FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

National Service & Legislative Headquarters
807 Maine Avenue, S.W.
Washington, D.C. 20024-2410
Phone (202) 554-3501
Fax (202) 554-3581
www.dav.org

STATEMENT OF
ADRIAN ATIZADO
DAV DEPUTY NATIONAL LEGISLATIVE DIRECTOR
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
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Chairman Isakson, Ranking Member Tester, Distinguished Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of this legislative hearing of the Senate Veterans' Affairs Committee. As you know, DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration by the Committee.

S. 123, Ensuring Quality Care for Our Veterans Act

This bill would require VA to enter into a contract with a third-party to conduct clinical peer review to evaluate care provided by VA appointed clinicians, whose state license was terminated for cause for care rendered in non-VHA facilities. If a determination is made that substandard care was provided, VA is to notify such veteran of such care.

In light of the increasing use of non-VA providers under the "John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018," (Public Law 115-182), we urge the committee to amend the bill to allow such third-party to also conduct clinical peer review to evaluate care furnished by non-VA providers that was authorized or purchased by VA, and to notify veterans of any substandard care they received.

S. 221, VA Provider Accountability Act

The measure would require VA to report any adverse actions taken against certain providers to be reported to the National Practitioner Data Bank and applicable state licensing boards.

We bring to the Committee's attention the need to further clarify the definition of "major adverse actions," without which it may inadvertently be more broadly applied than intended as well as specify in greater detail to whom the prohibition under Section 2(b) of the bill applies.

DAV is unable to take a position on this bill until further clarification is provided on the definition of "major adverse actions," which as currently written may inadvertently be applied more broadly then intended as well as greater specificity is provided as to whom the prohibition under Section 2(b) of the bill applies.

S. 318, VA Newborn Emergency Treatment Act

S. 318 would allow VA to furnish transportation for newborns of women veterans receiving maternity care through VA if a newborn requires care that is not available from the facility at which the newborn was delivered. The transportation could be for the newborn alone or with his or her parents.

Increasing numbers of women veterans returning from recent deployments has spiked the number of veterans seeking maternity care from VA. Between 2000 and 2015, the number or women receiving maternity care increased more than 14 times (14.4).[1] Women veterans in childbearing years (18-44) are also highly likely to be service connected (73%)[2] and the growth in women 35 years of age or older with obstetric deliveries increased more than 16 times (16.2).[3]

Advanced age and maternal disability are risk factors for adverse pregnancy outcomes such as low birth weight or premature birth that imperil both women veterans and their newborns. These conditions often require specialized care for infants that is not widely available. While VA is authorized to provide emergency transportation for women veterans, if the infant must travel alone for medically necessary care, VA's authority to provide this transportation was unclear. S. 318 would provide clear authority for VA to furnish emergency transportation to newborn children of women veterans.

DAV fully supports this bill, in accordance with Resolution No. 019, which calls for enhanced medical services and benefits for women veterans.

S. 450, Veterans Improved Access and Care Act of 2019

This bill would require VA conduct a pilot program across 10 regionally diverse VA medical facilities to expedite the onboarding process of new clinicians to no more than 60 days. A report to Congress is required from VA no later than 180 days for a strategy to reduce by half the duration of VA's hiring process.

We support the objectives of this legislation based on DAV Resolution 129, which supports a simple-to-administer alternative VHA personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private

[1] Women's Health Services. Office of Patient Care Services. Veterans Health Administration. Department of Veterans Affairs. Sourcebook: Women Veterans in the Veterans Health Administration Vol. 4: Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution. February 2018. P. 71.
[2] Sourcebook. P. 36
[3] Sourcebook. P.72

sector to human capital management, and supports pay and benefits that are competitive with the private sector.

S. 514, Deborah Sampson Act

S. 514, the Deborah Sampson Act, a comprehensive measure addressing gender disparities, aims to improve and expand VA programs and services for women veterans. DAV is pleased to support this important legislation, which will achieve many of the objectives DAV first identified in our 2014 women veterans report, *Women Veterans: The Long Journey Home* and again in our 2018 follow up report, *Women Veterans: The Journey Ahead*. It is also consistent with DAV Resolution No. 019, calling for VA to enhance its programs and services for women veterans.

Section 101 of the bill would permanently authorize counseling for veterans recently separated from military service and accompanying family members in group retreat settings, including in women-exclusive settings. The social connections, goal-setting and role modeling women veterans are exposed to in such retreats have significant and lasting effects according to program participants.

We are pleased to support Section 202, which would extend authority and increase funding for families who are precariously housed and live at or below the poverty line. This important program has stopped thousands of veterans and their family members from becoming homeless. It would also earmark $20 million for women veterans. Section 203 would require a "gaps analysis" of programmatic deficiencies in meeting the needs of homeless or precariously housed women veterans, as we recommended in *Women Veterans: The Journey Ahead*.

Section 301 would extend the number of days, from seven to 14, VA may cover the cost of care for newborns of women veterans. As we stated in our support of S. 318, women veterans who use VHA have a heavy burden of service-connected disability, especially those in childbearing years, and are often at advanced age (35 years or older) for childbearing, which puts them at risk for adverse birth outcomes. Increasing the time VA will reimburse their newborns' care will ensure that most of their needs can be addressed before they are discharged.

Title IV addresses eliminating barriers to access including ensuring that environmental care standard deficiencies are addressed through adequate retrofitting; that there is at least one designated women's health provider in each VA facility; that funds are available for training additional primary and emergency providers through VA mini-residencies; that training materials are developed for community providers in the new Veterans Community Care Program to be launched in June 2019; and that VA completes a study to determine the adequacy of staffing for Women Veterans Program Managers, determine the need for an Ombudsman in each medical center and ensure proper training for the individuals in these positions.

Title V requires VA to conduct a number of studies, including:

- Use of various primary care models serving women veterans;
- Staffing levels of women's health providers including PACT team members and gynecologists;
- Data collection and reporting on all VA programs serving veterans, by gender and minority status;
- Availability of prosthetics for women veterans; and
- Centralizing all information for women veterans in one easily accessible place on VA's website.

DAV fully supports S. 514 and is eager to work in support of its approval.

S. 524, Department of Veterans Affairs Tribal Advisory Committee Act of 2019

This measure would establish a VA Tribal Advisory Committee to better facilitate agreements between VA and other agencies within the federal government. The Committee would be composed of 15 members, including one from each of the 12 Indian Health Service areas.

We believe this measure would facilitate addressing DAV Resolution 224 supporting the rights and receipt of benefits earned by service-connected Native American or Alaska Native Veterans and look forward to its favorable consideration.

S. 711, Care and Readiness Enhancement for Reservists Act of 2019

The Care and Readiness Enhancement for Reservists Act, or CARE for Reservists Act of 2019, would allow the Department of Defense to fund needed behavioral or mental health care for reservists, regardless of whether that service member is about to deploy or whether they have deployed at all. Currently, members of the National Guard and Reserves undergo annual health assessments to identify medical issues that could impact their ability to deploy, but any follow-up care must generally be pursued at their own expense.

DAV has no resolution specific to extending mental health care to National Guard and reservists, but believes the intent of this legislation is in keeping with the goal of ensuring that all service members have the health care necessary to readjust successfully after deployments. We also recognize that the number of suicides among Guard and Reservists who have not been federally activated has grown in recent years.[4] We therefore have no objection to this legislation's favorable consideration.

[4] Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. VA National Suicide Data Report: 2005-2016. September 2018. P. 10.

S. 746, Department of Veterans Affairs Website Accessibility Act of 2019

This bill would require the Secretary of Veterans Affairs to examine and report on all websites (including attached files and web-based applications) of VA to determine whether such websites are accessible to individuals with disabilities in accordance with section 508 of the Rehabilitation Act of 1973.

We are troubled by the inability of vision impaired veterans to fully access VA websites, thus confounding their ability to claim and access their earned benefits. DAV was founded on the principle that this nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled and to ensure that all disabled veterans receive all benefits they have earned.

DAV supports S. 746 as it is in accord with DAV Resolution No. 001 and would help to ensure that all VA websites and associated files are accessible by all veterans, especially those with disabilities and impairments as noted.

S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, would improve eligibility and access to transitioning service members and veterans to federal programs such as transitional assistance programs and health care, including mental health care, to reduce suicide rates and improve mental health among veterans.

The VA mental health program experienced tremendous growth (86%) between 2005 and 2017. Troops returning from deployments in Iraq and Afghanistan required mental health care services including treatment for post-traumatic stress disorder (PTSD), substance use disorders, depression, and anxiety. During this time, VA also identified an upward trend in suicides among veterans. Homelessness and unemployment were considered contributing factors, particularly for some subgroups in the veterans' population such as women and minorities.

Title I of the bill would improve transition programs for service members separating from military service. Research has demonstrated that the first three years of readjustment is a time when veterans are particularly vulnerable to suicidal ideation.[5]

This section would:

- Improve access to transition services for veterans by extending VA health care eligibility to a year after discharge from military service;
- Create a grant program to help veterans obtain employment and help identify the many non-profit programs available to veterans in their communities; and

[5] Ann Epidemiol. 2015 Feb;25(2):96-100.

- Require an annual report on utilization of VA medical services by veterans with other than honorable discharges.

Title II of the bill would develop community resources for addressing suicide prevention. These programs will enhance VA programs to prevent suicide and create care outlets for the many veterans (70%) who do not use VA health care,[6] and whose rates of suicide over time are surpassing rates of suicide among veterans who use VA.[7]

Programs developed under this title include:

- Creation of a new suicide prevention program to include new grant programs designed to reach veterans at risk of suicide who are not obtaining VA mental health care;
- Facilitation of post-traumatic growth services through community partners;
- Requirement that VA designate annual Buddy Check Week to encourage peer support by organizing education and awareness activities;
- Requirement that VA track and report on goals and objectives in its suicide prevention plan and direct the Government Accountability Office to evaluate VA's case management program for veterans at high risk of suicide.

Title III of the bill addresses programs, studies and guidelines on mental health for veterans. These programs include:

- Study of feasibility and advisability of providing access to computerized cognitive behavioral therapy to veterans;
- Study of living at high altitude and development of suicide risk factors among veterans;
- Requirement for VA to update guidelines on suicide prevention including using gender specific risk factors and treatment options:
- Establishment of a Precision Medicine Initiative to identify and validate brain and mental health biomarkers;
- Creation of VA treatment guidelines for trauma comorbid with chronic pain and substance abuse.

Title IV of the bill would develop a number of oversight vehicles to ensure that VA's efforts in mental health care and suicide prevention are accessible, effective and on target:

- Require focus group studies of effectiveness of suicide prevention and mental health outreach of VA followed by a representative survey of the veteran population from focus group themes;

[6] Department of Veterans Affairs. National Strategy for Preventing Veteran Suicide 2018-2028. P. 6.
[7] Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. VA National Suicide Data Report 2005-2016. September 2018. P. 3.

- Require VA to develop oversight measures for assessing VA's outreach efforts with media;
- Require a report on VA's progress in addressing Executive Order 13822 which requires that VA assist service members within the first year of separation from armed services;
- Require oversight reports on:

    - VA's mental health and suicide prevention efforts;
    - Integration of mental health into primary care;
    - Joint mental health programs run by VA and the Department of Defense including transition assistance programs, centers of excellence in traumatic brain injury and post-traumatic stress disorder and ancillary programming including employment, housing and financial literacy and establish an additional Intrepid Spirit Center in a rural area.

Title V of the bill would make changes to assist VA in developing its mental health workforce. Despite VA adding 1000 or more staff to aid mental health efforts in recent years, VA's Inspector General (IG) continues to identify psychiatrists and psychologists among its professions that VA medical centers most frequently identify as being in short supply ranking 1 and 4 in the IG's most recent survey.[8]

- Convert VA psychologists from "hybrid" title 38/title 5 employees to title 38 employees;
- Require VA to develop a staffing improvement plan for psychiatrists and psychologists;
- Create occupational series for licensed mental health counselors and marriage and family therapists within VA;
- Require staffing improvement plan for peer support specialists who are women;
- Create a Readjustment Counseling Service Scholarship program;
- Require a report on Readjustment Counseling Service regarding the adequacy and types of services provided; efficacy of outreach and recommendations for improvements; use of telehealth; expanding eligibility and costs of such expansions; use by Reservists; use by eligible family members, and assessment of training of group therapists.
- Create an annual report from the Readjustment Counseling Service looking at resources required to meet needs.
- Create studies of alternative work schedules for VHA employees;
- Require one suicide prevention coordinator at each VA medical center;
- Create direct hiring authority for certain health care positions within VHA.

[8] Statement of Michael J. Missal, Inspector General, Department of Veterans Affairs, Before the Subcommittee on Health, Committee on Veterans' Affairs, US House of Representatives, More than Just Filling Vacancies: A Closer Look at VA Hiring Authorities, Recruiting, and Retention." June 21, 2018. P. 6 (based upon data from Veterans Health Administration's Occupational Staffing Shortages for Fiscal Year 2018.)

While DAV is in favor of most of the provisions within this title, we would ask that the Committee give further consideration to Section 501 which would re-categorize psychologists now under Hybrid Title 5/Title 38 authority to Full Title 38 authority. While DAV supports a single, simple-to-administer alternative personnel system under DAV Resolution No. 129, we are unclear if this measure would improve recruitment and retention of psychologists—an occupation that VA's Office of Inspector General has identified as having a large staff shortfall for the past several years. DAV would instead ask that the Committee study both strengths and barriers to using the current system and identify benefits within Title 38 and "Hybrid" systems that VA psychologists value. For example, are practices such as collective bargaining, leave policies, pay practices, and retirement benefits valued by current employees and job candidates? How would moving from one system to another affect such practices and would the change impact VHA's ability to recruit or retain these scarce clinical personnel?

In addition, DAV has some concerns about potentially weakening veterans' preference and merit based hiring practices in favor of an unproven system that may or may not lead to more expedient hiring proposed under Section 521. In DAV's view, it would be more prudent to understand barriers to effective use of current hiring flexibilities and pay incentives under Title 38.

Title VI of the bill would improve VA's Telehealth Services. Telehealth and other technologies have expanded care options for veterans and made care available to populations that might not be eligible (such as active-duty veterans, family members, and those with less than honorable discharges). VA has apps and web-based curriculum that are accessible and effective means of bringing evidence-based practices to more individuals in need. Telehealth which is increasingly used by VA to distribute scarce health resources (such as specialized care) is known to be effective and patients are pleased when seeking specialized care does not have to take them far from their homes and communities.

Specifically, the bill would:

- Expand use of telehealth between VHA, other federal agencies and community partners, especially in rural communities by offering grants for "partnerships" to upgrade hardware, infrastructure and security and train staff.
- Implement a national protocol for telehealth security.

DAV also suggests the addition of a reporting requirement for VHA's Special Committee on PTSD. While it is our understanding this group of mental health providers and researchers continues to meet and report internally, Congress does not benefit from the Committee's guidance and recommendations for improving the program in VA.

The following resolutions lead DAV to strongly support S. 785. DAV Resolution No. 293 supports program improvement and enhanced resources for VA mental health

programs, emphasizing the importance of timely access to mental health and readjustment services for transitioning service members. DAV Resolution No. 304 urges Congress to monitor programs in place to assist those service members transitioning to civilian life with access to appropriate federal programs.

S. 805, Veteran Debt Fairness Act of 2019

This legislation would require the VA Secretary to improve the processing of veterans benefits, limit the authority of the Secretary to recover overpayments and improve the due process accorded veterans with respect to such recovery.

It is a reasonable expectation that recipients of overpayments are required to repay the debt; however, the current overpayment and debt system allows the VA to collect debts regardless of when or how the debt was created. Current debt collections by the VA include complete recoupment of the veteran's monthly benefit payments and, in many cases, put the veteran at risk of financial hardship. It is important to note that additional amounts of debt created by the VA's lack of timely action are often added to the debt, thus creating an inequity on the veteran.

S. 805 will allow veterans and beneficiaries to choose how to receive debt notification and address several root causes of VA overpayments, including:

- Only allowing the VA to collect debts that occur as a result of an error or fraud on the part of a veteran or their beneficiary;
- Prohibiting VA from deducting more than 25 percent from a veteran's monthly payment in order to recoup overpayment or debt. This deduction may be further limited if it puts that veteran at risk of financial hardship, for example if the veteran is living on a fixed income;
- Preventing the VA from collecting debts incurred more than five years prior (Currently there is no time limit on how long after a payment a veteran can be billed);
- Requiring the VA to provide veterans with a way to update their dependency information on their own, eliminating a key processing delay for veterans which frequently contributes to the VA making overpayments.

S. 805 will institute common-sense protections for veterans and reduce the potential negative financial impact on veterans and their families. DAV strongly supports S. 805 as it is in accord with DAV Resolution No. 172.

S. 850, the Highly Rural Veteran Transportation Program Extension Act

The VA Highly Rural Transportation Grants (HRTG) program was established to help highly rural veterans travel to VA or VA-authorized health care facilities by providing $50,000 grant funding to Veteran Service Organizations and State Veterans Service Agencies to provide transportation services in eligible counties. The program's

authority was intended to operate for five fiscal years beginning in 2010, but has since been extended five times until 2020.

DAV understands the importance of transportation to enable veterans to access VA health care and benefits. The DAV National Transportation Network operates a fleet of vehicles around the country to provide free transportation to VA medical facilities for injured and ill veterans. We stepped in to help veterans get the care they need when the federal government terminated its program that helped many of them pay for transportation to and from medical facilities. These vans are driven by volunteers, and the rides coordinated by more than 178 Hospital Service Coordinators around the country.

DAV Departments and Chapters, along with our long-time partner Ford Motor Company, have purchased 3,517 vehicles at a cost of more than $80.1 million, which have been donated to VA medical centers nationwide since the program began in 1987 to ensure that injured or ill veterans are able to get to their medical appointments.

We recognize HRTG as one of three programs administered by VA's Veterans Transportation Program (VTP) to provide veterans little to no-cost travel solutions to and from their VA health care facilities. VTP also administers the Beneficiary Travel program and the Veterans Transportation Service (VTS). Each program, however, has certain limitations and areas of concern.

VTS is intended to provide veterans with convenient and timely access to transportation services and to overcome barriers to receiving VA health care and services, and in particular to increase transportation options for veterans who need specialized forms of transportation to VA facilities; however, there is wide variation in eligibility for VTS transportation across the VA health care system that is not consistent with overcoming barriers to receiving health care provided or purchased by the VA to service-connected veterans.

Beneficiary travel is a critical program, but is not available to all service-connected disabled veterans with mobility challenges, policies do not comport with VA's current access to care policies, and it is a source of confusion among local VA facilities due to vague policies for using special-mode transportation, such as a wheelchair van, as well as eligibility issues for veterans with visual impairments.

HRTG provides grants to assist only veterans in highly rural areas through innovative transportation services to travel to VA medical centers.

While DAV supports enactment of this measure to extend by one year HRTG, we urge this Committee to consider addressing the lack of a consistent and comprehensive VA transportation policy for all service-disabled veterans across all established VA transportation and travel programs, benefits and services.

S. 857, a bill to increase the amount of special pension for Medal of Honor recipients

S. 857 would amend 38 U.S.C. § 1562 by increasing the Medal of Honor Special Pension from $1000.00 a month to $3,000.00 a month. DAV does not have a resolution on this issue; however, we would not oppose the enactment of this bill.

S. 980, Homeless Veterans Prevention Act of 2019

The Homeless Veterans Prevention Act of 2019 authorizes the VA to provide per diem payments for furnishing care to the dependents of certain homeless veterans, provide for partnerships to provide legal services to homeless veterans and those at risk of homelessness, expand the VA's authority to provide dental care to homeless veterans, repeal the sunset on counseling services for homeless veterans, and extend the financial assistance for supportive services for very low-income veteran families in permanent housing. In addition, this legislation would require the Comptroller General of the United States to study the VA's Homeless Veterans Programs and provide an assessment as to whether these programs are meeting the needs of the veterans who are eligible for assistance.

DAV supports this legislation in accordance with the following resolutions approved by our membership—DAV Resolution No. 291 calling for sustained and sufficient funding to improve services for homeless veterans; and Resolution No. 173, which supports enactment of legislation authorizing VA to provide child care services and assistance to veterans attending VA homeless and rehabilitative programs.

S. 1101, Better Examiner Standards and Transparency for Veterans Act of 2019

The Better Examiner Standards and Transparency Act of 2019, would amend title 38, United States Code, section 5101 to prohibit contract health care providers who have had their licenses revoked in any state to provide VA Compensation and Pension examinations and to ensure that only licensed contract health care providers are conducting the examinations. S.1101 would also require the Secretary to submit annual reports to Congress addressing both of these concerns.

A VA examination by an unlicensed health care professional would be considered an inadequate VA examination and a violation of VA's duty to assist as noted in title 38, United States Code, section 5103A. Under the recently implemented Appeals Modernization Act, appeals at the Board of Veterans' Appeals will be returned to the agency of original jurisdiction for duty to assist errors. Thus, S.1101 will lessen the potential for additional appeals processing by ensuring that all VA contract examiners are licensed and not confound the VA's duty to assist.

Veterans' medical disability examinations are incredibly critical in ensuring veterans obtain service connection and accurate examinations will directly impact disability evaluations. As such, ill and injured veterans deserve to have these

examinations conducted by qualified clinical providers, including those whom VA contracts with to provide these important examinations.

DAV supports S.1101 as it is in accord with DAV Resolution No. 001. It is part of DAV's foundation that wartime disabled veterans should receive high-quality hospital and medical care from VA as well as adequate compensation for the loss resulting from such service-connected disabilities.

S. 1154, the Department of Veterans Affairs Electronic Health Record Advisory Committee Act

This bill would establish an independent, 11-member Electronic Health Record (EHR) Advisory Committee, which would be comprised of medical professionals, information technology and interoperability specialists, and veterans currently receiving care from the VA. The Advisory Committee would, among other things, be required to analyze VA's implementation strategy, developing a risk management plan, and tour VA facilities as they transition to the new EHR system. The Committee would also be required to report to Congress twice a year for the first two years of its establishment recommending any administrative or legislative action necessary.

DAV supports the intent of this bill and agrees that the $16 billion 10-year commitment must not suffer the same setbacks as has unfortunately been known to occur with numerous other VA information technology projects. We recognize the VA will be going live with Cerner's product around March/April 2020 at the Mann-Grandstaff, Seattle and American Lake VA medical centers as well as accelerate the timetable to complete deployment of a scheduling package across the VA health care system in the next five years.

Draft bill, to extend the authority of the Secretary of Veterans Affairs to continue to pay educational assistance or subsistence allowances to eligible persons when educational institutions are temporarily closed

This legislation would amend title 38, Section 3680(a) (2) of the United States Code to provide continued subsistence allowances to eligible veterans who are pursuing a program of education under chapter 31, 34, or 35 of this title when that educational institution is temporarily closed not to exceed a period of eight weeks. Current legislation limits the total number of weeks for which allowances may be paid over a 12-month period to four weeks.

While DAV does not have a resolution specific to this issue, we support the intent of this legislation and look forward to its favorable consideration.

Discussion Draft: Janey Ensminger Act of 2019

The proposed legislation, consistent with the Comprehensive Environmental Response, Compensation, and Liability Act, title 42, United States Code, section 9601,

directs the Agency of Toxic Substances and Disease Registry to provide a report not later than one year after the date of enactment and not less frequently than once every three years thereafter. The report is to concern:

- Review the scientific literature relevant to the relationship between the employment or residence of individuals at Camp Lejeune, North Carolina for not fewer than 30 days during the period beginning on August 1, 1953, and ending on December 21, 1987, and specific illnesses or conditions incurred by those individuals;
- Determine each illness or condition for which there is evidence that exposure to a toxic substance at Camp Lejeune;
- With respect to each illness or condition for which a determination has been made, categorize the evidence of the connection of the illness or condition to exposure described as—
    - ‘‘(i) sufficient to conclude with reasonable confidence that the exposure is a cause of the illness or condition;
    - ‘‘(ii) modest supporting causation, but not sufficient to conclude with reasonable confidence that exposure is a cause of the illness or condition; or
    - ‘‘(iii) no more than limited supporting causation.

The VA established presumptive diseases recognized as being causally linked to the contaminated water at Camp Lejeune from August 1, 1953 to December 21, 1987, in title 38, Code of Federal Regulations, section 3.309. However, this presumptive is not codified nor does it carry a requirement for continuing reports, research and diseases noted to be causally linked to said exposure.

DAV supports this proposed legislation as it is consistent with DAV Resolution No. 090 and will provide an avenue to consider additional diseases or conditions that can be linked to the contaminated water. However, we do seek clarification if the proposed use of three categories of evidence would provide any conflict or controversy with the National Academy of Sciences, Engineering, and Medicine accepted four categories of evidence.

Mr. Chairman, this concludes DAV’s testimony. Thank you for inviting DAV to submit testimony for the record of today’s hearing. I would be pleased to address any questions related to the bills being discussed in my testimony.