STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

115th Congress

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

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Presented by

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EXECUTIVE SUMMARY

VA HEALTH SYSTEM

- **HEALTH SYSTEM REFORM –** Support and invest in the Secretary's MyVA transformation plan, modernize technology, financial, infrastructure, electronic health records, and human resource systems, including consolidating the Department of Veterans Affairs (VA) Community Care Programs and the Veterans' Choice Program into a single program to improve access to care and to integrate purchased care into the broader VA health system.
- **VETERANS CHOICE PROGRAM –** Immediately pass legislation to extend the current Choice Program beyond the August 7, 2017 sunset date mandated in the Choice Act to allow sufficient time for VA to expend remaining funds authorized by Congress for the program and to introduce a replacement program.
- **Civilian Health and Medical Program of the VA (CHAMPVA) –** Authorize adult children of survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26.
- **CAREGIVER SUPPORT PROGRAM—**Extend eligibility and support services for the VA Caregiver Support Program to full-time caregivers of catastrophically disabled veterans of conflicts before September 11, 2001.
- **WOMEN VETERANS HEALTH CARE –** Aggressively invest and implement VA's Women's Health Strategic Priorities to provide comprehensive primary care, health education, and reproductive health services. Improve communication and partnerships, and increase access to gender-specific medical and mental health care to meet the unique needs of women service members and transitioning women veterans.
- **DEPLOYMENT-RELATED ILLNESSES AND TOXIC EXPOSURES RESEARCH –** Fund research on the impact of service members exposed to environmental toxins or hazardous substances, and/or deployment illnesses resulting from their military service.
- **TRAUMATIC INJURIES AND SUICIDE PREVENTION –** Implement and sustain an integrated, multidisciplinary, comprehensive behavioral health system to address the rising rates of veterans suffering from traumatic injuries such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and military sexual trauma (MST).

VETERANS BENEFITS

- **APPEALS MODERNIZATION –** Improve the VA claims appeals system to remove inefficient and archaic procedures that prevent VA from taking quick action on appeals and providing timely decisions and benefits to veterans while ensuring transparency and veteran-centric processes.
- **DISABILITY BENEFITS FOR FUTURE TOXIC EXPOSURES –** Provide a statutory framework to ensure future veterans exposed to toxic substances during their service are able to obtain disability benefits without waiting for Congress to pass legislation specific to each individual exposure. Taking proactive steps towards identifying and acknowledging

toxic exposures when they happen and their effects will save time and money by reducing the need to rely on presumptions decades after the exposures occur.

- **EXPANSION OF CAMP LEJEUNE PRESUMPTIONS –** VA has acknowledged that six of 15 conditions are found to be associated with contaminated water at Camp LeJeune. Presumptions should include all conditions found to be associated with this exposure.
- **BLUE WATER NAVY VIETNAM VETERANS –** Authorize VA to recognize veterans who served in the "Blue Waters" of Vietnam were also potentially exposed to Agent Orange.
- **VA COORDINATION WITH DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS) FOR MILITARY RETIREES –** Oversee VA's coordination with DFAS to achieve timely processing of disability pay to retired veterans also entitled concurrently to military retired compensation.
- **GI BILL PROGRAMS –** The Montgomery GI Bill should be sunsetted and GI Bill programs should be consolidated under a single platform in Title 38. The GI Bill should be modernized to account for evolving educational forums and the evolving job market. Finally, GI Bill benefits should be restored to students defrauded by educational institutions through no fault of their own.
- **SURVIVOR EDUCATIONAL ASSISTANCE –** Raise Dependent Educational Assistance (DEA) rates for pre-September 11, 2001 survivors and establish a housing stipend for DEA.

NATIONAL GUARD AND RESERVE VETERANS

- **SERVICEMEMBERS CIVIL RELIEF ACT (SCRA) –** Make mandatory arbitration agreements in financial and employment contracts unenforceable under the SCRA and USERRA. Authorize civil fines for violations of the SCRA, criminal penalties in egregious cases of violations of the statute, and recovery of reasonable attorney's fees by servicemembers from SCRA violators.

CHAIRMAN ISAKSON, CHAIRMAN ROE, RANKING MEMBERS TESTER AND WALZ, on behalf of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

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

VETERANS' HEALTH CARE PRIORITIES

HEALTH SYSTEM REFORM

MOAA appreciates the Senate and House Committees on Veterans' Affairs unwavering leadership and focus on improving health care for veterans over these many years.

With the unprecedented bipartisan and bicameral support in Congress and the extensive knowledge and experience Dr. David Shulkin brings to the agency in his new role as the Secretary of the Department of Veterans Affairs (VA), MOAA is confident that collectively we can achieve dramatic transformation in the Veterans Health Administration (VHA) which will serve our Nation, veterans and their families for decades to come. While it will take a significant commitment and investment by government and non-government communities, we believe reform is possible and achievable. Our veterans and their families deserve no less.

The challenges facing the VHA today did not come about overnight nor as a result of any single factor. Rather, as the federally-directed, independent Commission on Care noted in its final report on June 30, 2016, there is an emergent need for immediate reform. Evidence points to systemic problems in staffing, information technology, procurement and other core functions which threaten long term viability of the VA health care system—these key systems do not adequately support a 21st century health care system…

"The Commission found that no single factor can explain the multiple systemic problems that have frustrated VA efforts to provide veterans consistent timely access to care. Governance challenges, failures of leadership, and statutory and funding constraints all have played a role. As the Final Report states, however, VHA has begun to make some of the most urgently needed changes outlined in the Independent Assessment Report (Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs Report, published January 1, 2015), and we support this important work."

The work undertaken by the VA in recent years through the MyVA initiative provides the necessary foundation, roadmap and leadership. Add to this the commitment and oversight of Congress and we will achieve a viable and sustainable VHA for decades to come.

Specifically, MOAA supports the following key elements of the report recommendations:

- Establish high-performing, integrated community-based health care networks to be called "VHA Care System (VCS)" to include VA facilities, Department of Defense (DoD) and other federally-funded providers and facilities.
- VCS networks retain existing special-emphasis resources and specialty care expertise (e.g., spinal cord injury, blind rehabilitation, mental health, prosthetics, etc.).
- Community providers who participate in community networks must be vetted by VHA to ensure they have the appropriate and recognized credentials to practice their specialty in the state where care is rendered.
- Highest priority access to health care would be provided to service-connected and low-income veterans.
- Eliminate the current time and distance criteria for community care access (30 days/40 miles).
- VCS should provide overall health care coordination and provide navigation support for veterans.
- Veterans would choose a primary care/specialty care provider in VCS—specialty care requires referral from the primary care provider.
- VHA should increase efficiency and effectiveness of providers and other health professionals by improved data collection and management, adopting policies to allow them to make full use of their skills.
- Eliminate health disparities by establishing health care equity as a strategic priority.
- Modernize VA's information technology (IT) systems and infrastructure.

Congress played a critical role in helping VA resolve health system access issues, inconsistencies and gaps. The swift passage of two key bills: the Veterans Access, Choice and Accountability Act of 2014[1] and Title IV of the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015[2], as well as additional funding to address shortfalls in several VHA accounts provided the foundational steps VA needed to begin reforming health care and benefits systems.

Despite frustrations with the implementation of the Veterans Choice Program, most agree there has been significant progress in improving access given the relatively short period of time VA had to establish the massive program.

In fact, one MOAA member credits the Choice Program in saving his life.

> ***My wife and I reside in a remote area of northern California, about 25 miles up the American River Canyon, 11 miles east of Pollock Pines. When first diagnosed with Multiple Myeloma, January 4, 2013, I received care at***

[1] P.L. 113-146, or the Choice Act
[2] P.L. 114-41, or the VA Budget and Choice Improvement Act

Marshall Medical Center, immediately starting a chemotherapy regimen, that is on-going to this day.

As this very expensive care drained our financial resources, I registered at the Mather VA Hospital in Sacramento as a backup plan. The care at Mather VA was very erratic, very time consuming, and very unreliable as to appointment times, wait times, and the skill set of their physicians was marginal...

My wife Nancy has Multiple Sclerosis, and I am her only care provider. In our trips to the VA hospital, she would come with me, but the erratic waits and schedule changes and wasted time proved unworkable, and I started going alone, leaving her home alone without care. The trips to Sacramento, and just the nature of the VA "system" made it a four to five-hour trip, and I realized that it just wasn't going to work…When Veterans Choice care became available in 2014, though there were and still are some difficulties with 'authorizations' and the mechanics of the program, it was just such a huge relief to not have to make that trip to Sacramento…

So, because I have this excellent care and my Revlimid maintenance chemotherapy is provided by Veterans Choice, I have so far survived a very deadly cancer and my wife and I are able to go to Dr.'s visits locally. We are extremely happy with the Veterans Choice program and want to see it continued, please God. Signed, 76-year old, MOAA Life-Member/Veteran

While access to care is improving, these multiple systemic issues across the agency are affecting VA's current mission as well as its ability to meet the growing demand and changing veteran population.

Although the veteran population is expected to decline over the next decade, a unique mixture of demographic factors is leading to increased demand for VA services and is expected to continue for the foreseeable future.

The VA certainly embraced the opportunity for reform when it introduced a Plan to Consolidate Care in the Community in November 2015 and has continued to pursue its plan though limited by authority restrictions and budget.

MOAA believes efforts to reform health systems present an ideal opportunity for the VA and DoD to develop even stronger partnerships, especially at a time when both health systems are undergoing major transformation. Successful transformation will only occur once VA and DoD have fully implemented and achieved an interoperable and integrated electronic health record

(iEHR). We strongly urge Congress to continue to exercise oversight over the iEHR mandate and require VA and DoD to achieve full interoperability.

There is also much uncertainty about the future funding of the VHA health system. With the multiple budget crises and increased demand for health care by our veterans, some may see an opportunity to consolidate or dismantle the VA health system or transfer more of the costs of health care to our veterans.

MOAA strongly supports the preservation of the VA health system. VHA is a system with a set of unique and specialized missions—clinical, research, education, and emergency response—charged with meeting the needs of those who have borne the battle—a mission unlike that of any other health system in America today.

Congress must continue to exercise oversight and accountability to ensure VHA is fully funded, including continued sustainment of its two-year advance appropriation funding so veterans are able to receive continuous care from year to year whether care is delivered in-house or through community care.

MOAA recommends the Committees:

Support and invest in the Secretary's MyVA transformation plan, modernize technology, financial, infrastructure, electronic health records, and human resource systems, including consolidating VA Community Care Programs and the Veterans' Choice Program into a single program to improve access to care and to integrate purchased care into the broader VA health system. MOAA supports The Independent Budget (IB) Veterans Agenda for the 115th Congress report proposed by the Paralyzed Veterans of America, Disable American Veterans and Veterans of Foreign Wars, and urges implementing the major recommendations in the 'critical issues' section.

VETERANS CHOICE PROGRAM

Without Congress extending the current law to prevent the sunsetting of the Choice Program, many veterans will lose critical health care services and VA will be unable meet the demand for access provided through the program that so many veterans have come to depend on in recent years.

At a March 7, 2017, House Veterans' Affairs Committee hearing on VA community care programs, Senator John McCain (R-Ariz.), Chairman of the Senate Armed Services Committee said, "If the Choice program lapses, the system will again fail."

Later, Secretary Shulkin similarly affirmed a national disaster would occur if the Choice Act wasn't extended.

MOAA is pleased to see Senator McCain, Representative David Roe (R-Tenn.) the Secretary, and the leadership in the House and Senate working diligently and collectively to introduce a replacement program for Choice—a newer, better version of community care which consolidates all non-VA care into one simpler program which is easier to understand and navigate, while expanding access to care.

MOAA recommends the Committees:

Seek immediate passage of S. 86 and H.R. 369, the Veterans Choice Continuation Act introduced by Senator McCain and Representative Roe which would eliminate the sunset of the Veterans Choice Program on August 7, 2017, mandated in the Choice Act to allow sufficient time for VA to expend remaining funds authorized by Congress for the program and to introduce a replacement program.

CHAMPVA

The Patient Protection and Affordable Care Act[3] allows adult children to be carried on their parent's insurance up to age 26 under specific circumstances. All other health plans now authorize such coverage, including TRICARE and the Federal Employee Health Benefit Plan.

For young adults up to age 26 who could be carried on their Civilian Health and Medical Program (CHAMPVA)-eligible surviving parents' coverage, a technical correction to Title 38 is needed.

MOAA thanks Senator Jon Tester (D-Mo.) and Representatives Julia Brownley (D-Calif.) and Tim Walz (D-Minn.) for their support in sponsoring S. 423 and H.R. 92, the CHAMPVA Children's Care Protection Act.

MOAA recommends the Committees:

Pass S. 423 and H.R. 92 which would allow a child eligible for medical care under the (CHAMPVA) to continue in the program until the child's 26th birthday, regardless of the child's marital status.

[3] P.L. 111-148, or the ACA

VA CAREGIVER SUPPORT PROGRAM

The Caregivers and Veterans Omnibus Health Services Act [4] was enacted in 2010 to provide comprehensive caregiver support to caregivers of veterans severely injured or disabled after September 11, 2001.

Since the program was implemented thousands of Post-9/11 veterans and their caregivers have benefited from the program by receiving comprehensive services in a home environment to help facilitate their health and well-being.

However, millions of veterans remain ineligible for this benefit because their service took place before September 11, 2001. MOAA, The Military Coalition and our veteran service organization (VSO) and military service organization (MSO) partners have worked hard since Congress passed the law to ensure veterans of all eras have access to the same level of comprehensive services as Post-9/11 veterans.

MOAA is grateful for Senators Patty Murray (D-Wash.) and Susan Collins (R-Maine) and Representative Jim Langevin (D-RI.) for once again championing S. 591 and H.R. 1472, the Military and Veteran Caregiver Services Improvement Act, legislation which would expand eligibility for comprehensive assistance to family caregivers in VA's Caregiver Support Program, expand benefits available to participants under the program, and enhance special compensation for members of the uniformed services who require assistance in everyday life.

MOAA recommends the Committees:

Ensure swift passage of S. 591 and H.R. 1472 to expand the VA Caregivers Support Program and support services to full-time caregivers of catastrophically disabled veterans of conflicts before September 11, 2001.

WOMEN VETERANS HEALTH CARE

The number of women serving in the military is the highest in history and the fastest growing group within the veteran population. These populations are expected to continue to climb, especially in light of the DoD policy change opening all military occupational specialties to women starting in 2016.

[4] P.L. 111-163

Today, approximately 1.8 million (8 percent) of the 2.2 million veterans are women. More than 60 percent of females enrolled in VHA are Post-9/11 veterans. The system must be prepared to address not only the most frequent medical conditions women face, but also the unique and evolving issues associated with women in combat.

According to the VA Commission on Care Report, "Data indicate that by 2020 women veterans will comprise nearly 11 percent of the total veteran population. As the number of women veterans increases, VHA continues to prepare for an increasing demand for women veterans' health care needs. To address the health disparities affecting women veterans, VHA must provide high-quality, equitable care on par with that of men, deliver that care in a safe and healing environment, provide seamless coordination of services, and actively recognize women as veterans...VA has substantially reduced gender gaps in care, but women veterans still encounter challenges when accessing care. VHA leadership must support the future planning of women's services and programming so that women veterans receive the highest quality health."

Through ongoing collaboration with Congress, VSOs and MSOs, and most important, listening to women veterans, we can expect progress to continue. Though women veterans represent a small population within the larger health system, they are changing how the VA delivers health care to all veterans. What we learn in caring for this population helps improve the entire health system, allowing VA to deliver the best health care services to all generations and all veterans.

VA has found differences between women and male veterans who access the health system. Gender-specific difference exist in conditions related to cardiovascular and diabetes risk-factor control, and rates of depression, anxiety, and mental health comorbidity are disproportionately high among women veterans. Additionally, attrition is high among women in VHA care and they experience more organizational barriers to accessing care than male veterans. There is much more to be learned about this growing population and VHA must do all it can to make the significant organizational changes required to engage and retain women veterans in evidence-based, patient-centered care.

MOAA recommends the Committees:

Ensure VA aggressively invests and fully implements VA's Women Veterans Strategic Priorities to provide comprehensive primary care, health education, reproductive health services, improve communication and partnerships, and increase access to gender-specific medical and mental health care to meet the unique needs of women service members and transitioning women veterans. Ensure emphasis on programs for women veterans with special needs, including rural, homebound, and aging veterans as well as women who have lost limbs.

DEPLOYMENT-RELATED ILLNESSES AND TOXIC EXPOSURES RESEARCH

A number of reports in recent years highlight the need for additional funding for collaborative research between the VA and DoD. With greater emphasis on psychological and physical health care, including veterans exposed to toxic substances and catastrophic injuries during military service, the need for long-term disability care and support services will rise with the aging veteran population.

More work is needed to capture the experiences of service for research and analysis to better understand how military service affects a servicemember's health. This will require VA and DoD to work closely, capturing this data early at the start of the servicemember's accession into the military. Lessons learned from these earlier engagements can inform the VA as to the potential need for access to a wider variety of specialists. The lessons can inform DoD as to the need for earlier investigations and documentation of toxic sites real-time versus several years after the fact.

As part of MOAA's ongoing commitment to serving America's military service members and families, we are actively engaged in efforts to improve their care. MOAA is proud to have advanced important thought leadership on military and veterans' health. In 2014, we worked in partnership with United Health Foundation to release a report providing important insights about the readiness of civilian mental health providers to effectively treat the military and veteran population, which found that only 13% of providers felt they were prepared to care for the needs of service members and veterans.

More recently, MOAA and United Health Foundation worked together to release the *Health of Those Who Have Served Report (*an *America's Health Rankings* report). The report provides a holistic assessment of the heath of those who have served in the U.S. military compared with the health of civilians in the same age and demographic groups. It finds surprising differences in the health and health care experiences of those who have served: for example, the report finds that while those who have served are more likely to report being in very good or excellent health compared with civilians, they have higher rates of several chronic diseases than their civilian counterparts – including a 13% higher rate of cancer, 62% higher rate of coronary heart disease, and a 67% higher rate of heart attacks.

These findings raise questions about what may be contributing to these key differences in the health of our service members and veterans, and point to areas where more research is needed on key health issues such as the higher incidence of chronic disease risks among those who have served, how the health of women who have served differs from their male counterparts, and how the health of those who have served differs by where they live.

By growing our understanding of the challenges and opportunities facing the health of those who have served their country, we will be better prepared – as an organization and as a country – to better serve them.

MOAA recommends the Committees:

Support funding for research on the impact of service members exposed to environmental toxins or hazardous substances, and/or deployment illnesses resulting from their military service.

Specifically:

- ***Ensure health care and benefits are established to appropriately compensate and support veterans, family members and survivors, particularly veterans who experience catastrophic and devastating cancers, diseases, other health conditions, or death.***
- ***Implement GAO's September 2016 Report (GAO-16-781) recommendation for DoD and VA to examine the relationship between direct, individual, burn pit exposure and potential long-term health-related issues as well as the 2011National Academies of Sciences, Engineering, and Medicine's Report which suggested the need to evaluate the health status of service members from their time of deployment over many years.***

TRAUMATIC INJURIES AND SUICIDE PREVENTION

MOAA is extremely grateful to the Committees and VA for their relentless pursuit to improve the physical and mental wellness of our veterans, devoting significant time, funding, and resources to provide timely access to care and services.

The VA continues to make progress in hiring additional providers across all health care fields, particularly in programs targeting high-risk veterans and those with debilitating issues associated with homelessness, chronic medical conditions, drug and alcohol abuse, brain or traumatic injuries, and suicidal ideation.

The VA competes for the same limited quantity and quality of providers and resources as health systems across the country at a time when demand is outpacing supply. Accordingly, the VA must aggressively improve the delivery of mental health services through public-private partnerships, increase care to rural veterans, and expand telehealth opportunities. Special attention should be focused on seamless referral of high-risk active and Reserve component servicemembers to the VA health system prior to discharge.

We must assure sufficient resources are available to train and educate VA staff and community providers on the unique cultural needs and expectations of military, veterans and their families, for both their physical and mental well-being.

Finally, much emphasis has been placed on eradicating sexual assault in the military. While many congressional hearings, reports, and much media coverage have helped in keeping the spotlight on this important issue, the long-term effects of military sexual trauma (MST) cannot be underestimated. Stronger collaboration between the VA and DoD in reporting these cases, including policies for prevention, care, services, and benefits will result in better treatment and support for survivors and improve system accountability. While VA provides excellent medical care, integration of care in the community and disability compensation and benefits between VHA and the Veterans Benefits Administration (VBA) are also greatly needed for vulnerable victims.

MOAA recommends the Committees:

Support VA's implementation and sustainment of an integrated, multidisciplinary, comprehensive behavioral health system to address the rising rates of veterans suffering from traumatic injuries such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and military sexual trauma (MST).

Specifically:

- ***Invest in programs and research to identify at-risk populations, expand evidence-based treatment, and improve delivery of care and rehabilitative and preventive services.***

- ***Monitor the new VA Suicide Prevention Office efforts to increase behavioral health staff, resources, and crisis line capacity, ensuring outreach efforts are expanded and synchronized with the DoD Suicide Prevention Office to address the high rates of suicide among service members and veterans, assuring every call to the VA and military crisis lines are promptly answered.***

VETERANS BENEFITS PRIORITIES

APPEALS MODERNIZATION

MOAA continues to support a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process.

As of January 1, 2017, 468,984 veterans await adjudication of their appeals by VA. Rating decisions are often too vague and confusing to be meaningful to a veteran trying to understand why a claim was not granted. Statements of the Case are equally confusing to veterans. Notices of Disagreement are often redundant to the Board of Veterans' Appeals, leading to nothing more than additional paperwork for veterans to manage.

MOAA has been fortunate to be invited to participate in roundtables held by the Committees on Veterans' Affairs and has expressed our concerns that VA should continue to assist veterans in the development of their claims while claims are at the Regional Office, even after the first decision has been made on the claim. This is especially important for veterans who are unable to obtain evidence themselves to support their claims for various reasons, such as limitation of personal resources. The veteran-centric nature of the VBA should not be compromised.

MOAA is additionally concerned about how legacy appeals will be handled if a new claims appeals system is instituted. VA must develop and implement a plan to address the existing appeals because instituting a parallel appeals structure while still managing a legacy appeals structure will undoubtedly be a significant drain on VA manpower and resources potentially leading to even longer delays than veterans are currently experiencing.

Further, VA has indicated that some technology platforms may be rendered obsolete in the near future, such as the Stakeholder Enterprise Portal, and new or adapted platforms may be replacing them. These frequent VA IT reworks have slowed the ability of VSOs to work with VA to submit and track claims on behalf of veterans, requiring almost constant re-learning of VA IT. A stable and workable solution to VA's claims submission and management system will allow VSOs to keep more claims from ending up in the appeals system because they were not submitted or adjudicated accurately the first time.

MOAA recommends the committees continue a dialogue with VSOs to ensure that legislation establishing a new VA appeals system includes clear duty to assist requirements, as well as provisions addressing existing appeals.

DISABILITY BENEFITS FOR FUTURE TOXIC EXPOSURES

To date, wounds and illnesses resulting from toxic exposures endured by servicemembers have been addressed by both Congress and VA many years following the actual exposures. This has led to the need for separate legislation for each instance of toxic exposures and their effects on the veteran population. VA and Congress then establish presumptions that certain exposures occurred and for related benefits because it is nearly impossible to determine who was exposed to what and where after the passage of so much time.

Given the history and frequency of toxic exposures and the likelihood that such exposures are likely to occur in the future, as well, Congress should establish a proactive method to address these circumstances in the future. DoD documentation of exposure, timely resources for determining the effects of these exposures, and a VA benefits system that grants disability compensation to veterans suffering from disabling conditions without the need for separate legislation for each instance of toxic exposures will save time, money, and deliver benefits to veterans quickly.

MOAA recommends that the Committees conduct a joint oversight hearing with the Armed Services Committees to review the collection of data and information related to toxic exposures in the military and how that information is shared with the Department of Veterans Affairs as well as ways to deal with future toxic exposures.

EXPANSION OF CAMP LEJEUNE TOXIC EXPOSURE PRESUMPTIONS

MOAA thanks the Committees for their diligent efforts in supporting and passing needed legislation to provide care and benefits to servicemembers and families exposed to contaminated water at Camp LeJeune, North Carolina, between 1953 and 1987. While VA instituted regulations acknowledging that it would grant presumptive service connection for eight conditions found to be associated with the water contamination, at least seven other conditions were not included in VA's list. MOAA members have expressed great concern that the exclusion of the seven conditions was not supported by the medical research on this issue including esophageal cancer, breast cancer, and female infertility to name a few.

MOAA recommends the Committees review the medical research associating medical conditions to contaminated water at Camp LeJeune to determine if VA's presumptive list is accurate or whether further legislation is needed to direct VA to include other conditions.

BLUE WATER NAVY VIETNAM VETERANS

MOAA supports S. 422 (Sen. Gillibrand, D-NY) and H.R. 299 (Rep. Valadao, R-CA), the Blue Water Navy Vietnam Veterans Act of 2017, that would acknowledge veterans who served in the territorial seas of the Republic of Vietnam during the Vietnam War were exposed to Agent Orange.

MOAA recommends the Committees favorably report out S. 422 and H.R. 299.

VA COORDINATION WITH DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS) FOR MILITARY RETIREES

Military retirees entitled to concurrent receipt and disability pay are forced to wait up to one year for VA to communicate with DFAS regarding the concurrent receipt of disability and retired pay. During these unreasonable delays, the veteran's VA disability pay is withheld by VA and the disabled veteran has no means to provide the information to VA in order to speed up the process. MOAA's inquiries to DFAS and VA indicate that the delay resides in VA's processing of payments and not in DFAS's communication to VA.

MOAA recommends the Committees exercise close oversight of VA procedures to timely processing of disability pay to retired veterans entitled to concurrent receipt.

GI BILL PROGRAMS

The Military Compensation and Retirement Modernization Commission (MCRMC) Final Report in 2015, offered recommendations to streamline GI Bill programs. The MCRMC recommendations are consistent with longstanding MOAA priorities to address educational benefit programs overlap and duplication.

The MCRMC found that "Education benefits are strong recruiting and retention tools, stating: "Duplicative education assistance programs should be sunset to reduce administrative costs and to simplify the education benefit system. Both MGIB and REAP provide similar benefits to the Post-9/11 GI Bill. Yet Service members are enrolling and paying $1,200 for MGIB, while the Post-9/11 GI Bill is a more valuable benefit for most Service members because there is no

enrollment or fees. REAP and the Post-9/11 GI Bill both provide education benefits to activated RC members. Sunsetting MGIB-AD and REAP would also be consistent with historical implementation of new educational programs. **In the past, when GI Bills were created, they replaced existing benefits. Such replacement did not take place when the Post-9/11 GI Bill was enacted."** (Emphasis added).

The MCRMC's major recommendations on a cohesive GI Bill platform are consistent with MOAA's own views expressed to the Committees during the joint hearings over many years.

Additional issues have arisen regarding the usage of the Post 9/11 GI Bill requiring Congress' action. MOAA is concerned that thousands of veterans have complained to VA that they were deceived or defrauded by aggressive and deceptive for-profit education entities targeting veteran students to obtain GI Bill funds. These complaints were corroborated by numerous government and news media reports. Many of those who used their GI Bill to pay for college courses that ended in them either obtaining worthless degrees or no degrees at all when the schools closed are now unable to complete their education unless their GI Bill funds are restored. MOAA supports legislation to restore the GI Bill eligibility for student veterans defrauded by these institutions.

Finally, these Committees have hosted recent roundtable discussions regarding ways to modernize the GI Bill to account for educational programs that support non-traditional students entering an evolving job market. MOAA recognizes that some jobs veterans may be entering do not require traditional educational tracks and supports modernizing the GI Bill to account for these other forms of education to increase the job market potential for transitioning veterans. However, any such changes to the GI Bill must be accompanied by adequate safeguards to ensure that the benefits are not subject to abuses at taxpayers' expense.

MOAA recommends that the Committees:

- ***Sunset the Montgomery GI Bill;***
- ***Consolidate all GI Bill programs under one platform;***
- ***Pass legislation to restore GI Bill eligibility for veteran students defrauded by educational institutions;***
- ***Modernize the Post 9/11 GI Bill to account for modern education and career tracks with appropriate safeguards to prevent abusive practices.***

SURVIVORS' AND DEPENDENTS' EDUCATIONAL BENEFITS

MOAA supports increasing at least by 20% the Dependents' Educational Assistance (DEA) benefits under Chapter 35 of Title 38. In 2008, Congress passed an increase of benefits under the Montgomery GI Bill, but no such increase was included for DEA benefits. DEA benefits also do not provide a housing or annual book stipend to assist these beneficiaries in pursuing their educations.

MOAA also supports extending the eligibility for the Yellow Ribbon program, which allows approved institutions of higher learning and the VA to partially or fully fund tuition and fee expenses that exceed the established thresholds under the Post-9/11 GI Bill, to those survivors eligible for the Fry scholarship.

MOAA recommends Congress introduce legislation to adjust proportionally the benefits available under DEA proportional to changes in the Montgomery GI Bill and the Post-9/11 GI Bill benefits and to provide a housing, annual book stipend for DEA program, and to extend the Yellow Ribbon program to Fry scholarship recipients.

NATIONAL GUARD AND RESERVE VETERANS

National Guard and Reserve members straddle the demands of military service and civilian commitments. Dual-status veterans toggle between more frequent activations, civilian employment, career management challenges, and increased military training requirements while continuing to serve in the National Guard or Reserves. All the while, they strive to maintain a quality family life.

Nearly one million Guard and Reserve members have served on operational active duty since Sept. 10, 2001 and roughly almost half of those have served multiple tours. Sustained reliance on citizen-warriors for more than 15 years has no precedent in American history.

Ever greater reliance on the Reserves means it will be critical for Congress to ensure reservists' rights after call-ups are robust, transparent to all stakeholders and vigorously enforced. Similarly, personal financial protections need to be updated to reflect the sea change in the use of the Guard and Reserve in our armed forces.

MANDATORY ARBITRATION

MOAA opposes mandatory arbitration agreements in financial and employment contracts and encourages the passage of legislation to make them unenforceable in cases arising under the Servicemember Civil Relief Act (SCRA) and the Uniformed Services Employment and Reemployment Rights Act (USERRA). These mandatory arbitration clauses limit servicemembers ability to seek redress in court and prevent transparency in the legal process overall.

MOAA supports legislation that would make mandatory arbitration agreements in financial and employment contracts unenforceable under SCRA and USERRA.

Conclusion

MOAA is grateful to the Members of these Committees for your leadership in supporting our veterans and their families who have borne the battle in defense of the nation.

Biography of Aniela Szymanski, LtCol USMCR
Director, Government Relations for Veterans Benefits

Aniela Szymanski joined the MOAA Government Relations team in 2016, specializing in veterans benefits issues as well as Reserve and National Guard matters. She is MOAA's representative to The Military Coalition's Veterans and Guard and Reserve Committees.

Aniela's previous experience in veterans issues includes clerking at the U.S. Court of Appeals for Veterans Claims for The Honorable Robert N. Davis, representing veterans on appeals to the same Court while an associate at the law firm Bergmann & Moore, LLC, visiting professor of practice at William & Mary Law School teaching veterans law and supervising students at the Lewis B. Puller, Jr. Veterans Benefits Clinic, directing MOAA's Veteran and Survivor Services program, and providing countless hours of pro bono legal assistance to veterans on their individual claims.

Aniela's military experience includes serving as a judge advocate with the U.S. Marine Corps from 2003 to 2009, a civil affairs officer and rule of law advisor in the Marine Corps Reserve from 2009 to 2015 including service in Helmand Province, Afghanistan, and currently as a judge advocate at Headquarters Marine Corps.

Aniela holds a B.S. from University of Nevada Las Vegas and a J.D. from University of San Francisco School of Law. She is a graduate of the Marine Corps Expeditionary Warfare School and Command and Staff College.