilities report being severely short on nurses.
- 50% of facilities reported their most severe shortage came in psychiatry.

While the pandemic increased the severity of these staffing problems, it didn't cause them all: Doctors and nurses have been at the top of the severe staffing shortage list every year since 2014. As part of aggressive actions to address shortfalls in the past two years, the department was granted special authority to rapidly hire and onboard clinical staff, which turned out to be the lifeline VHA needed and a best practice.

MOAA is appreciative of the Secretary's recent announcement[12] about the importance and urgency of investing in VA's incredible workforce and plans for making the department a model employer where employees will want to work. These are major steps; MOAA urges current and future secretaries to commit to carrying out the plan and requests support from Congress on VA's investment in employees' wages and other workforce incentives.

The department has used other authorities such as bonuses, student loan elimination, and scholarships given by Congress to help stem the tide of staff shortages during the pandemic. The Secretary acknowledges we are at a critical juncture and face the possibility of losing more critical staff if we do not act soon. Nursing turnover in VHA alone is the highest in 15 years.

Medical staff are the backbone of the VA health system. Surveys continue to show veterans prefer their care from the VA, with trust in the system on the rise. It is essential our country prioritizes its investment in VA health care in support of its foundational missions — clinical, education, research, and national emergency response. This requires greater vigilance and oversight as VHA continues to implement major legislative reforms and realigns governance and operational structures like the Integrated Veteran Care (IVC) initiative that will integrate VA's direct and community care programs to create a seamless health care system. To be successful,

[11] OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2021 (va.gov)
[12] February 2022: Secretary McDonough's Human Infrastructure plan - VAntage Point

the VA must have the necessary funding and resources immediately so the department can set a clear path to stabilization and modernization of its human resource systems.

MOAA urges Congress to monitor and act when necessary to ensure the department can strike the right balance between delivering VA and community care, and to make certain VHA remains the primary coordinator for delivering veterans' health care. Ensuring continuity and consistency in care is important to veterans' health and their satisfaction with their system of care.

One member wrote to MOAA's leadership in February, frustrated to the point he was considering dropping his VA health care because of staffing shortage and other issues. He said:

I've been enrolled in the VA system here in Monterey, CA for one year now… at first it seemed like a good system, but after one year I've learned/experienced that it's very user unfriendly and very difficult to navigate. I understand some of the reasons for this, like the COVID-19 tsunami. However, I believe the issue(s) are innate. I've tried working with the local "Patient Advocate," but she could not do much, plus like many, many other VA employees, she left. I've had four different Primary Care Physicians in 12 months… I've only met two of them, one time each… the others left.

I'd like to try and help MOAA and/or the VA to get its act together… FYI, I'm seriously considering dropping out of the VA system… I don't think the VA hierarchy knows what's going on.

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Another MOAA member was pleased overall with his care at the VA Clinic in Hampton Roads:

I use Hampton VA for a significant amount of my health care. I am quite pleased with the VA Greenbrier Clinic and my primary care manager. The folks at the hospital have all been really great. If there is one complaint it is the wait time to get specialty appointments.

I had one clinic that took 3½ months to get an initial appointment. The process for additional test, evaluation and assessment will take another 4-5 months, with 1-2 months between appointments. Some of this is due to COVID and a number of elective procedures being pushed to the right, resulting in a backlog.

MOAA recommends Congress:

- ***Make permanent VA's authority to expedite the hiring and onboarding for employees requested by the VA Secretary in his Human Infrastructure Plan.***

- ***Pass H.R. 5575, the VA Nurse and Physician Assistant RAISE Act***[13] *— Increases the pay for these positions as requested by the VA Secretary in his Human Infrastructure Plan.*
- ***Pursue strict oversight to ensure VHA improvements result in a stable, modern workforce with fewer vacancies, and make certain funds are available to strengthen recruiting, retention, and workforce development programs for long-term system sustainability.***

CAREGIVING, LONG-TERM AND EXTENDED CARE

Caregiver Support

Though the VA published its final regulation on Oct. 1, 2020, to improve and expand its Program of Comprehensive Assistance for Family Caregivers (PCAFC) as mandated in the MISSION Act, the department continues to struggle with the rollout of the new program.

The PCAFC expansion and other caregiver program improvements were to begin Oct. 1, 2020, with the expansion of eligibility to veterans who entered service on or before May 7, 1975. Two years later, service was to expand to veterans of all eras.

The new program is intended to provide more standardization and transparency, both for those already enrolled and those applying to take part. One of the most significant changes to the program is the definition of eligibility for veterans: The new regulation[14] expands PCAFC eligibility to include veterans with a 70% or higher VA disability rating for either a single or combined service-connected rating, no matter what the service-connected injury, illness, or disease. The old program was only open to caregivers caring for Post-9/11 veterans who sustained a serious injury because of their service.

However, after a yearlong delay in setting up the case management system, confusion continues over how the VA has written and is executing the regulations limiting eligibility. A great deal of frustration and angst exists over high denial rates and lack of consistency in how VHA is implementing the regulations for legacy system applicants and those applying under the new system.

Given the significance of the changes in the PCAFC and the large number of veterans and caregivers impacted by the new regulations, more education and advocacy is needed to fill gaps in how VHA is communicating and executing the regulations. Many VSOs, nonprofits, and advocacy groups like MOAA, DAV, PVA, VFW, Wounded Warrior Project, The American Legion, the Quality of Life Foundation Wounded Veteran Family Care, the Elizabeth Dole Foundation, The Independence Fund, the National Veterans Legal Services Program, and others

[13] Text - H.R.5575 - 117th Congress (2021-2022): VA Nurse and Physician Assistant RAISE Act | Congress.gov | Library of Congress
[14] https://www.federalregister.gov/documents/2020/07/31/2020-15931/program-of-comprehensive-assistance-for-family-caregivers-improvements-and-amendments-under-the-va

have joined forces to help veterans and their caregivers navigate the new system and liaise with VHA to help improve program implementation.

Additionally, the VA has been forced to change its appeals process for individuals disputing a decision or denial of an application for the caregiver program because of a recent court decision[15]. Further, the VA has been unable to evaluate the cases of tens of thousands of legacy program veterans in a timely manner to determine whether they qualify under the new standards — many are expected to be removed from the program or may have their monthly stipend increased or reduced. As such, the VA is allowing individuals removed from the program to receive benefits until Oct. 1, 2022, followed by another 60 days of benefits during processing and an additional 90 days of coverage before they are dismissed from the program.

MOAA is thankful Secretary McDonough acknowledged the problems with the new program rollout, particularly addressing the high rate of denials during a hearing on Dec. 1, 2021, where the Senate Committee on Veterans' Affairs examined the state of the VA after his first year in his position. The Secretary promised he would come back to Congress with a recommendation for reducing the high denial rate, which he recognizes was not the intent of the MISSION Act. MOAA looks forward to learning more about the Secretary's recommendation for either a legislative proposal or policy change to improve the program as soon as possible.

Long-Term and Extended Care

Efforts are mounting in VHA to get out in front of the rising demand for care from an aging veteran population by extending care in the home or in smaller group settings. Veterans rely on VA long-term care (LTC) for everything from occasional help around the house to around-the-clock assistance. Eligibility is primarily based on the extent of a service-connected disability.

From FY 2014 to FY 2018, demand for LTC increased 14% (from 464,071 to 530,327 veterans) and VA's expected spending went up 33% in its 14 LTC programs in institutional and noninstitutional settings, such as veterans' homes. The VA projects demand will continue to grow, with spending set to double by 2037[16].

The VA announced its plan to establish more than 200 new facilities or programs targeting geriatric or extended care by the end of 2026, making these offerings available at every VA medical center.

Along with 75 home-based primary care teams, the department will add 58 Medical Foster Homes (MFH) and 70 Veteran-Directed Care (VDC) Programs to medical centers nationwide, per a Jan. 24, 2022, news release[17].

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[15] BeaudetteJandM_20-4961.pdf (cavc.gov)

[16] VA Health Care: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand | U.S. GAO

[17] VA amplifies access to home, community-based services for eligible Veterans; MOAA - VA to Expand Extended-Care Services to All Medical Centers

The MFH program offers care similar to what is available in a nursing home but with fewer residents; under the VDC program, the VA provides a budget to a veteran or their representative to hire workers to provide personal care services, which may allow them to continue living at home. The MFH and VDC are newer programs hugely popular with veterans and their families-caregivers.

It is essential the VA accelerate and improve upon these and other geriatric programs like palliative and hospice care. The VA cannot do it alone; it must expand partnerships and find other alternatives outside its walls to improve life-sustaining treatment and end-of-life support to veterans and their families. One member introduced MOAA to a program called Veterans Last Patrol, a nonprofit organization connecting veteran volunteers to veterans in hospice care. Its members cooperate with medical providers of hospice care to connect volunteers to the patients so that their last patrol isn't alone.

MOAA recommends:

- ***Congress and VA prioritize and accelerate access to caregiving support, as well as long-term and extended care programs and services.***
- ***Congress provide funding and resources specific to expanding access to MFH and VDC Programs at all VA medical centers ahead of VA's current deadlines of FY 2025 and FY 2026, respectively.***
- ***Congress pass S. 219/H.R. 789, the Aid and Attendance Support Act***[18] — *Increases payments for care during the COVID-19 pandemic.*
- ***Congress pass S. 2513/H.R. 4772, the Brian Neuman Department of Veterans Affairs Clothing Allowance Improvement Act***[19] — *Improves the VA application and review process for clothing allowance claims submitted by veterans.*

WOMEN, MINORITY, AND UNDERSERVED VETERANS

MOAA is pleased with the commitment of VA leadership to ensuring equity in the delivery of health care and benefit services to women, minority, and underserved veterans — and the recognition there is more work to be done for this rapidly growing population of veterans. The VA should be commended for successfully putting in place a comprehensive primary care strategy model to improve access to, and quality of, medical care.

We support the IBVSO's assessment that the VA must ensure these veterans have access to timely, high quality, specialized health care services to the same extent as their peers, and the department also must provide a safe, welcoming, and harassment-free environment at all of its health care facilities.

[18] Text - S.219 - 117th Congress (2021-2022): Aid and Attendance Support Act of 2021 | Congress.gov | Library of Congress
[19] Text - S.2513 - 117th Congress (2021-2022): Brian Neuman Department of Veterans Affairs Clothing Allowance Improvement Act of 2021 | Congress.gov | Library of Congress

Both VHA and VBA continue to break down barriers preventing veterans from accessing their earned services and benefits. The VA also has established a Diversity and Inclusion Strategic Plan[20] to grow a diverse workforce and cultivate an inclusive work environment more reflective of the veterans it serves.

However, the VA is still woefully behind in collecting quality data on race, ethnicity, and gender, and must implement immediate corrective actions now across the enterprise. The pandemic has placed a spotlight on the barriers and disparities facing women, minority, and underserved veterans when seeking access to VA health care and services. The Centers for Disease Control and Prevention (CDC)[21] and the National Academies of Sciences (NAS)[22] highlight the importance of this data:

- Many health care providers do not routinely discuss sexual orientation or gender identity (SO/GI) with patients, and many health care facilities have not developed systems to collect structured SO/GI data from all patients.
- Sex/gender and race/ethnicity are complex traits that are particularly useful and important because each includes the social dimensions necessary for understanding its impact on health and each has genetic underpinnings, to varying degrees.

Moreover, there is a growing chorus of MOAA members and veterans worried about the long-term effects of COVID-19 on veterans and servicemembers.

Recently a woman veteran wrote to MOAA's President about her serious concerns with how the VA and DoD are addressing health care and benefits for those experiencing COVID-19 long-haulers symptoms:

I'm watching this whole "Long COVID" thing unfold and I feel like I'm in the Twilight Zone with a heavy dose of Deja Vu. I have endured post-infectious sequelae for 10 years now and it fundamentally changed my life. I am so deeply concerned about those enduring Long COVID. It is a mass disabling event, with millions around the world.

More specifically, I worry about how the DoD and VA will treat our servicemembers and veterans and military family members who acquire Long COVID. In my experience, they are very poor at tracking and treating those of us with complex, chronic, invisible illnesses. I mean, it took me 4 years to get my VA disability adjudicated for the very diagnosis my Medical Evaluation Board (MEB) medically retired me for. It was awful in so many ways and remains so. I can't even get health care through the VA as they have no idea what to do with chronic Lyme and post-infectious sequelae. Long COVID is post-infectious sequelae.

[20] VA Diversity and Inclusion Strategic Plan FY21-22
[21] Collecting Sexual Orientation and Gender Identity Information | For Health Care Providers | Transforming Health | Clinicians | HIV | CDC
[22] Sex/Gender, Race/Ethnicity, and Health - Genes, Behavior, and the Social Environment - NCBI Bookshelf (nih.gov)

My heart breaks for the deep abyss the Long COVID cohort is about to fall into.

We already know tens of thousands of service members have acquired COVID. Evolving research suggests upwards of 20% will remain ill >6 months with Long COVID and early research suggests many of them will endure a lifetime of symptoms (like me and the chronic Lyme community). I mean, 20%, that's thousands of members, veterans, and dependents. How will this impact military readiness? What will an MEB look like for them when there are no WHO ICD codes that fit? Has the VA/Congress created a disability code for this yet? Will the VA disability and SSDI systems acknowledge Long COVID sooner rather than later (aka Burn Pits, ugh)? What will be the burden of proof, given so many folks either didn't have access to antigen tests or PCR tests?

I can tell you firsthand, the indignity of the MEB and VA disability process for those with chronic, complex, invisible illnesses is unbearable. It completely broke me, I barely made it through. Is the bureaucratic labyrinth they'll need to endure going to break them, too? The added stress, on top of an illness that renders you bed ridden and unable to advocate for yourself, is overwhelming. The loss of physical health, mental stress, financial burden, strain on families...this is the kind of event that leads to increased suicides.

Clearly the VA has a lot of work ahead and will need the full support of Congress to help it resolve remaining cultural, administrative, operational, and governance gaps preventing women, minority, and underserved veterans from accessing the quality health care and services they need.

MOAA recommends:

- ***VA and Congress work closely to eliminate disparities for women, minority, and underserved veterans and expand access and services to ensure equitable delivery of health and benefits among all veteran populations.***
- ***VA accelerate initiatives to fully embrace a culture of equity, diversity, and inclusion with respect to all veterans to assure they are valued, respected, and recognized for their service and contributions.***
- ***Congress pass S. 2533/H.R 4794, the Making Advances in Mammography and Medical Options for Veterans Act***[23] *— Improves mammography services furnished by the VA.*

[23] Text - S.2533 - 117th Congress (2021-2022): Making Advances in Mammography and Medical Options for Veterans Act | Congress.gov | Library of Congress

- ***Congress pass S. 3025/H.R. 5666, the Servicemember and Veterans Empowerment and Support Act***[24] *— Expands health care and benefits from the VA for military sexual trauma.*
- ***Congress pass H.R. 344, the Women Veterans TRUST Act***[25] *— Requires the VA conduct an analysis of the need for women-specific programs that treat and rehabilitate women veterans with drug and alcohol dependency, and carry out a pilot on such programs.*

BEHAVIORAL HEALTH AND SUICIDE PREVENTION

MOAA is supportive of Congress' and VA's prioritization of behavioral health care and services for veterans, servicemembers, and their families. This remains an incredibly important time as VA continues to implement a significant number of bills from previous years like the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law No. 116-171, Oct. 17, 2021); the Veterans Comprehensive, Prevention, Access to Care, and Treatment (COMPACT) Act of 2020 (Public Law No. 116-214, Dec. 5, 2020); and the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law No. 116-315, Jan. 5, 2021); along with bills from the 117th Congress.

Veterans continue to struggle in scheduling appointments and with the coordination of care between the VA and community providers. Any delay of health care services for veterans with chronic mental and physical conditions can be devasting if access to care becomes a barrier.

MOAA's Texas Council of Chapters highlights a problem for veterans seeking care through the VA:

I have heard from a number of veterans and community care providers having issues related to poor implementation of the MISSION Act community care.

Veterans are getting the run-around in obtaining referrals to community care providers, even after waiting up to several months for an appointment with a VA provider. Many of these veterans have PTSD and can't get timely access to a mental health counselor, at the VA or in the community. Several others waited months for routine procedures like colonoscopies and shoulder surgeries.

Recently, I have heard from mental health community providers who are facing lengthy delays in getting paid for past community care appointments. A number have discontinued

[24] Text - S.3025 - 117th Congress (2021-2022): Servicemembers and Veterans Empowerment and Support Act of 2021 | Congress.gov | Library of Congress
[25] Text - H.R.344 - 117th Congress (2021-2022): Women Veterans TRUST Act | Congress.gov | Library of Congress

participation in the Community Care Program because their practices are too small to absorb the financial losses.

In a state like Texas, which has chronic shortages of mental health care providers and a large number of Vietnam and Gulf War Veterans, the VA needs to retain as many qualified community care providers as possible.

In addition to taking care of the psychological and traumatic injuries of those served by the VA, we must not forget the trauma and grief of employees of the department serving on all fronts during crises and disasters — those working in call centers like the Veterans Crisis Line, medical facilities, cemeteries, other benefits, or those executing VA's Fourth Mission emergency response. These individuals are dealing with their own traumas while caring for others day in and day out; they need resources and care for their own health and well-being, and for the long-term viability of the VA as an institution.

MOAA looks forward to working with the Committees to pass current mental health and suicide prevention legislation. The VA needs more tools to address the mounting public health suicide crisis and to ensure those who have served or are serving can survive and thrive.

MOAA recommends Congress:

- ***Ensures VA continues executing enacted legislation to improve access and delivery of behavioral health and suicide prevention services.***
- ***Expands government and non-government funding for preventative programs and services, including research to identify underlying causes and significant risk and protective factors for each of these populations.***
- ***Ensures VA and DoD transparency and data sharing surrounding their annual suicide reports.***
- ***Makes the requisite investment in Vet Center staffing, funding, resources, and infrastructure to successfully meet current demand and future requirements mandated in policy or statute.***
- ***Passes Vet Center bipartisan, bicameral provisions in H.R. 6411, the Supporting The Resiliency of Our Nation's Great (STRONG) Veterans Act***[26] — *A veterans mental health omnibus package that includes the expansion of the Vet Center workforce and expansion of Vet Center eligibility to student veterans using educational assistance benefits, and to survivors of veterans who die by suicide.*
- ***Passes S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act***[27] — *To expand access of veterans to mental health care.*

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[26] Text - H.R.6411 - 117th Congress (2021-2022): STRONG Veterans Act of 2022 | Congress.gov | Library of Congress
[27] Text - S.3293 - 117th Congress (2021-2022): Post-9/11 Veterans' Mental Health Care Improvement Act of 2021 | Congress.gov | Library of Congress

- ***Passes H.R. 912, the American Indian and Alaska Native Veterans Mental Health Act***[28] *— To improve mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans.*

ADDITIONAL LEGISLATION FOR CONSIDERATION

MOAA urges Congress to pass:

- ***S. 727/H.R. 1801, the CHAMPVA Children's Care Protection Act***[29] *— Increases the maximum age for children eligible for medical care under the CHAMPVA program.*
- ***S. 3017, the Veterans Dental Care Eligibility Expansion and Enhancement Act***[30] ***and H.R. 914, the Dental Care for Veterans Act***[31] *— Expands the services and availability of dental care furnished by the VA.*
- ***S. 2720/H.R. 4880, the Veterans' Prostate Cancer Treatment and Research Act***[32] *— Directs the Secretary to establish a national clinical pathway for prostate cancer.*
- ***S. 3483/H.R. 5607, the Justice for ALS Veterans Act***[33] *— Extends increased Dependency and Indemnity Compensation (DIC) paid to surviving spouses of veterans who die from amyotrophic lateral sclerosis, regardless of how long the veterans had such disease prior to death.*

VETERANS' BENEFITS PRIORITIES

TOXIC EXPOSURES

The need for comprehensive toxic exposure reform has been shared with Congress by MOAA and many other VSOs. We have seen a lot of discussion on the issues from Congress in recent years, and now is the time for action.

All Post-9/11 servicemembers and veterans exposed to burn pits must have a clear path to health care through the VA. MOAA supports the extension of VA health care from five to 10 years for combat-deployed veterans, but we must not forget those who have already deployed and are no longer eligible for health care under this proposal.

For example, the thousands of veterans who served in the Operation Iraqi Freedom surge in 2007 and separated following redeployment would not be covered under this 10-year limitation. The

[28] Text - H.R.912 - 117th Congress (2021-2022): American Indian and Alaska Native Veterans Mental Health Act | Congress.gov | Library of Congress
[29] Text - S.727 - 117th Congress (2021-2022): CHAMPVA Children's Care Protection Act of 2021 | Congress.gov | Library of Congress
[30] Text - S.3017 - 117th Congress (2021-2022): Veterans Dental Care Eligibility Expansion and Enhancement Act | Congress.gov | Library of Congress
[31] Text - H.R.914 - 117th Congress (2021-2022): Dental Care for Veterans Act | Congress.gov | Library of Congress
[32] Text - S.2720 - 117th Congress (2021-2022): Veterans' Prostate Cancer Treatment and Research Act | Congress.gov | Library of Congress
[33] Text - S.3483 - 117th Congress (2021-2022): Justice for ALS Veterans Act of 2022 | Congress.gov | Library of Congress

Post-9/11 generation deserves the same health care protections as veterans from earlier generations.

Health care for an ill veteran is vital, but we cannot stop there. When a condition is positively associated with a toxic exposure, a presumption for that illness should be established. When the evidence is clear, we must take the burden of proof off the backs of these veterans.

MOAA applauds the VA for taking steps to reform how it reviews toxic exposure conditions in the disability process — this is no easy challenge. The evidence must be followed, and the process codified to ensure veterans do not have to fight an uphill battle when they need the VA the most. Health care and a disability process are not enough — presumptions meeting the scientific standards should be added and benefits quickly given. When a veteran is ill and can no longer work, service-connected disability payments are a vital lifeline in their fight for life.

Take the fuel leaks at Red Hill as an example. Are the VA and DoD working together to follow these populations and monitor their long-term health? How many veterans under VA care have been exposed because of their assignment there?

We can concede that an exposure happened to these servicemembers and families, and we can do so immediately. Recognizing the facts and uncertainties around a toxic exposure incident should be a standard practice, not something these individuals discover on their own years later.

One Army veteran describes his struggles after exposure to burn pits in Iraq:

One tour in Iraq, a city called Basra, there were 14 burning oil fields on that deployment. Great shape other than years of bruises and bumps...I came home after that tour and within 6 months I was in liver failure and had to be admitted to Brooke Army Medical Center. I lost my ability to have children — no one can tell me how a guy who eats organic, doesn't drink or smoke could have so many ailments coming home. I charged on and was very successful in my career. Now as a recently retired LTC I am struggling to get well again...I never heard anything again until the burn pits registry came to be."

The way our nation responds to toxic exposures is unsustainable. We need to find ways to get ahead of these challenges. Formally recognizing when a toxic exposure has occurred allows veterans, health care providers, and researchers to better monitor groups and proactively follow an affected population to identify emerging conditions and offer preventative care or detect conditions earlier. This cannot be done if we maintain the status quo as exposures happen.

MOAA recommends Congress pass comprehensive toxic exposure reforms to include access to health care for all toxic-exposed veterans and reform of the presumption

process, and establish presumptions for illnesses that have met the standard of positive association as contained in:

- ***S. 3003, COST of War Act***[34]
- ***H.R. 3967, the Honoring Our PACT Act***[35]

CLAIMS

The pandemic enflamed the claims backlog. We ask Congress to continue to closely monitor this issue and ensure VBA is sufficiently resourced to process existing claims and the newly added presumptions. Automation efforts will play an essential role in reducing the backlog for adjudicators, but the ultimate decision should always be the hands of a person. We cannot automate away the decision-making responsibility that comes with a veteran's claim.

Another area of concern is the rising rate of predatory claims companies — businesses targeting veterans by guaranteeing them rating levels and taking a sizable portion of their earned benefits in the process. The rates they charge would be illegal if they were accredited representatives — for the sake of veterans and taxpayers, the loopholes these predators are exploiting must be closed.

Additionally, survivors losing loved ones to COVID-19 are still reporting challenges in having their veteran's underlying conditions being considered with their DIC claim, despite VA's assurances. Passing S. 89/H.R. 747 is essential to support our nation's survivors.

MOAA recommends Congress:

- ***Aggressively support and monitor VA actions to reduce the claims backlog, close loopholes being exploited by predatory claims companies, and ensure survivors have their veterans' underlying conditions considered for their DIC claims.***
- ***Pass S. 89/H.R. 747, the Ensuring Survivor Benefits during COVID-19 Act of 2021***[36] — requires the Secretary to secure medical opinions for veterans with service-connected disabilities who die from COVID-19 to determine whether their service-connected disabilities were the principal or contributory causes of death.

GI BILL

We appreciate the Committees' work to allow GI Bill students the flexibility to attend school virtually. Looking to the future, if there is another emergency that would push students to a virtual setting for a prolonged period, the Secretary should have the authority to take fast action

[34] Text - S.3003 - 117th Congress (2021-2022): Comprehensive and Overdue Support for Troops of War Act of 2021 | Congress.gov | Library of Congress
[35] Text - H.R.3967 - 117th Congress (2021-2022): Honoring our PACT Act of 2021 | Congress.gov | Library of Congress
[36] Text - S.89 - 117th Congress (2021-2022): Ensuring Survivor Benefits during COVID-19 Act of 2021 | Congress.gov | Library of Congress

in support of remote education efforts. Eliminating a financial crisis for students in the face of pandemic was good policy. This should be a lesson learned and not forgotten.

MOAA remains concerned about transferability issues with the GI Bill. We support the reforms proposed to eliminate the effective period requirement for dependents when transferring the GI Bill. This policy will help prevent a catastrophic financial mistake due to a simple paperwork issue.

Currently, a servicemember who transfers their GI Bill to their dependent child is required to specify an effective period when transferring the benefit. If this requirement is misread, as some have done, the eligible period could eliminate a child's GI Bill benefits. There is legislation creating a simple fix and standardizing the benefits use for all dependent children until age 26, a common-sense change MOAA supports.

> ***MOAA recommends passage of S. 3606/H.R. 6458***[37] *— Eliminates the requirement to specify an effective period of a transfer of Post-9/11 educational assistance to a dependent.*

VA HOME LOAN OVERSIGHT

In 2017, Congress took action to support veterans and prevent VA home loan "churning," the excessive refinancing of home loans. There are signs predatory behaviors are reemerging in other forms. While the severity is uncertain, what is clear is the need for better oversight to monitor this VA benefit.

A recent report[38] provided valuable data on this benefit and current consumer protection concerns. This data is publicly available but largely inaccessible without the use of complex statistical software, except for a very high-level summary of statistics posted by the VA.

> ***MOAA recommends Congress mandate regular production of this type of report in cooperation with the Department of Housing and Urban Development and the Consumer Financial Protection Bureau.***

CEMETERIES

Transformation of a VA national cemetery into the next Arlington National Cemetery (ANC) that affords full military honors is a MOAA priority.

Older veterans, dependents, and surviving spouses are frustrated with understanding the difference between VA- and DoD-run cemeteries. They struggle to understand proposed

[37] Text - S.3606 - 117th Congress (2021-2022): A bill to amend title 38, United States Code, to eliminate the requirement to specify an effective period of transfer of Post-9/11 educational assistance to a dependent, and for other purposes. | Congress.gov | Library of Congress
[38] Rep. Porter Report Details Exploitation in VA Home Loan Program | U.S. Representative Katie Porter (house.gov)

eligibility reductions at ANC that will change plans for many elderly veterans and make most woman veterans ineligible.

DoD interpreted the FY 2019 National Defense Authorization Act as a directive to reduce eligibility for ANC in order to keep it operational. Without congressional intervention, the change in eligibility puts the burden of a solution on currently eligible servicemembers and their families — including those who have long had ANC as their plan for final rest.

The proposed eligibility reduction for ANC still will result in the cemetery reaching capacity and reduce an important uniformed service benefit. This plan "kicks the can down the road" and leaves the problem for future leaders to solve. With current eligibility standards, ANC is not projected to reach capacity until sometime after 2060, affording time to find an enduring solution.

The eligibility reduction communicates a poor message to those who have served and those who are serving now. It will take Congress to preserve this honor for those who are currently eligible. When published, the proposed eligibility changes will limit interment to those with the Purple Heart or Silver Star and above. This change is discriminatory against past, present, and future servicemembers who face danger at sea, in the air, in space, operating strategic nuclear forces, or fighting a pandemic at a medical facility. The proposal also will render countless Vietnam-era veterans and nearly all female veterans ineligible.

There are currently 155 VA-run National Cemeteries, with many adjacent to a military installation. Transforming an existing National Cemetery into the next ANC that affords full military honors will preserve this benefit and honor the intent for our veterans.

MOAA recommends Congress, with support from the VA and DoD, pass legislation to transform a VA-run cemetery into the next Arlington National Cemetery as it reaches capacity in order maintain the full military honors benefit.

CONCLUSION

On behalf of our members and all veterans and servicemembers MOAA represents, we offer our heartful appreciation for the leadership and arduous work of each Member of the Committees. You honor their service and sacrifice by passing meaningful legislation. We look forward to working with you and the VA to better the lives of those who serve this country faithfully. Through our collective resolve, we assure those in the veteran and uniformed service communities we will Never Stop Serving them.

Biography of 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 later commissioned as 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 a member on the Veterans, Health Care, Guard and Reserve, Survivors, and Personnel and Compensation Committees.

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Statement of

Gold Star Wives of America, Inc.

Before the Joint Senate and House Committees on

Veterans Affairs Hearing

March 8, 2022

Presented By

Claire Manning-Dick

National Vice President

Gold Star Wives of America, Inc.

"***With malice toward none; with charity for all; with firmness in the right, as God gives us to see right, let us strive to finish the work we are in; to bind up the nation's wounds, to care for him who have borne the battle, his widow and his orphan."***

… President Abraham Lincoln, Second Inaugural Address, March 4, 1865

Introduction

Chairman Tester, Ranking Member Moran, Chairman Takano, Ranking Member Bost, and distinguished members of both the Senate and House Committees on Veterans Affairs, I am pleased to be here today to testify on behalf of Gold Star Wives of America, Inc. (GSW) to share our legislative priorities.

My name is Claire Manning-Dick, and I am the surviving widow of Richard C. Dick who served in the United States Air Force from 1964 – 1968. Upon coming home, Richard continued his life of service as a dedicated leader serving as the Vice Chairman for our Shoshone-Paiute Tribes on the Duck Valley Indian Reservation. As a survivor of the TET Offensive in Vietnam, he died in 2010 due to Agent Orange service-connected illness. After being a caretaker for him, I am now the primary caregiver of his 98-year-old mother. I am the daughter of a Pacific World War II Marine who fought several battles protecting the Navajo Code Talkers. Later my father served as the Marine Assistant to Ira Hayes, the well-known Iwo Jima Flag Raiser. I am also the proud granddaughter of a World War I Veteran who served in six campaigns in France. Native American Veterans have a strong legacy of service to our country, and I am so proud of my heritage and the dedication to this country my family has shown.

Native American Veterans who live on isolated Indian Reservations, like I do, understand all too well the pain and suffering of high rates of suicide, opioid and alcohol addictions, and limited health services. To receive services from a health specialist we need to drive 300 miles round trip for VA medical services or even civilian medical services. We only have access to three ambulances on the Reservation, but during COVID this was woefully inadequate as so many of our population were taken ill.

The lack of health services was especially devasting during the height of the COVID pandemic as we were unable to access mental health services, such as counselors. This resulted in the Duck Valley Indian Reservation experiencing the highest rates of suicide of any Reservation in the country. It is our hope that the VA will provide better outreach to Veterans and their families on all Indian Reservations, especially those in remote areas.

I joined Gold Star Wives of America, Inc. in 2012, and am blessed to belong to a group of Surviving Spouses and their children who have inspired me with their generosity in service to Veterans and Gold Star families; their dedication to ensuring benefits for Gold Star Spouses and families, and their support for each other. The mission of the GSW organization is to provide much needed moral support during a surviving spouse's lifelong journey through grief and recovery from the loss of their service member and to protect the needed benefits of the families they left behind. GSW brings awareness to Congress, the public, and the military community of the inequities that exist in benefits provided to surviving spouses and their children. We are a non-profit organization and receive no federal grants.

As an organization we have a proud history of working with Congress to obtain the benefits that we have today, and we are very thankful for all their hard work and sacrifices that they made to bring us where we are today. Many of our pre-9/11 Surviving Spouses struggled to make ends meet when raising their families. Because of these experiences, we are very grateful that post-9/11 Surviving Spouses are in a much stronger position in order to devote the time and attention to furthering their education, obtaining careers, and caring for their families, while living a different life greatly different than the one they had imagined with their loved one.

We have come a long way in improving the lives of military surviving spouses since GSW began advocating in 1945. The laws which Congress enacts provide much needed benefits for the surviving spouses and children of our military service members. Recent actions of Congress have shown that taking care of Veterans and their families is a priority for many members of Congress.

In the 115th Congressional Session, after 19 years of efforts, over 65,000 Surviving Spouses benefited by the success of the elimination of the SBP-DIC offset. This affects approximately 15% of those who receive DIC. Before this was passed, SBP was offset dollar for dollar by DIC causing the surviving spouse to receive less money per month than paid for and planned on by the service member. We are currently in year two of the three-year phase of the elimination of that offset.

In the 116th Congressional Session we saw one of our top legislative priorities come to pass. We gained parity with other Federal survivor programs because of the change of the remarriage age for DIC from 57 to 55. We are proud of the work that GSW has done over the years to help make this a reality; and we thank Congress for making this happen. There is more work to be done in this area, but we are very thankful for this incremental step.

We very much appreciate your continued support of education for post 9/11 Survivors with the Fry Scholarship. With the passage of the Forever GI Bill in 2017, the newer survivors no longer have a time limit to use education benefits and are now eligible for the Yellow Ribbon program.

Many of our GSW members have been widowed due to toxic exposure, including Burn Pits and Agent Orange. We are thankful to have the new presumptive diseases from Agent Orange exposure added to the VA list of presumptive conditions including hypothyroidism, bladder cancer, and Parkinson disease. Of course, there is much work to be done to expand the presumptive list for toxic exposures; and to take care of exposed Veterans and their families.

There were more successes, such as the expanded eligibility for the Fry Scholarship; creating protections against predatory groups for those using their GI Bill benefits; and addressing the issues for surviving spouses of Veterans with underlying service-connected health issues, who died of COVID-19.

Our testimony today will be addressing some of our goals for the benefit of our members and all surviving spouses and their families.

1) Compensation: Dependency and Indemnity Compensation (DIC), the flat monthly rate ($1437.66, as of December 2021) has not been increased since 1993 except for Cost of Living Adjustments (COLA). **We seek the passage of S. 976 and H.R. 3402, both called the Caring for Survivors Act of 2021. In addition, we seek passage of the H.R. 2214 Military Retiree Comfort Act.**

2) Toxic Exposure: There are several pieces of legislation pertaining to toxic exposure and we are joining with large coalitions to ensure their passage. The most comprehensive pieces are **H.R. 3967 Honoring Our Pact Act and S. 3003 Cost of War Act of 2021.**

3) Suicide Prevention and Expedition of Claims: Suicide among members of the military including both veterans and active duty continues to be high. We are working with other organizations on programs and legislative priorities to help reduce these numbers and to expedite the claim process for the families left behind.

4) Expansion of Education Benefits. We encourage the expansion of eligibility for surviving Spouses to receive the maximum allowable and the elimination of any time limits for education benefits.

5) Remarriage for Surviving Spouses: While we appreciate the parity with other Federal survivor programs to allow remarriage at age 55 without penalty, this has not been extended to all benefits. Furthermore, many Surviving Spouses would like the ability to move forward with their lives without penalty at any age.

6) Update the Federal Charter: GSW wishes to eliminate "in any manner attempt to influence legislation." For this change, support is needed in the House and Senate. There is no fee associated with the change.

Compensation Issues: Dependency and Indemnity Compensation (DIC)

"…to care for him who have borne the battle, and for his widow and orphan…."

These words from Abraham Lincoln's Second Inaugural Address in 1865 succinctly state the sacred promise our country has made to our veterans and survivors. Congress has always had an important role in ensuring that this promise is kept. This promise began with the Continental Congress in 1780 when Congressional action created survivor benefits for certain Revolutionary

War survivors. The need to keep this promise to care for the veterans and their survivors is critical.

In 1956, the death compensation was provided to survivors regardless of income. The amount was determined by wartime or peacetime service. Compensation was amended again in 1969 by Congress with a fixed rate of compensation assigned to each rank. In 1993, Congress established PL 102-568, which resulted in two types of DIC. The first is referred to as rank based DIC determined by pay grade of the deceased military service member/veteran. Rank based DIC is in the process of being phased out through attrition. The second type of DIC is flat rate DIC. All surviving spouses whose military spouse died on or after January 1, 1993, receive the monthly flat rate DIC regardless of rank.

For the end of the 2020 fiscal year, the VA reported that there are 445,503 surviving spouses who receive DIC. The largest group of DIC recipients is the surviving spouses from World War II, the Korean Conflict, and Vietnam. Over 90% of these surviving spouses are over the age of 55, with 40% over the age of 75. Most are well past their most productive earning years. Prior to the Vietnam War, society encouraged women to work in the home, maintaining the house, and raising children. Because of these Wars, some of these women became the caregivers for their disabled Veteran spouses.

The Cost-of-Living Adjustment (COLA) increases have been the only changes in DIC since the flat rate was implemented in 1993. When DIC is compared to payments to surviving spouses of other federal employees, DIC lags behind by almost 12%. As of December 2021, the DIC flat rate for a surviving spouse is $1,437.66 per month. This equates to 43% of the disability compensation rate for a fully disabled single Veteran, whose rate is $3,332.06 per month.

When a 100% disabled Veteran dies, the surviving family finds their income cut from over $3332.06 a month to only $1437.66 a month. They still have the same mortgage payment, the same property taxes (or in some cases they now lose any state tax exemptions the Veteran may have received, so the taxes could be even higher), the same car payment, the same costs to feed the children. The month in which the Veteran dies the $3,332.06 must be *paid back* by the family. The family is unprepared for that monthly amount to stop AND to have to pay back the last month's amount. The bank auto-payments have already gone out for bills, which can cause the family great financial harm. In addition, not only will the DIC be less than half of the amount they are used to, but it could take up to 18 months or more for the DIC to be approved! We support the passage of the **H.R. 2214 Military Retiree Comfort Act** which releases the family from having to pay back that last month's payment. This will help ease the financial burden of the death of the Veteran during one of the most stressful and emotional moments that survivor families will face.

Since 1993, surviving spouses of military Veterans have found themselves falling further and further behind in meeting their financial obligations from month to month. Many surviving

spouses of the WWII, Korea, and Vietnam eras are receiving only DIC; some receive DIC and minimum Social Security benefits. These DIC recipients struggle monthly with their budget of $1,437.66, juggling bills to meet the rising costs in, housing, utilities, food, clothing and other personal living expenses. This scenario can lead too often to homelessness, a plight we do not wish to befall anyone, and least of all the surviving spouses of our military Veterans.

Only 15% of those receiving DIC also receive SBP. Those that receive SBP include those widows of military spouses who attained full retirement status both pre and post 9/11; AND widows of active-duty deaths post 9/11. Those of us widowed pre 9/11 of active-duty deaths do not qualify for SBP. We need that increase!

Following are the stories of some of our GSW members in how their lives are impacted.

A World War II Gold Star Wife, who is 98 years old has only DIC and Social Security as her income. Her health is failing, and she has had to move into an assistant living facility. Her total monthly income is $3000, and her monthly rent is $4009. She has been taking up the slack with her savings which is almost gone. She has no family nearby and is deeply concerned about what will happen to her when she has depleted her savings. When asked if her situation could be used in the testimony she was elated and said that "she wished that she could testify."

A Vietnam Agent Orange Gold Star Wife lost her husband in 2015. Their youngest son was 20 and in college. Going from 100% disabled Veteran's income to that of a surviving spouse, her income was cut from around $3332.06 per month to $1437.66. However, the bills stayed the same. In 2016 she was forced to file Chapter 13 to save her home. Through the grace of her brother, she was given a 2016 van, which now has almost 200,000 miles and needs to be replaced. She is very worried about how she will be able to replace that vehicle. An increase in DIC would allow her to make payments on a more dependable vehicle.

One of our GSW members is facing a rent increase from $645/month to $900/month, on a month to month lease. She would like to move to something more reasonable, but does not even have the money to transport her belongings or to make first and last month rent deposits. She is struggling to make ends meet and is worried she will become homeless.

A GSW member was widowed 20 years ago on 3/2/2002 due to service connected after her husband suffered physically and mentally for many year due to his service in Vietnam. She still has many sleepless nights that replay his agony and feelings of hopelessness. Even though he died while under care with the VA for his third stroke, it was difficult for this widow to get the DIC awarded. Moreover, she was not expecting to have to return the disability payment made in the month he died. Automatic bill payments had already been made and the funds were not readily available to make repayment.

The decision to award DIC did not come for 18 months leaving her in great financial hardship. She was shocked to find that the amount of DIC is barely 43% of what the disability

payments had been. An increase in DIC would help her and others to be above the poverty level.

The husband of a GSW member was severely injured in Vietnam, where he served as a door gunner. She will always be so grateful that he was able to come home to spend the last few remaining years of his young life with her. At that time, she had a very good job with a robust retirement plan. Due to the severity of his injuries, she had to quit that job to become his loving caregiver for the three years until his passing. After his death, she was able to find other employment at a small firm that did not have any retirement program. Today she lives primarily on DIC and Social Security and some savings.

It is time for Congress to take action to rectify this inequity by increasing the current amount of DIC paid to a level comparable to other federal employee programs. This would be in keeping with the promise our country made to its Veterans and survivors. **Our widows from WWII, Korea, and Vietnam eras are now in their sixties through nineties. These are the survivors who need the increase the most.**

In March 2021, Senator Jon Tester (D-MT) and Senator John Boozman (R-AR) introduced the **Caring for Survivors Act of 2021 Bill # S. 976**. In May 2021 Representative Jahana Hayes (D-CT) along with Representative Lois Frankel (D-FL) and Representative Raul Grijalva (D-AZ), introduced the companion bill **H.R. 3402.**

These bills will ensure that those who receive DIC payments would have their compensation raised from 43% to equal 55% of a single 100% disabled veteran's compensation and would bring parity with other Federal survivor programs.

In addition, these bills will address the plight of Surviving Spouses whose 100% disabled Veteran spouse dies from a cause not directly linked to that disability before the 10-year mark of disability rating. Totally disabled Veterans may die of causes which cannot always be ***directly*** linked to their service-connected condition. If this happens before the minimum eligibility of 10 years, no compensation is paid. While the direct link may not be apparent, most 100% disabled Veterans have a host of conditions which affect every part of their health. **This bill would begin compensation at the 5-year mark at 50%, at the 6-year mark at 60% and so on until reaching the 100% level at the 10-year mark.**

2) Toxic Exposure: In the words of Senator Gillibrand, "***If you were there and you are sick, you are covered.***" When healthy young people are sent to war and are subsequently exposed to toxins, they should not have to prove their exposure or to "wait for the science". It has already been 30 years since the First Gulf War, and we are STILL waiting for a true definition or clinical case of "Gulf War Syndrome". And yet, there is no doubt that so many of our service members came back from the Gulf War with a host of health issues they did not have when they deployed. "***If you were there and you are sick, you are covered.***"

We are in full support of both the **H.R. 3967 Honoring Our Pact Act and the S. 3003 Cost of War Act of 2021.** There are numerous other bills such as the **S. 952 and H.R. 2372 Presumptive Benefits for War Fighters Exposed to Burn pits and Other Toxins Act.** If we can spend trillions to wage war, then we can find the money to take care of those we have sent to war.

Many of our families have been exposed to toxins numerous times. ***Here is one of them:***

One of our GSW members is the widow of a USMC Vietnam Veteran who spent his time there as a CAP Marine, meaning he lived in the villages and lived and fought side by side with RVN troops as Combined Action Patrols. He was exposed numerous times to Agent Orange, as often the only source of water was from bombed out craters that were sprayed with Agent Orange. Later this family was stationed at Fort McClellan, which is now a superfund site; and yet again stationed at Camp LeJeune where there were water contaminants.

Her youngest daughter, Jaime, proudly joined the USAF at age 18 and worked on the flight line. She was assigned to handle hazardous material for air cargo; not to mention working with jet fuels, etc., for over 15 years. Jaime has made the decision to never have children as she is afraid of the genetic risk factors she may pass on to any future children. She has spent her entire lifetime being exposed to toxins related to her father's military service and then her own service.

Jaime's cousin served in the US Army as a Captain. Todd was exposed to burn pits in Iraq and dead from colon cancer by age 42. Todd left behind a wife and three very young children. Jaime visits her dad's grave and her cousin's grave when she visits Arlington National Cemetery.

So many of our service members have had to fight two fights. They come home and have to fight for their life; and they have had to fight for their care. The VA currently has at least six different registries: 1. Agent Orange. 2. Gulf War. 3. Ionizing Radiation. 4. Airborne Hazards and Burn Pits. 5. Toxic Embedded Fragments (shrapnel) and 6. Depleted Uranium. Tracking the toxin exposures is a necessary first step.

H.R. 2436 Veterans Burn Pits Exposure Recognition Act of 2021 requires the VA to recognize the exposures caused by the Burn Pits and requires increased training for VA medical staff serving those exposed to toxins. It also extends the length of time from five years to ten years to enroll on the registry. We know that all of those who were at burn sites breathed in the toxic particles every day, so it is only fair to give them more time to register. "***If you were there and you are sick, you are covered.***"

3) Suicide as Presumptive to PTSD

Being intimately familiar with the devastation of death, GSW is extremely concerned with the overwhelming number of Veterans and active-duty service members who die by suicide every day. Tragically, many of these die without having sought help for common side effects of war, such as PTSD or TBI/concussion. Often, if there is no diagnosis, benefits are not afforded to the family left behind. Gold Star Wives of America, Inc. supports any effort to reduce the rate of service-connected deaths by suicide and to expedite the process for survivors to obtain the benefits they desperately need.

In the words of one of our GSW Board Members:

After serving 20 years in the military, including two tours in Iraq as a medic, my husband died by suicide on May 16, 2013. I noticed that the man that left for his second tour to Iraq was not the same man that returned back home to me. The funny, witty, talented and outgoing man that I was married to became suspicious, abusive and reserved. I had no idea why, or what "IT" was, until it was too late. There are many different factors that contribute to suicide, such as personal trauma, severe and prolonged stress, transitioning, redeployment, separations, loss, and alcohol and substance abuse. But all of these are related to his time in service.

As a suicide survivor, we deal with guilt, feeling of failure at saving our spouse, questioning everything we said or did, blame at anything we might have done or not done, trauma at being a witness of suicide, shame, silence regarding any abuse or anything that might dishonor his memory, and anger at our spouse not being able to receive the necessary help and resources. We end up with secondary PTSD, anxiety, depression, self-harm and suicide attempts of our own. The pain is enormous.

When you add to that the difficulty in obtaining benefits for so many survivors, this cost of war is beyond what anyone should have to pay. We know that even one TBI/concussion occurring anytime in one's life increases the chance of suicide. And we know that many of our service members receive multiple TBI during the course of deployment and training. Most of these are undiagnosed and treated as routine. Couple that with the stress and trauma during deployments, self-medicating with alcohol or substance abuse to cope, and it seems reasonable to assume suicide is the direct result of service.

Increased funding for Veteran Clinics would increase the number of providers available to both Veterans and Surviving Spouses. This would help in screening and diagnosing the very causes of suicide for both the service member and the family

GSW has been told by the VA that they do not track the number of suicide claims denied. We would request full transparency in the percentage of claims for suicide due to previously

undiagnosed PTSD and TBI, which are denied. This would enable everyone to get a better handle on the true number of suicides caused by service.

One of our members was able to win her case in court that her Veteran husband's death was caused by PTSD AFTER 7 years of denials. In her case, her husband died by suicide within 6 months of separating from service and yet the claim was denied. She not only had to deal with the volatile situation for months prior to the death, she had to come home to find him after he shot himself. She then had to fight for 7 years to get the claim approved. All this time, she was working full time and raising two children without any benefits. Suddenly upon the claim approval, those children, now aged 16 and 18 had a world of benefits opened to them. Not only is the family more financially stable, but medical benefits, scholarships, and federal educational benefits are now available. All through those years, we encouraged this young widow to persevere and not give up in obtaining the benefits her family deserved.

4) Education Benefits

We appreciate the passage in November 2021, by both the Senate and the House for the **Colonel John M. McHugh Tuition Fairness for Survivors Act**. The law expanded in-state tuition eligibility for the families of servicemembers who died while on active duty and Veterans who die from service-connected disabilities. Previously, children and spouses using the Chapter 35 Dependents Education Assistance (DEA) program which provides VA education benefits, including tuition, housing and book stipends, were excluded by law from receiving the same in-state tuition benefit which Veterans, servicemembers and survivors who qualifying for the Fry Scholarship were able to receive. This closed the inequity for those using the DEA program.

Survivors' and Dependents' Educational Assistance (DEA) Chapter 35 continues to be a very viable program for many. Eligibility is broad in scope and includes both survivors of Veterans whose death is service connected and dependents of Veterans whose service-connected disability is rated as total and permanent. Surviving spouses have 20 years for the date of death if active duty, or 10 years from the time the VA determines the spouse to be eligible.

The Post 9/11 GI Bill was amended to include the Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship). While narrower in eligibility, the Fry Scholarship is an important benefit. Survivors of servicemembers who die in the line of duty are eligible for this benefit, which includes full tuition and fees, a monthly housing allowance and a books/supplies stipend. The Forever GI Bill removed the time limit that these surviving spouses must use their Fry Scholarship benefits. Those using the DEA should be afforded the same unlimited time. **We ask that Congress remove all time limits for surviving spouses, as well as dependent spouses, to use their Chapter 35 benefits so they might meet the needs of their families while completing their post-secondary education. This will put Chapter 35 benefits in line with the Fry Scholarship.**

5) Eliminate The Remarriage Penalty for Surviving Spouses

GSW would like your assistance in changing current law to allow surviving spouses to retain benefits upon remarriage. Recently the age to retain benefits was changed from age 57 to age 55 to align with federal benefits. However, not all benefits have been updated to age 55. For example, currently qualification (COE – Certificate of Eligibility) for a VA Home Loan still states that remarriage is allowed only after age 57.

Many of the widows under age 55 are wanting to remarry. However, they are hesitant as they are fearful to lose the benefits which they have been awarded. The age of 55 is an arbitrary age that excludes younger surviving spouses. We hear from many widowed military survivors who want to move on with their lives and feel that it is just not possible because of the loss of their benefits.

Examples from current GSW members:

The husband of a 28 year old member of GSW was KIA in Iraq. As a realtor, she relies on TRICARE for her health insurance. Several years after her husband's death, she met a wonderful man who was also a realtor, and they wanted to get married.

The fiancé has a private health insurance policy with monthly payments of $485 and an annual $3500 deductible, totaling over $9000 per year. Essentially this policy was in place only in case of catastrophic illness, because he had to pay out of pocket for all routine health care through the year until he reached his $3500 deductible.

If they got married, she would need to procure a similar policy. They decided not to get married because she could not afford to lose DIC, SBP and in addition, pay $9000 each year for her health insurance.

The husband of a member of GSW was killed on active duty when her children were under 18. She wanted to remarry so that her children would have a father figure. After some time, she was able to find love and came close to getting married. However, when she realized that she would lose her medical benefits and her DIC, she chose to remain single and keep her benefits. This has been a very difficult choice for her as she feels strongly that children need to have both a mother and a father for their upbringing.

6) Change in the Gold Star Wives of America, Inc. Federal Charter

We also ask for a change in the GSW Federal Charter: US Code: Title 36>Subtitle II> Part B> Section 80507, Restrictions: (b) Political Activities. The corporation, or a director or officer as such may not contribute in any political activity or in any manner attempt to influence legislation. GSW wishes to eliminate the last few words of Section 80507 (b) "or in any manner attempt to influence legislation." **This will reflect the standard practice that GSW officers are often asked by Congress to testify and they should be able to speak to legislative representatives on behalf of the organization, in line with other veteran and military service organizations. GSW requests the elimination of the restrictive language, bringing GSW into the modern-day ability to speak equal to other organizations**

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Conclusion

Gold Star Wives of America, Inc. is appreciative for existing laws that provide vital benefits and support for surviving spouses and children of our military members who gave their lives in service for our country. It is our duty to stand together with you and ensure that President Lincoln's words still ring true, that our nation provides for those who take the call. We are the families that stand next to our service member while serving; we are their care giver; and we are the ones left behind.

Our brave young people, both men and women, answer our Nation's call to service, believing that our Nation will take care of their wounds both seen and unseen, and will properly care for their loved ones they leave behind. We honor their memories by asking for your help in rectifying the inequities we have presented and supporting our Service members and Veterans struggling with the health issues which have resulted from their service. Our benefits are not "entitlements", but have been earned through the blood, sweat, and (our) tears of their service and sacrifice.

While the spouses of members of Gold Star Wives of America, Inc. paid the ultimate sacrifice, we are the ones left behind to live that sacrifice each and every day.

President John F. Kennedy said: "A nation reveals itself not only by the citizens it produces, but also by the citizens it honors, the citizens it remembers."

Again, thank you for the opportunity to testify on behalf of Gold Star Wives of America, Inc. I am available for any questions you might have.

Biography for Claire Manning-Dick, Gold Star Wives of America, Inc.

Claire Manning-Dick is currently the National Vice President of Gold Star Wives of America, Inc., and has served in many positions over the years since joining GSW. Claire lives on the Duck Valley Indian Reservation which is the home of the Shosone-Piute Tribes.

Members of the Government Relations Committee

Misty Brammer-Widow of Staff Sergeant Kerry J. Brammer, US Army, in line of duty 2005.
Pamela Connors-Widow of Chief Petty Officer Michael A. Connors, USCG, service connected 2005.
Jeanette Early-Widow of Sergeant First Class, Howard L. Early, US Army, combat death, Vietnam 1969.
Donna Eldridge-Widow of Colonel Gary W. (Bo) Eldridge, US Army, service connected 2001.
Cyndie Gibson-Widow of Major Parks Gibson, US Air Force in line of duty 2007.
Lupe MaGuire-Widow of Chief Warrant Officer John T. MaGuire, US Army, service connected 2004.
Claire Manning-Dick-Widow of Sergeant Richard Dick, USAF, service connected 2010.
Nancy Menagh-Widow of Captain Philip Menagh, USMC and VA National Guard, in line of duty 1984.
Deborah Skeldon-Widow of Lieutenant Colonel Patrick Skeldon, USMC, service connected 2014.
Madie Tillman-Widow of Tech Sergeant Arthur A. Tillman USAF, service connected 1980.
Crystal Wenum-Widow of Staff Sergeant James Wenum, US Army, service connected 1982.
Judy Woodall-Widow of Sgt. Henry Aderholt, US Army service connected 1972.
Lars Anderson-GSW Washington DC Advocate.

Gold Star Wives of America, Inc
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Dependency and Indemnity Compensation Fact Sheet
December 2021

Dependency and Indemnity Compensation (DIC) is a tax-free monetary benefit administered by the US Department of Veterans Affairs (VA). This benefit is paid monthly, primarily to survivors of service members who died in the line of duty or as a result of service-connected causes.

- DIC is an indemnity payment with the purpose of replacing a portion of the family income lost as a result of the service member/veteran's death.
- DIC has been paid in some form to survivors since the Revolutionary War.
- There are two types of DIC for survivors:
- **Flat Rate DIC**: A DIC recipient whose service member/veteran's death was on or **after** January 1, 1993 currently receives a flat rate of $1437.36 per month (effective December 1, 2021).
- **Rank-Based DIC**: A DIC recipient whose service member/veteran's death was **before** January 1, 1993, receives DIC based on the rank (pay grade) of the service member. A DIC recipient whose service member/veteran's rank was E1-E6 currently receives $1437.36. A DIC recipient whose veteran's rank was E7 or above receives a higher amount based on rank.
- DIC has only been increased by Cost of Living Adjustments (COLAs) since 1993.
- The latest statistics from the Veterans Benefit Administration Annual Benefits Report of Fiscal Year 2020, updated as of June 30, 2021, indicates that 427,860 surviving spouses receive DIC.

In March, 2021, Senator Jon Tester (D-MT) and Senator John Boozman (R-AR) introduced the **Caring for Survivors Act of 2021 Bill # S. 976**. This bill will ensure that those who receive DIC payments would have their compensation raised from 43% to equal 55% of a single 100% disabled veteran's compensation and would bring parity with other Federal survivor programs.

In May 2021 Representative Jahana Hayes (D-CT) along with Representative Lois Frankel (D-FL) and Representative Raul Grijalva (D-AZ), introduced the companion bill **H.R. 3402.** This bill will ensure that those who receive DIC payments would have their compensation raised from 43% to equal 55% of a single 100% disabled veteran's compensation and would bring parity with other Federal survivor programs.

TESTIMONY OF THE

NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

Senate Committee on Veterans' Affairs

House Committee on Veterans' Affairs

Joint Hearing on Legislative Presentations

March 8, 2022

Chairman Tester, Ranking Member Moran, Chairman Takano, Ranking Member Bost and other distinguished members of the Senate and House Committees:

Introduction:

On behalf of the almost 45,000 members of the National Guard Association of the United States (NGAUS) and the nearly 450,000 Soldiers and Airmen of the National Guard, we greatly appreciate this opportunity to share with you our thoughts on today's hearing topics for the record. Thank you for the support you have provided to ensure accountability and improve our nation's services to veterans and their families.

Over the past several years, the combined efforts of your two committees have produced critical advances that have improved the lives of our National Guardsmen and women and I would like to personally thank each and every one of you for that hard work. From increased USERRA protections to VA home loan eligibility for National Guard Title 32 service, we continue to make progress on multiple fronts towards true parity between the Active and Reserve components.

Today I would like to focus on three specific issues impacting Guardsmen that fall under the jurisdiction of this Committee: The benefits of increased access to medical coverage, ensuring

benefit parity for Guardsmen, and further strengthening the Total Force by finally creating a singular document of military service to replace the active-duty only DD-214.

Increased Access to Medical Coverage

I would like to discuss with the committee today providing zero-cost TRICARE health coverage to the National Guard and Reserve. While this is not an effort that I expect will be concluded this year, I believe very strongly that the time is now to discuss if an Operational Reserve is better served through ensuring guaranteed medical coverage in lieu of the current disjointed system of third party health contractors and Periodic Health Assessments. This year, NGAUS will advocate for conducting a study at the Department of Defense into what the cost of such a change in policy would be.

The benefits of zero-cost TRICARE coverage extend beyond medical readiness and well-being for reserve component military families. TRICARE, as one of our top retention policies, will help us keep a manned and ready force. In addition to building medical readiness today, providing preventive care throughout our Servicemembers' careers will likely reduce medical expenditures when they transition from drilling Guardsman to Veteran. This will also become a significant employer benefit when a CEO or hiring manager knows a Servicemember will not require health insurance coverage. As we ask more and more of our National Guard and Reserve units in peacetime training, I worry that companies will start to choose equally qualified non-military candidates over our Servicemembers simply because they are concerned that the Soldier or Airman will be away too often. We must find a way to better incentivize these companies.

I ask for each of your support on **H.R. 3512 – Healthcare for Our Troops Act**. This groundbreaking bill will re-create how we provide preventive health care to the National Guard

and I am convinced that it will not only provide better health results to our Servicemembers but will prove cost advantageous in the long run.

Duty Status Reform and Benefit Parity

One of the primary legislative goals of NGAUS is to address the benefit disparity for Guardsmen under federal activation authorities. For the past several years, I have addressed this Committee and asked for your assistance in correcting numerous benefits not afforded to the thousands of Guard and Reserve Servicemembers deploying under 10 U.S.C. §12304b status. With the passage of the Forever G.I. Bill and the Fiscal Year 2018 National Defense Authorization Act (NDAA), Guardsmen and Reservists are now eligible for nearly all of the same benefits as their active duty counterparts, including tuition assistance, transitional healthcare access, and Post-9/11 G.I. Bill benefits. While this Committee and its members have been instrumental in closing the benefit gap for our members, there is still work to be done.

Of major concern for the National Guard is creating full parity for Guard service in relation to earning the Post 9-11 G.I. Bill. Guardsmen currently serve in a variety of statuses and missions that do not accrue the same G.I. Bill benefits as their active duty counterparts, and it is past time that this disparity is corrected. Unlike our Active Component peers, a day in the National Guard or Reserve does not always equal one day of service: regular weekend training days and annual training do not count toward benefits.

Federal deployments abroad have decreased making it much more difficult for Reserve Component Servicemembers to earn federal benefits, including the G.I. Bill, despite frequent rotations for missions at home and regularly scheduled training. Examples of this distortion in eligibility have been particularly acute in the past several years of increased domestic mobilization.

Much of the COVID response, responses to civil disturbance, and disaster relief have not granted G.I. Bill eligibility.

Fortunately, Congress is making great progress in rectifying these issues. **H.R. 1836 - Guard and Reserve GI Bill Parity Act,** which passed the House of Representatives on January 12th, 2022, with a strong bipartisan vote, is a fantastic step towards true benefit parity. This bill aims to eliminate most of the confusion over which types of duty allow members of the Guard and Reserve to qualify for federal education benefits. **H.R. 1836** allows all days in service, including weekend drills, annual training and specific state active duties such as 502(f), to count toward the Post-9/11 G.I. Bill.

Additionally, we thank you for the continued bipartisan efforts on the Senate version of National Guard GI Bill parity, **S.2644 – the Guard, Reserve, and Active Duty Department of Veterans Affairs Educational Assistance Parity (GRAD) Act**. We are confident that a compromise bill can be accomplished and are excited for the benefit this will offer to our Servicemembers.

The Guard and Reserve G.I. Bill Parity Act and GRAD Act have come during an unprecedented time for the National Guard and Reserve Component. In the last 20 months the National Guard and Reserves have activated more than 200,000 Servicemembers for domestic missions to provide pandemic relief, combat wildfires, secure the U.S.-Mexico border, and protect the U.S. Capitol after January 6th. Many of these missions are ongoing, with no clear end in sight.

Comprehensive Statement of Military Service

Lastly, I would like to discuss the need for a singular record of military service across all components and all services. If the Department of Defense truly wants to achieve its long-stated goal of the "total force" then a cumulative document recording all military service, active duty

and reserve component is critical. The fact that the Active Duty, Guard, and Reserves all have different documents to describe military service is both unnecessary and cumbersome.

Under the current construct, a Guard or Reserve Servicemember will only receive a DD-214 if they are on over 90 days of active duty orders. This is a particular issue as the DD-214 is generally considered the gold standard of military documentation. Even with equivalent documents such as the National Guard NGB-22, it has proven impossible to ensure all agencies - both federal and state - always understand the different documents. Consistently we see issues where benefits are denied either from the Department of Veterans' Affairs or state agencies because they require a DD-214, which many National Guard Servicemembers may not have.

We are fully supportive of **S.1291 - Record of Military Service for Members of the Armed Forces Act of 2021,** and thank both Senators Tester and Moran for your support and being original co-sponsors. This bill will provide a comprehensive statement of service, include all time served, and issue the document at appropriate intervals throughout a Servicemember's career. It is critical to our Servicemembers and veterans that their service is properly documented and this bill will provide that.

Conclusion:

I thank you all again for allowing NGAUS to testify before the Committees today. The work done here is critical to the well-being of our Servicemembers and the success of our National Guard. I look forward to continuing our work together and sincerely appreciate the steadfast leadership from Members and their staff in advocating for the men and women of the National Guard.

Biography of BG (Ret) Roy Robinson:

Retired Brig. Gen. Roy Robinson succeeded retired Maj. Gen. Gus Hargett as president of the National Guard Association of United States on March 13, 2017.

General Robinson serves as chief executive officer of NGAUS. He is responsible for the association's day-to-day operations in Washington, D.C., and a staff of 28 employees. He also oversees the National Guard Educational Foundation, which maintains the National Guard Memorial Museum, and the NGAUS Insurance Trust.

His principal duties include providing the Guard with unified representation before Congress and a variety of other functions to support a nationwide membership of nearly 45,000 current and former Army and Air National Guard officers.

He came to NGAUS after serving eight years as executive director of the National Guard Association of Mississippi, the nation's largest state Guard association with more than 2,500 members. He simultaneously served as NGAUS vice chairman-Army from 2014 to 2016.
General Robinson has more than 33 years in uniform, much of it while holding a series of full-time sales and marketing positions in the private sector, all of it in the Mississippi Army National Guard. He spent time in every duty status available in the National Guard: Traditional part time, as a state employee, federal technician and in the active Guard and Reserve.

He began his career in 1983 as an enlisted soldier, earning his commission as second lieutenant through the ROTC program at the University of Southern Mississippi in 1985. He retired in 2016 as assistant adjutant general of Mississippi-Army.

Among his military career highlights is commanding the 150th Engineer Battalion (Combat), 155th Armored Brigade Combat Team, during combat operations in Iraq in 2005. He earlier commanded Camp McCain Training Site in Grenada, Mississippi, for 18 months.

In addition to a bachelor's degree in speech communication from Southern Mississippi, General Robinson holds a master's in business administration from Jackson State University. He also completed a U.S. Army War College fellowship in logistics and acquisition at the Center for Strategic Analysis at the University of Texas.

The general holds several military decorations, including the Bronze Star, the Legion of Merit, the Meritorious Service Medal (with four Bronze Oak Leaf clusters), the Combat Action Badge and several Mississippi National Guard awards.

He is married to the former Susan Roth. They have three children and three grandchildren.

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

JOINT HOUSE AND SENATE
VETERANS SERVICE ORGANIZATION LEGISLATIVE PRESENTATION

PRESENTED BY
BONNIE CARROLL
PRESIDENT AND FOUNDER

MARCH 8, 2022

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

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

In 1994, Bonnie Carroll founded TAPS after the 1992 death of her husband Brigadier General Tom Carroll, who was killed along with seven other soldiers when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 100,000 bereaved military survivors.

In 2021 alone, 9,246 newly bereaved military survivors came to TAPS for care. This is an average of 25 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2021, 31% were grieving the death of a loved one to illness and 27% were grieving the death of a military loved one to suicide.

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

Chairmen Tester and Takano and Ranking Members Moran and Bost, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement on issues and concerns of importance to the 100,000 plus family members of all ages, representing all services with losses from all causes that we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one regardless of the manner of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government, 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 2019, TAPS and the VA entered into a new and expanded Memorandum of Agreement that formalized their partnership with the goal to provide earlier and expedited access to needed survivor services. TAPS works with military survivors to identify, refer, and apply for resources available within the VA including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

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

TAPS President and Founder, Bonnie Carroll serves on the Secretary of Defense Roundtable for Military Service Organizations and the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors* where she chairs the Subcommittee on Survivors. The Committee advises the Secretary of the VA on matters related to Veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll also serves as a PREVENTS Ambassador for the VA's suicide prevention initiative.

PASS LANDMARK TOXIC EXPOSURE LEGISLATION (S.3003, H.R.3967)

TAPS will continue to work with Congress to:

- Pass the ***COST Of War Act*** **(S.3003)** and the ***Honoring Our PACT Act*** **(H.R.3967),** which will ensure the 3.5 million veterans exposed to toxins and airborne hazards get immediate, lifelong access to VA health care.
- Improve and expand healthcare and benefits for veterans exposed to toxins, and provide necessary support and benefits for their caregivers and survivors.
- Appropriate critical funding for toxic exposure research, education, and outreach.

According to the VA, a significant number of veterans who served after 9/11 were exposed to more than a dozen different wide-ranging environmental and chemical hazards, most of which cause serious health risks. Whether from open burn pits, depleted uranium, toxic fragments, or particulate matter, service members and veterans are getting sick and prematurely dying from uncommon illnesses and diseases that are tied to exposures to toxins.

Since 2008, over 16,500 survivors whose military loved ones died due to an illness have contacted TAPS. As mentioned, in 2021 alone, 9,246 newly bereaved military survivors came to TAPS for care, and 31% were grieving the death of a loved one to illness, surpassing all other circumstances of death, including hostile action. Sadly, we project this number to increase by more than 3,000 each year based on current trends.

As a result of these increasing losses and the challenges they pose for grieving loved ones, many who have often cared for their service member or veteran without recognition or governmental support for years before their death, TAPS is committed to promoting a better shared understanding of the illnesses that may result from exposures to toxins. Our desire is to ensure that surviving families have access to all available benefits earned through the service of their loved one.

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 worked with Members of Congress to introducing significant legislation during the 117th Congress, which collectively address the devastating effects of toxic exposure on our veterans, their families, caregivers, and survivors.

The information gathered from our survivor histories is invaluable in establishing patterns and baselines that can inform the policy and programmatic considerations of the DOD, VA and Congress as they seek to address ways to prevent these exposures, address health care needs of military members and veterans, support their caregivers

and ensure that their survivors are fully covered with the care, benefits, resources and services they need after loss and in their future.

TAPS is tremendously grateful to Chairman Tester and Ranking Member Moran of the Senate Committee on Veterans' Affairs, and Chairman Takano and Ranking Member Bost of the House Committee on Veterans' Affairs for crafting comprehensive Toxic Exposure legislation, which incorporate key aspects of many of these important bills.

TAPS has appreciated the opportunity to testify in support of these landmark bills, and share actionable recommendations with Members of Congress, the White House, VA, and DOD. We are extremely gratified by President Biden's remarks during the State of the Union Address on March 1, 2022, stating, ***"I am calling on Congress to pass the law to make sure veterans devastated by Toxic Exposure in Iraq and Afghanistan finally get the benefits and the comprehensive health care they deserve"***. The First Lady's guest was Danielle Robinson, the surviving spouse of SFC Heath Robinson, who died as a result of his exposure to open burn pits. The ***SFC Heath Robinson Burn Pit Transparency Act*** **(S.1188)** was named in his honor, and Danielle received support assistance through our TAPS Casework Team.

TAPS has shared many personal testimonials of survivors like Danielle whose loved ones have died as a result of their exposure to toxins, open burn pits, and airborne hazards while deployed. Though each survivor's story is different, the underlying thread is the desire to share their loved ones story to help save lives. Here are just some of the many stories impacted survivors have shared with us:

Coleen Bowman, Surviving Spouse of SGM Robert Bowman

"Rob was the picture of health before he deployed, he was an Airborne Ranger. When he returned from his second deployment from Iraq, he was sick. In June 2011, Rob was diagnosed with an extremely rare cancer Cholangiocarcinoma (bile duct cancer). During deployments, Rob was in close proximity to an open-air burn pit that burned around the clock. His vehicle was struck at least ten times by IEDs, stirring up particulate matter.

Had we known he had been exposed and to what toxins, we could have shared the information with doctors, and it wouldn't have taken six months of misdiagnoses before we learned he had stage 4 inoperable cancer. Had we known earlier, he might still be alive today. For 19 months my daughters and I cared for him, and on January 13, 2013, Rob passed away at the age of 44. Several of the men that Rob served with have many different illnesses, to include cancer, and several have passed away at very young ages."

June Heston, Surviving Spouse of BG Michael Heston

"Mike was active duty in the Vermont National Guard. He deployed to Afghanistan three times. First in 2003 for 7 months, then 2006-2008 for 15 months, and last 2011-2012 for one year. In April of 2016, Mike had gone into the doctor not feeling well. For 10 months doctors couldn't figure out what was wrong with him. Finally, in January of 2017, Mike was diagnosed with a very rare form of pancreatic cancer, stage 4. Mike passed away shortly after that on November 14, 2018."

Tim Merkh, Father of Corpsman Richard Merkh

"My son Richard Merkh was a Corpsman in the Navy. He had served over 15 years and died from cancer on October 3, 2018. Richard served several tours with the Marines during the war. His lodging facilities were on only trash or dump sites. It is my belief that Richard contracted stage 4 cancer from his exposure during the war. Cancer does NOT run in my DNA, nor my wife's. So where did he contract the cancer... his exposure. Unfortunately, he was diagnosed after his entire liver and colon was infected with cancer.

I am a retired USAF veteran. I know what we put our troops through. Some things must change. Richard was survived by his wife of twelve years and a beautiful 4-year-old daughter, my precious granddaughter. We can't change Richard's outcome, but we must ensure we treat and support our troops better."

Laura Forshey, Surviving Spouse of Sgt Curtis Forshey

"Three months into his deployment, he began to experience bloody noses that would go on for hours at a time. He went to the doctor there on the FOB where they ran bloodwork. The results showed his white blood count was way off. They flew him to Landstuhl, Germany. His wife, Laura, and 3-month-old son, Ben, along with Curt's parents flew to be with him in Germany. While they were in flight, Curt passed away. His cause of death was a brain aneurysm, caused from the cancer they discovered, Acute Promyelocytic Leukemia. Curt was 22 years old. He died on March 27, 2007. With proper diagnosis and treatment it is curable in 80-90% of patients."

Amber Bunch, Surviving Spouse of LCPL Mark Bunch

"After returning from his second deployment he was different mentally and physically. From the outside looking in one could see the effects of war followed him home, facing PTSD and Survivors Guilt. On the other hand, the more noticeable conditions began to appear including insomnia paired with night terrors, breathing issues, constant coughing, stomach issues that could not be resolved, migraines that lasted for days,

sudden mood changes, lower back pain, sleep apnea, memory loss, and the list could go on. I fought and fought for us, for our family. On February 26, 2014, my battle for my husband Mark Bunch Jr's legacy began upon his passing. I never imagined six years later I would still be fighting for benefits."

Exposures to deadly toxins and airborne hazards as a result of military service is not a new phenomenon. Unfortunately, generations of service members have been exposed to environmental toxins while deployed and died as a result of their exposure. Our country must do more to prevent environmental exposures, properly treat illnesses, and provide healthcare and benefits for impacted veterans and their survivors.

EXPAND MENTAL HEALTH SERVICES FOR SUICIDE LOSS SURVIVORS (S.2817, H.R.5029)

TAPS will continue to work with Congress to:

- Pass the ***Expanding the Families of Veterans Access to Mental Health Services Act*** **(S.2817, H.R.5029).**
- Pass the ***Strong Veteran Act of 2022*** **(H.R.6411).**
- Prioritize mental health care and wellness for all surviving families.

Tragically now nearly one third of the surviving families coming to TAPS for care in 2021 - 2,496 of the 9,426 just last year - were grieving a death as a result of suicide related to military service. Of the more than 100,000 military survivors TAPS now cares for, 19,432 are grieving the death of a loved one to suicide, making it the leading causes of death grieved by our survivors.

TAPS families grieving a military loved one who died by suicide often cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, posttraumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis; increasing a sense of belonging and social connection earlier in the grieving process decreases individual risks.

Leading research and TAPS extensive experience has validated that these risks can be significantly reduced for survivors of all ages with early and relevant social connections that demonstrate respect, offer understanding and increase their sense of belonging and social connection – especially when paired with customized assistance to meet the challenges of legal, financial, benefits and care needs.

Knowing how to reduce risk and support survivors, TAPS works closely with agencies and organizations across the country to not only welcome their referred survivors but to help build their capacity by providing information and training on loss including suicide

loss. TAPS works with the VA Vet Centers, which provide services to family members of veterans and service members for military-related issues and also offer bereavement counseling for families who experience an active duty death, as well as family members of Reservists and National Guardsmen who die while on duty.

However, these Vet Center services do not currently extend to veteran families of those who died by suicide. This needs to change to begin to meet the increasing needs for counseling and support of the growing numbers of suicide survivors. TAPS supports the ***Expanding the Families of Veterans Access to Mental Health Services Act*** **(S.2817, H.R.5029)**, which provides Vet Center counseling and mental health services to surviving families of veteran suicide. TAPS thanks Representative David Rouzer (R-NC-7) for introducing this important legislation in the House and Senator Tom Tillis (R-NC) for introducing the companion bill in the Senate.

We also thank Chairman Takano for introducing the ***Strong Veteran Act of 2022*** **(H.R.6411).** This related bill makes improvements in the mental health care provided by the VA to include hiring an additional 100 full-time equivalent employees for Vet Centers to bolster the workforce of Vet Centers, and to provide expanded mental health care to veterans, members of the Armed Forces, and their families through outreach, community access points, outstations, and Vet Centers.

TAPS strongly believes that expanding Vet Center usage eligibility to include survivors of suicide loss can do the following: help stabilize issues of concern; decrease risks for suicide, post-traumatic stress, depression, anxiety, and other mental health conditions; and ensure successful, healthy outcomes for survivors. These following statements from suicide loss survivors reinforce the need to expand Vet Center services to families grieving the death of their loved one to suicide:

Carla Stumpf Patton, Surviving Spouse of Marine Corps Drill Instructor Sgt. Richard Stumpf

"My husband, Richard Stumpf, an active duty U.S. Marine Drill instructor, died by suicide in 1994 with his service-issued weapon in the workplace. My life and the lives of all those exposed to his death irrevocably changed that day. I was pregnant full-term at the time of my loss and gave birth several days later after being rushed to the hospital at the same time as his funeral.

Widowed as a young military mother of a newborn baby, I felt completely alone, with no direction on surviving my devastating loss. Due to the social isolation and stigma surrounding suicide combined with the lack of awareness and access to resources, I

never knew who to turn to or where to find help. As a suicide survivor, being told you don't qualify for services or programs due to the cause of death was one more thing on the list of painful reminders of your loss. So many times, I just stopped looking for help. Rather than asking for support, after being turned away time and time again, I just had to find ways to manage on my own.

TAPS was the first organization that I found offering acceptance and care and leading the way for positive change that supports all military survivors. Suicide loss survivors significantly benefit from having access to mental health support— an important service that many cannot afford out of pocket— and connecting with providers aware of the military lifestyle and culture, such as through TAPS or at Vet Centers. Most civilians just don't understand what my loved one was going through or how this impacts me, our child, and our family."

Marcia Tomlinson, Surviving Mother of A1C Patrick Tomlinson

"What saved me was a late night call I finally made to TAPS and admitting I needed help. It was the dark of winter, and I was alone with even darker thoughts. My life was in danger. That soothing voice on the phone assured me she could and would arrange for me to go ASAP to the local Vet Center for a specific Bereavement Counseling for military loss survivors. A few hours later, I was called by a Vet Center counselor and saw him every week as he slowly and with great care helped me thaw the iceberg encasing my heart.

This specialized military bereavement counseling through the Vet Center saved my life. I had been plummeting downwards into an unemotional abyss, which could so easily have ended with me taking my own life. Ten years later I am thriving. Without those two intensive years of Vet Center bereavement counseling, I do not know if I would have survived to arrive where I am now."

HONOR ALL GOLD STAR FAMILIES

TAPS is working with Congress to:

- Pass the ***Gold Star Families Day Act.***
- Use inclusive language for legislation, "died while serving or from a service-connected injury or illness."

As the national provider of compassionate care and resources for all those grieving the death of a military loved one, TAPS fully endorses the ***Gold Star Families Day Act***. TAPS thanks Senators Elizabeth Warren (D-MA) and Joni Ernst (R-IA) for their steadfast support on this issue. This important legislation will create a federal holiday on

the last Monday in September to recognize families whose loved one died in service to the nation, regardless of the manor, place, or time of death. While Memorial Day honors all those who have served and died in defense of our freedom, Gold Star Families Day would honor their families' tremendous sacrifice for our nation.

TAPS appreciates the use of inclusive language in the bill, "died while serving or from a service-connected injury or illness" as the VA does not distinguish by cause of death. There is no differentiation of military headstones, the folding of the flag, playing of Taps, or distribution of government benefits based on geography or circumstances of a service member's death, whether they died in combat, by accident, an illness related to their service, or by suicide. A service member's death is honored and remembered based on their life and service, not the geography or circumstance of the death.

These following testimonials from surviving family members highlight the importance of recognizing *all* surviving families who have lost a loved one to military service:

Kathy Maiorana, Surviving Spouse of TSGT Mark Maiorana

"I was once asked by another widow, while we looked at a memorial for the fallen, why I was so upset. When I told her it's because my husband's name will never be on a memorial, she responded to me, 'Well he shouldn't be'.

I've been a Suicide widow for 18 years. During those 18 years I cannot count how many times my family, including my 4 children, have been left out of different memorials or events because of the way my husband died. Suicide has been seen as a stigma amongst veterans and their families for as long as I have been part of the military life. Suicide has made not only my husband invisible in the eyes of military families, but also deemed his family's suffering as lesser than others who have also lost. In the eyes of many it doesn't matter how long or to what extent someone has served, but simply how they died. Even though my husband's life ended a certain way, that does not make his contributions to this country any less."

Denise Brownlee Surviving Mother of P03 Mitchell Brownlee

"When our oldest son Mitchell took the Oath of Enlistment for the Navy in November of 2014, our entire family drove to Sacramento to watch the ceremony. When Mitchell graduated from boot camp the following January, his sister and I flew to Great Lakes Illinois to celebrate this proud moment with him. His three little brothers who were 7, 9 and 11 proudly wore their kid sized BDU's playing 'sailors' outside. My husband wore his "Navy Dad" sweatshirt proudly.

When PO3 Mitchell P. Brownlee died on July 24, 2016, the Navy lost a dedicated service member, and our family lost a beloved son and big brother. Our lives have been shattered. As a family, we went to South Carolina to bring his body home. It is not just an individual that joins the military, it is their entire family. Having a Gold Star Family Day acknowledges the loss that hundreds of thousands of families like ours have experienced. Equally as important, a Gold Star Family Day would also create awareness that Gold Star Families have experienced the death of a loved one through suicide, accidents, murder, and illness, as well as combat. A Gold Star Family Day could be used to shine a light of hope, remembrance and awareness."

IMPROVE DEPENDENCY AND INDEMNITY COMPENSATION (DIC) FOR SURVIVING FAMILIES (S.976, H.R.3402)

TAPS remains committed to improving DIC and providing equity with other federal benefits as we continue working with Congress to:

- Pass the ***Caring for Survivors Act of 2021*** **(S.976, H.R.3402).**
- Increase DIC from 43% to 55% of the rate of compensation paid to a 100% disabled veteran.
- Reduce the timeframe a veteran needs to be rated totally disabled from 10 to 5 years, allowing more survivors to become eligible for DIC benefits.

More than 450,000 survivors receive DIC from the VA. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of service members whose death was in the line of duty or resulted from a service-related injury or illness.

The current monthly DIC rate for eligible surviving spouses is $1,437.66, which has only increased due to Cost-of-Living-Adjustments (COLA). TAPS is working to raise DIC from 43% to 55% of the compensation rate paid to a 100% disabled veteran; ensure that the base rate is increased the same for all DIC recipients bereaved pre and post-1993; and protect added monthly amounts like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported increasing DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senators Jon Tester (D-MT) and John Boozman (R-AR), and Representative Jahana Hayes (D-CT-5) for introducing the ***Caring for Survivors Act of 2021*** **(S.976, H.R.3402).**

Passing this legislation is the top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services— active, reserve, retired, survivors, veterans, and their families.

The following statements from veteran survivors demonstrate that stringent limitations on DIC payments to survivors have financial and widespread impacts on housing, transportation, utilities, clothing, food, medical care, recreation, and employment on all family members, including children who lost a parent.

Tracey Hemmerlein, Surviving Spouse of TSGT John Hemmerlein

"My late husband was USAF 100% disabled with service connected brain cancer and seizure disorder among other things. He died July 15, 2019, at 39. Our daughter wasn't even 2 years old. We moved to California to participate in the only clinical trial he qualified for in the entire country. I went to work a month after he died because I wasn't able to support us on DIC alone. I didn't have time to grieve, and my daughter has severe separation anxiety and night terrors.

The increase to DIC would absolutely be beneficial to myself, so I could have some breathing room with bills and take time with my daughter. An increase to DIC would allow me the financial breathing room to finally practice self-care. I still haven't grieved and I'm a critical care nurse who went through the COVID surges in Los Angeles. I'm exhausted mentally and physically."

Sue Story, Surviving Spouse of MSGT Dennis Story

"My husband proudly served his country for more than 22 years. My husband was a Vietnam Veteran serving two years in Thailand. Dennis loved his family, but I can honestly say he loved his country more. Dennis required that I keep his "Go Bag" packed, and it was even at his death in 2016. He loved his country and loved serving. I recently found out that his service was not as important as other federal employees or at least after death. My husband died from his service connected disabilities and I am grateful that I am receiving DIC compensation for his disabilities and my loss. What I am confused about is why other federal surviving spouses receive compensation differently than military spouses. Military spouses often give up so much during our spouses service and now to get compensated less than the others is disturbing."

Sabine Ward, Surviving Spouse of SFC Clay Ward

"My late husband served 20 years as a medic in the US Army and was retired and 100% disabled after serving two tours in Iraq. When he died I was in college, we had recently moved into a new home and had lost all of my income within one day! The compensation that I, as his widow received, left me with no income and I was forced to sell our home. The amount for DIC that I receive does not compensate for the monetary loss I had after he passed, and I struggled for years to get my life back."

Barclay Murphy, Surviving Spouse of Major Edward Murphy

"Widows with older children especially need a DIC increase. As our children reach age 16, "our" portion of Social Security goes away, effectively reducing our income by over $1,700 a month. At the same time, expenses for our children are on the rise between graduation, supplies, college applications, and expenses for school visits— and even basics like higher car insurance premiums for a young driver. Costs are up on EVERYTHING, and this winter will see some of the highest heating costs around."

INTRODUCE COMPREHENSIVE REMARRIAGE BILL TO ALLOW SURVIVING SPOUSES TO RETAIN THEIR BENEFITS UPON REMARRIAGE

TAPS is working with Members of Congress to introduce comprehensive legislation to eliminate the penalty on surviving spouses that can cause them to lose their survivor benefits. We ask Congress to:

- Remove the arbitrary age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to maintain access to education benefits under the Fry Scholarship and Dependents Education Assistance (DEA).
- Allow remarried surviving spouses to retain Commissary and Exchange benefits.
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to divorce or death.
- Allow access to electronic medical appointments, referrals and prescription refills.
- Redefine surviving spouse to honor all surviving spouses, including those of same sex marriages.
- Remove the "Hold Themselves Out to Be Married" clause from 38 USC, Section 101, paragraph 3.

Current law significantly penalizes surviving spouses if they want to remarry before they are 55. Given that survivors from illness loss, suicide as well as combat are younger than 55 and often have children and teens that they must raise alone, many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact them, especially those with children.

This is a punitive restriction that is imposed on the military surviving family but not others who put their lives on the line to protect and defend. For example, most first responders in the United States are also allowed to legally remarry in the U.S. and maintain pensions and benefits- including in New York, Los Angeles, and Louisiana.

Military survivors must wait to remarry until after age 55 to retain their benefits without any offset. Thus, to retain their full benefits before this age, many choose to cohabitate instead of legally remarrying. A long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is working with members of the House and Senate Veterans' Affairs Committees to introduce comprehensive remarriage legislation this year.

TAPS believes that allowing surviving spouses to retain education benefits is a great starting point. Choosing to remarry should not impact a surviving spouse's ability to afford an education. They are still a surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice.

In addition to losing financial benefits, ID cards and TRICARE for themselves, remarried surviving military spouses lose access to the TRICARE Beneficiary Self-Service Account that allows them to access referrals and check the status of referrals for their TRICARE-eligible children. Instead, surviving spouses must physically mail referrals, which often delays treatment.

Remarried surviving spouses also lose access to Relay Health, which facilitates communication, prescription refills, and appointments online. If a surviving spouse remarries, they are no longer in the system under TRICARE and cannot access Relay Health for their minor children who cannot have personal accounts.

The following personal testimonials from surviving spouses help highlight these important issues:

Nicole Johnson, Surviving Spouse of Sgt. Daniel Johnson

"Because I do not want to lose that connection to my late husband, or forfeit the benefits he paid for me to have, my daughter will spend the rest of her childhood without a father figure. Losing my husband was not a choice, but it is something I have to pay for, either emotionally, by not dating again, or financially if I ever decide to remarry. Neither of those sound like good options."

Traci Voelke, Surviving Spouse of Maj. Paul Voelke

"We were married for 12 years, and during that time, we moved five times. I sought employment at each duty station, but our frequent changes of station caused me to leave my jobs, forfeit seniority and lose promotion potential with each move. In addition, I was unable to maintain employment long enough to vest in my own pension or 401K.

Paul was killed in Afghanistan in 2012. When Paul died, I was 37 with two young children. The portion of Paul's pension I currently receive is essential to my retirement, as I will never have an opportunity to earn the equity lost during the twelve years I was married. Military life can be difficult, but it ultimately becomes part of who you are. Many military wives, myself included, left school, work, family, and friends when the military required him to move. My time as a military wife is over, but I appreciate the military access I still have for my healthcare, support groups, and survivor services.

Recently, at age 46, I have found a partner who I would like to marry. Although my partner is financially stable on his own, losing Paul's benefits would prevent me from contributing adequately to our potential marriage. At this stage of my life, I am disheartened, because I will never formally celebrate our commitment to each other, or enjoy a traditional anniversary. Essentially, my partner and I will be denied the legal and financial benefits afforded by marriage. The laws as written, penalize those military widows who wish to start a new chapter of their lives."

CREATE ONE GI BILL FOR ALL VETERANS, SURVIVORS AND FAMILIES

TAPS requests Congress:

- Introduce legislation to consolidate all remaining education benefits under Chapter 33.
- Pass the ***Fry Scholarship Enhancement Act of 2021*** **(S. 1096)** to expand eligibility for those who die in the 120 day REFRAD period to the Fry Scholarship, which is the second phase in expanding eligibility to all Chapter 35 recipients.

Chapter 35 is an outdated education benefit provided by the VA. It has been around since the Vietnam war, and has not had any major improvements since. The Forever GI Bill increased education benefits by $200 per month, however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post 9/11 GI Bill and Fry Scholarship.

TAPS recommends sunsetting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale such as 70 percent as opposed to 100 percent of the benefit. Benefits under DEA are significantly lower than the Post 9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill. Those using DEA are limited to dependents of a 100 percent disabled veteran or those who died of a service-connected death.

The following personal testimonials from surviving spouses helps highlight these education benefit issues:

Renee Monczynski, Surviving Spouse of PO2 Matthew Monczynski

"The difference for my daughter between 35 and Fry for the next two years is the constant worry of how we are going to pay for the next semester. Waiting to see if she has enough scholarships to cover all expenses and scrambling for loans to cover the rest. Every time we fill out an application we are reminded that the Navy and our country don't care about Matt's sacrifice because it was in June 2001. He died on the wrong day for our country to care. That care is reserved for those that served and died after 9/11.

We were dual active. We were both willing and did serve our country. But according to a document his sacrifice is not worth a college education for our daughter. Nor is my 70% VA rated disability. So I'm not broken enough, and he died on the wrong day for anyone to care about our sacrifices."

Monica Jaikaran, Surviving Spouse of MA1 Dameshvar Jaikaran

"Expanding the Fry Scholarship to all Chapter 35 eligible survivors would greatly impact my family's life. We each have 12 months of Chapter 33 benefits because my late husband had to make the difficult decision of dividing the benefit by 3. Also, we have 36 months of Chapter 35 education benefits which is a lot less per month and semester. My husband's last dying wish was to have his VA education benefits pay for his children's college education in full with no debt. With the exorbitant cost to attend college and graduate school, I am put in a difficult position to take out a parent loan on my limited income. My children have already lost their Father, shouldn't they have the opportunity to make a better life for themselves without the weight of paying for college on their shoulders and mine?"

PROVIDE CHAMPVA YOUNG ADULT COVERAGE IN PARITY WITH THE ACA (S.727, H.R.1801)

TAPS will continue to work with Congress to:

- Pass the ***CHAMPVA Children's Care Protection Act of 2021*** **(S.727, H.R.1801).**
- Ensure surviving families with young adult children have access to affordable healthcare and mental health benefits.

The ***Affordable Care Act*** **(ACA),** signed into law in 2010, allows young adults to remain on their parent's health care plans until age 26 without a premium increase. This rule applies to all plans in the individual market and to all employer plans. It is not included in the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA) coverage. Thus surviving young adults using CHAMPVA are currently no longer eligible for coverage when they turn 18 or 23 if they are a full-time student. TAPS is working to expand the CHAMPVA coverage to eligible surviving children up to age 26.

TAPS thanks Congresswoman Julia Brownley (D-CA-26) for her leadership in reintroducing the ***CHAMPVA Children's Care Protection Act of 2021*** **(H.R.1801)** in the House along with eight original co-sponsors; Representatives Chris Pappas (D-NH-1), Paul Tonko (D-NY-20), Tim Ryan (D-OH-13), Ann Kirkpatrick (D-AZ-2), Kathy Castor (D-FL-14), Jahana Hayes (D-CT-5), Alcee Hastings (D-FL-20), and Delegate Eleanor Holmes Norton (D-DC-At Large).

TAPS also appreciate Senator Sherrod Brown (D-OH) for introducing the ***CHAMPVA Children's Care Protection Act of 2021*** **(S.727)** in the Senate along with the 11 original co-sponsors; Senators Jon Tester (D-MT), Patty Murray (D-WA), Bernie Sanders (I-VT), Richard Blumenthal (D-CT), Richard Durbin (D-IL), Christopher Murphy (D-CT), Debbie Stabenow (D-MI), Robert Casey (D-PA), Tammy Baldwin (D-WI), Jack Reed (D-RI), and Kirsten Gillibrand (D-NY).

This important legislation will allow young adult children to remain eligible for medical care under CHAMPVA until their 26th birthday, regardless of their marital status.

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans' Affairs and their distinguished members for holding this Joint Session of Congress to hear the legislative priorities of Veterans Service Organizations. TAPS is honored to testify on behalf of the thousands of surviving families we serve.

Modern Military Association of America

Modern Military Association of America
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STATEMENT OF

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BEFORE THE

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Legislative Presentation of the Modern Military Association of America

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and Members of the Senate and House Veterans' Affairs Committee, I am Jennifer Dane, an Air Force veteran, and the Executive Director of the Modern Military Association of America (MMAA) – the nation's largest LGBTQ+ military and veteran non-profit dedicated to advancing fairness and equality. MMAA appreciates the opportunity to present a written testimony addressing our legislative priorities for 2022.

On behalf of our 85,000 members and supporters, my testimony will highlight the intersectionality of women Veterans and particularly women Veterans how are lesbian, bisexual, transgender, intersex, and gender-expansive. It will include recommendations for VHA employees as well.

Key points:

- Estimates suggest there are more than one million Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+)* Veterans in the United States.
- LGBTQ+ Veterans are at an increased risk for healthcare disparities, including suicide.
- An Internal Task Force will help develop a system reflective of LGBTQ+ Veteran and Employee input (i.e., human-centered design).
- Standardized staff training is needed. A provider's knowledge of a patient's LGBTQ+ status is essential to providing appropriate prevention screening and care.
- The Corporate Equality Index (CEI) benchmarks are recommended for identifying workforce protection criteria and ensuring an inclusive employee health benefits package.
- Full-time equivalent employee (FTEEs) is necessary at all systemic levels (VACO, VISN, and Facility) to implement initiatives and identify long-term solutions. A Clinical

Implementation Lead is recommended for overseeing systemic efforts at expanding affirmative care.

- All VHA facilities should have full-time LGBT Veteran Care Coordinators (LGBT VCCs).
- The Medical Center Director is recommended to participate in the annual Healthcare Equality Index (HEI).
- Family building should be accessible to all LGBTQ+ women who are partnered, married, or single.

Research Regarding Healthcare Disparities for LGBTQ+ Veterans

While VHA's ability to assess the exact numbers of LGBTQ+ Veterans is limited at the system level (e.g., US Government Accountability Office report, October 2020), the startling statistics about LGBTQ+ healthcare disparities have been well established within the literature.

When compared to the general population, LGBTQ+ Veterans are at an increased risk for mental health concerns, substance abuse, sexually transmitted infections (STIs, including HIV), intimate partner violence (IPV), and suicide (e.g., Blosnich, Mays, & Cochran, 2014). Minority stress theory indicates that adverse health care outcomes and maladaptive coping mechanisms (e.g., substance abuse) among LGBTQ+ individuals are largely attributable to stigma and social stress that the larger heterosexual population (Hampton & Pachankis, 2018). Barriers to receiving culturally competent healthcare contribute to worse health outcomes for LGBTQ+ individuals.

Many LGBTQ+ Veterans do not disclose their sexual orientation and/or gender identity to healthcare providers, contributing to several salient LGBT health concerns and cultural prejudices being overlooked by many practitioners. Concealment of identity is strongly

associated with internalized stigma and cultural prejudice (e.g., Pistella, Salvati, Ioverno, Laghi, & Baiocco, 2016), which can have devastating impacts on one's life and hinders one's ability to mitigate the impact of external stressors (Tishelman, & Neumann-Mascis, 2018). LGBTQ+ individuals who served in the military can experience unique minority stressors due to forced concealment of identity stemming from homophobic/transphobic military policies (Ramirez & Sterzing, 2017). Chronic stress experienced from microaggressions, discrimination, overt harm, and stigma substantially impacts overall wellness and healthcare engagement. One study highlighted that 24% of LGBT Veterans had not disclosed their sexual orientation or gender identity status to any VA provider (Sherman, Kauth, Shipherd, & Street, 2014), suggesting that many practitioners may overlook the disproportionate prevalence of LGBTQ+ health concerns and cultural prejudices. A lack of awareness of unique healthcare needs by both the Veteran and healthcare provider further perpetuates these healthcare disparities.

LGBTQ+-related military investigations (also known as "witch hunts") were known and feared for many Veterans. Don't Ask, Don't Tell (DADT) was originally intended to be a progressive compromise for the military. It meant that service members would no longer be asked about sexual orientation; however, DADT led to secrecy and fear that others would learn about LGBTQ+ identity. Recently, the debate of open service has centered on transgender and gender-diverse service members. Serving under anti-LGBTQ+ military policies can contribute to unique minority- and military-related stressors such as concealed identity, harassment, trauma exposure, social isolation, internalized stigma, mistrust of others, and ongoing emotional difficulties (e.g., Ramirez & Sterzing, 2017).

Provider-focused education and inclusive facility policies are beginning to raise awareness among providers about the unique needs and healthcare disparities for LGBTQ+ Veterans. There

is growing support that these systemic methods have contributed to improved LGBTQ+ Veteran experience with VHA services (Kauth, Barrera, Latini, 2018). Despite progress in educating providers, LGBTQ+ individuals continue to experience worse healthcare outcomes than their heterosexual and cisgender counterparts. For instance, 36% of LGBT Veterans view the VA hospital as "somewhat or very unwelcoming" (Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014). While VHA may not have been involved in negative military experiences, the organization is tasked with providing a corrective emotional experience for those who served. National initiatives have largely focused on provider education and policy development; research supports that these efforts lead to improved perceptions of VHA (Kauth, Barrera, & Latiti, 2018). Yet, LGBT Veterans are often unaware that these changes are happening and that VHA is committed to improving the experience for all.

Current VHA Policy and Directives

In 2012, the Office of Patient Care Services established the LGBT Health Program (10P4Y) to develop and refine policy recommendations, provider education programs, and encourage patient-driven healthcare for LGBT Veterans. In 2016, a national program was created for a point of contact for LGBTQ+ Veterans in the form of LGBT Veteran Care Coordinators (LGBT VCC). Each VHA facility has at least one designated LGBT VCC tasked with implementing national and VISN-level LGBT-related policies, among other duties. The designated facility LGBT VCC is responsible for facilitating staff cultural and clinical competency for working with LGBT Veterans. Notably, this is a collateral position with no mandated protected time or structured clinical implementation support for program development.

Several VHA policies are inclusive of LGBTQ+ Veterans and Employees. Currently, there are four LGBTQ+-specific policies (https://www.patientcare.va.gov/LGBT/VA_LGBT_Policies.asp):

VHA Directive 1340: Health Care for Veteran who Identify as Lesbian, Gay, or Bisexual

> "It is VHA policy that all staff provides clinically appropriate, comprehensive, Veteran-centered care with respect and dignity to LGB Veterans. Clinically appropriate care includes assessment of sexual health as indicated with all patients, and attention to health disparities experienced by LGB people."

VHA Directive 1341: Providing Health Care for Transgender & Intersex Veterans

> "Veterans are treated based upon their self-identified gender. Care can include: Hormonal therapy, mental health care, preoperative evaluation, and medically necessary post-operative and long-term care following sex reassignment surgery. VHA does not pay for nor perform Gender Confirming Surgeries."

Rights and Responsibilities of VA Patients and Residents of Community Living Centers

> "You will be treated with dignity, compassion, and respect as an individual… you will not be subject to discrimination for any reason, including for reasons of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression."

Rights and Responsibilities of Family Members of VA Patients and Residents of Community Living Centers

> "When a loved one is involved in support and care of a VA patient or CLC resident, VA considers a patient or CLC resident's family to include anyone related to the patient or CLC resident in any way (for example, biologically or legally) and anyone who the patient or CLC resident considers to be family."

VHA Task Force for Achieving Health Equity and Inclusivity

While there are identifiable problems and proposed recommendations throughout this document, they are insufficient in addressing the historical and systemic contributors to LGBTQ+ healthcare disparities and experienced discrimination. Therefore, to achieve health equity and inclusivity for LGBTQ+ Veterans and Employees, an internal task force is strongly

recommended. The proposed model is based upon examples found among professional organizations (e.g., APA; 2009) that have a history of developing task forces responsible for establishing standards of care.

Taskforce membership would be comprised of:

- Internal providers on all levels (VHA facility, VISN, VACO) who are considered subject matter experts (SMEs) in their respected field
- LGBTQ+ staff members who are knowledgeable about employee benefits packages and/or equal employment opportunity (EEO) policies
- external veteran service organization (VSO) representatives
- LGBTQ+ Veterans.

To ensure fairness and diversity of perspectives among SMEs, recommend that a board of reviewers choose from a select candidate pool. These reviewers would not be eligible to serve on the task force. Recommended to consider the rotation of LGBTQ+ Veterans at each task force meeting to diversify input from the community, which will increase representation from the subgroups and other intersecting minority groups (e.g., race/ethnicity, religion/spirituality, geographical location, etc.). The committee members would nominate a chair among themselves. The proposed model ensures systemic change is based upon human-centered design principles with input from LGBTQ+ Veteran stakeholders.

The task force would serve to ensure that policymakers are not designing a healthcare system based upon assumptions of LGBTQ+ Veteran and Employee wants and needs. Rather, the task

force would ensure diverse input from stakeholders across systemic levels to define a path for achieving health equity and inclusivity.

The task force is recommended to meet for one year, with adequate protected time for each member to meet this ambitious deadline. During this time, the following products are recommended for consideration: 1) standards of care for services essential to LGBTQ+ Veteran Care (e.g., mental health, primary care, endocrinology, sexual health, caregivers, intimate partner violence, gender-affirming surgical interventions, whole health), 2) develop implementation strategies for clinical standards of care for replication at VHA facilities across the country, 3) establish user-friendly one-page fact sheets for all major areas identified, 4) provide recommendations to create a national LGBT Health program that has adequate resources and interdisciplinary staffing, comparable to other VACO-level program offices (e.g., Women's Health), 5) develop a plan for dissemination of provider and staff trainings, and 6) identify opportunities for outreach and barriers to healthcare enrollment for LGBTQ+ Veterans. In all of the objectives, the task force will need to identify how to balance safety and privacy needs with identifying sexual orientation and gender identity status for health care and program planning purposes.

Notably, these recommendations for the task force are based upon current research findings and information gathered from those LGBTQ+ Veterans and Employees who were/are willing to come forward and share their experiences. The task force objectives should be flexible enough to be shaped by what is learned over time.

While the task force would be utilized for the planning of lasting systemic enhancements, there are immediate steps that can be taken to remedy specific healthcare disparities. Monitoring the

impact of initial interventions is recommended to determine the effectiveness and potential adjustments needed; in other words, the system should be shaped by what we learn from LGBTQ+ Veterans and Employees.

VHA Systemic Recommendations

Without systemically asking about sexual orientation and gender identity (GAO, 2020), the complexity and care needs of the LGBTQ+ Veteran community remain unknown. The following recommendations provided are based upon currently recognized gaps and the need for more dedicated personnel to build a comprehensive program across levels of the system.

Allocate Resources, Time, and Staffing

Currently, the LGBT Veteran Health Program (10P4Y) is underfunded and understaffed. It has been difficult to advocate for systemic intervention without dedicated personnel to develop metrics for standardization, establish benchmarks for the field, and distribute the resources necessary to meet those benchmarks. The LGBT Veteran Health Program needs more Full-Time Equivalent Employees (FTEE), comprised of interdisciplinary subject-matter experts, who can provide insight into solutions for gaps of care (e.g., mental health, primary care, endocrinology, affirming surgical interventions). A VACO-level clinical implementation lead would oversee program planning and dissemination of affirmative care best practices to the field. More clinical guidance is needed to ensure consistency across facilities. More financial support for outreach events and symbols of safety (e.g., lanyards, magnets, posters) is needed to legitimize the program.

The current structure of collateral LGBT Veteran Care Coordinator (LGBT VCC) positions hinders the ability to track sexual orientation and gender identity metrics and contributes to lack of protected time to fulfill the defined responsibilities for the role [VHA Directive 1340(2), Appendix B]. The LGBT VCC role is inadequately funded and supported, hindering ability to proactively deal with healthcare disparities in a manner that promotes health equity. Collateral positions create the following difficulties: 1) the role is filled by staff with varying cultural competency, skill level, interest, program planning ability, protected administrative time, and competing duties; 2) the role is often not incorporated into the employee's functioning statement and not evaluated as "essential" duties; 3) the employee's main position can drastically impact effectiveness and ability to protect administrative time to fulfill the LGBT VCC duties;

4) alignment of the LGBT VCC position often defaults to the employee's main position and provides widespread variability of how the role is performed; and 5) there is a lack of systemic accountability on program planning and clinical implementation of best practices.

"LGBT VCCs are constantly being called on to provide services that fall under the purview of other staff, just because the issue is related to LGBTQ+ veterans. Without real investment and open support, the VCC role can feel more like being a janitor, called in to mop up a problem. This prevents us from doing what we are told to do: advance and support LGBTQ+ Care in VA."
– Anonymous VHA Employee

LGBT VCCs across the country fulfill this collateral position because of a passionate desire to promote health equity yet, campaigning for reform and health equity is a known contributor to activist burnout among professionals (Chen & Gorski, 2015). The role lacks the protected time, resources, skills, and training for many to feel effective in the role. The facility-level experience

is often mirrored for VISN-level LGBT VCC Leads, who experience the same variability in support and resources. it is paramount to fund the LGBT VCC role as a full-time position at every VHA facility with comparable funding for positions on the VISN-level.

"I certainly think there are many more barriers LGBT VCCs face than just insufficient time (and problems/barriers vary by site) but I think a full-time position would go a long way in legitimizing the work we are doing and ensuring folks have adequate time to address the growing list of things LGBT VCCs are expected to do." – Anonymous VHA Employee

Consideration of position description and alignment of the position is essential. Often, the LGBT VCC is defaulted under the Mental Health & Behavioral Services (MH&BS) line, which furthers stigmatizes sexual orientation and gender identity. Furthermore, this alignment under MH&BS means that LGBT VCCs are often tasked with being the sole referral source for psychotherapy of LGBTQ+ Veterans. If a referral for mental health would not be based solely on other diversity-related factors (e.g., race/ethnicity), it is discriminatory for this to occur for this population. To promote affirmative care being available in every care appointment, it is recommended that a full-time LGBT VCC position be aligned under the Chief of Staff (COS). Several VHA facilities are spearheading full-time positions with success (e.g., Hampton VAMC; VISN6) and can be utilized as a model for replication.

Standardization of the LGBT VCC position description would allow for systematized metrics and future benchmarking goals for improvement. The proposed staffing changes would require considerations of training needs for all LGBT VCCs. It is recommended that an annual conference for all LGBT VCCs be funded and supported to provide training on field best practices, program implementation, and skill development.

"I get absolutely no guidance here, no navigation on how to accomplish these tasks, and I have no authority or political capital or resources to propose such things. I do all I can." – Anonymous VHA Employee

"I wonder whether it is reasonable to expect folks with such a disparity of training, authority, knowledge, and skills to perform the same functions. Should we not be training VCCs in these skills and teaching us how to use our formal, institutional authority?" – Anonymous VHA Employee

"There is a real disparity of institutional authority and leadership training among VCCs. Some of us are clinicians, some are administrative staff, some have been in VA for a long time, some have been in their role for decades, some are brand new at their jobs. We need skill-building and investment in making the VCCs' authority clear and actionable." – Anonymous VHA Employee

Standardize Staff Trainings

A provider's knowledge of a patient's sexual orientation and gender identity status is essential to providing appropriate prevention screening and care. To raise awareness of unique health considerations for the LGBTQ+ Veteran community, voluntary educational offerings have been available to VHA staff across the country through the Talent Management System (TMS). Several VHA facilities offer ongoing in-person staff trainings, which is often provided by the LGBT VCC. In addition, relevant resources can be accessed through two internal SharePoint sites.

Staff education is largely voluntary and often reaches an audience who is already motivated to enhance personal knowledge. Unfortunately, there are instances in which inadequate care is provided due to provider claims of not possessing "specialty knowledge" about the LGBTQ+ Veteran community. From the onset, if a provider does not ask about sexual orientation and/or gender identity, then the Veteran does not get access to appropriate and culturally informed care. Minimum standards for training on LGBTQ+ health are needed to develop baseline competency for all staff and providers.

Additionally, it is essential that LGBTQ+ Veterans have access to health literacy programming so that they can be informed about how sexual orientation and gender identity matter in healthcare (Lange et al., 2020). This, coupled with comprehensive training efforts, will promote the provider and patient to communicate in an informed and productive manner.

"It is not uncommon for LGBTQ+ people (not just veterans) to live stealth. You won't actually know the size of the Veteran population if providers are not asking specific questions about sexual orientation and gender identity." – *Anonymous VHA Employee*

Beyond minimum standards for the education of all staff, areas of care require advanced training (e.g., evaluations of readiness, hormone therapy). Levels of competency can be established to designate the extent of knowledge in an area of practice, and these designations can be identified by providers during the privileging process. Identification of qualified staff, beyond the LGBT VCC, would assist in standardizing best practices across VHA facilities.

Clarification Regarding "Right of Conscience" in relation to LGBTQ+ Veteran Care

Right of Conscience (ROC) permits providers to avoid potentially morally objectionable issues (e.g., abortion, contraception, or sterilization). The National Center for Ethics in Health Care serves an "authoritative resource for addressing the complex ethical issues that arise in patient care, health care management, and research" (U.S. Department of Veterans Affairs, 2021a). Regardless of the provider's personal objections, there remains an obligation to ensure medically appropriate care is provided to the patient; there is a process that must be followed if an objection arises. Importantly, aspects of identity (i.e., sexual orientation, gender identity) are not considered morally objectionable. It is recommended that clarification be provided to the field regarding equitable delivery of services, enhancing provider standards for culturally competent care, and clear consequences for refusal of care based on ROC.

Healthcare Equality Index (HEI)

The Healthcare Equality Index (HEI), by the Human Rights Campaign, "is a national LGBTQ+ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ+ patients, visitors, and employees" (HRC, 2020b). The well-known reference highlights and encourages the use of best practices and policies for LGBTQ+ inclusive care. Healthcare facilities are evaluated in four domains: 1) Non-Discrimination & Staff Training, 2) Patient Services and Support, 3) Employee Benefits & Policies, and 4) Patient and Community Engagement. Earning the coveted "LGBTQ+ Leader" status indicates that a hospital or medical center achieved a perfect score on the measure and did not engage in activities that would undermine LGBTQ+ patient care.

In 2020, 59 VHA Facilities earned perfect scores and the status of "Leader in LGBTQ+ Healthcare Equality" (HRC, 2020b). The number of Leaders demonstrate successful progress in

advancing affirmative care. Currently, VHA participation in this measure is encouraged at all facilities. It is recommended that all VHA facilities are required to complete the HEI, with accountability placed upon the Medical Center Director. The results of the HEI provide feedback on organizational needs, identified areas for improvement, and establish system-wide standards. Notably, the public-facing results are accessible to LGBTQ+ Veterans.

Expand Opportunities for Research and Quality Improvement

Research and quality improvement projects serve to increase visibility and awareness of LGBTQ+ health care needs within VHA. It is recommended that specific funding be allocated for Health Services Research and Development Service (HSR&D) and quality improvement grants be made available for front-line staff championing innovative clinical interventions. An annual conference on LGBT Veteran Health would promote collaborations and dissemination of findings among the field.

LGBTQ+ Employees and Beneficiaries Recommendations

LGBT Special Emphasis Program Manager (LGBT SEPM)

The Office of Resolution Management, Diversity, and Inclusion (ORMDI; 2021) established specific programs to promote an inclusive workforce. The LGBT Special Emphasis Program Manager (LGBT SEPM) serves as a point of contact for sexual and gender minority employees and engages in cultural activities to raise awareness of diversity and inclusion efforts. It is widely recommended that this position has protected time but, similar to the LGBT VCC role, there is widespread variability. It is recommended that all LGBT SEPM's have appointment letters with protected time, with duties included in performance standards. Furthermore, funding should be

provided for LGBT SEPM attendance at an approved external conference (e.g., Out & Equal Workplace Summit) in order to identify workplace inclusion efforts that may translate to VHA.

Corporate Equality Index (CEI)

The Corporate Equality Index (CEI), by the Human Rights Campaign, "is a national benchmarking tool measuring policies, practices and benefits… and is a primary driving force for LGBTQ+ workplace inclusion" (HRC, 2020a). The CEI evaluates large businesses in three domains: 1) Non-discrimination policies across business entities, 2) Equitable benefits for LGBTQ+ workers and their families, and 3) Supporting an inclusive cultural and corporate social responsibility. The VA does not participate in the CEI. It is recommended that CEI benchmarks are used as a framework for identifying workforce protection criteria, an inclusive employee health benefits package (e.g., transgender-inclusive healthcare coverage, domestic partner benefits, inclusive benefits for beneficiaries), as well as the implementation of organizational competency programming and educational efforts to promote an inclusive workforce.

"Despite progress, 46% of LGBTQ+ workers nationwide remain closeted on the job. Retaining workers is largely about everyday experiences on the job." – Corporate Equality Index, 2021

"When a hospital takes steps to provide equitable treatment and inclusion for LGBT employees, it benefits the entire workforce." - Joint Commission, LGBT Field Guide

LGBTQ+ Veterans and Beneficiaries Recommendations

*Affirmative Care***

Defined as "an approach to health and behavioral health care that validates and supports the identities stated or expressed by those served" (Natasha et al., 2020), affirmative care is much more than good intentions. Affirmative care actively embraces LGBTQ+ identities while recognizing the impact of systemic discrimination and oppression in healthcare services (Lange, 2020). LGBTQ+ care services should be standardized based upon affirmative care best practices (e.g., APA, 2015; WPATH, 2017). All providers should be engaging in topics related to sexual orientation and gender identity because LGBTQ+ status matters in health care. It is recommended that there are increased funding opportunities for affirmative care invention development and standardization.

While affirmative care principles should be integrated within all routine care appointments, access to specialty care services can be expanded with the development of an identified interdisciplinary clinical team. Utilizing the systemic structure of VISN Clinical Resource Hubs (CRH), interdisciplinary clinical teams can offer specialty care services (e.g., evaluations of readiness, hormone therapy) for the LGBTQ+ Veteran population across geographical locations. It is recommended that these teams prioritize health promotion and wellness, care coordination, patient navigation, and transgender-specific healthcare needs (e.g., evaluations of readiness, voice therapy). Funding for these positions would need to be secured.

Beyond inclusive healthcare policies and provider training, patient health education is an affirmative care method for encouraging positive health behavior choices. Research largely supports that improving patient health literacy contributes to personal empowerment in overcoming barriers to health and well-being (e.g., Nutbeam, 2000). Veteran-focused LGBTQ+ health education, such as "PRIDE In All Who Served", is needed to advance health outcomes,

impact health behavior, increase social connectedness, and ensure improved healthcare access and service delivery for this often-invisible group of Veterans (Lange et. al., 2020).

Inclusive Benefits Package

The recent Message from the VA Secretary message to staff (02/23/21) indicated that gender affirmative surgical interventions may be included in the medical benefits package. Access to medically necessary services (e.g., electrolysis, mastectomy, breast augmentation, orchiectomy, tracheal shave, vaginoplasty, vulvoplasty, metoidioplasty, phallosplasty, etc.) should be considered affirmative and not cosmetic. It is recommended that gender affirmative surgical interventions be conducted within VHA facilities; should referral to the community be necessary (CHOICE Act), a point of contact/representative should be identified within the Office of Community Care to ensure these services and care coordination is done according to best practices and with WPATH Standards of Care (WPATH, 2017). Furthermore, aspects of biological sex (sex assigned at birth) impact VHA clinical reminders, and therefore, appropriate reminders for medical screenings should be modifiable by care providers to ensure gender-diverse Veterans have access to appropriate routine care screenings and services.

Outreach and Suicide Prevention

Collaboration between LGBT VCCs and Suicide Prevention Coordinators (SPCs) is essential. Reducing the risk of suicide for LGBTQ+ Veterans also requires institutional interventions, such as outreach (Wilder & Wilder, 2012). Many LGBTQ+ Veterans are uncertain or reluctant to come to VHA for healthcare. Therefore, it is recommended that funding and resources for outreach be provided to all LGBT VCCs. Specialized training may be necessary for staff to provide outreach to geographical areas consisting of older or rural Veteran populations.

"When veterans opt not to receive care, it may be because they perceive bias. We must ensure that we are promoting and sustaining an equitable healthcare system that is welcoming to LGBTQ+ Veterans." – Anonymous VHA Employee

Caregiver Support Program

Rejection by family of origin has been well-established in the research as a predictor for suicide attempts, substance abuse, depression, and sexual risk behavior among LGBTQ+ individuals (e.g., Klein & Golub, 2016). It is a common experience for the coming out process to be complicated by concerns of family rejection and loss of connection to loved ones. Within the LGBTQ+ community, many have found ways to provide a support system to one another. An inclusive definition of family allows LGBTQ+ individuals to build their network, thus developing a protective factor against suicidal ideation and healthcare disparities.

According to VA Policy, "family" or "family member" includes anyone who is important to the Veteran, which may include people not legally related (*Rights and Responsibilities of VA Patients and Residents of Community Living Centers*). However, to be eligible for VA Caregiver Support, a family caregiver must be either: 1) a spouse, daughter, parent, stepfamily member, or extended family member of the Veteran; or 2) someone who lives full-time with the Veteran or is willing to do so if designated as a family caregiver (U.S. Department of Veterans Affairs, 2021b). It is recommended that the definition of "family" for caregiver support be inclusive of LGBTQ+ Families of Choice.

Intersectionality

Intersectionality refers to the connection and overlap between social identities (e.g., gender, race, ethnicity, social class, religion, sexual orientation, ability, gender identity) and with systems of power within the larger community (Collins & Bilge, 2020). It is essential that systemic interventions aimed at health equity and inclusivity for LGBTQ+ individuals take into consideration all aspects of diversity. It is recommended that every VHA facility have an appointed Diversity & Inclusion Officer to ensure collaboration between efforts from key positions [e.g., LGBT VCC, Women Veterans Program Manager, Equal Employment Opportunity (EEO) Manager, LGBT Special Emphasis Program Manager (LGBT SEPM), Minority Veteran Program Coordinator (MVPC)] and can oversee an interdisciplinary committee aimed at holistically addressing systemic needs for health equity.

The intersection of LGBTQ+ status and spiritual identity is a salient matter for many LGBTQ+ Veterans (Kopacz, Nieuwsma, Wortmann, Hanson, Meador, & Thiel, 2019). Affirmative chaplaincy services exist throughout the VHA system. However, certain chaplain endorsements do not permit providing services to LGBTQ+ individuals. VHA should take a clear affirmative stance on employment expectations and spiritual care services that are provided to all Veterans. It is recommended that the National VA Chaplain Service appoints a panel of reviewers to ensure that all Chaplain endorsements are inclusive of LGBTQ+ Veterans and determine the course of action for those staff members with restrictive endorsements.

Discharge Upgrades

Anti-LGBTQ+ military policies contributed to many sexual and gender minorities to experience formal discipline, career consequences, dishonorable discharges, harassment, violence, retaliation, and fear. The history of these policies [e.g., Don't Ask, Don't Tell (DADT),

Transgender Military Ban] continues to impact Veterans and their perceptions of VHA healthcare. It is recommended that there is collaboration and coordination between Veterans Benefits Administration (VBA) and the Department of Defense (DoD) for identification of those individuals who are eligible to update discharge status or pursue reparations from being "forced out" from military service. VA Health Care Enrollment and Eligibility outlines minimum service requirements; it is recommended that individuals with discharges connected to sexual orientation and/or gender identity are included in the medical benefits packages in order to pursue treatment and/or counseling related to conditions stemming from the experience. It should be the responsibility of the DoD and VBA to contact those who are eligible for discharge upgrades stemming from anti-LGBTQ+ military policies.

Electronic Health Record (EHR)

VA has prioritized the modernization of the electronic health record (EHR) through its partnership with Cerner. While the new EHR will allow for more data capturing of relevant health information for LGBTQ+ Veterans (i.e., sexual orientation, gender identity, and biological sex), there are complexity of care that needs to be considered.

Creating a clinical option for specialty providers (e.g., Endocrinologists, LGBT VCCs) to specify biological sex characteristics (both primary and secondary) would promote accurate preventative screening and care. For example, a biological female who identifies as male, but has not undergone gender affirmative surgery, still requires preventative care like routine breast examinations and PAP smears. It is recommended that providers have the ability to adjust clinical reminders for anatomy, which would ensure accurate care referrals for Veterans who were born Intersex or have pursued gender-affirming surgical interventions.

Name and gender marker changes are interconnected with privacy officers, who ensure compliance with record-keeping regulations are maintained. While there are laws about the use of legal name within the healthcare settings, there are ways to make the EHR more affirming for LGBTQ+ Veterans and any other Veteran who has navigated the process of name change (e.g., Women Veterans). Additionally, there are barriers to being able to change these identifiers on legal documents (e.g., financial, state laws regarding birth certificates). It is recommended that a standardized form be created for Veterans to pursue having the EHR reflect name, pronouns, and gender identity; this information is clinically relevant and promotes a better quality of care. The form should be a function of the Benefits department to oversee the process and ensure care is provided to the intended recipient. It is recommended that Veterans have the ability to submit this request through MyHealth*e*Vet (and in the future, My VA Health) to update name, pronouns, and gender identity.

"As an employee, one of the biggest challenges is that our systems do not have an area for identifying a veteran's preference for preferred title, gender, or name. I think that is something that would be a beneficial investment for our LGBTQ+ community because there is nothing more embarrassing as an employee than to call a Veteran on the phone and unintentionally offend them. I want to be respectful, but the system doesn't help me do that. I should be able to update this in the chart." – Anonymous VHA Employee

While there may be reservations about systemic approaches that readily identify individuals as LGBTQ+, it is necessary in healthcare. LGBTQ+ status is confidential protected health information (PHI). "Because information about a patient's sexual orientation and gender identity is often very relevant – and sometimes absolutely crucial – to the provision of healthcare, it is protected by the federal privacy rules as well" (Lambda Legal, 2003). Regarding standardization

of documentation, the following recommendations are provided: 1) all intake paperwork, forms, and electronic templates include sexual orientation and gender identity; and 2) standardized LGBTQ+ Health clinical reminders and note templates are made available to every VHA facility. Currently, there are note templates that automatically populate data related to demographics (e.g., race, age, sex, or gender) making it easy for providers to misgender someone accidentally. It is recommended that guidelines be updated to prevent automatic gender/sex input into facility-level notes. To reduce healthcare disparities and ensure individualized care, primary care providers and mental health treatment coordinators should have the ability to update gender identity and sexual orientation in the medical record.

Expand Accessibility to Family Building

Currently, the VA provides in vitro fertilization (IVF), assisted reproductive technology (ART), and other infertility services for Veterans with certain service-connected conditions. However, a Veteran must meet these specific needs: Service-connected condition that causes infertility, you are legally married, male spouses can produce sperm, female spouses have an intact uterus and can produce eggs. For LGBTQ+ veterans, the denial of access to marriage for same-sex couples has adversely affected individuals and families' health and well-being (Herdt & Kertzner, 2006). The same stigmatization of being legally married and have a male spouse that can produce sperm further limits LGBTQ+ Veterans' accessibility to family building. Expanding access to Intrauterine insemination (IUI), IVF, and ART for women Veterans who are single, in same-sex relationships, and meets the needs of service-connected infertility have the ability to use benefits they deserve.

Thank you, Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and Members of the Senate and House Veterans' Affairs Committee. It is an incredible honor to submit testimony on behalf of the Modern Military Association of America – the nation's largest LGBTQ+ military and veteran non-profit.

* *LGBTQ+ is used as an all-inclusive acronym for all individuals who identify as sexual minorities and/or gender diverse.*

** *All proposed systemic advancements and changes in this document stem from an affirmative care stance.*

Selected References

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Statements for the Record

EANGUS Statement

Senate and House of Representatives Committees on Veterans' Affairs

Hearing on Legislative Presentation of Multiple Veterans Service Organizations

March 8, 2022

Enlisted Association of the National Guard of the United States

1 Massachusetts Avenue N.W., Suite 880
Washington, D.C. 20001

The Enlisted Association of the National Guard of the United States (EANGUS) was formally organized in 1972 to increase the voice of enlisted persons in the National Guard. As such, EANGUS is a non-profit organization dedicated to the principles of providing an adequate national defense and promoting safeguarding and improving the status, welfare, and professionalism of enlisted National Guard members, veterans, retirees, and their families through legislation, employment, education, emergency resources and partnerships.. Beginning with twenty-three states, EANGUS now represents all 50 states, Guam, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia, and has an association comprised of those who serve the National Guard on the national tour. With a constituency base of over 450,000 Soldiers and Airmen, their families, and tens of thousands of retired members.

EANGUS is a non-profit organization dedicated to promoting the status, welfare, and professionalism of Enlisted members of the National Guard by supporting legislation that provides adequate staffing, pay, benefits, entitlements, equipment, and installations for the National Guard. The Legislative Goals of EANGUS are published annually. The goals and objectives were established through the resolution process, with resolutions passed by association delegates at the annual conference. The issues that EANGUS will pursue in Congress and in the Department of Defense come from these resolutions. Resolutions stay in force for two years.

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Command Sgt. Maj. Karen M. Craig, Army National Guard (ret.) 202-646-7706

Executive Director:
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Director, Legislation and Military Policy:
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DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Enlisted Association of the National Guard of the United States (EANGUS) is a member-supported organization. EANGUS has not received grants, contracts, or subcontracts from the federal government in the past three years. All other activities and services of the associations are accomplished free of any direct federal funding.

STATEMENT

EANGUS appreciates the opportunity to discuss our legislative priorities that affect National Guard enlisted servicemembers. While we will not address every proposed Act, this does not indicate EANGUS's support for or opposition to these other bills. EANGUS's focus today aligns with our By-laws and Articles of incorporation.

Affordable Health Care for Gray Area Reserve Retirement

Provide the same health care coverage to retirees who qualify for the gray area early age retirement. (Title 10 U.S.C. §1074)

Reserves and National Guard Servicemembers can retire after at least 20 good years of service. A "good year" requires a minimum number of points per year. However, reservists must wait until age 60 before receiving retirement pay. Now there is an exception to that rule.

The National Defense Authorization Act (NDAA) for the Fiscal Year 2008 enacted the Reduced Retirement Age for Reserve Component (R.C.) members based on Active Duty (A.D.) days. This legislation provides a way to reduce the retirement age from 60 to an earlier date that cannot be reduced below age 50. Only specific A.D. orders qualify for early retirement on or after January 29, 2008. Active Duty days are credited in aggregates of 90 days within any fiscal year. A day of duty shall be included in only 90 days. Retired Reserve and National Guard members are referred to as Gray Area Retirees once they are eligible for early retirement.

When this legislation passed, it did not include eligibility for the same retirement health care program of TRICARE Prime, under Title 10 U.S.C. 1074(b), that is offered to all other retirees. In 2009 Congress enacted TRICARE Retired Reserve under Public Law 111-84, which provided a non-subsidized health care program from the early retirement age. (Select retirees may be eligible for TRICARE Select and Prime where available).

As a comparison, TRICARE Retired Reserve is a per month payment, and TRICARE Prime is an annual payment. For those same servicemembers in TRICARE Select, there is no enrollment fee. Once the retired reservist reaches age 60, (Select retirees may be eligible for TRICARE Select and Prime where available).

	TRICARE Prime, Retired, Group A*	TRICARE Retired Reserve	TRICARE Select, Retired, Group A*
Enrollment Fees	$300/year for individual or $600/year for family	Member-only: $444.37/month or $5332.44/year Member + Family: $1,066.26/month or $12,795.16/yea	$0.00

The Gray Area law was meant to recognize the increased reliance on the Reserve Components and EANGUS urges Congress to reduce the age of TRICARE eligibility to match the the intent of early retirement.

D.D. Form 214: Issue upon Retirement/Separation from the Reserve Component

Direct all members of the Reserve Component to receive a DD FORM 214 when they are released/discharged, re-enlist/extension, or re-deploy

With the global demand not abating for Reserve Component (Reserves and National Guard) members, more and more citizen warriors are called to duty to fill personnel gaps for active-duty forces. Since the Active and Reserve Components are treated equally in terms of the "Total Force" concept, it is essential that all members, past and present, be treated equally with the DD 214. This, however, is not the case when issuing a DD 214 to R.C. servicemembers.

Currently, not all Reserve Component members receive a DD 214 when released/discharged, re-enlist/extension, re-deploy from a contingency of more than 90 days from active service or active status, and throughout millstones during their career. This is a problem for R.C. members because the V.A. and other federal and state government agencies typically require veterans to provide a copy of one of these forms to qualify for veteran benefits.

Complicating this issue was the fire in 1973 at the National Personnel Records Center (NPRC) in Overland, Missouri, that destroyed 80%, or 16-18 million files, of the official military personnel records. The NPRC is the federal custodian of military service records for U.S. military service members and where servicemembers would go to get a copy of their DD 214.

According to VA Pamphlet 26-7, "There is no one form used by the Reserves or National Guard that is similar to a D.D. Form 214," that meets "Proof of Service Requirements" (Chapter 2). Military personnel systems are sophisticated to the point that an electronic D.D. Form 214 could be updated every time the personnel system updates corresponding service data to include medals, promotions, specialties, orders, etc. This approach would also benefit active duty. Using the new production method adding R.C. would not overwhelm the system and cause any issues with production for A.C. or R.C. servicemembers.

By streamlining the D.D. Form 214 service statement for Reserve Component members, all current and former service members will receive credit for their honorable service to our nation.

The proposed change to Title 10 U.S. Code § 1168 would provide a D.D. Form 214 at career milestones, ensuring that R.C. members access needed benefits. This would ensure predictable 214's that reflect a National Guard and Reserve member's entire career over time. It would also help servicemembers and their families obtain state and federal veteran benefits.

Burial Equity for Guards and Reserves Act

Ensure all Reserve Components and the National Guard members are eligible to be buried in state veterans' cemeteries, so long as their service was terminated under conditions other than dishonorable.

Under current law, only National Guard and Reserve Component Servicemembers who have been called to active duty are allowed to be buried in state veterans' cemeteries that receive federal funding through the Department of Veterans Affairs (V.A.) Veterans Cemetery Grants Program. Our offices have heard directly from constituents who served in the National Guard and Reserve Components and believed that existing restrictions on the Department's grant program fail to acknowledge their contributions to our nation's service. Over the past two years, we have witnessed thousands of Guardsmen and Reservists serve their country while responding to the COVID-19 pandemic and other domestic emergencies, including natural disasters and civil unrest. This is in addition to the services these individuals are prepared to provide should they be called

upon for Active Duty.

In response to a Request for Information (RFI) on the Department's Eligibility Considerations for the Veterans Cemetery Grants Program, the V.A. received dozens of comments, including those from leaders of state veterans' cemeteries from across the country, indicating that they support efforts to expand eligibility for burial in a state veterans cemetery to additional members of the National Guard and Reserve Components. The leadership of the National Guard and state veterans' cemeteries in our states have indicated that they strongly support this change in eligibility to ensure that those who served to receive the proper burial that they deserve.

It is clear that both our constituents and other stakeholders alike agree that the current overly restrictive eligibility requirements fall short of the respect that our National Guard and Reserve Component Servicemembers have earned. We urge you to include language to ensure that all Reservists and National Guard Servicemembers are eligible to be buried in state veterans' cemeteries, so long as their service was terminated under conditions other than dishonorable.

Second, we respectfully request that you include the language from the Burial Equity for Guards and Reserves Act that would end the V.A.'s existing practice of punishing state veterans' cemeteries that bury the spouses, minor children, or unmarried adult children of those service members by conditioning federal grants on a cemetery's compliance with existing burial eligibility criteria. Under our legislation, the Secretary could not prohibit funds from being used to inter any member of a reserve component of the Armed Forces whose service was terminated under conditions other than dishonorable, any member of the Army or Air National Guard whose service was released under conditions other than dishonorable, any member of the Reserve Officers' Training Corps (ROTC) whose death occurs while a member of the ROTC and the spouses of those members described above—allowing the Federal government to punish states for determining eligibility for their cemeteries overreaches on what should be a decision left to the states.

Thank you for considering our request. We appreciate your efforts to advance this legislation and ensure that Congress sends the message that it is committed to providing respect and recognition for those National Guard and Reserve members who swear an oath to defend this country.

Guard and Reserve GI Bill Parity Act

As you know, H.R. 1836 - Guard and Reserve GI Bill Parity Act passed the House of Representatives on January 12, 2022, with a decisive bipartisan vote of 287-135. This bill aims to eliminate most of the confusion over which duty types allow the Guard and Reserve members to qualify for federal education benefits. H.R. 1836 enables all days in service, including weekend drills, annual training, and specific state active duties such as 502(f), to count toward the Post- 9/11 GI Bill.

Additionally, there is a Senate version of National Guard GI Bill parity, S.2644 – the Guard, Reserve, and Active-Duty Department of Veterans Affairs Educational Assistance Parity (GRAD) Act.

The Guard and Reserve GI Bill Parity Act and GRAD Act have come during an unprecedented time for the National Guard and Reserve Component. In the last 20 months, the National Guard

and Reserves have activated more than 200,000 servicemembers for domestic missions to provide pandemic relief, combat wildfires, secure the U.S.-Mexico border, and protect the U.S. Capitol after January 6th protests. Many of these missions are ongoing, with no clear end in sight.

Unlike our Active Component peers, a day in the National Guard or Reserves does not always equal one day of service: regular weekend training days and annual training do not count toward benefits. As wars wind down, federal deployments abroad have decreased, making it much more difficult for Reserve Component Servicemembers to earn federal benefits, including the GI Bill, despite frequent rotations for missions at home and regularly scheduled training.

We must ensure these Servicemembers have the same benefit under Post 9/11 GI Bill as their active-duty counterparts. We are optimistic the House and Senate can come to a bipartisan agreement on these two pieces of legislation and provide what will be the most consequential change to the post 9-11 GI Bill, specifically for the Reserve Component, since the inception of the program.

TriCare for all Reservists

Legislate health care for all Reserve and National Guard Servicemembers. This would bridge the readiness and retention issues the branches currently have, and we believe it will significantly reduce the V.A. health care cost for R.C. and National Guard after the servicemember leaves their branch of service.

EANGUS has supported extending TRICARE Reserve Select (TRS) to military technicians as a recruiting tool for the military. Still, we know that health care coverage is one of the top issues with readiness and deployability. We realize the biggest hurdle is the offset of appropriations because DoD has not funded this option, but we believe that the benefit far exceeds the expense.

T.R.S. increased R.C. servicemembers' readiness during the early years of the 9/11 activations and gave an affordable health care option for servicemembers. Any changes to health care should be approached as a readiness issue for the service member and benefit the family. We also have several other concerns about health care for the R.C.:

- Military health care records are scattered over several locations (duty station, TDY locations, civilian providers), making it impossible to monitor deployable standards.
- Difficulty getting annual physicals during drill weekends due to insufficient manning or personnel.
- Loss of health care coverage when an individual's duty status and orders change, triggering a different TRICARE program which has a significant impact on families that are unable to get medical care due to lapse in coverage.
- Length of time to complete medical evaluation boards.
- Difficulty processing L.O.D.s due to the complexity of the process and review levels

required and proving when the injury occurred.

- Inability to provide immediate care to injures due to processing time causes more extended periods of non-deployablity.

- Servicemembers' inability to receive care through the V.A. This process is prolonged due to a lack of attention during injures.

We believe a more permanent fix would be to cover every participating R.C. member under a TRICARE Prime Remote Like coverage for the readiness aspect. This would consolidate the health care records into one program and increase the ability to monitor deployable standards. Any annual physicals, shots, etc., would not have to be crammed into a drill weekend. This would free up valuable training time.

CONCLUSION

EANGUS appreciates the opportunity to offer thoughts regarding these critical legislative issues. Because of the unique nature of service in the National Guard, our members may simultaneously receive care and benefits from V.A., the departments of Labor and H.H.S., and DoD.

Military and veterans' laws and policies are often developed without understanding or appreciating the essential distinctions between Enlisted Reserve Component Servicmembers and their active-duty counterparts. The members of the enlisted ranks of the National Guard invariably lose out. And so do their families.

These past two years have shown America how important the Enlisted National Guard Servicemembers are to our everyday lives. The National Guard has deployed over 200,000 servicemembers since 2020 for missions including but not limited to, Pandemic assistance, Civil unrest, overseas direct combat assistance, and capitol security. These activations were often at a moment's notice, and the Enlisted National Guard Servicemembers did not hesitate; they accomplished the mission.

Ensuring that our Enlisted National Guard veterans are adequately cared for after service is critical to the National Guard recruiting and retention problem. As stated above, "the National Guard does not hesitate; they accomplish the mission." We are now asking the same from Congress; please do not hesitate. Ensure our nation's heroes are adequately cared for during and after completing the service. Thank you for your time.

Federal Bar Association

Veterans & Military Law Section

STATEMENT OF

Carol Wild Scott, Esq.

Legislative Chair

STATEMENT FOR THE RECORD

HOUSE – SENATE

JOINT COMMITTEE HEAROINGS

ON VETERANS' AFFAIRS

March 8, 2022

Chairman Tester, Ranking Member Moran, Chairman Takano, Ranking Member Bost, Members of the Senate Veterans' Affairs Committee, Members of the House Veterans' Affairs Committee and all Senators, Representatives, Veterans Service Organizations, and distinguished guests. On behalf of the Veterans & Military Law Section of the Federal Bar Association, I wish to thank you for the opportunity to submit our Comments for the Record regarding the Department of Veterans' Affairs (VA) issues for 2022.

Appointments

The lack of appointments to the positions of Under-Secretary for Veterans Benefits and for Under-Secretary for Veterans Health is a serious matter, as those entities are and have been operating without firm leadership for many months. The Veterans & Military Law Section of The Federal Bar Association (V&MLS) urges that encouragement from these Committees be placed appropriately to ensure that these appointments are being made.

While there has been, over the last several years, an improvement in the percentage of Regional Office decisions remanded by the Board, it still sits at over 40%. Clearly there are improvements to be made requiring strong leadership at the top. Similarly, the lag in the integration of medical records and the tremendous taxpayer expense that has entailed, as well as the chaos affecting the operation of the Caregiver Program are indicative of the need for strong leadership in VHA.

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Federal Bar Association

Veterans & Military Law Section

Rural Health

V&MLS encourages expansion of the availability of adequate examinations and health care for rural veterans. S. 3163, The Rural Exams Act, certainly addresses the need for data and accountability in C&P exams for rural veterans. The passage of The Sgt. Ketchum Rural Mental Health Act similarly will considerably improve the access to mental health care. The use of Community Care for veterans with physical disabilities in these rural and highly rural areas should be revisited and assessed to ensure competence in providing care unique to veterans by providers within the Community Care Program. In many highly rural areas, it is as far as sixty miles to a CBOC and several hundred miles to a VAMC. We note that post 9-11 the Bush Administration activated National Guards across the country. In rural and highly rural areas this membership consisted largely of the pillars of small communities, many of which returned with lasting physical as well as mental trauma. The same reporting of data requirements and oversight from these Committees inherent in the Rural Exams Act should apply to Community Care providers in areas such as toxic exposure and diseases unique to combat veterans.

Caregiver Program

The Caregiver Program is one of the best and most needed programs under VHA. It provides for care of seriously disabled veterans at home, within their communities and by providing for stipends for family caregivers, lessens the economic impact of foregoing employment in order to provide that care. It also is a significant savings of taxpayer dollars by limiting care in veterans' homes and other institutions However, the Program has suffered from lack of adequate supervision from VHA leadership. Arbitrary and unequal application of eligibility requirements has been a problem, with serious allegations of abuse of discretion in many instances.

In July, 2020 the final rule on "improvements to the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and update (of) regulations to comply with the … MISSION Act of 2018" was published. During the course of these hearings it was stated that 86% of current applicants to the Caregiver Program were being denied. It should be obvious that there is something drastically wrong with any program with an 86% denial rate. A Rule Challenge to the new regulations was filed in the Federal Circuit in November, 2020: Veteran Warriors vs Secretary of Veterans Affairs, Dkt. No. 2021-1378. The allegations included numerous instances of *ultra vires* actions throughout the regulations, especially in the areas of eligibility. The general basis for the Challenge is the lack of any basis within the enacting legislation for the new regulations.

V&MLS strongly urges that these Committees, in their oversight capacity, hold hearings to determine whether legislation may be required to reverse the actions of the Secretary.

Indigenous veterans

The Native American / Alaska Native Tribal Advisory Committee held its first meeting in late January. The Office of Tribal Government Relations (OTGR) re-named the Committee "The VA Advisory Committee on Tribal and Indian Affairs." This meeting was organizational, held virtually and was open to the public. Though one of the prime reasons the legislation establishing the Committee was the general lack of support for OTGR by the Indigenous veterans' community, OTGR has emerged as the administrator of the Committee – a bit like putting the fox in the hen house. However, the membership of the Committee is very strong and it will be very independent. It should be noted that this Committee was also designed to have an advisory function for the House and Senate.

While the grim statistics for the loss of veterans through suicide stands at seventeen per day, they are, unfortunately, incomplete. There is still nothing in place to identify or count Veteran suicide on tribal lands. Indigenous people as a whole endure suicide at a much higher rate than any other segment of our society, especially between the ages of 18 and 35. VA has yet to include traditional healing and ceremony into the mental health protocols for Indigenous veterans, although within Indigenous cultures these are powerful instruments of healing. Addressing this issue will require cooperation among tribal law enforcement, social services, Indian Health Service and, critically, TVSOs. V&MLS urges these Committees to impose on VA the responsibility of obtaining data and implementing practices that may be used to address this issue.

The Secretary of the Department of Veterans Affairs has recognized that regulations promulgated in 2016, to enable accreditation of Tribal Veterans' Service Officers (TVSOs) were unworkable, and that no TVSO has been accredited through those regulations since that time. The VA Office of General Counsel leadership has recognized the critical role that TVSOs fill within the tribal community and the unique nature of their services to veterans within the community. With the help of the Secretary and the OGC, there is now in place a sincere effort on the part of VAOGC to remedy the situation and to find a workable path to full accreditation, which is all that the Tribal Veterans have ever requested.

This effort has resulted in a pilot program which will involve five tribal communities, with accreditation placed under 38 C.F.R. Ch. 14.630, which provides the Secretary with broad discretion for accreditation. An essential part of this effort is establishing a source of training that equates with training given national VSOs. A source has been found outside of VA and the effort is moving forward. A path to full accreditation and equivalent training will provide Indigenous veterans with culturally competent representation before the Agency. This will terminate the Tribal Veteran Representative (TVR) program initiated by VA several years ago to "provide representation." This program was fatally flawed in the total lack of the ability of the TVR to hold a Power of Attorney and actually represent a veteran before the Agency, access veterans' records or in any other way act as a legal representative.

V&MLS applauds the actions of VA in this regard, as it will provide for the full representation of Indigenous veterans. Although initially it will affect Native American and Alaska Native veterans, it should expand to all Indigenous veterans, including Pacific Islanders, who at present do not receive as many programs, services or benefits as they should. VA leadership has recognized that Indigenous veterans serve this country in far greater numbers, proportionally, than any other ethnicity. They have listened and understood these issues and have acted upon them. While there will inevitably be bumps in the road, the outlook for this effort is promising.

OTGR currently has approximately seven to nine employees. This small team must address the needs of veterans in 574 federally recognized tribes. This make no sense, as it is impossible to perform adequately within that framework. While VA estimates that there are 140,000 – 170,000 Indigenous veterans, by numbers determined by the US Census, there are many more. The national VSO community has not, frequently because of the distances involved with highly rural tribal communities, been involved in broad representation of Indigenous veterans, nor have those organizations been able to address their issues.

OTGR was established under the Obama Administration at the same time that such Offices of Tribal Government Relations were established in every federal agency. At this time VAOTGR is in need of adequate funding and personnel in order to address the issues of Indigenous veterans across the board. While OTGR has performed well in the area of health care and programs, it has not done so in the area of benefits. Current leadership is not popular with many veterans. The current director is not a veteran, which does not sit well with the veterans. A change in leadership would greatly enhance the operation of that Office.

Conclusion

V&MLS greatly appreciates the hard work of both the House Committee of Veterans Affairs, The Senate Committee of Veterans Affairs and all of the VSOs, the bipartisan and cooperative efforts by and through which so many of the advances in benefits, health care and a myriad of programs and services are available to our veterans today. Thank you for accepting this submission on the part of the Veterans & Military Law Section of the Federal Bar Association.

Respectfully submitted,

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Statement of the

Fleet Reserve Association

on its

2022 Legislative Goals

Presented to the

U.S. House of Representatives and

United States Senate

Veterans' Affairs Committees

By

Christopher J. Slawinski

National Executive Director

The FRA

"Heading to 100 Years"

The Fleet Reserve Association (FRA) is the oldest and largest organization serving enlisted men and women in the active, reserve, and retired communities plus veterans of the Navy, Marine Corps, and Coast Guard. The Association is Congressionally Chartered, recognized by the Department of Veterans Affairs (VA), and entrusted to serve all veterans who seek its help.

FRA started in 1924 and its name is derived from the Navy's program for personnel transferring to the Fleet Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During the required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy.

The Association testifies regularly before the House and Senate Veterans' Affairs Committees, and it is actively involved in the Veterans Affairs Voluntary Services (VAVS) program. A member of the National Headquarters' staff serves as FRA's National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA's VSOs oversee the Association's Veterans Service Officer program and represent veterans throughout the claims process and before the Board of Veteran's Appeals.

In 2016, FRA membership overwhelmingly approved the establishment of the Fleet Reserve Association Veterans Service Foundation (VSF). The main strategy for the VSF is to improve and grow the FRA Veterans Service Officers (VSO) program. The newly formed foundation has a 501(c) 3 tax exempt status and nearly 800 accredited service officers with FRA.

FRA became a member of the Veterans Day National Committee in 2007, joining 24 other nationally recognized VSOs on this important committee that coordinates National Veterans' Day ceremonies at Arlington National Cemetery. FRA will host the ceremony in their centennial year, 2024. The Association is a leading organization in The Military Coalition (TMC), a group of 35 nationally recognized military and veteran groups jointly representing the concerns of over five million members. FRA staff also serve in several key TMC leadership positions.

The Association's motto is "Loyalty, Protection, and Service."

FY 2023 VA Budget

As this testimony is presented the Administration's FY 2023 budget request has not been submitted. FRA supports budget initiatives to help ensure adequate funding for the Department of Veterans Affairs (VA), with special attention for VA health care to ensure access and care for all beneficiaries. Which is why FRA supports the Independent Budget (IB) recommendations. Notable for FY 2023, the IB recommends a $78.3 billion for VA medical services. The estimate assumes increases based on uncontrollable inflation and a projected 4.6 percent pay raise for VA employees in FY 2023. The IB estimates a 4 percent increase in VA health care utilization due to deferred demand, increased sickness, and morbidity from COVID. If a comprehensive toxic exposure bill is passed in 2022, VA will need additional funding. Significant in last year's IB is a call for $4 billion for overdue construction on medical facilities, doubling the VA's current budget for those projects.

It is noted in IB that the past two years has been particularly challenging with the COVID-19 pandemic disruption that has significantly impacting veteran's ability to access benefits and other services. In recent years, the VA health care system has experienced an increasing number of vacancies in the VHA, including critical clinical personnel, which average 39,000 over the past two years. The lack of sufficient health care staffing has aggravated the long wait times for veterans seeking VA health care. Community care has helped alleviate wait times for veterans. IB recommends that VHA work aggressively hire 13,000 employees to reduce current vacancies by 33 percent.

The Association appreciates last year's SVAC oversight hearing to discuss challenges to the Department of Veterans Affairs (VA) ability to maintain and build new infrastructure, steps to strengthen VA operations, and potential Congressional action to improve the agency's infrastructure. At the hearing, SVAC Chairman Jon Tester (Mt.) stressed that VA infrastructure improvements are a bi-partisan issue. The VA is the nation's largest healthcare system with more than 1,700 healthcare facilities averaging 60 years old.

Toxic Exposure

FRA supports the "Health Care for Burn Pit Veterans Act" (S. 3541) sponsored by SVAC Chairman Jon Tester (Mont.) and Ranking Member Jerry Moran (Kan.) that was recently passed by the Senate unanimously. The bill offers Post 9/11 combat veterans, who are suffering from conditions caused by toxic exposures, access to VA health care. The bill creates a three-step approach to: expand access to health care for exposed veterans; establish a new process to determine future presumptive conditions; and provide overdue benefits to thousands of toxic-exposed veterans who have been long-ignored or forgotten.

The Association is a member of the Toxic Exposures in the American Military (TEAM) Coalition and wants to ensure that no veteran who suffered exposure to burn pits or other

environmental toxins goes without access to VA health care benefits. the recent jet fuel leak at Hawaii's Joint Base Pearl Harbor-Hickam, impacted more than 9,000 military families in Hawaii after jet fuel from underground storage tanks at the Red Hill Bulk Storage Facility leaked into a well that supplies water to their on-base homes. This is a perfect example for the need for toxic exposure presumption.

Last year the Senate Veterans Affairs Committee (SVAC) approved the "Comprehensive and Overdue Support for Troops (COST) of War Act" (S. 3003) sponsored by SVAC Chairman Jon Tester. The House has introduced the "Honoring Our PACT Act" (HR 3967) sponsored by the House Veterans Affairs Committee (HVAC) Chairman Mark Takano (CA). Both bills would allow all veterans who were at risk of toxic exposure, including 3.5 million Iraq and Afghanistan veterans, to obtain immediate and lifelong access to health care from the VA for the first time. One of the largest expansions of health care eligibility in the VA's history. The bills would provide presumptive care for numerous conditions for veterans sickened by exposure to burn pits and other toxins. Both bills would also establish a new science-based and veteran-focused process for the establishment of new presumptive conditions and would provide benefits to thousands of toxic exposure veterans who have been long-ignored or forgotten, including Agent Orange veterans suffering from hypertension. The Association is thankful for the recent Senate Veterans Affairs Committee hearing on this issue.

Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan. More than 3.7 million service members have been deployed to the Southwest Asia theater of military operations since 1990. Deployment to the region exposed service members to airborne hazards including oil-well fire smoke, emissions from open burn pits, dust suspended in the air, exhaust from military vehicles, and local industrial emissions. Temperature extremes, stress, and noise encountered by service members may have increased their vulnerability to these exposures. Toxins in burn pit smoke may affect the skin, eyes, respiratory and cardiovascular systems, gastrointestinal tract, and internal organs. The VA has received 12,582 claims related to burn pit exposure but only 2,828 have been granted.

As noted above many claims have been rejected because of the lack of evidence of burn pit exposure. Each VA claim related to burn pit exposure must include:

1. Medical evidence of a current disability;

2. Evidence of burn pit exposure;

3. Evidence of a link between the claimed disease/injury and exposure

to burn pits.

The second step puts a very high burden of proof on a service member: each has to provide their own, personal evidence that they were exposed to burn pits. To remedy this, the "Veterans Burn Pits Exposure Recognition Act" (S.437) was introduced by Senators Dan Sullivan (AK) and Joe Manchin (WV) that "concedes" exposure based on the time and place of deployment.

The major difference between the "Health Care for Burn Pit Veterans Act" (S. 3541) and legislation approved by both committees last year is that S. 3541 applies only to Post-911 veterans and the bills from last year apply to all veterans. FRA is looking forward to working with both committees and bill sponsors to pass a bill on toxic exposure this year.

Agent Orange Blue Water Navy Claims

FRA is thankful to members of both committees for their support of the Agent Orange Blue Water Navy Act that passed in 2019, and that the VA began re-adjudicating Blue Water Navy claims for veterans who served in the offshore waters of Vietnam. This review is part of the Veterans Benefits Administration's implementation of the U.S. District Court for the Northern District of California order to re-adjudicate previously denied claims, per the Nehmer vs. U.S. Department of Veterans Affairs consent decree.

"This review provides an entire generation of veterans with another shot at getting the health care and benefits they've earned. And it sends a clear message that VA is working to right a wrong perpetrated by a government that ignored their service and sacrifice for far too long." Said SVAC Chairman Jon Tester (Mt.). As of April 30, 2021, VA processed more than 45,000 Blue Water Navy claims and paid nearly $900 million in retroactive benefit payments to disabled Blue Water Navy veterans.

In March 2021, SVAC sent a bipartisan letter asking VA Secretary Denis McDonough to provide the VA's estimated timeline for completing initial processing of Blue Water Navy Vietnam Veterans Act claims and the VA's plan to adhere to the Nehmer v. U.S. Department of Veterans Affairs consent decree.

Veteran's Health Care

COVID-19 cases among the veteran population have reached all-time high. As of January 19, 2022, the VA recorded 55,202 veterans with active COVID-19 infections—3,175 of whom are hospitalized at VA. Reports also show that nearly 13,000 VA health care employees were unable to report to work due to COVID-19, which is more than double the amount at last winter's peak.

Senate Veterans Affairs Committee (SVAC) Chairman Jon Tester (Mont.), Ranking Member Jerry Moran (Kan.), Senators Sherrod Brown (Ohio) and Richard Blumenthal (Conn.) are leading a bipartisan push to provide veterans nationwide access to no-cost, at-home COVID-19 test kits from the Department of Veterans Affairs (VA). These legislators have dispatched a letter to Department of Veterans Affairs (VA) Secretary Denis McDonough. "[We] must ensure veterans are not left behind in this effort to expand testing access…[they] deserve to have every available tool to protect themselves and their families from COVID-19, and at-home tests are one useful approach for limiting the spread within communities and VA facilities."

Currently, VA is not providing or mailing out at-home coronavirus test kits to veterans, citing increasing demand and "Department medical facilities can offer free in-person tests in many

circumstances." However, this may limit access for veterans living in rural or remote areas, veterans with transportation or childcare needs, or veterans with mobility limitations. Further, under Section 6006(b) of Public Law 116-127, the Families First Coronavirus Response Act (Families First), VA is required to cover FDA-authorized COVID-19 testing with no cost sharing for veterans for the duration of the public health emergency.

In addition, Congress has appropriated billions in COVID-19 funding to support veterans and the VA's operations throughout the pandemic. VA received $60 million from Families First, nearly $20 billion from P.L. 116-136, the CARES Act, and more than $17 billion from P.L. 117-2, the American Rescue Plan Act (ARP). the VA has only obligated $458 million of the nearly $14.5 billion appropriated for VA medical care in the ARP, as of January 18, 2022. The VA should be able to fulfill its statutory obligation to provide veterans with at-home COVID-19 testing with no cost-sharing with this level of resources.

Veteran's health care includes other significant challenges. "For example, an estimated 25% of veterans are diabetic; nearly triple the national average of 9.4%. The Veterans Health Administration reports that military veterans also are more likely to be diagnosed with chronic conditions associated with diabetes, including hypertension, chronic obstructive pulmonary disease (COPD) and heart disease." [1]

FRA is supporting the "Veterans' Prostate Cancer Treatment and Research Act" (S.2720/H.R. 4880) to expand treatment and research of prostate cancer to help diagnose and treat veterans through VA, which is the number one cancer diagnosed by the Veterans Health Administration. Prostate cancer is the number one cancer diagnosed in the Veterans Health Administration (VHA). Recent studies have reported over 500,000 veterans are living with prostate cancer and receiving treatment within VHA. There are over 16,000 of those with metastatic disease and there are over 15,000 new diagnoses annually. The need to standardize treatment across VHA with the introduction of a comprehensive system-wide Prostate Cancer Clinical Pathway should be implemented. Studies have shown that prostate cancer develops more frequently in men exposed to Agent Orange and VHA has established it is a presumptive condition thus qualifying exposed veterans for full disability benefits. New data supports a link between prostate cancer and exposure to jet fuel (JP-8), cadmium, and aircraft component cleaning solvents.

The need to enhance research for this disease is clear as the number of diagnosed veterans continues to rise. The legislation requires VHA to establish a Clinical Pathway for Prostate Cancer and to expand VHA research efforts related to screening, diagnosis, and treatment options. VHA should promote veteran's prostate cancer awareness, standardization of diagnosis and treatment, expanded educational resources, and continued research.

FRA appreciates that the VA last year extended the presumptive period to Dec. 31, 2026, for qualifying chronic disabilities rated 10 percent or more, resulting from undiagnosed illnesses in veterans from the Persian Gulf War. This is meant to ensure the benefits established by Congress are fairly administered.

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[1] Express Script Inc. e-newsletter 11/9/18

If an extension of the current presumptive period was not implemented, service members whose conditions arise after Dec. 31, 2021, would be substantially disadvantaged compared to service members whose conditions manifested at an earlier date.

Limiting entitlement to benefits due to the expiration of the presumptive period would be premature given that current studies remain inconclusive as to the cause and time of onset of illnesses suffered by Persian Gulf War veterans.

The VA presumes certain medically unexplained illnesses are related to Persian Gulf War service without regard to cause, including, chronic fatigue syndrome, fibromyalgia, functional gastrointestinal disorders. Also included are undiagnosed illnesses with symptoms that may include but are not limited to abnormal weight loss, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders, and sleep disturbances.

Further FRA supports legislation (H.R.5671) authorizing VA to furnish seasonal flu shots to veterans and is thankful it passed the House. FRA also supports the "Hire Veteran Health Hero's Act" (S.894) that requires VA to ask DoD to refer military healthcare workers to work at VA. Which seems like a commonsense approach to the VA staffing shortages.

According to numerous sources 30 percent of all VA medical appointments are now held in the community rather than in VA medical facilities. The law now allows authorized veterans to access "walk-in care" a limited number of times each year at clinics with VA contracts. FRA also supports expanding the VA efforts to pursue a pilot program to increase veteran access to dental care.

Mental Health/Suicide

FRA supports improvements of VA and Defense Department suicide prevention programs to reduce the rate of suicide among veterans and active-duty service members. The Department of Veterans Affairs released its 2021 National Veteran Suicide Prevention Annual Report. The report shows a decrease from 2018 to 2019 in the total number of veteran suicide deaths (6 percent) and a decrease in the rate of veteran suicides. Specifically, the VA reported that there were 6,261 veteran suicide deaths in 2019 — 399 fewer than in 2018. Of the 17 veterans who died by suicide per day on average in 2019, approximately ten of them had no recent interaction with the VA health care system. The data also revealed that the female veteran suicide rate decreased by almost 13 percent, which is the largest rate decrease for female veterans in 17 years.

Veterans ages 18 to 34 experience a higher rate of suicide than all other age brackets of veterans. The suicide rate for young veterans increased by 76 percent from 2005 to 2017, according to the Department of Veterans Affairs' 2020 National Veteran Suicide Prevention Annual Report. A growing number of these veterans never experienced combat.

The Department of Veterans Affairs (VA) and the Ad Council last year launched a new national campaign called "Don't Wait, Reach Out" that includes Public Service Announcements (PSA) to encourage veterans to reach out for help before their challenges become overwhelming. The announcement noted that suicide is preventable, and the veteran's suicide rate was 52 percent higher than non-veteran adults in 2019.

The PSA's direct veterans to VA.gov/Reach, a website that makes it easier for veterans to find guidance and support services from across the full breadth of the VA's offerings. The user-friendly experience invites veterans to identify the specific life challenges they may be struggling with — like trouble sleeping, or financial stress — then serves up the appropriate resources for their unique needs. The FRA supports improvements to VA and Defense suicide prevention programs to reduce the rate of suicide among veterans and active-duty service members.

In 2017, President Donald Trump signed a bill that created the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) program, which expands mental health resources for veterans. The program screens all service members prior to leaving the military to help VA identify at-risk service members. Nonprofit organizations and the VA are also collaborating to create a resource network to provide mental health services before and after service members leave the military.

FRA is thankful two major proposals were enacted into law: the "Commander John Scott Hannon Veterans Mental Health Care Improvement Act" (S. 785) and the "Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act" (H.R.7105) which amends several VA authorities related to helping veteran's transition from military to civilian life; suicide prevention; mental health care research and oversight; mental health care staffing; and health care for women veterans.

Also, Congress enacted the "National Suicide Hotline Designation Act" (S. 2661) which designates 9-8-8 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system. It should be noted that the 988 program has been delayed by the Federal Communications Commission.

Disability Claims Backlog and the 48 Hour Review

FRA urges Congress to pass legislation that requires VA to be held accountable for achieving the VA's stated goal to achieve an operational state for VA in which no claim is pending over 125 days and all claims have an accuracy rate of 98 percent or higher. Currently there are more than 209,000 pending claims that have been pending 125 days or more. There has been a steady increase in backlog claims since March 2020, and the most current report indicates an 87.35 percent accuracy on disability claims, with an Average Days to Complete (ADC) at 110 days. FRA is thankful that the number of Legacy Appeals for disability claims has been reduced by nearly 19,000 at the end of September 2020 as compared to the end of February 2021.

In April 2020, the VA eliminated the critical 48-hour review period—a decades-old practice allowing veterans and their representatives time to review benefits determinations prior to VA's final decision—as it promotes efficiency, mitigates potential errors, and reduces the need for appeals. FRA supports the "Veterans Claim Transparency Act" (S. 548/HR 2753) sponsored by Sens. Jon Tester (Mt.), John Boozman (Ark.), and Rep. Allred Colen (Tex.) respectively that would reinstate the review period to ensure accredited Veteran Service Organizations, attorneys, and claims agents can review and course correct benefits determinations, prior to VA's final decision.

VA MISSION Act/Caregiver Act

Congress expanded the Caregivers Program to veterans of all eras under the FRA supported VA MISSION Act of 2018. FRA and many caregiver families are disappointed in the way the VA expanded the Caregivers Act. The VA MISSION Act expands the VA Caregiver Program to include all catastrophically disabled veterans. The previous caregiver law only applied to veterans disabled or wounded on or after September 11, 2001. The program provides a monthly stipend, and health care benefits for the caregiver. Since the law's implementation the VA has reported more than 70,000 applications for the Caregivers Program, 27,000 of which were denied. Data shows that the highest percentage of denials were due to the activity of daily living (ADL) requirement and the 70 percent service-connection requirement.

The VA final regulation to improve and expand the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) went into effect on Oct. 1, 2020. This program provides training, education, and assistance to family members caring for a veteran. The expansion will occur in two phases. The first phase began October 1, 2020, which includes eligible veterans who incurred or aggravated a serious injury in the line of duty in the active, military, naval, or air service on or before May 7, 1975. Phase two was to go into effect in October 1, 2022 and includes eligible veterans of all eras was delayed. Requiring the VA to expand this program to all severely disabled veterans regardless of the era of service was a top priority for FRA. The VA's revised regulation tightened the eligibility criteria substantially beyond what is required by law. As the VA's regulation substantially changes the program's eligibility criteria, the process to determine a veteran's "need" for assistance, and the entire methodology and basis for the stipend paid to the caregiver. FRA is concerned that many caregivers will be unable to obtain assistance which was the intent of the 2018 Act.

Post 911 GI Bill

FRA wants to improve the Post 9/11 GI Bill program and other education benefit programs for veterans, and survivors of disabled or deceased veterans. The Department of Veterans Affairs (VA) is modernizing the Post 9/11 GI Bill platform, that will provide students with easier access. The digital GI Bill will enable the VA to call, email, text and chat with GI Bill beneficiaries. It also will allow the VA to instantaneously respond to questions from schools.

The Association is thankful the House passed the FRA-supported Guard and Reserve GI Bill Parity Act (H.R. 1836), sponsored by Rep. Mike Levin (CA), that would expand the types of duty for National Guard and Reserve members can use to earn eligibility for the post-9/11 GI Bill. This bill ensures Reserve Component increasingly frequent activations count as time toward this education benefit, regardless of the length of time of the activation. The Association wants to preserve the military Tuition Assistance (TA) program and opposes shifting a significant part of the cost to active-duty beneficiaries.

FRA is thankful that the enacted COVID-19 relief legislation (P.L. 117-2) includes a provision to close the 90/10 loophole and thereby remove for-profit colleges' target from the backs of veterans and military-connected students. It should be noted that many for-profit colleges have been sued for illegally deceptive recruiting of veterans, servicemembers, their families, and survivors.

Women's Veterans Issues

"Forty years ago, women made up only two percent of the veteran population." [2] According to the Department of labor they now represent 10 percent of that population. FRA is thankful that the 116th Congress passed, and former President Trump signed into law the "Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act" (H.R.7105). The bill includes major provisions of the FRA-supported Deborah Sampson Act to assist women veterans including the creation of VA Office of Women's Health, providing $20 million to retrofit VA hospitals with women's health spaces, and makes permanent a program to provide childcare at VA facilities, among other measures.

The Association wants to increase access to gender-specific medical and mental health care to meet the unique needs of women service members and women veterans. FRA supports the "Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act (S.2533) to strengthen and expand access to high-quality breast cancer screening and life-saving care for veterans.

Homeless Veterans

The Department of Housing and Urban Development (HUD) recently released a report on homelessness on February 7, 2022, based on data collected in January 2021. Each year, HUD releases a Point-in-Time (PIT) count of unhoused people across the United States, including veterans, however this survey was interrupted during the pandemic. The annual report informs how Congress legislates and allocates resources to best respond to and prevent veteran's homelessness.

This report found a ten percent decrease in sheltered veteran homelessness since 2020—the biggest single year decrease since 2016. Data also shows that Black veterans continue to be overrepresented among veterans experiencing homelessness, making up 33 percent of the

[2] Gljobs.com. Jan. 2021, Natalie Hayek, page 12

sheltered homeless veterans, but only 12 percent of the veteran population overall. Black veterans also saw one of the highest rates of decline in homelessness last year with a 13.9 percent drop. Overall, the number of veterans experiencing homelessness in the U.S. has declined by nearly half since 2011 with more than 920,000 veterans and their family members permanently housed or prevented from becoming homeless.

FRA has supported initiatives for the VA and other agencies to enhance and invest on efforts to ensure that veteran's homelessness is rare, brief, and non-recurring. That is why FRA supports the "Improving Housing Outcomes for Veterans Act" (S. 612/H.R. 876) sponsored by Sen. Rob Portman (Oh.) and Rep. Anthony Gonzalez (Oh.) respectively that would provide needed care for veterans experiencing homelessness. The bills follow a May 2020 Government Accountability Office (GAO) report, which found shortcomings in VA's programs to support veterans experiencing homelessness in collaboration with local partners and other federal agencies.

Both Committees have made a serious effort at combating veteran's homelessness and those efforts are having an impact.

Oversight of VA IT

The Association believes Congressional oversight of the ongoing implementation of VA technology upgrades that will provide a joint Electronic Health Record (EHR) is vital to ensuring improvements to the system. FRA wants to ensure adequate funding for Department of Defense (DoD) and the VA health care resource sharing in delivering seamless, cost-effective, quality services to personnel wounded in combat and other veterans and their families. Some members of Congress have expressed concern about the cost and length of time to fully implement. The cost and the long time for implementation notwithstanding, FRA believes there is a tremendous opportunity with the two departments using the same EHR.

Protect Veterans from Predatory Pension Poachers

Aging veterans represent a segment of vulnerable individuals who are increasingly being targeted by bad actors preying upon the VA pension benefits veterans have earned. While they are often victims of scams including being overcharged for home care, charged for services they did not receive, or given bad investment advice. A report (GAO-20-109) from the non-partisan Government Accountability Office (GAO) found that VA has not taken an aggressive approach in preventing this exploitation from occurring. FRA welcomes Congressional oversight to ensure that VA works with a sense of urgency to ensure veterans are not victims of scams.

Servicemembers Civil Relief Act

FRA wants to ensure that the Servicemembers Civil Relief Act (SCRA) is enforced by regulatory agencies, including the Consumer Financial Protection Bureau (CFPB), Office of Military

Affairs and wants to ensure that active-duty personnel are protected from predatory lenders. FRA wants to make mandatory arbitration agreements in financial contracts unenforceable.

Concurrent Receipt

The Association strongly supports the "Major Richard Star Act" (S. 344/H.R. 1282) that is sponsored by Chairman Tester and Rep. Gus Bilirakis respectively that expands concurrent receipt to include Combat Related Special Compensation (CRSC) veterans who are medically retired with less than 20 years of service. Concurrent receipt refers to the simultaneous receipt of two types of monetary benefits: military retired pay and Department of Veterans Affairs (VA) disability compensation. FRA supports legislation authorizing the immediate payment of concurrent receipt of *full* military retired pay and veterans' disability compensation for *all.*

Conclusion

In closing, allow me again to express the sincere appreciation of the Association's membership for all that you and the members of both of the House and Senate Veterans' Affairs Committees and your outstanding staffs do for our Nation's veterans.

Our leadership and Legislative Team stand ready to work with the Committees and their staffs to improve benefits for all veterans who have served this great Nation.

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LEGISLATIVE PRIORITIES 2022

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Contents

INTRODUCTION

Jewish War Veterans of the United States of America (JWV) has been helping veterans and preserving the legacy of American Jewish military service for over 125 years. We represent veterans from all conflicts. Throughout our existence JWV has advocated for a strong national defense and fair recognition and compensation for veterans. JWV represents a proud tradition of patriotism and military service to the United States.

JWV advocates for all veterans regardless of their religion. We provide counseling and assistance to veterans encountering problems dealing with the Department of Veterans Affairs (VA), and other entities with which our members work.

For the record, the Jewish War Veterans of the USA, Inc., does not receive any grants or contracts from the federal government. This is as it should be.

NO PRIVATIZATION OF THE DEPARTMENT OF VETERANS AFFAIRS (VA)

JWV continues to be strongly opposed to veterans' healthcare being privatized. Privatizing VA healthcare would be a giant step backwards.

The VA system is designed specifically to meet the needs of veterans. That means amputees, paralyzed veterans, blinded veterans, the traumatic brain injured, and PTSD sufferers are treated by personnel in the VA who specialize in these types of combat related injuries and know how to best deal with them. Privatizing the VA, i.e., changing the VA and giving every veteran a healthcare card, would result in the loss of access to these invaluable specialists.

The traumatized veteran needs medical personnel who are experienced working with their specific types of problems.

Also, those who work in VA healthcare have a special affinity for veterans and give extra effort on their behalf. Moreover, veterans who are patients tend to wear caps to indicate their military service and bond with each other while at the VA healthcare facilities. This helps make these facilities a friendlier place and supports veterans healing.

JWV strongly urges the members of this joint committee to firmly resist any and all efforts of those who want to privatize the VA.

SHORTFALLS OF MEDICAL TREATMENT FOR FEMALE VETERANS

There are approximately 2 million female veterans across the United States. Women veterans may require gender-specific medical equipment, medical specialists, space, and care, and not all VA medical centers and Community Based Outpatient Clinics are able to provide the gender-specific necessities to provide even a minimal level of such care.

JWV calls upon the VA to immediately rectify its deficiencies in the care and treatment of the ever-increasing number of female veterans and recommends that an annual survey of female veterans be accomplished to measure how well the VA is serving female veterans and to identify areas that need improvement. This survey should be completed prior to development of the annual VA budget, to determine needed improvements at all VA facilities.

MATERNITY CARE FOR FEMALE VETERANS

It is estimated that the female veterans' population will increase by some 8,000 per year over the next ten years and that the number of female veterans seeking maternity care will increase accordantly.

Women are filling more combat roles, thus exposing them to trauma which can lead to Post-Traumatic Stress Disorder and other mental issues, physical trauma, and environment injuries such as toxins from burn pits. These different exposures may lead to issues and difficulties in conceiving and/or loss of pregnancies.

To address the specific needs of female veterans, maternity care coordinators must be made available, and these coordinators must be trained in dealing with issues arising from the difficulty of conceiving and/or the loss of pregnancy.

JWV urges Congress to require the VA to provide reproductive counseling to assist female veterans who become pregnant and choose to continue their pregnancy or provide pregnancy loss assistance.

SUICIDE

Suicide is often discussed, debated, and spoken of in hushed tones. Few obituaries reveal that the person lying in the casket was a veteran who took his/her own life because that veteran could no longer face a distorted reality that existed within his/her own mind.

JWV has consistently taken a strong stand that the government, that is we, have NOT done enough to prevent suicide among our veterans' community. We have passed many resolutions at our annual conventions that we have forwarded to the Department of Veterans Affairs and Congress. While efforts have been made to abate this national tragedy, obviously the efforts that have been put forward have proven to be woefully inadequate. What have we done, collectively, that has proven to be too little, too late?

Let's look at the numbers. There are still 20+ suicides every single day. We lose more veterans to suicide than we did in Iraq and Afghanistan combined. Suicides are not limited to males, young veterans or the disaffected. This illness is spread across the economic and social spectrum. It is an equal opportunity problem.

What steps can you, Congress, and we, the Veterans Service Organizations, do to alleviate this societal woe?

1. We must all admit that there is a problem that must be addressed.

2. We must have the collective will to face the problem and be willing to put in place various solutions that address it directly.

3. We must be willing to expend the funds necessary to fix the problem.

4. We must establish training centers, funded by the federal government to train, and pay for mental health professionals who are skilled at locating potential suicide victims and counsel them, providing viable alternatives to suicide, perhaps through providing stable homes, vocational training, and food security.

5. We must provide the potential suicide victim with a reason to live. There must be available an alternative to death, i.e., life. When someone asks, "Why should I live," we must be able to answer. When someone asks, "Who cares if I live or die," we must be able to answer. When someone asks, "Would the world be a better place if I am not here," we must answer, "NO," you were placed on this Earth for a purpose and I (we) are here to help you, hug you and support you in every way.

JWV urgently pleads that Congress supports our efforts to prevent suicide among our veterans' population. One suicide is one far too many, but 20+ per day remains a national failing. We urge you to join with us in our efforts to address this burning issue quickly and fully.

ENDING HOMELESSNESS IN THE VETERAN COMMUNITY

Tens of thousands of veterans who have put their lives on the line for our country find themselves homeless, without marketable skills, and mentally/physically ill. It is our responsibility as citizens to help them turn their lives around. Several agencies, Veterans Service Organizations, and the Department of Veterans Affairs (VA) have been working together to impact this problem.

In an effort to house, heal, and educate homeless veterans in greater numbers, JWV is proposing a bold public/private partnership between the federal/state governments, VA, and private agencies as follows:

1. Benefit to the Veteran/family: Develop a pilot program by reopening a facility impacted by the base realignment and closure laws (BRAC) in a high-density homeless state (CA, Florida, Texas). Bases are fully contained cities. The government will maintain the facility and turn on the lights. Agencies along with the VA will staff the base, where homeless veterans and their immediate family (on a voluntary basis) will reside, obtain mental and physical healthcare, meals, education and training, and be prepared to reenter society. Length of stay: minimum 6 months, to 3 years. The individual must commit to a clean life without drugs or alcohol. Once trained, Human Resources will connect the individual to a civilian job and social services will monitor the success of the family. Rather than helping 100 veterans at a time, we will house, help, and educate thousands in one location. If the pilot program works, it can be expanded to other locations.

2. Benefit to the local community: Reopening a base will revitalize the once thriving community. Communities that experienced closure of an installation have been decimated. Jobs disappeared, small businesses were jeopardized, housing prices dropped and the streets became littered with homelessness. By opening a base, large numbers of people can be helped, making neighborhoods cleaner and a safer place to raise children. Jobs and small businesses will return, improving the tax base for the state and economic conditions for everyone.

3. Benefit to the federal and state governments: This administration has made it clear that to save our planet, green power is our future. In addition to doing the right thing for our veterans, opening and retrofitting a military base is an opportunity to turn one base **green** and demonstrate that a city can function on green power. Hence, opening and retrofitting a base would not only support the needs of thousands of veterans, but provide a footprint for a totally green city, enhancing the government's narrative, and creating a win-win.

4. Resources/Funding
There are several programs yet to be funded with appropriations in the multiple hundreds of millions being held in abeyance by Congress. In addition, it is estimated that there is $100 BILLION dollars in fraudulent Covid claims that the government is attempting to recover. Moreover, through centralization and economies of scale, we will be better able to track the dollars we are already spending and have a clearer understanding of veteran outcomes. Grants and private funding should also be encouraged.

BURN PITS / TOXIC EXPOSURE

For many years, JWV and other Veterans' Service Organizations have strongly advocated for the passage of major legislation related to burn pit exposure to post-9/11 combat veterans. The need for this has been stated many times and is well-known to this Committee.

Progress has been made recently, due in large part to the work of this Committee, and for this we thank you. On December 27, 2021, the President signed into law both the Dept. of Defense Burn Pit Heath Provider Training Act (H.R. 4397) and the Burn Pit Registry Expansion Act (H.R. 4400). These were bills that JWV supported and view as steps in the right direction. The former bill requires the DOD to implement mandatory training for all medical providers working with the DOD on the potential health effects of burn pits. The latter bill expands the scope of Airborne Hazards and Open Burn Pit Registry of the Department of Veterans Affairs by including burn pits in Egypt and Syria.

Now, there are before you two additional bills, which, although not perfect, we support:

1. The Promise to Address Comprehensive Toxics Act (PACT) (H.R. 3967). This bill authorizes access to healthcare for all toxic-exposed veterans, inclusive of those exposed to burn pits and airborne hazards.

2. The Comprehensive and Overdue Support for Troops of War (COST) Act of 2021. This bill increases health care access for 3.5 million Iraq and Afghanistan veterans, establishes a science-based and veteran-focused process for establishing presumptive conditions, and provides benefits to thousands of toxic-exposed veterans.

The time is ripe, and the momentum is there for passage. Vietnam veterans were denied for too long a time their deserved benefits caused by the ill effects of Agent Orange and other herbicides. This nation should not make the same mistake with post-9/11 veterans who suffer the ill effects caused by burn pits. Let 2022 be remembered as the year America delivered justice to its burn pit victims.

ENDORSEMENT FOR THE CANNABIS ADMINISTRATION & OPPORTUNITY ACT

Post-Traumatic Stress Disorder (PTSD) is a debilitating and life altering condition that can occur after a traumatic incident. The Department of Veterans Affairs (VA) states that between 11% and 20% of Operation Iraqi Freedom and/or Operation Enduring Freedom Veterans are diagnosed each year with PTSD. Additionally, about 12% of Gulf War Veterans are diagnosed with PTSD each year as well.

According to the VA, the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS), 15% of Vietnam Veterans were diagnosed with PTSD at that time and it is estimated that about 30% of Vietnam Veterans have had PTSD in their lifetime. Since 2005, the average number of Veteran suicide deaths per day has remained between 17 and 18 (for Veterans under care with the VA and those still on Active Duty), despite observed decreases in the size of the Veteran population.

Approximately 20,000 Veterans with Multiple Sclerosis (MS), for which there is no cure or effective solution for pain management or debilitating spasms, receive their care within the VA Health Care System, and the Centers for Disease Control and Prevention (CDC) states that patients with chronic pain deserve safe and effective pain management; that while evidence supports short term effectiveness of opioids, there is insufficient evidence that opioids effectively treat chronic pain in the long term; and that there is evidence that nonopioid treatments can be effective with less harm.

JWV calls upon the United States Senate to give bipartisan support, and move to a companion bill in the House, for the Cannabis Administration and Opportunity Act, which would remove cannabis from the Controlled Substances Act and direct the Attorney General to remove cannabis from the list under the Controlled Substances Act.

STAFFING SHORTAGES WITHIN THE DEPARTMENT OF VETERANS AFFAIRS (VA)

The National Defense Authorization Act has provided for enhanced funding for the VA. The VA provides important support to thousands of veterans throughout the entire country and currently has thousands of vacancies nation-wide, especially healthcare professionals and administrators. Looking forward, the VA is facing numerous retirements over the next few years and is losing staff faster than replacements are hired.

Executing referrals into the civilian community will not fully address this looming crisis since many communities are underserved by private healthcare professionals. This will result in the reduction of quality support and timely access for veterans.

Targeted hiring bonuses and/or student loan repayment programs have assisted the U.S. Armed Forces to mitigate understrength specialties. The hiring bonuses and - or student loan repayment programs are being considered by the federal government in areas such as cyber security.

JWV urges Congress to pass appropriate legislation to allow the VA to utilize targeted hiring bonuses and student loan repayment programs to attract future employees for the VA.

SUPPORT VET CENTERS

Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active-duty service members, including National Guard and Reserve components, and their families. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief, and transition after trauma.

JWV supports Vet Centers throughout the United States and wants to ensure that Vet Centers can support veterans needs with adequate resources. The VA should develop a process to review and continuously improve services provided at these local Vet Centers.

SGT. ISAAC WOODARD AND SGT. JOSEPH MADDOX GI REPAIR BILL

Signed into law in June 1944, the GI Bill was designed to provide opportunities for the millions of WWII veterans returning home after the war. The bill provided for low-cost mortgages to buy homes, and money to attend college or skilled job training programs. Because of access to these opportunities, millions of Americans were able to buy homes and to obtain higher degrees or skilled job training that enabled them to prosper economically. For most, the GI Bill was a stepping-stone into the middle class.

Unfortunately, the GI Bill was also deeply flawed and discriminatory, as it was designed to accommodate states' Jim Crow laws which prevented most Black Americans from accessing the opportunities it provided. Even though mortgage loans were backed by the government, most banks refused to loan money to Black Americans. Most colleges, especially in the South, refused to admit Black students. The same was true for entry into skilled job programs. This disparity in access to the intended benefits of the GI Bill fundamentally denied equal access to the opportunities provided to white veterans.

In recognition of these injustices, legislation has been introduced that would extend eligibility for the Department of Veterans Affairs home loan guaranty program and the Post-9/11 GI Bill to Black veterans who served on active duty during World War II and the surviving spouse, child, grandchild, or other direct descendant of such a veteran who is living on the date of the enactment of this bill.

JWV strongly urges that Congress pass the Sgt. Isaac Woodard and Sgt. Joseph Maddox GI Repair Bill so that wrongs are acknowledged and righted for the veterans who were denied their earned benefits and opportunities because of their skin color.

STOP DEPORTATION OF VETERANS FOR MISDEMEANORS

Members of the military and veterans are eligible for United States citizenship either during or after their service. Military recruiters induced young individuals that enlistment in the military was a path to citizenship, but today, current, and former servicemembers are denied citizenship at a far higher percentage than civilians.

Some, or many former members of the military are being deported frequently for criminal offenses often arising out of psychological injuries incurred during their service. Many of these veterans and members of the military are using substances that are now legal in numerous states.

JWV calls upon the government to immediately halt the deportation of current servicemembers and veterans who have committed offenses and/or who have been found guilty of drug offenses that have been decriminalized in numerous judications. We support efforts to secure pardons and a path to citizenship for deported veterans whose criminal activities are a consequence of Post-Traumatic Stress Disorder or other issues that can be traced to their military service.

JWV calls upon either the Congress to pass legislation, the Attorney General to promulgate a regulation, or the President to issue an executive order, to allow Immigration Judges to consider as a positive equity an individual's honorable military service, into their decision whether to deport.

MEMBERS OF THE GUARD AND RESERVE BURIAL AT VETERANS AFFAIRS CEMETERIES

The Department of Veterans Affairs is seeking comments on opening eligibility for burial at Department of Veterans Affairs cemeteries. The question posed was whether non-veteran members of the Guard and Reserve who are currently ineligible for burial at a VA cemetery, should be granted eligibility.

Many of the members of the Guard and Reserve were subject to the possibility of being called up and were trained as if they were to be activated. These same individuals were prepared to serve in a combat area if called upon, and were prepared to make the ultimate sacrifice, if called upon by their Nation.

JWV goes on record supporting allowing non- veteran members of the Guard and Reserve and their families to be granted the same rights and privileges as extended to veterans.

Military-Veterans Advocacy®

Written Testimony/Statement for the Record in Support of
Legislative Priorities:

Submitted to the Joint Session of the

United States Senate Veterans Affairs Committee
United States House Veterans Affairs Committee
March 8, 2022

Commander John B. Wells, USN (Ret)
Chairman

Introduction

Distinguished Chairmen Jon Tester and Mark Takano and Ranking Members Jerry Moran Mike Bost and other members of the Committee, thank you for the opportunity to present views of Military-Veteran Advocacy® (MVA™) on our legislative priorities.

As a threshold matter, MVA™ strongly supports HR 3967 Honoring our Promise to Address Comprehensive Toxic Act (PACT) and S 3003 Comprehensive and Overdue Support for Troops of War Act (COST). Catchy titles aside, both bills provide a comprehensive approach to victims of toxic exposure and incorporates most but not all of MVA™ legislative priorities. We also recognize that fiscal and political realities may well prevent either bill from being enacted by Congress. 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." Cost estimates of PACT and COST are in the neighborhood of $280 billion and few, if any, offsets have been identified.

MVA™ submits 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 Bradley 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 $29.6 trillion in 2021. Often programs are enacted with budgetary illusions akin to "smoke and mirrors" that have no effect on the actual deficit. Unfortunately, this legerdemain does not seem to be utilized for veterans legislation. While budgetary neutrality is beyond the scope of this testimony, I mention it to underline the feeling of many veterans that they are used as cannon fodder and then discarded - except on Memorial Day, Veterans Day and the Fourth of July. Veterans service benefits everyone and veterans must pay their fair share. Accordingly, at the end of this testimony, I have included some proposals to pay for mandatory spending in veterans programs.

About Military-Veterans Advocacy®

Military-Veterans Advocacy Inc.® (MVA™) is a tax-exempt IRC 501[c][3] organization based in Slidell, Louisiana that works for the benefit of the armed forces and military veterans. Through litigation, legislation, and education, MVA™ seeks to obtain benefits for those who are serving or have served in the military. In support of this, MVA™ provides support for various legislation at the State and Federal levels as well as engaging in targeted litigation to assist those who have served. We currently have over 1600 proud

members. In 2020, our volunteer board of directors donated 9600 hours in support of veterans. MVA™ analyzes and supports/opposes legislation, assists Congressional staffs with the drafting of legislation and initiates rulemaking requests to the Department of Veterans Affairs. MVA™ also files suits under the Administrative Procedures Act to obtain judicial review of veterans' legislation and regulations as well as *amicus curiae* briefs in the Courts of Appeal and the Supreme Court of the United States. MVA™ is also certified as a Continuing Legal Education provider by the State of Louisiana to train attorneys in veterans' law.

MVA™ is composed of six sections: At-Risk Veterans, Blue Water Navy, Agent Orange Survivors of Guam, Veterans of Southeast Asia, Veterans of the Panama Canal Zone and Veterans of Okinawa. We are a member of the TEAMS Coalition and other working groups. MVA™ works closely with Veterans Service Organizations including the United States Submarine Veterans, Inc., the National Association of Atomic Veterans, the Association of the United States Navy, Veterans Warriors, and other groups working to secure benefits for veterans.

Military-Veterans Advocacy's® Chairman, Commander John B. Wells USN (Ret.)

MVA™'s Chairman, Commander John B. Wells, USN (Retired) has long been viewed as the technical expert on herbicide exposure. A 22-year veteran of the Navy, Commander Wells served as a Surface Warfare Officer on six different ships, with over ten years at sea. He possessed a mechanical engineering subspecialty, was qualified as a Navigator and for command at sea and served as the Chief Engineer on several Navy ships.

Since retirement, Commander Wells has become a practicing attorney with an emphasis on military and veteran's law. He is counsel on several pending cases concerning herbicide and other toxic exposures. Commander Wells was the attorney on the *Procopio v. Wilkie* 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 has initiated lawsuits on behalf of MVA to further extend the presumption and to cover veterans in Thailand, Guam, American Samoa, and Johnston Island. He also initiated judicial review of the Appeals Modernization Act which is pending at the Court of Appeals for the Federal Circuit. 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.

Phased Approach to Post-9/11 Toxic Exposure

Given the political and fiscal roadblocks discussed above, the Senate Veterans Affairs Committee has adopted a phased approach to post-9/11 toxic exposure. Although MVA™

would prefer comprehensive legislation, we too bend to the political and fiscal realities. We support the phased approach as a means to achieve the end result of providing compensation and treatment to veteran victims of military toxic exposure.

Phase 1. S 3541 the Health Care for Burn Pit Veterans.

S 3541 has been cosponsored by every member of the SVAC and passed the Senate by unanimous consent. This bill helps stop the bleeding by providing an expansion of health care eligibility for combat veterans who served after September 11, 2001. Specifically the bill:

- Expands the eligibility, from five years following discharge to ten years;
- Provides a one-year open enrollment period for any Post-9/11 combat veteran who is more than 10 years from separation;
- Establishes an outreach plan to contact veterans who did not enroll during their initial period of enhanced eligibility;
- Directs VA to incorporate a clinical screening regarding a veteran's potential exposures and symptoms commonly associated with toxic substances;
- Mandates toxic exposure-related education and training for health care and benefits personnel at VA; and
- Strengthens federal research on toxic exposures.

Although MVA™ feels that this is only a first step, it is an important first step. We look forward to its passage and to working with you on expanding its provisions.

Phase 2. Establish a new presumptive process at VA and bolstering VBA's capacity to process claims.

MVA™ notes that the VA Secretary announced on August 2, 2022 a new initiative to streamline the presumptive process. We welcome this initiative and encourage Congress to build on the VA initiative. Establishing a new, transparent process through which the VA will determine future presumptive conditions will help to restore confidence in the toxic exposure coverage process.

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. The problem is that there is no time line for the Secretary to act on these rulemaking requests.

Currently, MVA™ has outstanding rulemaking requests on herbicide exposure in Thailand, Okinawa and the Panama Canal Zone. Although the rulemaking requests have been approved, there is no indication that the Secretary is prepared to issue the notice of proposed regulation or for that matter, to even respond to the rulemaking request. Accordingly we ask that you include in Phase II, the following time line:

- Response/decision to approve/disapprove rulemaking due to requester 270 days after receipt.
- Provision for one time extension of response date with notice to requester 180 days after original due date.
- Publication of Notice of Proposed Rulemaking 180 days from response.
- Receive comments on Proposed Rule 60 days after publication.
- Publish Final Rule 180 days after comments

Inclusion of the time line will prevent the VA from merely ignoring rulemaking requests or delegating them to a "pending" status with no action. MVA™ strongly recommends that this time line be made applicable to all pending Rulemakings.

Phase 3 Provide long-overdue benefits to toxic exposure veterans by establishing a number of new presumptives and recognizing various populations of toxic-exposed veterans who have been ignored for far too long.

MVA™ anticipates that this phase will engender the most debate. Included will be opposition from the VA as well as a struggle to obtain offsets. Accordingly, where applicable, we have broken down this phase by existing and proposed legislation.

HR 3368.

A 2018 GAO report was unable to confirm the presence of Agent Orange on the island of Guam, although there are sworn affidavits to the effect that it was there. But as confirmed by other scientific studies, the GAO found that the chemicals 2,4,5-T and 2,4-D were present on Guam. A by-product of this chemical contained is the lethal 2,3,7,8-TCDD otherwise known as dioxin. Use of herbicides was confirmed as early as August 15, 1958 by the Navy Public Works *Guam Soils Conservation Series No. 7.* Notably dioxin was used in commercial herbicides as well as the tactical herbicides. Herbicide use continued on Guam until at least 1980. This was confirmed by the Draft Environmental Impact Statement for the Disposal and Reuse of Surplus Navy Property Identified in the Guam Land Use Plan published in 1994. Testing by Guam EPA and the U.S. EPA in 2018 confirmed the presence of 2,4,5-T on and off-base. Testing in 2019 confirmed the presence of dioxin as well. This study found that it was probable the dioxin was a result of herbicide spraying.

Most of the discussion surrounding veteran exposure has centered on tactical herbicides. The inclusion of 2,4,5-T and 2,4-D in commercial herbicides makes this a difference without distinction. It is the exposure to 2,4,5-T, 2,4-D and their dioxin by-product, while on active duty in the armed forces, that is relevant. If military personnel were exposed to this chemical, and it appears that they were, any disease or disorder flowing from those chemical components should be service connected.

Exposure on Johnston Island is even clearer. Johnston Island consists of four small uninhabited atolls covering 1.03 square miles in the Pacific Ocean. During and after World War II, it was the site of United States military facilities. It was downwind of the fallout from several atmospheric nuclear tests. Additionally, it was a storage site for Agent Orange drums between

1972 and 1977. The herbicide was disposed at sea during the summer of 1977. However, during the storage period, corrosion caused significant leakage which seeped into the grounds. Military personnel stationed on the island were exposed to the leakage during the storage and disposal phases. The last military left the island in 2004. Since then it has been designated a wildlife refuge. A presumption of exposure to herbicide would affect only a small number of people. MVA™ estimates approximately 2000 personnel were stationed there during the storage period with decreasing numbers thereafter.

American Samoa was the site of port visits by United States conventional submarines during the Vietnam War. In 1983, the EPA recognized that "pesticides labeled as …2,4,5-T [were] stored in open, deteriorating containers and spilled across the floor of the warehouse" on a territory-owned farm. U.S. EPA, *Superfund: Record of Decision* 3 (Dec. 1983).

Documents supporting the MVA™ position are available online on our website at: https://www.militaryveteransadvocacy.org/aosog.html

HR 2269/S 657.

These bills will modify the presumption of service connection for veterans who were exposed to herbicide agents while serving in the Armed Forces in Thailand during the Vietnam era. MVA™ has worked with Congressman Westerman and Senator Boozman's office to draft HR 2269/S 657. The bill originated with MVA's Veterans of Southeast Asia Section and is designed to overcome the extremely narrow VA regulation limiting the presumption of herbicide exposure to those veterans with duties on the perimeter.

HR 2269/S 657 extends the cut-off date for the presumption until June 30, 1976 from the arbitrary May 7, 1975 date which marked the evacuation of United States personnel from the Republic of Vietnam. Military personnel remained in Thailand for an additional fourteen months and exposure continued until at least June 30, 1976. The Comptroller General's Report of Congress estimated that as many as 250 military personnel remained in Thailand as of July 20, 1976. *See,* Withdrawal of U.S. Forces From Thailand: Ways To Improve Future Withdrawal Operations, November of 1977 at pg. 1. LCD-77-446 Withdrawal of U.S. Forces from Thailand: Ways to Improve Future Withdrawal Operations (gao.gov). *See also*, New York Times, March 21, 1976. THAILAND ORDERS LAST U.S. FORCES TO LEAVE BY JULY - The New York Times (nytimes.com). Approximately 250 American troops remained to administer the Military Assistance program.

The VA's M21-1 Manual extends "a special consideration of herbicide exposure on a factual basis" to veterans "whose duties placed them on or near the perimeters of Thailand military bases." (M21-1 Manual § IV.ii.1.H.4.a). In particular, the Manual instructs adjudicators to concede "herbicide exposure on a direct/facts-found basis" to specific categories of veterans, including security personnel, military police, and those whose duties are "otherwise near the air base perimeter as shown by evidence of daily work duties, performance evaluation reports, or other credible evidence." (M21-1 Manual § IV.ii.1.H.4.b). But it denies the same automatic concession to veterans whose sleeping quarters, mess and recreation halls, or other regular activities outside their regular "duties" occurred on or near the perimeter of the same bases. *Id.* (requiring specific factual review).

By limiting the presumption of service connection conceded by the VA to only those veterans with *duties* on the perimeter of the base, the Thailand Rules require VA's front-line adjudicators to make distinctions between veterans with no basis in fact. Veterans who merely ate, slept, exercised, or played near the perimeters of the Thailand military bases were exposed to herbicides no less than security forces and military police who *worked* near the same perimeter.

VA was of course correct to extend a presumption of herbicide exposure to veterans whose duties took them to the perimeter of military bases in Thailand. The Contemporary Historical Examination of Current Operations Report for Base Defense in Thailand ("CHECO Report"), prepared in 1973, documented numerous practices in use at the relevant bases in Southeast Asia during the Vietnam era. Among other security measures, the CHECO Report confirms that the military employed herbicides at the perimeters of its bases in Thailand to assist with vegetation control, improve visibility, and deny enemy forces cover and concealment. As a recent GAO report notes, many if not most of the herbicides in use in Southeast Asia, even if not formally designated as Agent Orange, "contained the form of n-butyl 2,4,5-T found in Agent Orange and thus its associated contaminant, 2,3,7,8-TCDD." *Agent Orange, Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations* at 11, GAO 19-24 (Nov. 2018), *available at* https://www.gao.gov/assets/gao-19-24.pdf; *see also* 38 CFR § 3.307(a)(6)(I) (defining "herbicide agent" to include "2,4-D; 2,4,5-T and its contaminant TCDD").

But while extending the presumption of herbicide exposure to veterans with duties on the perimeter is correct, denying that same presumption to other service members stationed on the same base, at the same time, defies logic and common sense.

Herbicides do not politely confine themselves to landing on the precise plants the military wishes to eliminate. As early as December 1971, the Army Field Manual 3-3: Tactical Employment of Herbicides ("Field Manual") acknowledged that ground-spraying methods were only partly effective in reducing wind drift. The Army Field Manual recommended a 500-meter buffer distance "to avoid damage to desirable vegetation near the target [of the spraying]." In other words, the evidence shows that surfaces within five football fields of the perimeter of Thailand bases would be contaminated with toxins whenever herbicides were deployed at the base perimeter by any available method.

One MVA™ member, Jay Cole had sleeping quarters within 60 meters of the perimeter of U-Tapao Air Force Base in Thailand. He also crossed the base perimeter, though admittedly not as part of his duties. It is not hard to see that Mr. Cole would regularly contact doorknobs, windows, and other exterior surfaces exposed to drifting herbicide droplets. And military bunks were hardly airtight. Interior surfaces, clothing, and personal possessions likely were exposed as well. All this would add up to exposure at least comparable to the security forces and military police afforded the presumption of exposure under the M21-1 Manual —consider whether one's exposure is more likely when one's desk or one's toothbrush is a few dozen yards from clouds of herbicide sprayed along the fences. But because Mr. Cole's duties on the flight line were away from the perimeter, VA did not presume exposure to herbicide, denied his claim.

As noted in the Field Manual, Agent Orange was mixed with diesel fuel in a 1:10 ratio before spraying, to help the herbicide adhere to the plants and deliver its toxic payload. But that same mixture adheres well to soil, clothing, shoes, containers, equipment, and vehicles within

the spray zone or the down-wind drift zone. As a result, the herbicide-diesel mixture would have attached itself to the personnel near the perimeter of the base, or even those merely crossing through the perimeter, and followed them to all areas of the base. The same personnel, and any vehicles crossing through the perimeter area, would have tracked soil and mud coated in the herbicide-diesel mixture into including barracks, garages, mess halls, latrines, showers, laundries, offices, and various other facilities, even deep in the interior of the base. And because many if not all these facilities were shared by a number of veterans, even those who rarely if ever visited the perimeter would have been exposed to the toxins.

Although VA promised in 2017 to account for these disparate treatments of veterans, the M21-1 corrects none of the known flaws. VA was not ignorant of the flaws in its adjudication of claims for herbicide exposure in Thailand. The VA also agreed to grant MVA's petition for rulemaking. Microsoft Word - Thailand response letter 3.17.20.docx (militaryveteransadvocacy.org) But no Notice of a Proposed Rule has been issued in the Federal Register. Consequently, MVA has filed suit against the Secretary under 38 U.S.C. § 502 to force the VA to conduct rulemaking. Congressional action within the scope of S 657 will help to hasten that action and ensure that veterans are provided their earned benefits.

Documents supporting the MVA™ position are available online on our website at: https://www.militaryveteransadvocacy.org/vets-of-se-asia.html

HR 5026.

HR 5026 would 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. This would enable eligible veterans to receive benefits if they suffer from any of the diseases the VA has linked to herbicide exposure.

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).

HR 5026 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.

HR 5026 is not included in the PACT/COST bills.

Documents supporting the MVA™ position are available online on our website at: https://www.militaryveteransadvocacy.org/vets-of-panama.html

HR 2127/S 927 TEAM Bill
HR 2372/S 952 Warfighters Bill

MVA™ consolidates their comments for all four bills because they are all solutions to an important problem – that of burn pits. While the bills somewhat overlap, there are strengths to both TEAM and WARFIGHTERS that require passage of both bills – or the merger of the two.

Although the bills address all toxic exposures, they are primarily brought to the forefront using Open-Air Burn Pits. These burn pits were found throughout the Iraq/Afghanistan theaters but were also used in other areas including the Continental United States.

MVA™ represented the estate of a burn pit victim, LCDR Celeste Santana, who was an Environmental Health Officer at Camp Leatherneck Afghanistan in 2009. She took daily air samples and reported to the Base Commander and the Marine Corps General Officer that harmful levels of toxins were being discharged into the air. Cashiered for her repeated protestations, she eventually developed multiple myeloma and passed away in 2018.

Petty Officer Lauren Price, the founder of MVA™ partner Veteran Warriors, served in Iraq. Mobilized as part of Operation Enduring Freedom she was also exposed to burn pits and was medically retired from the Navy. She developed cancer and after a decade long struggle succumbed in March of 2021.

These two brave women are examples of the tens of thousands of veterans who have sickened and sometimes died as a result of exposure to open air burn pits.

In 2010, the Government Accountability Office reported to Congress that: "the military has relied heavily on open pit burning in both conflicts, and operators of burn pits have not always followed relevant guidance to protect service members from exposure to harmful emissions." GAO Report 11-63, *DOD Should Improve Adherence to Its Guidance on Open Pit Burning and Solid Waste Management* (2010) (Report Highlights). The report went on to note that each soldier generated 10 pounds of solid waste per day and that much of this, including toxic plastics, were burned in the open-air burn pits. Despite this finding, the Institute of Medicine failed to find enough evidence to connect burn pits and lung diseases. IOM (Institute of Medicine). 2011. *Long-term health consequences of exposure to burn pits in Iraq and Afghanistan.* Washington, DC: The National Academies Press. The reason for this curious finding became readily apparent during the testimony of Dr. Steve Coughlin before the House Veterans Affairs Committee. Dr. Steven S. Coughlin | House Committee on Veterans Affairs Dr. Coughlin revealed that while working for the Department of Veterans Affairs, he was ordered to suppress any evidence showing a causal connection between burn pits and breathing disorders. Notably, the Special Inspector General for Afghanistan Reconstruction (hereinafter SIGAR) revealed that: "[a]lthough DOD knew about the risks associated with open-air burn pits long before contingency operations began in Afghanistan, it was not until 2009 that U.S. Central Command (CENTCOM) developed policies and procedures to guide solid waste management, including requirements for operating, monitoring, and minimizing the use of open-air burn pits." SIGAR, *Final Assessment: What We Have Learned From Our Inspections of Incinerators and Use of Burn Pits in Afghanistan* (February 2015) at 1. The SIGAR Report went on to confirm

the service member complaints of a connection between health risks and burn pits, noting that: "Recent health studies have raised concerns that the particulate matter and toxic smoke contaminated with lead, mercury, dioxins, and irritant gases generated by open-air burn pits could negatively affect an individual's organs and body systems, such as the adrenal glands, lungs, liver, and stomach." *Id.* Often called the Agent Orange of the 21st Century, the damage to American and Allied service members by this toxic waste pollution is still being assessed. Unfortunately, while it is being assessed, people are dying.

HR 2127/S 927, in an effort to stem the bleeding, provides medical coverage to victims of toxic exposure. The strength of this bill is that it does not have a beginning date and could be expected to cover all toxic exposures including radiation, PFAS, asbestos, depleted uranium, and herbicide. The legislative history should reflect that this does not apply just to burn pits but all forms of toxic exposure.

MVA™ also welcomes the inclusion of the requirement that the Secretary respond within 60 days to the recommendations of the National Academy of Sciences, Engineering and Medicine (NASEM) to add diseases to the presumptive coverage list. As the Committee knows, the VA has taken the approach of stonewalling these recommendations. That led to the inclusion of three herbicide presumptive diseases in the 2021 National Defense Authorization Act (NDAA) and the need to cover an additional presumptive as evidenced by Senator Tester's S 810, which MVA™ also supports.

The inclusion of a Toxic Exposure Research Committee. Along with its annual report to Congress, is an important provision of this bill. MVA has proposed similar legislation with broader scope in the past, however we believe that this Commission is an important step towards reaching the goal of identifying toxic exposure in its early stages and implementing preventative measures. This approach will save lives and be more economical than the current "catch-up" we are playing now. MVA does suggest DOD involvement as necessary to ensure that problems associated with toxic exposure are detected and corrected.

The weakness of HR 2127/S 927 is that it only provides for medical care and not compensation. HR 2372/S 952 corrects this deficiency by also provided for disability compensation and survivor benefits. This is necessary since veteran victims are often forced to leave the work force decades before the average American. Often spouses are also required to quit employment to act as care givers. This results in a lower standard of living for the veteran victim and his family. Compensation will help alleviate this predicament.

One of the strengths of this bill is the use of deployment awards to define eligibility to toxic exposure. This successfully narrows the focus to those who served in areas where toxic exposure was prevalent. The bill also provides a wider list of diseases than HR 2127/S 927, but more important, allows for an expanded ability to make changes. While HR 2127/S 927 requires the Secretary to respond to recommendations from NASEM, HR 2372/S 952 expands the list of "interested parties" to include veterans' service organizations, other veterans' groups, collective bargaining agents, medical associations or state and local governments. This expansion just makes sense as does the requirement that the Secretary respond to Congress and in the Federal Register.

HR 2372/S 952 also strengthens the relationship and codifies requirements for cooperation between the Secretary and NASEM. The relationship between the two worked well under the

original Agent Orange Act and HR 2372/S 952's provisions work to restore that relationship for more recent toxic exposure issues.

Our allies in Australia have often taken a proactive approach to toxic exposure. It was the Australians who detected the exposure of Blue Water Navy to herbicides by tracking the health of all their veterans and thereby discovering clusters of diseases and disabilities quickly. At best, the United States has been reactive, not proactive when it comes to the identification of victims of military toxic exposure. This needs to change. These two bills are important first steps in making that change and they have the wholehearted support of MVA and our members.

This should not be a case of choosing one bill over the other. They complement each other well. MVA urges the Committee to merge these two bills into one emphasizing the strength of each.

S. 189 Veterans' Disability Compensation Automatic COLA Act of 2021

This bill will provide for annual cost-of-living adjustments to be made automatically by law each year in the rates of disability compensation for veterans with service-connection disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. Enacting annual legislation to codify a cost-of-living increase is a waste of legislative resources. Tying these increases to Title II of the Social Security Act just makes good sense and we support this common sense legislation.

S. 437 Veterans Burn Pits Exposure Recognition Act of 2021

MVA™ supports this legislation, however notes that it could be merged with S 927/S 952. This bill will concede exposure to airborne hazards and toxins from burn pits under certain circumstances. As previously stated, burn pits are the Agent Orange of the 21st Century. Unfortunately, our combat forces put expediency over safety and utilized burn pits even when environmentally friendly incinerators were available. Today we see the best of our youth who willingly served in Iraq and Afghanistan wracked with cancers and lung disorders as a direct result of burn pits. We cannot undo the damage, but we can take care of our heroes, both medially and financially. We believe S 437 is a step in the right direction.

HR 1355/S. 454 K2 Veterans Care Act of 2021.

This bill will provide health care and benefits to veterans who were exposed to toxic substances while serving as members of the Armed Forces at Karshi Khanabad Air Base, Uzbekistan. Troops stationed at "K2" were exposed to high levels of radiation from yellowcake uranium residue at the Uzbek base. It is estimated that the radiation levels were 7-9 times the times the normal background radiation. We estimate that 10,000 military members were exposed - many of whom have developed rare cancers associated with radiation exposure. MVA™ supports this legislation but notes that it could be merged with the S. 927/S. 952,

HR 1585/S 565 Mark Takai Atomic Veterans Healthcare Parity Act of 2021

This bill will provide for the treatment of veterans who participated in the cleanup of Agnatic Atoll as radiation-exposed veterans for purposes of the presumption of service-connection of certain disabilities by the Secretary of Veterans Affairs. It is time to move this bill

off dead center and provide these veterans their earned benefits while they are still alive. MVA™ supports this bill.

HR 1014/S 2189.

These bills will establish a program at the VA to use Hyperbaric Oxygen Treatment (HBOT) to treat Traumatic Brain Injury (TBI). This program is well known in the Special Operations groups. Senator Tuberville used it to treat concussions received by his football players. With little cost this treatment could help correct many of the problems associated with TBI.

HR 1656.

HR 1656 the Treat PTSD Act would provide a Stellate ganglion block for treatment of Post Traumatic Stress. This treatment has been found to be effective in veterans suffering from post traumatic stress. Cost would be negligible.

HR 855/S 2280.

The VETS Safe Travel Act has been referred to the Homeland Security and Veterans Committee in the House and the Commerce, Science and Transportation Committee in the Senate. This common-sense bill provides for automatic TSA pre-check for disabled veterans. Cost would be negligible.

Funding Proposals.

Military-Veterans Advocacy® is cognizant of the statues and Congressional rules that require an offset for any additional mandatory spending. Although we disagree with those requirements, we recognize the reality of them.

Accordingly, we propose that Congress enact a trust fund to be used for mandatory spending for these veteran benefits. Any excess could be used to fund Medicare and Medicaid and any other mandatory spending. The fund should be administered by a Commission appointed by the Speaker, the House Majority and Minority Leaders, the Senate Majority and Minority Leaders, the Secretaries of Veterans Affairs, the Social Security Commissioner and Secretary of Health and Human Services. Excess funds, if any, should be carried over to the next fiscal year. Use of the fund for anything other than mandatory benefits, should require a Presidential finding of necessity and 2/3 vote of both Houses of Congress. First priority for disbursements should be to veterans programs.

Freedom Fee.

In 2020, 240,160,843 tax returns were filed with the Internal Revenue Service. This included both individual, corporate and other miscellaneous forms. This actually represented a decrease in the number of forms filed in 2019. The economic problems caused by the pandemic naturally had an impact on the number of tax returns filed. As the pandemic winds down, the

resultant economic expansion should return the number of tax filings to at least the 2019 level.[1] MVA proposes the following fee structure for filing:

Individual forms	$ 10.00
Corporate forms (Commercial)	$100.00
Corporate Forms (S)	$ 75.00
Partnerships	$ 75.00
All Others	$ 50.00

This "Freedom Fee" would raise sufficient funds to meet PAYGO requirements for a number of bills discussed herein. While not sufficient to fund PACT or COST, it would certainly help.

The defense of the nation is important for every American to survive and hopefully flourish. Apportioning this cost among the population is only fair. The $10.00 individual cost should not be an extreme burden on any taxpayer. Those who do not make sufficient money to file a tax return would be exempt from the fee.

Control of the End of the Year "Spend-o-rama."

Throughout the federal bureaucracy, budgetary personnel tend to withhold money appropriated by Congress to fund unplanned events or cost overruns. Approximately 6 weeks before the end of the year, these retained funds are dumped on the agencies with orders to "spend it or lose it." Faced with the fear of budget cuts if not all money is expended, massive waste occurs across the federal government. Recoupment of this money into a dedicated trust fund could provide funding for veterans, senior citizens and still make a substantial payment on

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[1]

	2019	2020	
United States, total [1]	**253,035,393**	**240,160,843**	**-5.1**
Income taxes, total	**191,471,082**	**189,562,923**	**-1.0**
C or other corporation [2]	**2,146,904**	**1,819,301**	**-15.3**
S corporation, Form 1120–S	**5,186,557**	**5,044,303**	**-2.7**
Partnership, Form 1065	**3,946,342**	**4,470,095**	**13.3**
Individual, total [3]	**154,094,555**	**157,195,302**	**2.0**
Forms 1040, 1040–A, 1040–EZ, 1040–SR	153,130,682	156,580,123	2.3
Forms 1040–C, 1040–NR, 1040NR–EZ, 1040–PR, 1040–SS	963,873	615,179	-36.2
Individual estimated tax, Form 1040–ES	**22,225,590**	**17,579,898**	**-20.9**
Estate and trust, Form 1041	**3,116,479**	**2,820,317**	**-9.5**
Estate and trust estimated tax, Form 1041–ES	**754,655**	**633,707**	**-16.0**
Employment taxes [4]	**31,566,173**	**28,028,002**	**-11.2**
Estate tax [5]	**25,742**	**15,023**	**-41.6**
Gift tax, Form 709	**239,618**	**158,095**	**-34.0**
Excise taxes [6]	**1,073,183**	**902,342**	**-15.9**
Tax-exempt organizations [7]	**1,590,421**	**1,360,719**	**-14.4**
Supplemental documents [8]	**27,069,174**	**20,133,739**	**-25.6**

[1] Excludes information returns (e.g., Forms 1098, 1099, 5498, W–2 and W–2G, and Schedule K–1); tax-exempt bond returns (Forms 8038, 8038–B, 8038–CP, 8038–G, 8038–GC, 8038–T, 8038–TC, and 8328); and employee retirement benefit plan returns (Forms 5500, 5500–EZ, and 5500–SF). See Table 21 for information on tax-exempt bond returns. See Tables 15 and 21 for information on employee retirement benefit plans. See Table 22 for data on information returns.

Returns Filed Taxes Collected and Refunds Issued | Internal Revenue Service (irs.gov)

Table 2

the deficit.

Certainly some agencies offices and units plan for the end of the year windfall and use it for large expenditures. Unfortunately, some of it is wasted on items that are not even relevant to the mission. MVA™ estimates as much as 5-10% of expenditures in the last six weeks of the fiscal year are wasted.

In order to better estimate the effect of this program, MVA™ recommends that the Committees ask GAO to inquire into the financial allocation process by the Executive Branch in the last two months of the fiscal year. This inquiry should be federal government wide. The inquiry should include an evaluation to determine what allocations are for mission essential, mission related and mission irrelevant and provide, by budget line item, a breakdown of allocations into these categories. The inquiry should secure and review any funding documents or supplemental budget documents issued in the last two months of the fiscal year.

Once the problem has been defined and quantified, use incentives to induce the SES members of the Executive Branch to return money not utilized rather than wasting it. Incentives would include assurances budgets will not normally be reduced, establishment of Congressional, Presidential and Departmental awards for recoupment and recognition of efficient operations and cost-savings.

Combined with or in place of the "Freedom Fee," reduction or elimination of the Spend-o-Rama should reprogram sufficient monies to support mandatory spending.

Conclusion

On behalf of our membership, we would like to extend our thanks to the Chairmen, Ranking Members, and remaining Committee members for the opportunity to discuss our legislative priorities.

John B. Wells
Commander USN (retired)
Chairman

Statement For The Record
The Williams Group on behalf of the National Association of Mortgage Brokers

The National Association of Mortgage Brokers (NAMB) would like to urge swift passage of any legislation which seeks to restore benefits to widows and widowers of servicemembers killed in the line of duty. Under current law, surviving spouses of fallen servicemembers lose their Survivor Benefit Plan (SBP) benefits should they remarry before turning 55, and lose their Dependency and Indemnity Compensation (DIC) benefits should they remarry before turning 57. The Captain James C. Edge Gold Star Spouse Equity Act is an example of legislation that would completely repeal this remarriage penalty.

The reality is that when Americans sign up to serve in the military, they should know the American people have their backs. If they sacrifice their lives for our country, the least we can do is take care of their families. We owe a debt that cannot be fully repaid to Gold Star families and this legislation affords the opportunity to do such.

Above all, making it possible for these Surviving Spouses to be able to move forward without losing financial benefits honors the commitment that we have to those who have paid the ultimate sacrifice. Thus, it is imperative that this legislation be passed.

VETERANS EDUCATION SUCCESS

STATEMENT FOR THE RECORD
LEGISLATIVE PRIORITIES SUBMITTED TO THE
SENATE AND HOUSE COMMITTEES ON VETERANS AFFAIRS
117TH CONGRESS, SECOND SESSION

March 1, 2022

Chairmen Tester and Takano, Ranking Members Moran and Bost, and Members of the Committees on Veterans Affairs:

We thank you for the opportunity to share our legislative priorities for consideration in the second session of the 117th Congress. Veterans Education Success is a nonprofit organization with the mission of advancing higher education success for veterans, service members, and military families, and protecting the integrity and promise of the GI Bill and other federal education programs.

This past year included several crucial successes, which can be credited to the strong bipartisan effort of these Committees. Most notably, the bipartisan closure of the 90/10 loophole is a significant achievement, as is passage of the Responsible Education Mitigating Options and Technical Extensions (REMOTE) Act. We are so grateful to finally have this statutory loophole closed, and are working diligently to ensure the intent of congress is executed within the U.S. Department of Education (ED) rulemaking negotiation process.

Looking ahead, we urge continued Congressional oversight of the U.S. Department of Veterans Affairs' (VA) implementation of the *Johnny Isakson and David. P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, and encourage additional careful oversight of the *Career Ready Student Veterans Act*; inconsistent implementation of the Act remains a significant concern, as identified in our report, "Despite a 2016 Statute, The GI Bill Still Pays for Degrees that Do Not Lead to a Job."[1]

Today, we offer our full testimony for consideration, outlining our top legislative priorities for this year. We look forward to working closely with you and your staff members on these issues, and thank you for the invitation to provide our perspective on these pressing topics.

Improve the Approval Criteria for GI Bill Programs

Veterans and taxpayers count on the GI Bill to facilitate a smooth transition from military service to a successful civilian career. Veterans actively rely on VA's program approval as a "stamp of approval" that identifies quality programs. Both veterans and taxpayers are entitled to a reasonable return on investment for the GI Bill. Unfortunately, there are too many approved programs that fail to educate veterans effectively and prepare them for a lifetime of success.

Worse yet, many of these school programs cause serious harm to the veterans they are meant to help, including wasted time at subpar schools, burdensome debts, and reputational damage. Despite poor results, many of these programs and schools continue to rake in millions of

[1] Veterans Education Success, *Despite a 2016 Statute, The GI Bill Still Pays for Degrees that Do Not Lead to a Job* (April 2018), https://vetsedsuccess.org/ves-report-despite-a-2016-statute-the-gi-bill-still-pays-for-degrees-that-do-not-lead-to-a-job/.

taxpayer dollars through the recruitment and exploitation of veterans and the abuse of their hard-earned GI Bill benefits. Veterans who attend fraudulent or low-quality schools rightly wonder why VA would approve schools known for producing poor outcomes.

Veterans should never have to wonder why obvious scams like FastTrain College and Retail Ready Career Center were approved in the first place.[2, 3] Both of these schools proved to be a significant waste of taxpayer money, even before the FBI stepped in, and yet so many similar examples continue to reap the benefits veterans earned.

The statutes governing program approval are seriously outdated, even referencing classes taught "by radio," and they continue to allow a low standard of entry.[4] It is time to update the statutes with minimum quality standards, so that veterans can count on the VA "stamp of approval" as the level of quality they – and taxpayers – expect. We propose the following requirements as prerequisites for schools to have Title 38 eligibility:

- Ensure that programs are not overcharging VA and that VA tuition funds are spent on education.
- Require a demonstrated track record of minimum student outcomes for a school to maintain Title 38 eligibility.
- Require appropriate faculty credentials relevant to their level and subjects of teaching.
- Require screening of a school's financial stability before its approval.
- Prohibit approval of any school subject to punitive law enforcement or federal regulatory actions within the last five years.
- Ensure school recruiters have the fiduciary responsibility to tell the truth.

Require Schools to Demonstrate Administrative Support

Last June, a graduate student at Howard University contacted our team to raise their concern about their master's degree program allegedly losing Title 38 eligibility. Upon examination of VA's Web Enabled Approval Management System (WEAMS), it became clear the program was not listed, an indication VA did not recognize the program's approval.

It turned out 52 VA-supported students enrolled in 14 programs at Howard suddenly discovered their programs were not properly approved for GI Bill and VR&E.[5] We worked with the DC State Approving Agency (SAA), who said the issue boiled down to paperwork. The programs affected included Howard's medical school, law school, and Master in Social Work program. It took eight months to get the approvals cleared up.

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[2] Carli Teproff, *Now defunct for-profit college must pay the government $20 million, a court rules*, Miami Herald (Feb. 21, 2017), https://www.miamiherald.com/news/local/education/article134161714.html.
[3] Department of Justice Press Release, *For-Profit Trade School Owner Charged with Defrauding VA, Student Veterans* (Nov. 23, 2020), https://www.justice.gov/usao-ndtx/pr/profit-trade-school-owner- charged-defrauding-va-student-veterans.
[4] 38 USC 3672 has almost no requirements. It also incorporates, by reference, the program approval requirements of Chapters 34 and 35, but those are also extremely minimal, forbidding only, for example, bartending and personality development courses, and restricting "radio" courses (indicating an out-of-date statutory framework). 38 USC 3675 (approval of accredited courses) requires only that the school is recognized by a recognized accreditor and keeps records on students and credits, and that the State Approving Agency looks at the catalog, with no further guidance. But some accreditors offer no real service, like ACICS (which accredited ITT Tech, Corinthian, and was caught this year by USA Today accrediting a school with no teachers). 38 USC 3676 (approval of nonaccredited courses) has more restrictions, but many are undefined, including no definition of "quality" in (c)(1); no definition of teacher "qualifications" in (c)(4); no definition of "financially sound" in (c)(9) (which could easily be defined by reference to US Department of Education standards); inadequate ban on deceptive advertising in (c)(10) (which should be clarified to ban any school that has faced legal or regulatory concerns over its advertising in the prior 5 years); and no definition of "good character" in (c)(12) (which should be clarified to ban administrators and teachers who have faced legal or regulatory action or any action by a licensing board).
[5] Steve Beynon, Military.com, *Errors Cost Student Vets GI Bill Benefits. Now, Howard University Is Scrambling to Save VA Funding*, (August 11, 2021). https://www.military.com/daily-news/2021/08/11/errors-cost-student-vets-gi-bill-benefits-now-howard-university-scrambling-save-va-funding.html

During this time, students experienced immense uncertainty and undue anxiety. They faced the possibility of having to withdraw from school, pay out-of-pocket to cover housing and living costs, seek loans from the school and external sources, and experienced significant stress due to the uncertainty of the situation. This scenario highlighted the challenge associated with Title 38 benefits, and the relationship between VA, the SAA, the institution, and the student. Unfortunately, we do not believe this to be an issue isolated to one school.

Currently, there is no requirement in Title 38 that schools devote the necessary resources for competent participation in VA programs. We strongly urge the Committees to incorporate an "administrative capability" requirement for institutional eligibility to participate in VA programs, similar to that at ED.

Such a requirement would mandate that institutions demonstrate to the Secretary that they are capable of adequately administering the programs and that they have committed adequate administrative resources. It should also require that schools pledge to fully cover the tuition and housing costs of VA-supported students if the school suddenly loses eligibility due to institutional error, including paperwork non-compliance.

Ensure Quality In Online Learning

When the COVID-19 pandemic became widespread, many colleges moved their classes to a virtual modality. The digital delivery of learning necessitates stronger rules about quality in online education to ensure student veterans and taxpayers get a sufficient return on their investment. Students are unsatisfied to pay tuition to watch YouTube videos while having little to no interaction with their professors.

We provided detailed recommendations for quality control rules at VA in our December 2020 testimony to the House Committee on Veterans' Affairs Economic Opportunity Subcommittee, including[6]:

- Courses approved for GI Bill that are being held virtually should still meet all prerequisite requirements for the student's subsequent course work and licensure.
- In response to predatory correspondence courses targeting veterans after the establishment of the Original GI Bill in 1944, ED established the requirement for there to be "regular and substantive interaction" between virtual faculty and students.7 Regular interaction with subject matter experts is essential to ensuring student veterans are receiving a worthwhile education, and we encourage VA to implement a similar requirement and monitor colleges' compliance to best promote success for student veterans.
- Delivery of "clock hours" should be live and not asynchronous (prerecorded) classes. Career and vocational training programs often use "clock hours" instead of credit hours to measure the students' amount of time in class. It is vital that programs that rely on hands-on experience use live instruction to ensure the students have completed the necessary hours of training. Additionally, further reporting and transparency are needed regarding these programs and how they are accomplishing their hands-on training.
- Many schools are partnering with for-profit online program management (OPM) companies to offer numerous services, including delivery of academic instruction. A loophole in guidance at ED allows for violations of the incentive compensation ban for

[6] Veterans Education Success, *Congressional Testimony Submitted on the Topic of Congressional and Administration Priorities For the Next Congress*, Submitted to the Subcommittee on Economic Opportunity, Committee on Veterans Affairs, U.S. House of Representatives, (December 8, 2020), https://vetsedsuccess.org/our-written-testimony-for-the-house-veterans-affairs-economic-opportunity-subcommittee-hearing-on-2021-legislative-priorities/#_ftn1

[7] David Whitman, *The Cautionary Tale of Correspondence Schools*, New America (Dec. 11, 2018), https://www.newamerica.org/education-policy/reports/cautionary-tale-correspondence-schools/.

recruiting if revenue is shared as part of a bundled package of services.[8] Given the 90/10 loophole and the incentive for low-quality for-profit colleges – and likely for-profit OPMs – to target student veterans for their GI Bill benefits, the VA should conduct oversight of OPMs and their recruiting practices.

- Colleges should ensure students have access to adequate technology and connectivity to engage in online coursework.

Require Orderly School Closures and Support the VETS Credit Act

Sudden school closures leave students in the lurch, and there is no end in sight to this alarming trend. Committee members recall the closures of ITT Tech, Corinthian Colleges, Argosy University, and three brands owned by the Center for Excellence in Higher Education (CEHE) (CollegeAmerica, Stevens-Henager, and Independence University), and many others.

Once a school has closed, student veterans are left trying to figure out their next step. We recommend the Committees require all VA-approved programs to abide by an orderly closure process in which students are properly notified with advanced warning, are provided viable transfer options, and have free access to their transcripts and records. A new law in Maryland provides a useful model.[9]

We also believe important changes are needed on the Veterans Benefits Administration's (VBA) webpage on restoration of benefits.[10] With the closure of the CEHE schools this past year, student veterans have continued to reach out to us to understand their rights.[11] The current language on VBA's website implies students must transfer to a new school *before* they are allowed to apply for restoration of benefits.

Specifically, the language says, "*A student cannot apply for restoration until after the student enrolls in a new school and is given a transferred credits determination from the new school.*" This is incorrect under the statute; this effectively incentivizes–and, indeed, directly instructs–student veterans to rush into transferring to a new school.

As you know, the statute does *not* require students to transfer to a new program; instead, the law clearly provides that, *for those students who have chosen to transfer* to a new program, they are ineligible for restoration if they transfer more than 11 credits. Therefore, the VBA website is incorrect under the statute. The current VBA website wording is concerning because CEHE had been wrongly pushing students to transfer to low-quality partner schools from which CEHE has a benefit.[12]

We're grateful to Congressman Vern Buchanan, his staff, and the Committee for introducing the Veterans Eligible to Transfer School (VETS) Credit Act to address these concerns.[13] We also feel it is imperative that the webpage offers clarity on the date delimiters and associated qualifying eligibility standards as set forth in the statute. These factors are the primary drivers for a student's understanding of their options.

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[8] New America Foundation, *Considering an Online Program Management (OPM) Contract* (Sept. 15, 2020), https://www.newamerica.org/education-policy/reports/considering-online-program-management-opm-contract/.
[9] MD orderly school closure law: SB 446 (enacted May 7, 2020), http://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0446?ys=2020RS.
[10] U.S. Department of Veterans Affairs, Restoration of Benefits After School Closure or if a School is Disapproved for GI Bill Benefits, https://www.benefits.va.gov/gibill/fgib/restoration.asp, Accessed: February 25, 2022.
[11] Dan Bauman, *Education Dept. Warns College Operator Not to Mislead Students as Its Campuses Close*, July 30, 2021, https://www.chronicle.com/article/education-dept-warns-college-operator-not-to-mislead-students-as-its-campuses-close.
[12] ibid.
[13] H.R.6604, Veterans Eligible to Transfer School (VETS) Credit Act, https://www.congress.gov/bill/117th-congress/house-bill/6604?s=1&r=33.

And lastly, we urge VA to de-couple the school closure page from the Forever GI Bill web address hierarchy; though it was initiated under the Forever GI Bill, it may confuse some veterans if they are unfamiliar with the relationship to that law. Since closures will continue as a major topic of interest, we believe nesting the page as a standalone resource page under the broader GI Bill heading would be more accessible. We ask for the Committee's support in encouraging VBA to make these much-needed updates.

Provide GI Bill Restoration In Cases of Fraud

Veterans who have been cheated out of their GI Bill because they were victims of fraud by a predatory college deserve to have their GI Bill restored if there exists government evidence of fraud by the school. This should be a high priority for the Committees. The idea that veterans are defrauded out of their hard-earned GI Bill is anathema to the Congressional intent.

To cover the costs of GI Bill restoration, we recommend the Committees authorize VA to require schools to obtain a financial guarantee through a "letter of credit," as ED does.[14] Alternatively, the Committees could require all schools or all at-risk schools (as ED defines it) to contribute to a "GI Bill recovery fund"–like the student tuition recovery funds operated by many states, akin to Unemployment Insurance funds for employers–which would be available for defrauded students' GI Bill restoration.

Change VA's Debt Collection Practices

We urge the Committees to rein in VA's debt collection practices, which are intentionally aggressive but are not supported by statute, as we testified previously.[15] We also urge the Committees to halt VA's debt collection for "retroactive readjustments" of GI Bill benefits awarded to a veteran. A "retroactive readjustment" means that VA adjusts a veteran's GI Bill eligibility after the veteran has used the benefit. If the problem was VA error, and the veteran honorably relied on VA's procedures, then it is not fair to subject the veteran to debt collection.

Improve the GI Bill Comparison Tool

Countering the aggressive marketing by predatory colleges necessitates VA to provide consumer protection warnings and dramatically improve the GI Bill Comparison Tool. We recommend the Committees require VA to educate students about what a "Master Promissory Note" is because too many veterans wind up with student loans they did not want. Second, we recommend the Committees strengthen the GI Bill Comparison Tool.

Previous changes that have been incorporated at our urging include the ability to perform side-by-side comparisons of schools and to execute searches by major or degree sought and by geographic area. We welcome and applaud these updates, and continue to urge the following additional modernizations:

- Update student outcome metrics using data from ED.
- Include a "Risk Index" to enable students to avoid risky schools and improved "Caution Flags" to show government or accreditor action against the school.
- Provide the text of student complaints received by VA, and require VA to show all complaints, not just those that have been closed out.

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[14] U.S. Department of Education, Financial Responsibility Standards Requiring a Letter of Credit, https://studentaid.gov/data-center/school/loc.

[15] Veterans Education Success, Written Testimony, House Committee on Veterans' Affairs Subcommittee on Oversight and Investigations Legislative Hearing, September 19, 2019, https://vetsedsuccess.org/our-written-testimony-for-house-veterans-affairs-hearing-on-va-debt-collection-practices/.

- Include closed schools like ITT Tech on the data dashboard for historical reference, used by researchers and other government agencies.
- Give students the option to make the narrative portion of their complaint public.

Strengthen Veteran Readiness & Employment (VR&E)

We applaud both Committees' commitment to the VR&E program and VA's continued efforts to improve it. As we testified previously, we recommend the Committees further decrease the number of clients per counselor, increase training for VR&E counselors to ensure consistency in counseling, and establish a similar Monthly Housing Allowance (MHA) for VR&E students as for Post-9/11 GI Bill students.[16]

Conclusion

Veterans Education Success sincerely appreciates the opportunity to express our legislative priorities before the Committees. As the higher education industry continues to evolve in these very dynamic times, we emphasize the importance of maintaining high standards of quality. Student veterans, taxpayers, and Congress must expect the best outcomes from the use of hard-earned GI Bill benefits. We look forward to the enactment of these priorities, and we are grateful for the continued opportunities to collaborate on these initiatives.

[16] Veterans Education Success, Statement for the Record, House Committee on Veterans' Affairs Economic Opportunity Subcommittee Hearing, *Getting Veterans to Work after COVID-19*, July 21, 2020, https://vetsedsuccess.org/our-sfr-for-july-21-hvac-economic-opportunity-subcommittee-hearing-getting-veterans-to-work-after-covid-19/.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, Veterans Education Success has not received any federal grants in Fiscal Year 2022, nor has it received any federal grants in the two previous Fiscal Years.

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STATEMENT OF

Thomas Bandzul, Esq.

Legislative Counsel

STATEMENT FOR THE RECORD

HOUSE – SENATE

JOINT COMMITTEE HEARINGS

ON VETERANS' AFFAIRS

March 4, 2022

Chairman Tester, Ranking Member Moran, Chairman Takano, Ranking Member Bost, Members of the Senate Veterans Affairs Committee, Members of the House Veterans Affairs Committee and all Senators, Representatives, Veterans Service Organizations and distinguished guests. On behalf of Veterans and Military Families for Progress (VMFP) and our small constituency of Veterans, First Responders and their families, I wish to thank you for giving us the opportunity to submit our Comments for the Record regarding the Department of Veterans Affairs (VA) issues for 2022.

This Congress has done a great deal for Veterans, their families and our first responders. During the recent national medical crisis, the members of both House and Senate have remained accessible and helpful with our issues and needs. While there is a long list of things needed to be addressed, the willingness of the bipartisan actions of the House and Senate committees is exemplary. All members should be very proud of their work.

VMFP would like the Committees to consider our list of issues and comments for the record.

Suicide Prevention and Mental Health

For over fifteen years and with the time I spent at Veterans for Common Sense (VCS) supporting legislation there, I find it difficult to address this topic without the personal history my family has had with suicide.

One of my brothers came home from Viet Nam and he was markedly changed as a person. We didn't know what to look for in terms of his behavior, likes, dislikes and moods but he was not the same. As he became more depressed and lost interest in many things, this change also caused many family problems. When he was alone on a Christmas Day, he wrote a note to his dad and then hung himself.

In 2010. Gen. Lauri Sutton, USA, wrote a detailed report on the problems between the military and VA. A section of her report detailed possible solutions to this problem. In 2011 the United States Marine Corp implemented many of these suggestions and the suicide rate dropped dramatically. Since that time, other branches of the military adopted some of the key actions and they too, have had improvements.

As of now, VA has not taken any of the suggestions nor implemented anything concrete. VA still does not have a clear hand-off of Veterans identified as potential suicide threats. While the laws have been passed and the money allocated to help fight this dreaded problem, the results are abysmal. The rate of Veterans taking their own life has not decreased over the last 20 years. The actual number of Veterans dying by their own devices is not accurately calculated since the number of Veteran suicide on Tribal lands is not counted by either the VA or the military.

The report by VA stating that over 6,000[i] Veterans died by suicide in 2019 is extremely mis-leading since the actual number is much higher. All states and counties do not report deaths by individual classification as a Veteran and the type of death in many instances of suicide are ruled "accidental." Included in the missing numbers are the Veteran suicides for Native Americans. In discussions years ago with the Office of Rural Health and the Office of Tribal Government Relations (OTGR), they admitted there are no records on Indian suicides. Nothing has changed since those discussions.

It is imperative that VA focus on identification and effective action(s) to help stop this terrible menace as it comes with the dramatic personality changes and a lack of hope leading to despair in the affected Veterans. There are symptoms, there are signs, there are also solutions. I would suggest the need for VA to focus more on outreach, cooperation with DoD and implementing better access to benefits to avoid many of the issues surrounding suicides.

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The actions are apparent and very real because the VA has a suicide prevention phone system. This is a world class system saving thousands of lives every year. I can't say enough good things about this program. It works and continues to seek improvement so no Veteran will have to die needlessly.

Mare Island Cemetery

All the members of VMFP are indebted to these Committees for passing the Mare Island Cemetery bills (S. 2983 – H.R. 6039; Enacted 2019) with the help of Sen. Feinstein, Rep. Thompson and support from many of the Veterans Service Organizations (VSOs). This has taken several years and a lot of effort on the part of Capt. Ralph Parrott, USN Ret; and the VFW to become a properly maintained facility. Everyone should be pleased with this effort and we thank the House and Senate for their support.

This is the first year VA has acknowledged their ownership of this sacred ground where our Veterans are interred. Thanks to Sec. McDonough, and Under Sec. for Memorial Affairs Gen. Quinn, this land is now in safe hands and will be cared for properly.

Native American Veterans Tribal Service Officers (TVSOs)

In meeting with the offices of the VA, we have been able to communicate the need and potential solution(s) for the lack of Veterans' representation in Indian Country. A pilot program for the accreditation of TVSOs was recently announced by the VA Secretary. Discussions with Tribal Elders, leads us to believe that this is taking a positive step in the right direction. This will require Congressional Oversight but we also believe the House and Senate will provide the appropriate level of review for these programs.

Disability Claims Process

Since 2008, when many of the claims for services from VA became know as a "backlog" of millions of items, the term was defined for the first time. VA defines "backlog" as the number of claims pending over 125 days. However, this DOES NOT represent the number of issues waiting action by VA nor does it include the volume of appeals and remands. According to the Monday Morning Workload Report, issued by the Veterans Benefits Administration (VBA) there are over 1 million ISSUES VA needs to address, including appeals.

The information indicates a higher than 90% accuracy rate but the truth is, over 89% of initial, legitimate claims are denied. These Veterans are then sent to the

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nightmare of the Appeals process. This is such a convoluted and litigious system that lawyers are now being certified as "Specialist in Veterans Law" just to get a deserving Veteran an earned benefit.

The Veteran Appeals Improvement and Modernization Act (AMA) became law on August 23, 2017 (Pub L. 115-55). Since that time, the claims process has disintegrated into smaller, more complicated pieces. The Intent of Congress has once again, been undermined by VA's ability to interpret a law into regulations that are often less than beneficial to Veterans through the often inappropriate translation of legislative intent in the re-write process.

The suggestion has been made time and time again; the PROCESSES USED BY VA MUST CHANGE!!!!

It's simple. A Veterans comes to the VA with the proper paperwork; Application, Department of Defense Form 214 (DD214), and the supporting medical evidence showing they are suffering from some illness or injury. Give them their benefit(s). This is almost the exact model for education benefits which are usually granted in a few days.

Instead of making this a legal maze of impossible barriers, VA should be doing all it can to work with DoD and the Veteran (and their representative) to get benefits into the hands of Veterans as soon as possible. I propose, again, that a team of people is assembled to design a proper system to allow Veterans to have their earned benefits awarded in a timely fashion. Dismantle the existing computer operations since the education to use over fourteen separate and mostly redundant databases is impossible to maintain.

Toxic Exposures

Over thirty years ago I read about a commission being formed to address the issue of Toxic Exposure of US Soldiers. President Carter first addressed this issue in October of 1980 before the deployment of the military to the middle east. In Presidential Papers, there were several references to this issue. In 1990, the White House held a conference on this issue and the resulting H.R. 556 Agent Orange Act (PL: 102-4) began to address chemical exposures but it didn't go far enough.

VMFP together with Vietnam Veterans of America (VVA) met with Sen. Moran concerning bills proposed in 2015 (H.R.1769 and S.90, The Toxic Exposure Research Act of 2015) to address the same issues as the 1990 legislation.

In past hearings and with a suggestion from the VFW, the idea for the need to have more legislation to include illnesses and diseases to a presumptive list is a bit short sighted. The suggestion to have a clearer path to access health care

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made by the VFW was highlighted in comments from both Sen. Moran and Sen. Tester in last year's VSO hearings.

This Congress, Sens. Dan Sullivan (Alaska) and Joe Manchin (West Virginia), introduced the Veterans Burn Pits Exposure Recognition Act (S. 437). Reps. Elissa Slotkin (Michigan) and Peter Meijer (Michigan), introduced a companion bill in the House (H.R. 2436). This legislation will help acknowledge exposure to burn pits for any veteran eligible to join the VA Airborne Hazards and Open Burn Pit Registry. VMFP fully supports this legislation.

Information Technology and the Health Record sharing system(s).

Veterans Benefits Management System (VBMS) was designed by Roger Baker and included a "plug compatible; modular" system. This was a huge improvement over the "systems/GUI/Data-Base" structure of technology using a programing language called COmmon Business Oriented Language COBOL. (Full disclosure: I use to write programs in "machine" language called ASSEMBLER (or Assembly)). I'm very old. These programming systems are more obsolete than I am because they are NOT smart systems (can't learn) and have to be changed manually.

VBMS was a smart system in that, it HAS/HAD the capability to learn from its mistakes. I haven't had a recent briefing on this system BUT, in the testing phases of this when it was introduced, had it not been for the political obstacles, there was a potential for it to grow over time.

In recent discussions and observations from non-technical experts, the general request is the "technology is old" and "it needs to be replaced".

PLEASE DON'T DO THIS WITHOUT A PROPER ASSESSMENT OF THE EXISTING CAPABILITY!!!

Over twenty-five years ago I was allowed to review a medical interoperability system between VA and the Department of Defense (DoD). It kinda worked and had some issues but nothing that need and additional $120B. After 4 Years and $1 Billion, the VA and DoD Abandon Plans for a Fully Integrated EHR. They couldn't agree on the technology. In 2014 the Government Accountability Office told both DoD and VA to spend the money properly[ii] but at the end of 2021, all the money is gone, there is no system in place, the need for "more contractors" is being requested and the Veterans suffer the lack of having proper access to their records. Eight years and $4.9B gone and a new request for another $1.9B to get the job done?

I would suggest a serious investigation needs to be launched to find out what is wrong here.

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I would also suggest that a serious look be given to all of VA's computer systems.

Expansion of TAP

This program consists of five parts reviewed over the last year of the military person's career. These are Initial counseling, Pre-separation briefing, DoD Transition Day, VA briefing and Department of Labor help, Specialized transition assistance program and TAP Capstone. The current 5 mandatory days a person needs to spend in the Transition Assistance Program(s) (TAPs) is insufficient. To become a soldier, it takes an average of 45 days. To find out about being a civilian should not assume these people know what is out there for their new lives, particularly if they have served for twenty years or so.. VA benefits alone, since it's become such a legal quagmire to navigate, should take at least three days to cover all the necessary pieces of VA. I would suggest this program be expanded to a mandatory three weeks to cover all of the potential benefit programs available to service members.

Tele-Health

The expansion of Tele-Health is very important. As most have seen thru the pandemic, this type of program is easy to use, highly accessible, and cost effective. The downside is that the highly rural areas don't have access to the basic technology and infrastructure to support this access.

Thanks to this Congress, H.R.3684 - Infrastructure Investment and Jobs Act became PL: 117-58 and the need to improve access in highly rural areas is under way. Our Veterans in the most remote place will be offered technical support services soon. VMFP is highly supportive of this effort and appreciate the work done on this legislation.

Benefits are TOO expensive

Someone somewhere long ago suggested the cost of the DoD budget be increased by a third to pay for Veterans Benefits. VA has been underfunded for many years and what is missing in the formula for this cost is, the US Government signed a CONTRACT with everyone going into the military. This is a legal obligation, not an option. VA is supposed to be the Veterans representative in government. Instead, it's turned out to be a behemoth; an inefficient legal system keeping deserving people from getting the benefits they are contractually intitled to.

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C&P Examinations

In quoting the many past leaders in the House and Senate, "Why do we put the REQUIREMENT on the Veteran"… to prove ANYTHING related to their service, their health, their injuries, their LIFE just to say they CANNOT have an earned benefit?

VMFP has been critical of the overall exam process as it impacts the decision making with the original award of benefits to Veterans. This process also has the potential to skew the accuracy of subsequent appeals. More specifically, the outsourcing for physical and mental exams can often lead to unnecessary complications in communication between patient, VA and providers.

There has been a history of Veterans complaints regarding simple things like, "the providers lack of understanding of military jargon" and VA's use of acronyms. Unless civilian health care, veterans, Department of Defense (DoD), and VA all understand the lexicon and language used, the likelihood of success for a claim is not good. This is complicated by the general perception, taken for granted, that medical professionals all have a lexicon all their own, seldom understood by patients. The potential for miscommunication is exacerbated ten times within the VA system with its specialty codes and phrases.

These issues persist today, exacerbated by the use of contract firms to perform these exams at substantially higher costs[iii] often with unnecessary procedures. While the VA Office of Inspector General (OIG) has done a remarkable job looking into these issues, the problems remain.

An Overcrowded, Overburdened Medical System

The House and Senate have tried to address issues regarding medical problems with the VA through the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014 (Pub.L. 113–146) recently replaced by the MISSION Act of 2018, (PL 115-182). While the intent was commendable, the implementation has not met the objectives. This laudable effort by government did not take into consideration the realities of the issues surrounding all the practices within the medical community today.

The shortages of medical practitioners is a sad and disturbing reality. A new report predicts "troubling" shortage of doctors within the U.S. CBS News[1] reports

[1] Mary Brophy Marcus covers health and wellness for CBSNews.com

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a quote from the Association of American Medical Colleges (AAMC)[2], "the shortage of physicians in the U.S. is going to grow worse. It is estimated a shortfall ranging from 34,600 to 88,000 doctors by 2025, compared to what our growing and aging population may need. By 2030, the shortfall is expected to total anywhere from 40,800 to 104,900 doctors". With this as the underlying issue, the use of contract medical care within the VA is futile.

CBS News' Tony Dokoupil and Anna Werner[3] also reported last month that "one in four doctors in the U.S. are foreign born, including an estimated 15,000 from the seven countries included in this administration's travel ban", (which was blocked by a federal judge). Many foreign-born doctors practice in small towns and rural communities, which could be particularly hard hit by tighter restrictions or delays in processing visa applications. An issue of this magnitude within the aspects of obtaining and contracting to qualified healthcare professionals only exacerbates the problem.

Another recent survey by RNnetwork[4] found that almost half of nurses are considering leaving their field. More than a quarter of the 600 nurses surveyed reported feeling overworked, while 16 percent said they don't like their jobs and 15 percent complained of too much paperwork.

Allied Health Professionals[5] compose 60 percent of the health care workforce (lab technicians, nurses, EMTs, aides, etc.) and despite this large number, laboratories nationwide are experiencing a shortage of qualified technologists according to the Health Workforce Solutions, (2007; Passiment, 2006). The Bureau of Labor Statistics projected that in the near future, the United States will need 81,000 additional clinical laboratory technologists to replace retiring staff, and another 68,000 to fill newly created positions.

The ripple effect of this is being felt in every aspect of medical care today. With fewer than 4,700 current graduates from combined laboratory science programs, the number of annual graduates will have to be increased three- to four-fold to meet the estimated demands in these professions, just in direct patient care. Many technical people are going into other field such as law enforcement.

The issue of adding Veterans to community care programs would significantly increase the number of patients or enrollees using VA-paid healthcare rather than the other health insurance. Most veterans have alternative medical insurance

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2 IHS Markit, The Complexities of Physician Supply and Demand 2017 Update: Projections from 2015 to 2030

3 CBS Morning News By Anna Werner/ Tony Dokoupil

4 RNnetwork 2018 Portrait of a Modern Nurse Survey - CHG Management, Inc. CHG Healthcare Company.

5 THE ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS - 2018

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such as Medicare, TriCare, TriCare for Life or an employer plan according to a Milliman Study analysis. Enrollees' reliance on VA-paid care would rise from 36% to 40% by 2021, with the VA spending an estimated $18.7 billion more over five years. If predictions are correct, the demand would outweigh supply of healthcare professionals in all aspect of healthcare within many communities.

The increased access to care outside of the VHA system, according to U.S. Digital Service reporting in March[6], the newly proposed drive-time standards will hike the number of veterans eligible for community-based care from 685,000 under the Veterans Choice program to 3.7 million under the MISSION Act. There is nothing in any community comparable to the kind and quantity of medical care that VA provide; nor are the medical practices in many communities able to absorb this type of increased demand. It was also a warning; flaws in the digital support tool the VA is developing to determine eligibility would slow appointments and lead to VA having more administrative overhead with fewer services (in the community) to the Veteran because of the bureaucracy.

Something else to consider; by the end of 2035, the number of people in the United States over the age of 65 is expected to double. The Association of American Medical Colleges[7] in 2008 stated, "The complexities of physician supply and demand as projections through 2025 indicate the demand could be as high as 900k per medical professional".

Doctors and Nurses have a Choice, too

Liability issues have also been problematic for general medical professionals outside of VA where, in many states, they don't have the same liability protections as there are within the VA. Small and medium size practices are confronting high insurance premiums and increased personnel costs within their offices to deal with all the issues of filing and responding to insurance companies. This is especially true in states that do not cap financial awards of malpractice lawsuits, which leads to physicians altering or limiting their practice due to the threat of legal action.[8]

Billing systems for state, federal and private insurance are constantly changing, as are the rules for billing and the qualification for certain patients. Automation systems and software generate overhead expense that is hard to recover. If a version of software or existing hardware needs replacement to keep up with

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6 U.S. Digital Service to Congress: We've Made A Measurable Impact - 2018

7 Association of American Medical Colleges - Tomorrow's Doctors, Tomorrow's Cures.

8 MMS, 2007; Thorpe, 2004

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regulatory changes or business model improvements, the manpower alone can run into thousands of dollars.

These issues complicate the demands for, and the needs within, the medical community for new doctors, nurses, clinicians, and technicians within the whole medical field. Veteran Health Administration (VHA) currently has vacancies in every category numbering in the range of 50,000 to 60,000. Since 2010, rural hospitals in the United States have closed nearly 100 facilities, leaving residents in isolated communities without access to proper medical or emergency room care. This is leaving Veterans with fewer, rather than more, choices as to where to get quality healthcare.

Local medical practice.

The effects of staffing shortages can be devastating to the needs of veterans as well as the general population. The VA system will find MISSION Act is not an answer to Veteran's needs; while well intended, it can potentially crowd an overburdened system. Nevada and Oklahoma have seen healthcare facility closure to the point where there is no care other than a few rural physicians' offices. Combined, the absence of emergency medical equipment and properly trained and staffed personnel can spell disaster in small communities. Kansas has also suffered under the "for profit" medical system "greed," despite charity facilities with international outreach to provide medical care in remote locations with a domestic flavor.

Experts state that private-sector providers generally **can't match** the VA's 172 hospitals and 1,069 outpatient clinics in delivering high quality care that's attuned to military culture and the unique medical needs of veterans.[9] Veterans (and their families) tend to be sicker on average than non-veterans and as a rule require more specialty and preventive care. It is, and has been, the position of VMFP to allow changes to local health care where it is practical to do so by changing the law so access is not limited to ONLY VA. It is also our stated goal to increase funding for VHA so VA can improve the care **within** the VHA system by spending more dollars on facilities, salaries and staff for all medical support for Veterans.

Medical For-Profit Systems.

The rising cost of healthcare and the inability to fill the needed professional staffing vacancies is not unique to VA and the issue for Veterans cannot be solved through contracting to healthcare organizations or insurers. Since there is

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[9] "Worries mount as VA races to launch private-care program in June" - Modern Healthcare – 2019

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no transparency in health care pricing, cost cannot be controlled in a true business sense. VA has fixed rate pricing much the same as the MEDICARE/MEDICAID systems. New graduates becoming civilian medical professionals working in private practices, are usually overburdened with debts for school loans and the general cost of living. Few can afford to work in rural health care settings or systems.

Rural communities are hit the hardest with keeping a cost-effective business model even with the inclusion of a lower billable standard. This hits Veterans the hardest because few practices will accept Veteran or MEDICARE/MEDICAID patients. Until a recent court ruling (Wolfe v. Wilkie, US CAVC NO. 18-6091, Sept. 2019), Veterans' emergency care was routinely billed to the Veteran. Roughly one in every six emergency room visits or hospital stays have a "surprise" medical bill for all. These bills could run into the tens of thousands of dollars that Veterans just don't have. By law, these bills, should have been paid by VA. Proper and timely payment by VA to civilian care facilities should be a reflection of the VA's systems and not a punishment to the ill or injured Veteran.

A report from the nonpartisan, Kaiser Family Foundation[10], found that millions of people, including Veterans with "comprehensive coverage" are nonetheless exposed to so-called "out-of-network" charges that can amount to thousands of dollars. These "loopholes" in care are going to organizations that pay more than $11 to $16 million to the just the CEOs. The "add-ons" to a medical bill can be as much as a 27% increase over services that should be covered by the insurance but are not. The top executives of most major healthcare insurers and hospital administrative staff earn the bulk of these "add on" dollars supposedly spent on healthcare today[11]. The impact is predicted to cause physicians to see 75,000 fewer patients a day to balance their business and life. This will in turn cause major disruptions.

All these issues collectively add to the larger picture for all people. The lack of access to quality healthcare is becoming a much bigger issue for everyone. Since enactment of the VA's MISSION Act, the promise of better care and easier access has been elusive. Not because of the law or its intent, but simply because there are fewer healthcare providers willing to enroll in a system paying less per patient than private insurance. Rate limits on Veterans and their families under government programs are draconian and undermine the intent of Congress. They do not meet the needs of the Veteran, the healthcare providers, the community or the public in general because their tax dollars are not being spent wisely.

Waste and Abuse within Government.

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10 Kaiser Family Foundation - Drew Altman/" Health Care Costs as Much as a New Car"

11 Clear Health Costs 2019 Survey Report

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Adding to the woes of the Veteran and the government in general, is the issue of Waste, Fraud and Abuse. An example of waste and abuse is the firm, QTC. In 2017 they were awarded a non-compete, sole source contract for $6.8 Billion dollars[12]. The Office of Inspector General[13] (OIG) found this to be illegal. Yet the VA award was later deemed a continuation of an existing contract. A new no bid, sole source contract was awarded again in 2018, despite the illegal actions of the past. (To date, this illegal activity continues).

An exam for hearing disorders at QTC cost an average $495.55 compared with $89.80 for an exam at VHA. Even with adjustments for hidden costs, the difference exceeds 400%. For a general medical exam, QTC's average fee was $393.52 compared with the VA's $225.58. It has been HIGHLY recommended that further cost-comparison studies be done because of the unusually high fees charged by QTC as "sole source". No such detailed analysis has ever been done. It should also be noted, QTC is NOT the only organization that can give a medical exam and fill out a DBQ properly. The major portion of income for QTC Medical Services, a Leidos Company was $7.04 billion for the fiscal year ended December 30, 2016. Most of this came from VA and DoD.

It should also be noted that as early as last month, the OIG found QTC had over-billed the government through Therapy Service Provider for Veterans health services[14]. Had it not been for the government, in its oversight role, this company would continue several illegal billing practices. VMFP is certain more issues will be found regarding contracting practices by this firm if the previously suggested detailed analysis was performed.

BENEFITS FRAUD

Within the last year, the Office of Inspector General (OIG) has exposed many cases of fraud caused by illegal contracting practices, scams, deceptive claims schemes by non-veterans, and medical overbilling to name just a few of the issues involving fraud.

With the systems in place to discourage a single person from trying to get their benefits they've earned, the overreaching prosecution of a Veteran by the OIG, in many instances, does not follow the proper procedures. This issue has been raised to the General Counsel but there may still be a need for legislation to stop the unwarranted and unnecessary "investigation" of individuals suspected of benefits fraud.

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12 Medical Disability Exams (MDE) | VA119A-17-D-0011 VA119A17R0059
13 VAOIG-18-04266-115 - 2019
14 Civil Monetary Penalties and Affirmative Exclusions – OIG Report – 10-11-2018

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CONCLUSION

Lately, VA has been responsive to many of the Veterans' needs, but must have Congressional support for changing the processes used to qualify a claim. The need to improve the disability claims process is the most import issue since this is the first step in helping Veterans with their benefits. There is no doubt that the lengthy, cumbersome process and often unwarranted denial of benefits cause anxiety and leads to a depressive and worrisome state of mind. To reduce the apprehension for "what do I do now?" I would suggest looking at this process and changing it to a system geared to assistance rather than delay and denial. There also must be a close look at the review process for awarded benefits; that proper legal due process is followed, avoiding situations wherein a qualified Veteran becomes a target of reprisal.

This Congress has made improvements to help our Veterans in many areas. The need to address Toxic exposures, Suicide, Homelessness and access to good health care is, and has been, a priority for everyone. The lack of qualified medical professionals is a national problem and needs serious attention. The pandemic has caused too many highly skilled people to leave their jobs for many reasons, including this deadly disease. VA must have the resources to increase staffing of talented medical professionals.

The need for oversight if VA is greater than ever before. The OGC and the OIG need to ensure that taxpayer dollars are being spent for Veterans and not providing huge profits for people not directly involved in assisting Veterans. The recent focus on companies doing business with VA has shown the over-billing and illegal activities by these organizations is costing billions of taxpayer dollars. WMVP applauds these efforts to recover ill-gotten funds and prosecute the offenders.

Tele-health needs expansion and improved capabilities and we believe VA is going in the right direction with planning for improved access and operational oversight for their business systems.

Finally, we'd like to thank these Committees for the improvements they have made over the past year and the implementation of laws designed to help all our Veterans everywhere.

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About Veterans and Military Families for Progress

VMFP is organized in the District of Columbia as a not-for-profit corporation under the laws governed under the Nonprofit Corporation Act.

Our primary objective is to be an advocate on behalf of veterans, military members, and their families for progressive legislation and initiatives that reflect their experience and concerns, and which support the organization's goals. We support candidates for political office who support the organization's goals and educate veterans, military members, their families, and the public-at-large as to the rights and needs of veterans, military members and their families. We also reach out to and support veterans, military members and their families and demand the responsible use of the military in United States Foreign Policy.

VMFP's primary mission is to:

a) Advocate on behalf of veterans, military members, and their families for progressive legislation and initiatives that reflect their experience and concerns, and which support the organization's goals.

b) Support candidates for political office who support the organization's goals.

c) Educate veterans, military members, their families, and the public-at-large as to the rights and needs of veterans, military members and their families.

d) Reach out to and support veterans, military members and their families.

e) Demand the responsible use of the military in United States Foreign Policy.

f) Raise and expend funds and conduct such other activities as may be reasonable and necessary to implement other lawful projects and objectives authorized by the Board of Directors.

g) Have and exercise any and all powers and privileges now or hereafter conferred by formed under such laws.

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[i] 2021 National Veteran Suicide Prevention Annual Report
[ii] GAO Report 14-302 - ELECTRONIC HEALTH RECORDS
[iii] QTC Wins $6.8 Billion VA Contract, Or, Did VA Just Award Itself A Contract? – Article by Ben Krause

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