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LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOs: PVA, SVA, IAVA, NASDVA, BVEC, VVA, FRA, NCAI, NGAUS

JOINT HEARING

OF THE

COMMITTEE ON VETERANS' AFFAIRS

BEFORE THE

U.S. SENATE

AND THE

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

MARCH 1, 2023

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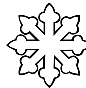

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LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOs: PVA, SVA, IAVA, NASDVA, BVEC, VVA, FRA, NCAI, NGAUS

WEDNESDAY, MARCH 1, 2023

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

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

Present:

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

Also present: Senator Susan Collins.

Representatives Bost, Rosendale, Miller-Meeks, Van Orden, Luttrell, Crane, Kiggans, Takano, Pappas, Mrvan, and Cherfilus-McCormick.

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

Chairman TESTER. I want to call this hearing to order. I want to say good morning to all of you, and I would like to welcome the national leadership of the American Legion, the members here today, and those that are watching on TV across this country, including Montana, and I want to welcome our Montanans that are in attendance from Big Sky Country, also known as the Last Best Place.

Commander Troiola thank you for being here today and for your advocacy on behalf of our nation's veterans and their families. The partnership and support that the American Legion provides to veterans and their families is absolutely critical to ensure that they are connected to the care, to the benefits, and to the services they have earned.

With your support, Congress passed the PACT Act last year, providing an unprecedented expansion of VA care and benefits to toxic-exposed servicemembers, veterans, and their families. We are now charged with the oversight as VA implements the PACT Act, to ensure that the Department has the resources and the capacity to deliver the timely care and benefits that veterans deserve. This

is one of my top priorities for this Congress, and I will look to the American Legion for your continued advice and support.

Another priority for this Congress includes ensuring combat-injured veterans receive the full DoD and VA benefits they have earned through a bill called the Major Richard Star Act, and I intend to reintroduce legislation to provide parity for our National Guard and Reserve members so that they receive the same benefits as those on active duty when performing the same work.

We must also address mental health care and continue our work to end veteran suicide nationwide, particularly for our Native American veteran population. We need to continue to work in a bipartisan, bicameral manner to serve homeless veterans, support education and employment programs for veterans, and ensure all veterans have timely access to health care.

For the veterans that are in this room today, and there are a bunch of them, 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 of you.

I am now going to turn it over to Chairman Bost for his opening statement.

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

Chairman BOST. Thank you, Chairman. Good morning to all of you and thank you for being here. And I want to thank you and all of our friends over on this side of the Capitol for hosting the hearing here, and also it is an honor to join you, Chairman, and we know that our Ranking Members will be along shortly. It is kind of a busy day around here, if you have not noticed. But we do also want to thank you, Mr. Troiola, as your position of the Commander of the American Legion, the National Commander, and we thank you for being here.

You know, my home post is the Paul Stout American Legion Post 127 in Murphysboro. I am going to add to some of my script here because I want to describe the Paul Stout post. Paul Stout was a Marine that fought in Belleau Wood and then was killed in the battle over Belleau, which was just a day or so later. And he was only 18-years-old, but we all know of him there at our post. And about 3 or 4 years ago we had the 100th anniversary of the post. Now, with a name like Paul Stout and the local brewery we made a Paul Stout beer, so we actually shared a beer with Paul Stout. At any rate.

But before I get to the questions—well, by the way, I did pay my dues. I just want you to know that.

But I also want to welcome the second panel in advance because they are probably going to call us out for votes.

Now I have been attending these VSO hearings now 9 years as a member of the Committee, but it is the first time I am doing so as Chairman, and it is quite an honor. So let me be the first to tell you how much of an honor it is. I could have never dreamed, as an enlisted Marine corporal from southern Illinois, son of a truck driver, that I would be sitting in a seat here as Chairman of this Committee, and fighting for our nation's men and women in uniform. And it is the greatest honor I have ever had to fight for the

men and women who have made sure that we have stayed free. And I do not take this responsibility lightly.

But as you all know, it is not about me. It is about you and the millions of veterans' voices you represent across the country, our brothers and sisters in arms, there who we are here for and who we fight for. The men and women of the American Legion are the greatest advocates here in D.C. and across the country. You know better than anyone else that veterans community has earned a system that works for them.

You know, I am proud of all that we have accomplished together this last Congress, including the President signing the bipartisan PACT Act into law. Now this legislation means a lot to veterans and their families. It was a long time overdue, and I was proud to see it land on the President's desk. Now we will be focused on how the VA implements the law. You know, so many times we see the little cartoon for years about Fraggle Rock, how a bill becomes a law. Well, when you see the bill at the bottom of the step and it is all done in a bill, it is not done yet. It is only done whenever it is done correctly, and in this case that bill has to be done correctly. We need all of you to let us know what is happening out in the field when it comes time for toxic-exposed veterans care and claims decisions. Boots on the ground testimonies are vitally important for our oversight of the PACT Act.

We have also made great progress to expand mental health options through the Fox Grant Program and the STRONG Act to support veterans and their families. We want to continue to see a decline in veteran homelessness. We want to work to achieve that.

However, it is not finished yet, and so we still have a lot of work to do: struggling with the stigma around mental health and not sure where to turn, getting health care in facilities that were designed for a population in medical practices of 50 years ago, fighting the VA bureaucracy and access to health care when and where it is needed, having their Second Amendment and due process rights taken away if they need help managing their benefits—which is an issue of mine that I am going to be working on and I hope you will join me—waiting on holding and jumping through the hoops in order to get simple questions answered, and reeling from the impacts of the EHR system, which we have to get straightened out.

This might seem like small things but when it comes down to it they impact our veterans every day in their lives, and I am focused on making sure that we have smart investments to bring the VA into the 21st century, and I have said several times, even if they are kicking and screaming while we are dragging them there.

And I want to make sure that the Department's budget always reflects the size of the mission and that taxpayer dollars are wisely spent. Only then will our veterans get the good care and services they have earned. And I look forward to doing this and accomplishing this goal alongside of you.

And with that I want to thank you all for being here, and I yield back. Thank you, Mr. Chairman.

Chairman TESTER. Thank you, Chairman Bost. Normally I do not do this but I have got to ask you a question. They made Paul Stout beer?

Chairman BOST. Yes.
Chairman TESTER. And was it a stout beer?
Chairman BOST. It was a stout beer.
Chairman TESTER. All right.
Chairman BOST. And it was a very good beer.
Chairman TESTER. That is very good stuff. All right.

Normally we would have Ranking Member Moran and Ranking Member Takano speak next, but since they are not here we are going to turn it over to a dear friend of mine, somebody that I work with, in fact every day, multiple times. The biggest project is funding our defense, and is somebody that Maine is lucky to have, Senator Collins.

INTRODUCTION BY HON. SUSAN COLLINS

Senator COLLINS. Thank you very much, Senator Tester, for those kind words. Mr. Chairman, Mr. Chairman, and members of this distinguished Committee, first let me commend you for holding this series of joint meetings of the House and Senate Veterans' Affairs Committee. It will help ensure that the men and women who defend our freedoms receive the care and benefits that they have earned through their service. Our debt to our veterans is enormous, and it can never be fully repaid.

Veteran service organizations play a key role in our efforts to meet that obligation. Today I am honored to introduce Vincent J. "Jim" Troiola, a fellow Mainer and the National Commander of the American Legion, our nation's largest organization of wartime veterans. Needless to say, we in Maine are very proud that Jim has been elected as the National Commander of the Legion.

Born in Jamaica, New York, Commander Troiola has served our nation and its veterans honorably for more than a half century. He enlisted in the United States Navy in 1969, during the Vietnam War, served aboard the USS *Nitro*, an auxiliary ammunition ship in the Sixth Fleet, and then went on to the Naval Reserves where he remained until he was honorably discharged as a third class petty officer in 1974.

Back in civilian life, Commander Troiola first got involved in veterans organizations through the Sons of the American Legion based on his father's service during World War II. In 1993, he joined the American Legion post in New City, New York, and helped lead the citizenship, patriotism, and service projects that defined the Legion in communities across the country.

The Commander took on greater responsibilities at the local and state levels, and in 2016, he was elected National Vice Commander. That same year, he and his wife had the wisdom to move to Windham, Maine.

Upon his selection as National Commander last September, Commander Troiola embarked upon a challenging schedule—we think we have challenging schedules—of 330 days on the road during his first year in office, that will take him to Legion posts in all 50 states and overseas. And I am delighted that his travels last fall included posts in Aroostook County, Maine. That includes Post 15 in my hometown of Caribou, where I am a member of the Auxiliary based on my father's service in World War II.

A special focus of Commander Troiola's tenure is the American Legion's "Be the One" campaign to end veteran suicide. Be the One encourages family members, veteran servicemembers and others to take action when they believe a veteran is at risk of suicide. The goal is to destigmatize asking for mental health support, provide peer-to-peer resources, and educate everyone on how they can be the one to reach out to a veteran in distress.

I have had the opportunity to meet with the Commander several times over the years to discuss a wide range of veteran issues. I am certain the Committee members will find him to be an informed, insightful, and totally dedicated individual.

It is a great pleasure that I introduce the American Legion National Commander, Jim Troiola. Thank you.

[Applause.]

Mr. TROIOLA. Thank you.

Chairman TESTER. Thank you, Senator Collins. Commander Troiola, I will now turn it over to you to introduce your team and for you to make your opening statement. And Senator Collins, if you wish to stay you are more than welcome. If you need to leave, you are excused.

PANEL I

STATEMENT OF VINCENT J. TROIOLA ACCOMPANIED BY CHANIN NUNTAVONG, LAWRENCE MONTREUIL, JAMES LACOURSIERE, AUTREY JAMES, JAY BOWEN; AND JOE SHARPE

Mr. TROIOLA. I would like to begin by introducing the following representatives of our more than 3 million American Legion family members. Please stand and be recognized.

National officers serving with me this year.

Past national commanders.

[Applause.]

Mr. TROIOLA. Vicki Koutz, President of the American Legion Auxiliary.

[Applause.]

Mr. TROIOLA. And Chris Carlton, National Commander of the Sons of the American Legion.

[Applause.]

Mr. TROIOLA. Chairman Tester, Ranking Member Moran, Chairman Bost, and Ranking Member Takano, it is my honor and privilege to share with you and your Committee's the American Legion top priorities for the first session of the 118th Congress. I am sure you will agree that our next steps are critical because last August we made history together. The Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics Act became law, the PACT Act. That is no ordinary acronym. It is a long-awaited message of accountability to veterans who served and suffered military-connect illnesses, diseases, disabilities, and even death from toxic exposure.

It is also a message to their families, many of whom face immense challenges as caregivers or heartbreaking loss as survivors

due to a loved one's exposure to burn pits, Agent Orange, bad water, atomic radiation, or other poisons.

And it is an important message to young people thinking about joining the U.S. Armed Forces. Our nation's ability to attract a new generation of protectors, defenders, and liberators is ever more dependent on the government's willingness, or perception of that willingness, to support them when they come home changed.

A young person who receives military service only through the lens of a frustrated veteran who has been rejected, denied, or left behind is not likely to enlist. In that way, our work to help veterans after service is truly a matter of national security.

Now that the PACT Act has passed to help those who have been sickened by toxic contamination, and in memory of those we have lost, like Sergeant First Class Heath Robinson himself, we must fulfill the bill's deeper pledge to honor our promises. The 117th Congress made a commitment that 118th Congress now must fulfill, to ensure that the PACT Act's provisions are fully implemented, funds are sufficiently allocated, and staffing keeps up with the need.

VA estimates that a backlog of more than 450,000 disability claims will be reached by October of this year. Under the PACT Act, more than 20 diseases and conditions are newly presumed as service-connected. These include over a dozen cancers. VA medical facilities are certain to be stretched to capacity and hopefully not beyond in the years ahead.

Recruitment and retention of VA care providers—doctors, nurses, specialists and others—has been high in the Legion's priority list for many years. Given the demand VA can expect in 2023, that priority is more critical than ever.

The same applies to Veterans Benefits Administration. As these new claims roll in, we call for regular, accurate, and transparent reporting of how the process is working, who is getting approved or denied, and the time it takes to receive a decision.

These concerns were not pulled out of thin air. Some in Congress may remember the Veterans Health Care Eligibility Reform Act of 1996, which the American Legion strongly supported. The bill greatly expanded VA health care eligibility for honorably discharged veterans. VA aggressively marketed its service to unenrolled veterans. They poured into the system. Within 5 years, however, VA was overrun.

But history must not repeat itself with a new generation of veterans entering the system for the care they earned and deserve. It is our belief that VA has the requisite tools, granted to them by Congress in the PACT Act, to meet the needs of those they are committed to serving. We urge the members of these Committees to continue to fund and provide the necessary oversight as VA implements this historic piece of legislation. To put it simply, promises must be kept.

Pact, promise, and honor are terms we also urgently apply to the epidemic of veteran suicide. The American Legion's Be the One initiative, which raises awareness nationally about the problems and seeks to destigmatize asking for help, is our organization's highest priority today. To us, suicide prevention is a pact we share with our friends and comrades of military service, a promise from each

of us in the American Legion to be the one to save at least one other veteran from suicide.

President Biden acknowledged the importance of veteran-to-veteran peer support in this mission. We in the American Legion are those veterans, those peers, and we look to Congress and VA to make full partners of us as measures are taken to strengthen VA mental health services and suicide prevention programs.

We look forward to working with VA on a new national Buddy Check Week and to building on the proven success of peer-to-peer health of our at-risk veterans. We ask Congress to support the funding and staffing requests necessary for VA to strengthen its role and help us save lives. We all view this kind of support for veterans as a promise to fulfill.

In addition to the men and women now finally getting the attention they need for conditions related to toxic exposure, our pact with those who have served must extend to men and woman facing post-traumatic stress disorder, traumatic brain injury, or the effects of military sexual trauma; caregivers whose lives are permanently changed by the effects of military service; veterans and military families in transition who can strengthen our economy and themselves by accelerated programs to convert military training hours into credits for specialized civilian careers.

Our pact extends to Coast Guard personnel who serve in the only military branch that forfeits pay in the event of a government shutdown; National Guard and reserve personnel and veterans who have earned and deserve a more level GI Bill playing field; military retirees who are wrongly taxed out of their pensions because they sustained a service-connected disability. And that is why we support reintroduction and passage of the Major Richard Star Act.

And veterans who are preyed upon by companies that charge high fees for claims, assistance that the American Legion and others provide free of charge; or unscrupulous law firms that fleece veterans out of Camp Lejeune Justice Act settlement damages through uncapped legal fees.

And as we examine our promises, we cannot break faith with our Afghan allies in the global war on terrorism. They put their lives and the lives of their families on the line for us, and they continue to do so. Bureaucratic delays in their ability to obtain special immigration visas and clear pathways to U.S. citizenship are clearly the definition of broken promises, and again, a serious matter of national security.

Members of these distinguished Committees, let us make a pact of our own to honor the promises we have made and still need to make on behalf of all who have pledged, risked, and given their lives for our freedoms.

Chairman Bost, Chairman Tester, and members of the Committees on Veterans' Affairs, on behalf of the American Legion I thank you for giving the nation's largest veteran service organization the opportunity to share our priorities. I welcome any questions you have for me, our commission chairman, or national staff.

And if you will allow me to introduce one person I missed, because otherwise I will be in the doghouse for a year, my wife, Saveria Troiola, behind me.

[Applause.]

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

Chairman TESTER. Smart move.

[Laughter.]

Chairman TESTER. So I appreciate your comments. Thank you very much. And message delivered and message heard. Thank you.

Can you tell me, in your assessment, how the VA is performing under its current leadership?

Mr. TROIOLA. Mr. Chairman, we have, we believe, an excellent relationship with VA. We have an excellent relationship with the Secretary of the VA. As a matter of fact, the Executive Director, Chanin, next to me works with the Secretary on a daily basis, and I am going to defer to him to speak about this further.

Mr. NUNTAVONG. Mr. Chairman, thank you for that question. We have a great relationship with the Secretary and the Under Secretaries at VA. They respond to every concern or question we have. They embrace us as partners, and I would like to say that we work together well in helping, as the Secretary says, fight like hell for veterans. So I think the partnership is great, and they are doing a great job.

Chairman TESTER. Thank you. I appreciate your Be the One campaign. I think you hit the nail on the head. This is a huge issue amongst our population, particularly our veteran population, and I appreciate the work that you do.

Last Congress we passed a bill called the STRONG Veterans Act. It was passed in the Omnibus Appropriations Bill. It adds staff to vet centers. It allows for VA training of the employees. It has outreach to Native American vets. It adds VA scholarships to mental health providers. It is a big bill.

But my question is, and it just got passed very recently, have you been able to use it or do you intend to use it, and is it going to be useful in your Be the One campaign?

Mr. TROIOLA. Thank you for that question. I am going to defer to our VA&R Chairman, Autrey James.

Mr. JAMES. Good morning, Senator, and thank you for that question. I do want to let you know that the intent of the American Legion is absolutely to use the STRONG Act. That Act itself helps us to make sure that we are making sure that we are reaching those veterans in rural areas and ultra-rural areas. The idea that we can also ensure that we are getting the ability to bring in individuals from local schools, such as HBCUs, and other organizations makes it a phenomenal piece of legislation that will only strengthen the VA going forward.

Chairman TESTER. Thank you. Thanks to feedback from veterans, caregivers, and VSOs, the VA is doing a comprehensive review of eligibility requirements for caregivers. It is a big issue. VA has also suspended annual reassessments of veterans and guaranteed legacy participants could remain in the program until 2025.

From the American Legion standpoint, what recommendations would you have for the VA to ensure that the eligibility requirements for the caregivers program can work, that they are fair?

Mr. TROIOLA. I am going to defer again to the VA&R Chairman for his remarks.

Chairman TESTER. Perfect.

Mr. JAMES. Thank you. One of the things that we want to make sure of in terms of the caregivers is that the Congress and VA ensure that family caregivers are provided better access to mental health support. We know that that is a problem with our caregivers, particularly when they are taking care of veterans with mental health and substance abuse issues. So that is one area.

But we know that oversight is always key in making sure that we are meeting the needs of those caregivers. We understand that in 2025 there may be some issues on the horizon in terms of where VA is currently and where they have to get in 2025. But we are confident that we can make sure that our veterans are going to be taken care of as well as their caregivers.

Chairman TESTER. Thank you. Senator Hassan.

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

Senator HASSAN. Well thank you, Mr. Chair, and to you and your House Chair and Ranking Members, thank you. More importantly, thank you to the veterans here today for your service and thank you to your family members as well.

Mr. Troiola, I want to just touch base with you on the importance of peer-to-peer support. As you noted in your testimony, peer support programs encourage veterans to reach out and connect with one another proactively, which improves veterans' mental health and helps prevent suicide.

The American Legion recognized the importance of these programs when it created the Buddy Check Program in 2019. I was pleased to help expand this effort through the passage into law of the bipartisan Buddy Check Week Act, which calls on the VA to support and grow the program.

Why are peer-to-peer support programs so effective at supporting veterans' mental health and what more can Congress do to support these programs?

Mr. TROIOLA. Well, thank you very much, Senator, for your sponsorship of the Buddy Check Week Act. That is very important to us.

The importance of the Buddy Check is that we have veterans speaking to other veterans, and I think the camaraderie between the two goes a long way, and I think the veterans that are in need will hopefully be able to destigmatize them by developing trust and relationships with them, and that is easy to do with a veteran talking to a veteran.

Senator HASSAN. And we have seen the effectiveness of that, right?

Mr. TROIOLA. Yes, we have.

Senator HASSAN. I mean, direct evidence that it works, right?

As you noted in your testimony, the average of a VA medical facility is approaching 60 years, which limits the ability of VA health care to keep up with new technology and respond to shifts in veteran demographics. For example, the VA medical center in Manchester, New Hampshire, is 73 years old, and has had numerous maintenance failures over the past few years, including three separate water pipe breaks that resulted in canceled appointments for veterans.

I have called on the Secretary of the VA to prioritize long-term solutions for these problems. Can you expand on your testimony and discuss why upgrading VA infrastructure is important for our veterans to get the health care that they need and have earned and deserve?

Mr. TROIOLA. One thing that I have seen is that 31 new CBOCs were just authorized, so that is a great thing.

Senator HASSAN. Yes.

Mr. TROIOLA. And I do know there are some in Maine, and Togus is under construction right now with specialty care facility being added on. That is a big plus.

But for further detail I am going to pass it on to our VA&R Chairman, Autrey James.

Senator HASSAN. Thank you.

Mr. JAMES. Yes, Senator, with the issue with respect to modernization of the VA in general, we believe that, first, yes, new facilities do need to be brought online. We need to make sure that those facilities are in the areas where our veterans are, where the majority of our veterans are. But we do not necessarily believe that the older facilities should just be torn down.

In my state of California, for instance, local hospitals, what they did was first they built a new hospital, downsized the old hospital and used that for clinical issues, not acute care like a hospital might take care of. And I think that is one way that the modernization of the VA could be helped.

Senator HASSAN. Well thank you. Focus continues to need to be on making sure that the facilities are there for our veterans when they need them. Thank you. Thank you, Mr. Chair.

Chairman TESTER. Thank you, Senator Hassan. Now you get hit by another Mainer, who is also a really good guy, Senator King.

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

Senator KING. Well, I have already learned something today from Commander Troiola, which I think I am going to adopt. When a tough question comes you just refer it to somebody down the road.

[Laughter.]

Mr. TROIOLA. That is what delegation is about.

Senator KING. Yes. Yes. My leadership motto is "Hire good people and take credit for what they do," so I think it is working for you.

The other thing I want to say, you should know this because I sat in that chair in the Senate last year. The PACT Act would not have passed but for Jon Tester.

[Applause.]

Senator KING. He was absolutely dogged, both on the floor of the U.S. Senate but also person-to-person in the Senate to make sure that happened. As you recall, there were some slips along the way. It was not easy. And I think you should know that that was a serious commitment.

Two questions. One is, there has been talk about the word "buddy." One of my principal concerns is the transition from active duty to veteran status, and that people talk about a warm handoff. One of the ideas my veterans are talking about is a buddy system

where when someone is leaving active duty a notification goes out to the state veterans organization and that can then go out to the VSOs. I want somebody to meet that veteran at the airport and say, "Welcome home. We are glad you are here."

[Applause.]

Senator KING. And I see that—this is not a big, expensive new program. I see that as a partnership between the Legion, the VFW, the VSOs generally, to work out the logistics of being sure somebody is there to meet that person, who is knowledgeable about benefits.

Is that an idea that appeals to you?

Mr. TROIOLA. Yes, it does. You know, we do have American Legion posts all over the nation that meet active-duty servicemembers that are being discharged, at the airports, and we hold events for them in the posts, or we have some sort of a get-together at the base where they come in.

But for further detail I am going to pass this over to our Veterans Employment and Education Chairman, Jay Bowen. I am pretty good at delegation, so there he is.

Senator KING. You are good.

Mr. BOWEN. Thank you, Commander, and thank you, Senator, for the question. That brings up a very interesting idea, and you should know that we have already starting having those discussions around the country with posts. And what we want to do is enter into a sponsorship program, and instead of calling them buddies they would be that new veteran sponsor when he or she first comes home, and helps them get oriented to the neighborhood and the community.

Senator KING. Well, I would like you to communicate with us what we need to do to make that happen, and it may just be poking the VA. It may be some legislation. I do not know. But please reach out to Senator Tester, to the Committee, because I think this is something where we can make a real difference.

I am out of time but I just want to suggest one other issue that I think we all need to be thinking about, and that is long-term care. There is a wave of retirements coming and eligibility for long-term care, and as you know it is not directly part of the system, but I think it is something we need to think seriously about. And again, I will ask you to supply us with your thoughts and how we might be able to work on that because I would rather deal with it now rather than 10 years from now, when it is upon us and it is a crisis.

Thank you all for being here, and thank you for your service to the United States.

Mr. TROIOLA. Thank you.

Chairman TESTER. Thank you, Senator King. And I was just going to say, if you want another 3 minutes after that first comment you can have at it. It is fine.

Look, folks are going to come back, in the House, and particularly——

Senator KING. I do have a follow-up.

Chairman TESTER. Sure. Go ahead.

Senator KING. The other issue I am concerned about, and I would like your response, is VA staffing. If there is nobody to answer the

phone that is just not going to work for the veteran. Do you have thoughts about that? We just reported out the CAREERS Act last week, and I think that is going to help. But give me some thoughts on VA staffing and what we can do to improve it.

Mr. TROIOLA. I am glad you brought that up because I had a discussion about this just yesterday. We believe that VA needs to come up with some sort of incentives to increase their staffing. You know, they have issues with physicians and I guess there is a salary cap in there somewhere. But there has got to be some sort of an incentive, whether it is the commute to the amount of days they work or whatever it is. But this has to be solved.

You know, I travel all over the country, and I visit VA hospitals. I visited about eight of them already. And we have found out that there is a severe shortage of mental health therapists. And it is a real problem because what is going, especially with this PACT Act coming on, we are going to be in real trouble if we do not solve this problem soon.

Senator KING. Well, and you mentioned there is a salary cap, and it makes recruiting physicians noncompetitively, basically, with the private sector.

Mr. TROIOLA. Yes.

Senator KING. I just learned the salary cap is the President's salary. Nobody in the Federal Government can make more than the President. When I was Governor of Maine there were about 200 people in state government that made more than I did, so I think we could live with moving that cap a little bit.

Mr. TROIOLA. We would like to work together with you to see if we could come up with some sort of way to incentivize or fix this problem because I think it is only going to get worse before it gets better as we have an influx of more veterans going in for health care.

Senator KING. Let me ask a detailed question, and this came from a veteran in my community who has gone through a PTSD program. His suggestion, though, is there ought to be a follow-up of like a group, like an AA, or somebody to meet with after going through the treatment process. Do you have someone here who can talk to me about that, because dealing with PTSD, as you know, has been a major challenge. The VA is getting better at it. But this suggestion is to take it one step further, and again, it is not a big, expensive program, but to have some follow-up so it does not just end the day you walk out of the treatment program.

Mr. TROIOLA. I am going to defer to VA and Rehabilitation Chairman, Autrey James.

Mr. JAMES. Thank you, Senator. With respect to additional follow-up, one of the best benefits that we have right now within the VA system is our vet centers. Now an idea that one may have is that perhaps we can open those vet centers up to others other than those combat veterans.

I think that the vet centers and the care that they take upon our combat veterans can also be used to ensure that those who are suffering from PTSD, triggered by other areas, will be extremely beneficial. So I think the American Legion would love to see that happen.

Senator KING. Good. Thank you very much.

I see that our other members have joined us so I will hand back the to the Chair. Thank you, Mr. Chairman.

Chairman TESTER. Senator Tillis.

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

Senator TILLIS. Thank you, Mr. Chairman. Thank you all for being here. I do not know if any of my other members have asked this question but we always like to be proud of folks that come from our state or may have been stationed in our state. By a show of hands, how many have you all been blessed to be in North Carolina for a period of time?

[Show of hands.]

Senator TILLIS. That is what I am talking about. Thank you all for your service.

Yes, I want to be brief. I am in a Judiciary Committee hearing with the Attorney General, but I was waiting to see when I could come down and speak with you all. First, thank you for your service past and your willingness to continue to serve.

I think in this Congress, after months of working on the Camp Lejeune Toxics Act and the TEAM Act, I found myself in the difficult position of having to vote against the PACT Act. It was not because I did not support the underlying policy. It is because I think we need to make sure that we fulfill the promise. We are seeing an increase in wait list, wait times. We are seeing hundreds of positions that were not filled before we made a new promise, and now we have got to make sure that we do everything we can to support the VA. I know the Chair agrees with this, but we are going to need your help in identifying the priorities for things that we can do first.

I was not against the PACT Act, the legislation. I was concerned with the implementation and a number of other things that now it is on us to make sure that we fulfill.

I am also a bit curious. The Camp Lejeune Toxics Act was very important. It is something that our office originated here on the Senate side, working with our colleagues in the House. But I do not like those damn ads.

[Applause.]

Senator TILLIS. And the reason I do not like them is I go back in my mind and think, if you are spending this much money, several times in a 30-minute cycle, that is money that is not going to the veteran. And now there has been recent reports. I believe Bloomberg is doing research on this now, to where some of these law firms are being predators. I mean, they are charging over 50 percent for benefits that I want to get into the pockets of veterans who deserve it.

So we need to have a serious discussion about how we can cap legal fees, how we can make sure—and we also have to make sure, through all of your organizations, that folks know the first call you make should not be to a lawyer. They are trying to make it look like they are the only way you can get your benefits. We worked on that bill to provide pathways that do not include a lawyer's fee. And we also know that you all play an important role in helping avoid those legal fees. I also think that the Members of Congress

can play a role. So anybody in North Carolina, who may see that ad, the first number they should call, if it is not a veteran service organization, should be my office, because we want to do everything we can to take the predators out of this loop. There are some good ones, but I see a lot of bad ones, and we need your help to work on it.

But thank you all for your service. I know that the work is hard, but I think you know that we have got a bipartisan group here in Veterans' Affairs a bicameral group that understands we have got several installments on a debt we will never fully repay.

Thank you all for your service.

[Applause.]

Chairman TESTER. Thank you, Senator. It helps when fully one-third of the crowd is from North Carolina, you know.

Representative Miller-Meeks.

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

Ms. MILLER-MEEKS. Thank you, Mr. Chair, and thank you, Senator Tillis. My husband's family is from North Carolina. They were in the Marines. The rest of us were Army and Air Force, and I am a 24-year vet myself, and thank you for all your efforts. My family is from the Camp Lejeune area, on my husband's side.

The House has been called for votes so I am going to be brief. Commander Troiola, can you go into more detail about the American Legion's efforts to destigmatize asking for mental health support? In Iowa we have a buddy system that works very well, and specifically I would like to hear about your peer-to-peer support efforts through your Be the One program and educational outreach.

Mr. TROIOLA. Thank you, and thank you for your service. I preach all over the country about Be the One so I am pretty good on this subject. The destigmatize part of it, you know, we want to make sure that a veteran or somebody from our Legion post or a member of the Legion or even a community member starts a discussion with a veteran in need, and we want to make sure that we destigmatize that veteran to the point where we can develop a trusting relationship between that veteran and us. And as soon as we do that, we feel that not only will that start a trusting relationship, but what I ask is that the person that is starting the conversation stays with that veteran until they start getting their treatments and even along the road, so that veteran can call them and get advice if they want.

You know, veterans that do not want to step forward have a lot of obstacles in their minds about losing security clearances, their families, their children, their jobs, whatever it is, and that is a very important part of it. But the other part of it is what we do is once we get that veteran to step forward, in the Legion posts what we are doing is we are setting up resources within the community where that Legion post is, so that when that veteran comes forward and they want help we can get them immediate help.

You know, a lot of times, and we talked about this earlier today, is about you call the VA and you may have a wait time, but maybe somebody in that local community can get help for that veteran.

So they identify all the resources that they have, they invite the veteran's family into the post, because sometimes even that veteran may still be a little croaky about telling us what is going on, and maybe a family member may say something that will identify a problem.

Ms. MILLER-MEEKS. Thank you so much, and as a fellow veteran from a family of veterans I thank you for that, and thank the American Legion for all the work it has done in this effort. Thank you. I yield back.

Chairman TESTER. Thank you, Representative.

Before I get to Senator Sullivan I just want to tell you, Senator Sullivan, before this hearing started I met a guy that is a dead ringer for you. I did not catch his name. Right there. That is you, man. He said that you used to work for him.

Senator SULLIVAN. Is that General Hartsell?

Chairman TESTER. Yes, it is.

Senator SULLIVAN. I thought you were talking about Senator Tillis.

Chairman TESTER. No. This guy really does look like you. Tillis is just, you know——

Senator SULLIVAN. Are you calling on me now, Chairman?

[Laughter.]

Chairman TESTER. I am.

Senator SULLIVAN. All right. Okay. I hope I get extra time for that little exchange.

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

Well, thank you, Mr. Chairman, and I want to thank all the veterans here today. I love this hearing. It is so great that you guys are back in town. I do not know about you but I had a serious case of Zoom fatigue over the last 3 years, so it is just great. When you are walking the halls of Congress, there is nothing more important. And it is giant honor for me to serve on this Committee, representing the state which has more veterans per capita than any state in the country. Mr. Chairman, that might be the first time you have heard that, the great state of Alaska. That is a joke between us because I say that in every damn hearing for the last 8 years.

So if you are from Alaska can you please stand. There we go. How about a round of applause for my fellow Alaskans.

[Applause.]

Senator SULLIVAN. And I know General Hartsell is here, so great to see you, sir.

I want to begin by focusing on an issue that we really need to solve here soon. It has been the fault of the Congress, and I am hoping that this hearing and all of your meetings with different members of the Senate and the House can really make a strong advocacy of this, and it is the Camp Lejeune Vets Act. And I am very honored, Commander Troiola, that you emphasized this in your opening remarks.

But for those who do not know what this is about, all you have got to do is turn on the TV. It is really disgusting, in my view. You have got the Trial Lawyers of America who are working to rip off

the veterans and families of sick Marines. It is a choice. My bill is a choice between taking care of sick Marines and their families or enriching trial lawyers. I think the answer of every single one of you is what should we be doing? Taking care of the Marines and their families. Okay?

[Applause.]

Senator SULLIVAN. I am going to be a little political here. My colleagues on the other side of the aisle sometimes listen to trial lawyers too much. Not this goddamn time, all right? Not this goddamn time.

[Applause.]

Senator SULLIVAN. I am serious about this. We have had a hearing. There has been over $1 billion of advertising. You see it. It is still happening. No caps right now on contingency fees. There are some of these groups that are going to try and rip off people. It is simple. We need to put caps on the fees that lawyers are going to get on this Camp Lejeune issue, for the sick Marines from Camp Lejeune. It is simple. And I am so honored that the American Legion has endorsed this.

Commander, do you want to speak to this? I know you put it in your testimony, and I really appreciate you doing that. But just how important it is. I know it is your top one or two priorities for the entire Legion. But enough. Enough. Let us pass this unanimous consent, Mr. Chairman. This is not hard. Not hard. I go down and I try to do unanimous consent. Unfortunately, I get some of my colleagues on the other side of the aisle who block me. It is baloney. Commander?

Mr. TROIOLA. Senator, thank you. We share your concerns deeply. It is a disgusting thing every time you turn the TV on. But I am going to defer to Lawrence Montreuil. He is our Legislative Director in Washington, and he is going to speak to you in detail.

Mr. MONTREUIL. Thank you, sir. We really appreciate your leadership on this issue, and I think we are all well aware of the billions of dollars that have been spent on advertising.

Senator TILLIS. By the way, do you think they are spending billions to take care of the Marine families?

Mr. MONTREUIL. No.

Senator TILLIS. Hell no.

Mr. MONTREUIL. Senator Tillis has highlighted as well, and when we look at other pieces of legislation that govern lawsuits, whether it is accredited representatives representing individuals before BVA, they are capped. Lawsuits under the FTCA are capped. And we are just asking for the same thing, to protect our veterans who have already suffered undue harm. We want to make sure they can secure access to legal representation, not taken advantage of.

So we appreciate it and we definitely support it.

Senator SULLIVAN. By the way, the Biden administration Justice Department agreed with us. Your point is exactly right that pretty much all other legislation that has these kind of recovery things, you cap the litigation fees. We are hearing stories of 60 percent contingency fees. I mean, that is criminal. That is stealing. And by the way, these lawsuits are not even that difficult because the government does not have defenses. If you move it and prove it, it is not like going through big discovery.

This is an abomination of the legal justice system, and I have never seen an issue that calls out for more justice. And I really hope my colleagues on this Committee—because you know who you are—who have been blocking it, because you are putting the interest of trial lawyers before the interests of Marines and their families. It is disgusting. And I hope you guys raise it in every single one of your meetings.

[Applause.]

Senator SULLIVAN. Tell you what. I am going to try and UC this. That means unanimous consent. I go down on the Senate floor and I try and pass my bill. Then one of my Democratic colleagues usually blocks it. Always blocks it. I am going to do it again, soon, and I am going to do it on the basis of your power and influence, and I am going to say, "I spoke in front of our veterans. They went to all your offices. They all support it. It is one of the top priorities." The Biden administration, for God's sake, supports it. The Secretary of the VA was just in Alaska. I hosted him last week, in my great state. He supports it. There is no reason that when I unanimously consent this next week that anyone should block it, and if they block it—Mr. Chairman, you should come down on the floor with me and help me move it. Are you going to do that, sir?

Chairman TESTER. Uh——

Senator SULLIVAN. How about getting the Chairman to come and do unanimous consent with me?

[Laughter and applause.]

Chairman TESTER. Senator Sullivan——

Senator SULLIVAN. You are the Chairman of the Committee. Take care of our veterans, sir. Come on.

Chairman TESTER. Senator Sullivan——

Senator SULLIVAN. You know this is a big issue.

Chairman TESTER. Senator Sullivan, it is a big issue, and we need to have access to lawyers. Do I think we need to have caps? Yes, we do have to have caps. But they have to be caps that allow a veteran to be able to have legal representation if they need it.

And that is the rub. There are people that are working in a bipartisan way to get a solution for this, because you are right. It is not what we want to have happening to the money that we have appropriated, not to go into lining the pockets of lawyers, but to line the pockets of the people who sacrificed for this country.

And we do not need to have a debate on this in front of this. We are here to hear from the Legion, and we appreciate it. And the other question I would just say is, you have used more time than King did.

[Laughter.]

Senator SULLIVAN. Well, I thought given the intro that we did that you agreed to give me a few additional minutes. So I apologize for going over my time limit. Thank you, Mr. Chairman.

Senator KING. I have got to say, Mr. Chairman, this is the first time I have ever heard him say anything nice about the Biden administration.

[Laughter.]

Senator SULLIVAN. That is true.

Chairman TESTER. It is good, but we do need to get——

Senator SULLIVAN. All right. I will yield back. Thanks again to all my fellow veterans here. It is great to see you. Thanks for your great advocacy. And we are going to get this done. We are going to get this done. We have got to get this done. Thank you.

Chairman TESTER. Thank you, Senator Sullivan.

[Applause.]

Chairman TESTER. Senator Blumenthal.

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

Senator BLUMENTHAL. Thank you, Mr. Chairman. Everybody from Connecticut, please stand. I am Richard Blumenthal from Connecticut. Thank you, fellow members of the American Legion. Thank you all for being here today.

I am proud to be the principal author and sponsor and leader on that Camp Lejeune legislation that provides for those Marines, and their families, who have been disgustingly the victims of contamination, and I want to thank the American Legion for being here today and for your support on that measure, on the PACT Act, which provides care and benefits for all of our military men and women who have suffered the effects of the burn pits and toxic chemicals. Two of my sons have served during these 20 years, one as a Marine Corps combat infantry officer in Afghanistan, the other as a Navy SEAL. And so I think we all see these issues, not only through the eyes of our generation but also the generation that has followed us in service, and the American Legion has stood strong.

I want to just ask you, first of all, you would support a compromise that put caps on compensation for lawyers but still enable them to have access to legal representation, would you not?

Mr. MONTREUIL. Yes, sir. We certainly appreciate that question. I think our desire here is to get this legislation passed. At the end of the day there needs to be caps. We can have negotiations about what that number is. I think that our objective at the end of the day is to assure, one, veterans are not being abused and taken advantage of and moneys appropriated by Congress are not going into the pockets of lawyers with nefarious intent, while maintaining the ability to secure access to quality legal representation.

So we are certainly open to discussing what that number is, and frankly, it is less of a concern what that exact number is. We want to make sure there is a cap and that veterans are not being taken advantage of.

Senator BLUMENTHAL. And just so you know, and maybe it has been said already, but I want to emphasize it. There are ongoing conversations involving both sides of the aisle, including my colleagues who are represented on this Committee. What you want at the end of the day are caps that are fair. You want a bill. You want legislation. You do not necessarily want a speech. You do not need a speech. What is needed is fair caps. Correct?

Mr. MONTREUIL. Yes, sir. Our desired end state is that there is a bill that becomes law and that protects veterans in a timely manner, because there are timelines associated with when veterans can file these claims. Veterans are feeling pressured to file these claims, not only by the law firms but the timeline that exists for them to file those claims.

So a compromise, whatever that may look like, that ensure that veterans have access to quality legal representation and they are not being taken advantage of is our desired end state.

Senator BLUMENTHAL. And I hope that the American Legion will join us in Connecticut and other states around the country in trying to make veterans more aware of their rights, because a lot of veterans do not even know they have this right, put aside the lawyers and the caps and all the legalese. We need to make more veterans aware of their rights, under the PACT Act, as well as under the Camp Lejeune care and benefits.

And I know the American Legion can play a constructive role in helping accomplish that goal, as well as improving—and I want to make this point very, very emphatically—improving the facilities, the hospitals, the infrastructure that is available through the VA health care system. I have pummeled our VA Secretary with requests and questions about upgrading hospitals, rebuilding, renovating, because our veterans deserve it and so do the professional staff, extraordinarily qualified and dedicated, docs and nurses who work in those facilities. It is not the Secretary's fault, necessarily. We need to appropriate the money to invest through that infrastructure. We are investing in all kinds of infrastructure. Why not our hospitals for VA facilities? Our veterans deserve it.

So my time has expired. I thank you, Mr. Chairman.

Chairman TESTER. Thank you, Senator Blumenthal, and I know we would like to debate this, Senator Sullivan. I love debate——

Senator SULLIVAN. Mr. Chairman.

Chairman TESTER. Trust me. Go ahead. One point.

Senator SULLIVAN. Just one point. Again, my bill, which the American Legion has endorsed, has 17 percent trial lawyer award caps, which is reasonable, 12 percent caps on the filing. So the American Legion has endorsed that, and we think that is fair, and I hope my colleagues agree with the American Legion that that is fair. There is no need for more compromise. The higher caps, the less the families of sick Marines, Marines and sick Marines get.

So the compromise has been done. Take 17 percent. Thank you.

Chairman TESTER. Thank you for the explanation.

Senator Boozman has been hard at work on the Ag Committee, trying to get a farm bill ready for prime time.

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

Senator BOOZMAN. Thank you, Mr. Chairman, and again, I am in the middle of a hearing right now on conservation, as we go forward with the next farm bill, which is so important for so many different reasons, for our farmers in rural America.

But I wanted to come by and give a special shout-out to those of you from Arkansas, the tremendous work you do. But also in a very bipartisan way, Republicans and Democrats working together, have been able to accomplish a lot, but we would not have gotten any of it done without you all. And there is nothing more pleasing to all of us to sit and see all of the hats out there, and this and that, that recognizes you as veterans, and that you are up here talking to your representatives, telling us how important these things are, helping us to push these things along.

So thank you for your service. I thank you all. Thank you for your tremendous staffs that do such a great job. And with that I am going back to talk about conservation. Thank you.

Mr. TROIOLA. Thank you for your comments. We appreciate that very much.

[Applause.]

Chairman TESTER. Thank you, Senator Boozman.

I want to talk about the Major Richard Star Act for just a minute. You addressed it in your opening comments, Commander Troiola, and this is allowing combat-disabled veterans—combat-disabled veterans—to collect their full DoD retirement pay and VA disability pay without an offset. Now this is an instance where folks who were injured in combat, they have to retire out of the military because of that injury, do not get full disability pay and full retirement pay.

What would you do to make sure that the Legion members are addressed that have this issue, and why is it important that we get this legislation passed?

Mr. TROIOLA. I appreciate your concerns with this and we want the Major Richard Star Act to get passed. But for further details I am going to pass this off to our VA&R Chairman, Autrey James.

Chairman TESTER. Sure.

Mr. JAMES. Thank you for that, Senator. It is important to understand that these are two separate pools here. There are individuals who have earned their retirement because of service. There are individuals who have sacrificed themselves and should be compensated as well. None of that should be taxed in any way. There should not be any type of offset or anything of that nature. It is important that the work that they have done throughout the years that they served is recognized, and it is equally important that the work that they have done to protect this nation and the sacrifice that they have given is also compensated and recognized.

Chairman TESTER. Thank you very much for that answer.

I want to—and this has been asked a little bit, in a little bit different way. Senator King, I believe, addressed this issue. It deals with hiring. It deals with the caps. It deals with allowing the VA, on the manpower side of things, both nurses and docs, and benefits managers, available to hit the ground running.

You had said, Commander Troiola, that you had been around to eight different hospitals. I do not want to put you on the spot but I am going to. Were any of those hospitals fully staffed, first of all?

Mr. TROIOLA. None of them were fully staffed.

Chairman TESTER. None of them were fully staffed. And can you give me an idea, was the deficiency in nurses or doctors or both?

Mr. TROIOLA. It was physicians mostly and mental health therapists.

Chairman TESTER. Okay.

Mr. TROIOLA. And there is also a shortage on—you know, there are mental health therapists required for women. A lot of women will not talk to a male therapist. So there is a critical shortage of women mental health therapists as well.

Chairman TESTER. Very good. By the way, if we get the CAREERS Act bill passed, I am not saying it will be the silver bullet that will solve all their problems, because we have got some work-

force issues out there, getting more doctors and mental health care professionals into society, but I think it will make a difference that you will be able to see on the ground when we get it across.

Senator KING.

Senator KING. I just wanted to put a fine point on the point I made about long-term care. I just got some figures. In the next 25 years the VA estimates the number of elderly veterans will double and the number of 85 will go up by 40 percent. So that just gives us a flavor of how significant this issue is about to become.

The other piece, to go back for a minute to the transition, I also serve on the Armed Services Committee so I get to see both sides of these issues. One of my problems is that the active duty side, the Pentagon, the Defense Department, I do not believe put adequate resources and effort into the transition out. I have been saying for 10 years that they should put as much time, money, and effort into the transition out as they do the recruiting in. I think that is just a basic way to look at this.

[Applause.]

Senator KING. So again, my question to you—and you can give me an answer now, but also if you could give us in writing later, thoughts about specific ways we can improve that so that the person leaving—because the suicide issue, the data shows us that the first 2 or 3 years after separation is a danger period. And that is one of the major reasons I think we need to attend to this issue of transition. So whatever ideas you can supply us to improve that.

And I am not now talking about the VA. I am talking about the Department of Defense, and I think that is where you can be very helpful to us.

Mr. TROIOLA. I am going to defer to our Veteran Employment and Education Chairman, Jay Bowen.

Mr. BOWEN. Thank you, Commander, and thank you, Senator, for the question. You know, the question of the transitioning out for veterans or for active duty servicemembers has been something of great concern for us. We are working with the transition assistance programs all around the country, with all the military bases that we can get into, to help them recognize that and to reformat some of their curriculum to ensure that these things are addressed. And wherever possible, we are getting more and more of our veterans and people like the American Legion into those programs so that we can help guide and steer them toward getting ready to change uniforms.

Senator KING. And do you agree with me that this is something we need to continue to work on?

Mr. BOWEN. Absolutely. Yes, sir. This is something that we need to continue to work on. And as we learn more then also readjust and revamp where it is needed.

Senator KING. Well, given my work on Armed Services I hope you will use me as a conduit to that other outfit over there across the river.

Mr. BOWEN. I would love to. Thank you.

Senator KING. Thank you very much. Thank you, Mr. Chairman.

Chairman TESTER. Thank you for the question, Senator King. It is a fact that the transition seems to be a major issue in mental health. And to the military side of things, they are not looking to

push people out of the military. They are looking to keep them. So to have that conversation about them leaving is not really what they are about.

But we certainly have to do a better job, and I think that if we can ever get it figured out, the transition piece tricked out, I think we will see a lot of the mental health issues certainly recede significantly.

I have one more question, and I am waiting for Chairman Bost to come back. Their votes are over in the House. But you brought up women veterans, particularly from a mental health standpoint. The Deborah Sampson Act was passed—it was a bill that Senator Boozman and I worked on pretty hard to get across the finish line—to address the fastest-growing veterans population that is out there, women.

Could you just give us your view of how that bill is working? Is the VA making the changes it needs to address the health care needs that our women veterans have?

Mr. TROIOLA. I am going to defer again to Autrey James, VA&R Chairman.

Chairman TESTER. You bet.

Mr. JAMES. Thank you for that question, Senator. And yes, we do believe that the VA is moving forward. However, more needs to be done. There are barriers to gender-specific, high-quality care, including not identifying as a veteran, not being recognized by VA employees, lack of awareness and understanding of VA health care benefits, and the perceptions that VA is all-male health care system.

We have to address that, and the way to address that is through training, and we have to make sure that VA is properly training those who are coming into contact with our women veterans to ensure that they are being treated with the same care and dignity as any other veteran who enters the system.

Chairman TESTER. Thank you very much for that answer, and Chairman Bost is not going to be able to make it back. He apologizes for that.

What I will say is this has been a great hearing, a little different than most of them we have had because you guys actually got to see a little action up here, which is pretty cool.

[Laughter.]

Chairman TESTER. But I do want to thank the Legion for sharing your 2023 priorities with us. Too all the Legionnaires in attendance this morning, thank you. Thank you for being here.

We will be taking a break. We have a vote at 11:30 in the Senate, and since I am chairing this bad boy we are going to be coming back at 11:30. Okay? So we will recess until 11:30, and then we will be back to hear from some more groups.

Thank you all for what you do. God bless you.

[Applause.]

[Recess.]

Chairman BOST [presiding]. I want to thank the second panel for being here, and we are going to get started here in just a second. We thank you for putting up with us having votes and all the other things we have to do here. And we are joined by Ranking Member Takano, who was not here for an opening statement, but he would

like to make that now, and we are recognizing Ranking Member Takano.

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

Mr. TAKANO. Thank you, Mr. Chairman, Chairman Bost, and I know Chairman Tester and Ranking Member Moran are joining us shortly.

It is my honor and pleasure to once again join you and the other Committee members of the House and Senate Committees on Veterans' Affairs for the second of our three annual VSO hearings. Today's hearing features a diverse array of VSO partners, representing a wide cross-section of the veterans community.

Higher numbers of women, LGBTQ+, Black, Asian, Hispanic, and Native Americans are choosing to serve in our military than at any point in America's history, and today's panelists not only reflect that diversity but embrace it, because they know, as I do, there is strength in diversity, both for our Armed Forces and veteran communities, and our country more broadly.

For example, our first panelist—and I am sorry I was not able to be here for the American Legion, is the nation's largest VSO representing over 2 million veterans from all walks of life, so I am especially keen to have gathered from my staff the insights that they presented today. And as I said at yesterday's hearing, my priorities for this Congress center on making VA more accessible and responsive to all. And the unique perspectives shared by National President Troiola and the rest of today's panel members, the second panel, will aid us in greatly achieving those goals.

Veterans from underserved communities deserve to feel safe and welcomed when they enter through VA doors with outreach programming and solutions that address their unique needs. Additionally, VA must acknowledge the diversity of its workforce, a third of which includes veterans, and must address systemic discrimination in the workplace, and ensure that VA is a safe, equitable environment for employees and veterans.

We must ensure that health care and benefits are fairly and equitably distributed to all eligible veterans, and further, VA must remove barriers faced by aging and homeless veterans regarding access to health care and benefits, and continue the expansion of care and delivery of benefits to those in rural areas.

But it is important to remember that none of this can happen if we subject VA to the large and arbitrary budget cuts that my colleagues on the other side of the aisle have endorsed. It is imperative that we do everything we can to protect VA's ability to deliver on the promise we have made to our veterans and avoid pitting veteran against veteran or veterans against other Americans in a scramble for a dwindling pool of resources. You, our panelists, will be key in how this all plays out.

I look forward to hearing the testimony of all our panelists today, and I thank you for your continued advocacy and support for the veteran community.

Thank you, and I yield back. Thank you, Chairman Bost, for that courtesy.

Chairman BOST. Thank you, Ranking Member Takano. So once again we want to welcome the second panel of witnesses. On our second we have multiple groups of veteran service organizations and advocacy organizations that represent and assist a diverse cross-section of veterans from across and around the country and around the world.

First of all we want to start with Charlie Brown. Charlie is the National President of the Paralyzed Veterans of America, and Charlie, you are recognized for your opening testimony.

PANEL II

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

Mr. BROWN. Thank you. Chairman Tester, Chairman Bost, and members of the Committees, thank you for the opportunity to speak with you today on behalf of tens of thousands of veterans with spinal cord injuries and disorders who heavily rely on the benefits and health care available through the Department of Veterans Affairs. My written statement addresses the full list of PVA's 2023 priorities. In the interest of time I would like to focus on two critically important issues that Congress must address: protecting access to VA's specialized health care systems and expanding access to the VA long-term services and supports.

VA is the best health care provider for veterans with catastrophic disabilities. The Department's Spinal Cord and Injury Disorder, or SCI/D, system of care provides a coordinated, lifelong continuous services for paralyzed veterans. There is no comparable system in the private care. However, if the VA continues to woefully underfund the system and understaff facilities, the Department's capacity to treat veterans will be diminished and could lead to the closure of facilities and services reductions.

We are particularly concerned about the VA's current health workforce crisis. When I appeared before you last year, the SCI/D system of care was short 600 nurses. Today that number is relatively unchanged. Staffing shortfalls have a direct impact on the SCI/D system. Due to an insufficient number of nurses, care at one of VA's SCI/D system units was suspended in 2022, and veterans with acute SCI/D needs were admitted to non-SCI/D units. Other facilities capped admissions due to the insufficient number of SCI/D nurses, and are still working to fill vacancies to meet the minimum requirements.

We urge Congress to conduct oversight to ensure the VA is fully utilizing the authorities granted last year to hire additional medical professionals, particularly doctors and nurses to meet the demand for services of the SCI/D system of care. Congress should also provide VA with more tools to compete for highly qualified medical professionals and support training for current and future VA clinicians, including passing the bipartisan VA CAREERS Act.

The SCI/D system of care has also been affected by the design and construction delays inherent to the VA infrastructure project funding and delivery system. In reviewing VA's infrastructure, VA should place a great emphasis on funding facilities that support the

types of services like SCI/D care, which the Department uniquely provides. Greater investment in both SCI/D acute and long-term care would strengthen VA's specialty care services and ensure the future availability.

The next issue I will address is the improved access of long-term services and supports. In order to be here today I had help from my paid caregiver. He helped me get dressed, get out of bed, and into my wheelchair. He helped me take my medicine and he helped me groom.

My story is not unique. It is the story of Robert, and Tammy, and Josue, who are behind me. Without that care we are stuck at home in bed. It is also the story of one PVA member in Minnesota. Because of the shortage of direct care workers, he is fortunate when he has someone come and get him out of bed and help him through his day. He regularly spends weekends in bed because no staff is available to assist him, and he is depressed, frustrated, and because he cannot find the direct care he desperately needs.

Another PVA member in Ohio is waiting for the Veteran Directed Care Program to be available at that facility. Even if the program is available, veterans may not be aware or given the opportunity to enroll. Although the VDC is available in my VA medical center, I was not made aware of this until last year. After several attempts to access the program I was told that I had not been considered for it. Veterans should be given the opportunity and the choice to access the program if and when it is available.

Another major issue is the cap on home care spending. VA is currently prohibited from spending on home care more than 65 percent of what it would cost if a veteran was to be placed in a nursing home. When VA reaches the cap the Department can either place the veteran into a facility at a much greater cost or rely on the veteran's caretakers, often family members, to bear the extra burden. Some service-disabled veterans are even forced to turn to the state's Medicare programs to receive the care they need.

One veteran with a form of multiple sclerosis, who is ventilator dependent and has other medical needs, is on the verge of ending up in a facility. His family needs the VA to provide 8 hours of care a day for the weekdays, but the VA is only able to provide 16 hours per week, due to the cost. Congress must allow the VA to cover the full cost of home-based care services, and for others like him, without exhausting their caregivers and leaving them struggling to cobble together the services and supports they need to stay home with their families.

We urge Congress to pass the Elizabeth Dole Home and Community-Based Services for Veterans and Caregivers Act, as introduced, to improve VA home care for these veterans.

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

[The prepared statement of Mr. Brown appears on page 94 of the Appendix.]

Chairman TESTER [presiding]. Thank you, Charlie Brown. There will be questions.

Next up is Jared Lyon, National President and Chief Executive Officer of the Student Veterans of America. Jared, you have the floor.

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

Mr. LYON. Chairmen Tester and Bost, Ranking Members Moran and Takano, and members of the Committee, 2023 marks the 15th anniversary of Student Veterans of America. SVA was founded by a passionate group of post-9/11 veterans, many of whom had returned home from deployments to Iraq and Afghanistan only to find a lack of adequate services and support when they returned home.

SVA chapter are the lifeblood of our mission, and many of our chapters began as local student veteran clubs who first organized 15 years ago as a way to reconnect with those with similar lived experiences while advocating for benefits for all student veterans, military-collected students, family members, and survivors.

SVA is committed to the empowerment of today's student veterans by advocating for their earned benefits, including disability and compensation, health care, as well as education benefits and employment programs.

Since this is the first time that SVA chapter members, advisors, alumni supporters have been in a hearing in person since 2020, I would like to ask that if you are here with SVA today to please stand or raise your hand to be recognized.

[Applause.]

Mr. LYON. Thank you all so much for being here.

Over this past year SVA chapter leaders have emerged from the pandemic. They have hosted career fairs, organized suicide awareness events, educated their campuses on issues affecting veterans, advocated for the creation of student veteran emergency funds, conducted food drives, mentored community youth, aided in the resettlement efforts of our Afghan refugees, and pushed for greater health care access, all to ensure that we meet student veterans where they are in their educational journey. All in all, these are incredible people doing amazing things.

Before I continue, SVA would like to thank members of these Committees for their dedication and perseverance on legislation that codified future emergency VA education protection, improve National Guard and Reserve members' Federal protections when they are activated, and expanded VA vet centers' eligibility to include student veterans.

With the help of Congress we can all embrace the idea that the GI Bill is the gateway to VA. For many veterans, the GI Bill is their first interaction with the VA, but it does not have to be their last. VA will welcome more veterans through its doors and outperform their expectations by delivering a top-of-the-line experience with the GI Bill first, laying the groundwork for future engagement across the entire scope of VA's programs and services.

In my remaining time I will brief some of the most pressing issues that we hear from SVA community members. We encourage

the Committees to review our written testimony for a comprehensive list of our policy priorities.

Even before the pandemic, SVA regularly heard from students that current MHA rates do not reflect the reality of their living situation, and many took out student loans just to make ends meet. Therefore, SVA urges Congress to review certain fundamental assumptions that are underlying MHA and include VR&E subsistence rates, break pay, overseas institutions, and online instruction. Repeatedly, SVA has heard from members of the National Guard and Reserve regarding the lack of parity to benefits and administrative issues such as completing coursework or exams that conflict with short-term military training and deployments.

SVA encourages Congress to make every day in uniform count, and coordinate with the VA, Department of Education, and Department of Defense to explore ways to reduce barriers so that military duty does not negatively impact academic progress.

Access to VA health care for student veterans remains a top priority for SVA. The VA VITAL program is a joint effort between VHA and VBA that provides seamless access to VA health care services and on-campus clinical counseling through collaboration with local VA medical centers, the VBA, campus faculty and staff members, as well as community resources.

SVA asks Congress to continue supporting VA health care and mental health services and hold VA accountable to ensure that those services are reaching student veterans through the expansion of the VA VITAL program.

Next is the idea that financial aid is based, in part, on an applicant's income from the prior year. For our nation's newest veterans, those numbers reflect what they were paid while they were still in the military. As such, SVA asks Congress to explore ways that the VA and the Department of Education can work to modernize Federal student financial aid to account for these unique circumstances by leveraging solutions such as notifying recently transitioned veterans about the professional judgment option, which allows them to appeal financial aid awards with their institutions as needed.

Finally, SVA would like to highlight that the VA VET TEC program has been extremely successful over the last 5 years. However, this well-received program will expire next year. SVA urges Congress to make VA VET TEC permanent while embodying GAO's recent recommendations so that veterans can continue leveraging the program to find high-quality, well-paying jobs in the technology sector.

In conclusion, we would like to thank you for your time and attention and devotion to the cause of veterans in higher education. At Student Veterans of America, we know that investing in veterans is not only the right thing to do, but it means investing in the future of American leadership.

Thank you, and I look forward to your questions.

[The prepared statement of Mr. Lyon appears on page 113 of the Appendix.]

Chairman TESTER. Thank you for your statement, Jared, and as with your group and all, the written testimony will be looked at. Thank you for that.

Next up is Jeremy Butler, who is the Chief Executive Officer of Iraq and Afghanistan Veterans of America. Jeremy—I hope this is public information—will be departing IAVA soon. I just want to take a minute and say I appreciate the working relationship we have had during your tenure as Chief Executive Officer, and we look forward to continued great things from you, Jeremy.

STATEMENT OF JEREMY BUTLER, CHIEF EXECUTIVE OFFICER, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Mr. BUTLER. Thank you, sir. I appreciate that. Now it is a spoiler alert for my entire testimony.

[Laughter.]

Mr. BUTLER. I will just focus on that. But it is all right. You said it brilliantly so I appreciate that.

Chairman Tester, Chairman Bost, Ranking Member Moran, and Ranking Member Takano, and members of the Committees, on behalf IAVA thank you for the opportunity to share our views on our policy priorities for the 118th Congress.

As mentioned, today is a bittersweet day for me because it is the last time that I will join you here as CEO of IAVA. However, I am excited because I am honored to be joined by our IAVA staff, members who flew in from around the country to advocate on our priorities, and also by Allison Jaslow, who was announced on Monday as the next leader of IAVA and one whom I know will carry our mission forward and build on the successes we celebrated throughout the years.

It has been an incredible honor to be a part of the IAVA team, and I want to take a moment to thank all of those who have supported us in our work.

And we genuinely do have much to celebrate but also still work to be done, and IAVA will continue to be ready to work with you and the Administration to execute recently enacted legislation and to develop and pass new measures.

With significant recent victories for IAVA-backed legislation addressing military toxic exposures, combatting the suicide crisis, defending the GI Bill from abuse, and filling gaps in care for female veterans, what is needed from the 118th Congress is energetic oversight to ensure the proper and timely implementation of these new laws.

IAVA commends the hard work and tough decisions made by members of your Committees and congressional leaders, resulting in the passage of the PACT Act. We thank you for getting it done and for getting it done right.

Secretary McDonough and the VA have done an incredible job informing veterans of their new benefits, but the DoD also has a substantial responsibility to ensure that those still on active duty but who were exposed during our 20 years of war are aware of the PACT Act and the dangers of toxic exposures.

The VA must also reach out to Native American tribes, Native Hawaiians, and Alaska Natives through the Indian Health Service,

Bureau of Indian Affairs, Tribal veteran service organizations, and others suitable organizations and agencies. Additionally, a concerted effort must be made to reach veterans throughout rural America, as they are often more disconnected than others.

Sexual assault and related trauma remain a crisis in our military and many of us worked for years for passage of the Military Justice and Increasing Prevention Act to make critical reforms to military law in the fiscal year 2022 and 2023 NDAAs. IAVA eagerly awaits the implementation of the sweeping new provisions and encourages strong bipartisan oversight to ensure that full intention of the legislation is met by DoD.

More than 40,000 veterans are homeless on any given night, and approximately twice that many experience homelessness throughout the year. To combat this problem, IAVA worked closely with other VSOs to enact the Building Solutions for Veterans Experiencing Homelessness Act to permanently cut red tape on capital grants provided by VA for organizations assisting veterans experiencing homelessness. But more needs to be done, and IAVA strongly encourages oversight of VA and HUD homeless programs to ensure existing funds are effectively and fully utilized, based on need, and ensure that VA provides technical assistance and adequate training to grant recipients who assist homeless veterans.

The Deborah Sampson Act, developed to fill gaps in care for women veterans, became law in January 2021, but we remain frustrated with the slow rate of updates on its implementation and are seeking Committee support in receiving a comprehensive written report on progress toward VA full implementation.

Separate from this legislation but also vital is the need to change the VA motto to one that recognizes the service of all Americans who have served. Secretary McDonough pledged to make this important change, and IAVA would like to ensure that it is completed without further delay.

For years IAVA and our VSO partners have defended and strengthened the GI Bill. In 2021, we celebrated passage of legislation after many years of work to finally close the 90/10 loophole, and now IAVA calls on Congress to closely monitor the implementation of this legislation and ensure that veterans and military families are protected.

As you know and as we have discussed, the Major Richard Star Act would end the unjust tax on the 42,000 retirees whose military careers were cut short due to combat-related injuries, and allow them to collect the entirety of their earned benefits. IAVA strongly believes that DoD retirement pay and VA disability compensation are two separate benefits established by Congress with two different legislative intents. Receiving both benefits concurrently should never be considered double-dipping, and no combat-injured medical retiree should be subject to this unjust offset.

Following the chaotic exit by the U.S. and our allies from Afghanistan in the summer of 2021, the U.S.-backed government essentially collapsed overnight and America left behind nearly all of the Afghans who partnered with us during the war. To right this wrong, the bipartisan Afghan Adjustment Act establishes a legal adjustment process for Afghan evacuees who have been resettled across the U.S. Although your Committees do not have jurisdiction

over the AAA, it is critically important for the veterans you serve to know that their advocates on Capitol Hill are working on their behalf to bring to safety those who had their backs in Afghanistan.

Eighty-eight percent of IAVA members support the research of cannabis for medicinal purposes, and veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries faced when returning from war. We thank Senators Tester and Sullivan and Representatives Bergman and Correa for reintroducing the bipartisan and bicameral VA Medicinal Cannabis Research Act to increase the research, and we applaud the Senate VA Committee's passage of the bill from your panel last month. We encourage Congress to quickly pass it into law.

Finally I want to express our significant concern as we observe conflicts on Capitol Hill over the level and scope of Federal Government spending. Veterans and military families have sacrificed, and are sacrificing, as a direct result of our nation's national security needs, and political disagreements over spending should never result in diminished care and benefits for our community. We ask you to stand against any spending cuts impacting veterans and military families or any effort that will make such cuts easier to enact. Wars are expensive, and the costs do not stop when the servicemembers come home.

Thank you for your time, your service to our veterans, and for giving me the honor to speak with you on behalf of IAVA. Thank you.

[The prepared statement of Mr. Butler appears on page 142 of the Appendix.]

Chairman TESTER. Thank you, Jeremy.

Next up we have James Hartsell, President of the National Association of State Directors of Veterans Affairs.

STATEMENT OF JAMES S. HARTSELL, PRESIDENT, NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Mr. HARTSELL. Thank you, Chairman Tester, Chairman Bost, Ranking Member Takano, and distinguished members of the Committees on Veterans' Affairs. My name is James S. Hartsell. I am the President of the National Association of State Directors of Veterans Affairs, known as NASDVA. I also have the honor of serving as the Executive Director of the Florida Department of Veterans' Affairs. Joining me today is the former NASDVA President, Les Beavers, who currently serves as our association's Legislative Director.

NASDVA was founded more than 75 years ago to bring together the state directors, commissioners, secretaries from all 50 states, U.S. territories, and the District of Columbia to encourage communication, facilitate discussion, and promote best practices in order to successfully advocate for our nation's veterans, their families, and their survivors. Our association's work is vital, and we are committed with passion and purpose to address these key issues for our respective veterans.

State Departments of Veterans Affairs are comprehensive service providers, and we are prominent veteran advocates. We serve as

the primary intersection on veteran issues between the U.S. Department of Veterans Affairs and our respective state and territory governments, as well as with veteran service organizations, community partners, and nonprofit entities. We deliver efficient, effective, veteran-focused services, and we closely partner with the VA in outreach and advocacy for our 19 million veterans in our nation.

The collaborative relationship between the VA and NASDVA was just reinforced with the renewal of a memorandum of agreement that I signed last week with VA Secretary Denis McDonough at our NASDVA Midwinter Training Conference right here in D.C. At our conference last week, we were very encouraged and very motivated to hear Secretary McDonough tell us there is no more important partner to the VA than NASDVA.

As an association we applaud Congress' concerted efforts to improve VA funding for health care, benefits and claims appeals processing, and homeless veteran programs. NASDVA also recommends Congress' renewed attention on VA's aging infrastructure, on caregiver support, and on women veterans issues. We support Congress' efforts to hold both the VA and Oracle Cerner fully accountable for evolutionary upgrades to the VA's electronic health record system. It is essential that VA address both current system challenges and also future EHR development.

To support our veterans impacted by toxic exposure, NASDVA both applauds and fully supports the timely implementation of the PACT Act and accelerated hiring of VA staff to address the resulting increase in medical examination-associated claims. We also recommend continued emphasis by the VA to ensure veterans are provided timely community care referrals and appointments. Reimbursement to providers for community care services should also be prompt.

In promoting our collective state and territories veteran suicide prevention efforts, NASDVA applauds the implementation of the COMPACT Act and recommends additional resources be provided through the Governor's Challenge and Mayor's Challenge on veteran suicide prevention.

NASDVA supports the VA as they seek to continue telehealth prescribing of controlled substances to ensure veterans retain access to critical treatments and health care professionals.

For our nation's state veteran nursing homes, both NASDVA and the National Association of State Veteran Homes recommend a new grant per diem scale to address our chronic health care professional shortage. Both of our associations also support a funding increase of the VA's underfunded State Veterans Home Construction Grant Program.

In addition, VA's current budget does not allow its National Cemetery Administration to establish new state or tribal cemeteries. We strongly recommend increasing funding support for both expansion and establishment cemetery projects.

To serve all veterans, NASDVA applauds the recent MOU between the VA and Indian Health Service and supports the recent proposed rule by the VA waiving copayments incurred for eligible American Indian and Alaska Native veterans.

NASDVA commends VA's emphasis on ending homelessness among veterans, especially women veterans with children. And

NASDVA recommends continued funding for specialized homeless programs and commends VA's and HUD's increasing the number and value of HUD VASH vouchers.

Finally, it is a significant challenge for transitioning servicemembers to connect with their earned state services, benefits, and support, and NASDVA recommends that all state Departments of Veterans Affairs be included in the Department of Defense Transition Assistance Program and also be allowed to connect with servicemembers who will be heading to our respective states and territories.

Distinguished members of Committees on Veterans' Affairs, both the House and Senate Committees, we sincerely respect and appreciate the vital work and leadership you have done and that you continue to do to improve the well-being of our nation's veterans. I would like to reemphasize, we are government-to-government partners, and that we are second only to the United States Department of Veterans Affairs in delivery of earned benefits and services to those who served in the defense of our nation. With your help and your continued support, we ensure that our veterans and their needs are adequately resourced and remain a national priority.

Thank you for letting us share our state and territory needs and priorities with the Committees today. Thank you.

[The prepared statement of Mr. Hartsell appears on page 149 of the Appendix.]

Chairman TESTER. Thank you for your statement, Mr. Hartsell.

Up next is Shawn Deadwiler, Interim Director of the Black Veterans Empowerment Council.

STATEMENT OF SHAWN L. DEADWILER, INTERIM DIRECTOR, BLACK VETERANS EMPOWERMENT COUNCIL

Mr. DEADWILER. Chairman Tester and Chairman Bost, Ranking Members Moran and Takano, members of the Senate and the House Veterans' Affairs Committees, I am pleased to speak before the Joint Senate and House Veterans' Affairs Committee hearing today on behalf of the Black Veterans Empowerment Council, Inc., BVEC.

BVEC is a nonprofit organization registered in the state of Maryland, and I am honored to be leading the re-energized evolution of our organization, executive team, staff, and volunteers to continue providing impact across the broader community with transparency.

Currently BVEC is working on comprehensive plans to strengthen both the collaboration and transformation of our efforts as we continue to shift longstanding racial inequities suffered by Black veterans in the United States through our nonpartisan coalition made up of national, state, local veteran service organizations and the Black veteran community.

BVEC is appreciative of the work that the SVAC and the HVAC have completed in the 117th Congress, and we look forward to our continued collaboration in the 118th Congress. We also look to continue advocating to advance sensible and sustainable legislative solutions affecting all veterans, including GI benefits, particularly underutilization of and inadequate access to benefits for Black and

minority veterans and discharges for Blacks and minorities more broadly.

As a host of factors complicate benefit utilization, BVEC supports the work of the Black veterans-centered organizations in advancing research on racial disparities in access in veterans benefits across the Department of Veterans Affairs. These findings reveal statistically significant racial disparities in disability grant rates and denials suffered by Black veterans, and highlight a need to redress and reform.

Economic. The Department of Defense and the Federal agencies contracting to veteran-owned small businesses is one of the largest issues that veteran business owners face today. We know underserved communities are heavily recruited, and many Black veterans return to resource-poor neighborhoods and withstand frequent denials, deterrence, or misinformation on how to appropriately utilize the veterans benefits they have earned.

Startup capital for veteran-owned small business is critical. There are a number of regulations made by agencies that require significant upfront capital just to be registered to do business. It is cost prohibitive in a lot of cases for veterans to go into business within the DoD and the Federal agencies.

Housing. Particularly, significant, and in some cases increased, numbers of homelessness amongst veterans. To fulfill its commitment to diversity, equity, and inclusion, VA must also improve micro-targeting outreach across the Black veterans community. BVEC and its affiliate organizations stand willing to assist the VA leadership in this effort.

The VA Housing Loan Forever Act of 2022, discussion draft from the 117th Congress, the BVEC supports this piece of legislation and looks to work with Congress on it.

Enforcement. Many Black veterans hail from at-risk, low-income and underserved communities, joining the military in the hopes of serving our nation while seeking economic mobility and access to housing, education and health care benefits often lacking in their respective environments. Unfortunately, a lack of effectiveness exists due to the speed of agencies implementing this new legislation. Further, an issue lies on how the Federal agencies subagencies interpret and implement legislation intent without a streamlined process across other agencies and divisions of those agencies.

A perfect example is Chairman Tester's quote from the U.S. Senate Committee on Veterans' Affairs site, article dated November 30, 2022. "I am disappointed VA has not implemented the law we passed two years ago to end copays for VA health care for Native veterans." Why is it taking so long?

Black veterans are experiencing similar issues and we want to start working toward establishing a VA Advisory Committee on African American Affairs. I personally testified to Ranking Member Takano during the Veteran Voices of Color roundtable of this need in July and September 2020. We, as the founders of BVEC, did not do enough to pursue this effort in the 117th Congress. I ask the 118th Congress today to work with the BVEC on this advisory committee.

As the work of the 118th Congress progresses, we understand that the country is at a nexus of multiple crises—real challenges

around care for our veterans, global and national security threats, possible economic recession, and the tail end of a two-year pandemic. Now more than ever, we must all work together to ensure the needs of veterans are being addressed during these difficult times. With that in mind, I and the BEV stand ready and willing as partners in the journey toward sustainable, sensible solutions for veterans.

I thank you for your time, sir.

[The prepared statement of Mr. Deadwiler appears on page 167 of the Appendix.]

Chairman TESTER. Thank you for your statement, Mr. Deadwiler.

Next up is Jack McManus, National President of the Vietnam Veterans of America.

STATEMENT OF JACK MCMANUS, NATIONAL PRESIDENT, VIETNAM VETERANS OF AMERICA

Mr. MCMANUS. Good afternoon Chairman Tester, Chairman Bost, members Takano and Moran. With me today are veteran advocacy champions from each one of your states—not a mistake. We are very pleased to be here today to present the highlights of our legislative agenda, which has been presented to the Committee and it would take me a week of Sundays to read it all. But we want to be able to transform and support our American veterans with effective policies, initiatives, programs, and benefits.

A little bit about VVA. VVA, the Vietnam Veterans of America, is an organization that never should have had to come into existence. We should not have existed at all. We came primarily due to refusal of American society to recognize those of us who served during the Vietnam War. We are just as much an American veteran as those from the previous generations that served, particularly World War II and Korea.

Our war was unpopular to the majority of our citizens, including many who served during the Vietnam era. Instead of treating those who served during our period in the manner of previous generations, with respect and dignity, Vietnam veterans were relegated to a lower class in our society. Not only was their service and sacrifice not recognized and honored by a grateful nation but it was also seen as a mark against them. It made very, very difficult things like employment almost impossible during that period of time for our veterans.

Until we, as a nation, stop trying to classify military veterans and their unique issues by the popularity of their tour of duty or time they served or how we asked them to sacrifice themselves, our nation is only going to repeat what we Vietnam veterans experienced. We must stop categorizing veterans by their service, and then and only then will we stop pitting one group of veterans against another, as happened during and after the Vietnam War. An American veteran is an American veteran, regardless of how and when they served.

[Applause.]

Mr. MCMANUS. That is why the biases that were created and why PTSD and substance abuse, toxic exposures from Agent Orange and the high rates of joblessness, homelessness, suicide, and

so many other veteran issues of our generation took decades to address.

As technology creates more sophisticated means of warfare, our future veterans will face physical and mental challenges that we could not imagine or understand today. Try to imagine our enemies weaponizing electromagnetic mind control and how our veterans will address the inevitable unknown maladies that are associated with such a weapon. We have already seen some of this in our intelligence community, and there was a rather lengthy thing on the TV about how they were using that right on the grounds of the White House.

So if we do not recognize military veteran only as an American veteran, then our country experienced by our generation upon their return, we cannot let that happen again. Veterans should never be the target of situations created by Congress and the Administration who have jointly been unable for years, if not decades, to meet the Federal Government's obligation to pay the debt to those that have served.

I joined the military to defend and uphold the Constitution, the one that each of you, as sworn elected leaders, are, and I call on each of you to defend veterans, widows, and survivors from any attempt to take away their earned benefits.

Being probably the senior person up I am probably going to be in contempt to Congress, but I was going to try to continue this here.

Our POW/MIA issue is really our most solemn priority within the Vietnam Veterans of America. We have 1,581 unaccounted for American servicemen from our long-ago war, and for us and their survivors the pace of recovery is unacceptable. In the past 3 years, as we reported accounting, 428 U.S. servicemen have been accounted for. Of this only 5 are from the Vietnam War. We have attached with our priority our white paper on aging veterans and the challenges that we have. We lack a clear and comprehensive roadmap to address the concerns that VA has and will continue to have, and we have not seen demonstrated meaningful progress on help for the aging veterans.

[The paper referred to by Mr. McManus appears on page 199 of the Appendix.]

Our same concern is with the rural veterans, and we think that there are some programs that would absolutely help and continue to address that. That would be increasing the availability of community-based care. I know that to some on the panel that is a very important issue. We do not believe that providing community-based care should be used to dismantle the organized structure of the Veterans Health Administration, our hospitals and our CBOCs and our specialties, including our PTSD programs and our vet center programs.

We also need to address the legacy of toxic exposures. The PACT Act marks one of the greatest expansions of veteran health care and benefits in our generation. That was an important victory but we still have work to do making sure that the implementation is accomplished with the congressional oversight verifying the accountability on the regulatory and statutory sides.

Also of particular interest to Vietnam Veterans of America is the implementation of the Toxic Exposure Research Act that was passed by the Congress of United States and signed by the President. We are now asking that the Chair appoint the Ranking Member, Senator Moran, who was the champion of that law, to hold oversight committee hearings, including with the Secretary of the VA as the star witness, to investigate what means and metrics he used to empower him not to follow the law.

Mr. Chairman, we do not seek another study. We would just appreciate your support in ensuring that the already agreed upon study is conducted and that the VA reconsider their denial for the study of the much-needed intergenerational research and be in compliance with the law that was passed by this Congress and signed by the President.

In the Public Law 116–23, the Blue Water Vietnam Act of 2019, VA calls on Congress, in the strongest terms, to amend the public law to extend the nautical mile limitation sufficient to cover U.S. Navy and Marine Corps Vietnam veterans who were assigned to the Vietnam theater of combat operations or who received a Vietnam service medal. The current law excludes veterans who served further beyond an arbitrary boundary of 12 miles seaward of the waters of Vietnam and Cambodia, and but they were still exposed or potentially exposed to Agent Orange and suffered from its effects.

Our Gulf War veterans deployed to Southwest Asia during the Gulf War, during Operation Desert Shield and Desert Storm were exposed to a long list of toxins and are still waiting for answers to their long-term effects. VA has an exceedingly high rate of Gulf War presumptive claims, 76 percent being undiagnosed or denied. VA's presumptive Gulf War claims adjudication policies, procedures, and training should be remedied, and Gulf War veterans serving at the hands of the organizations that are supposed to help them should be serviced more effectively.

We have significant information on addressing the Comprehensive Assistance for Family Caregivers, which we support.

We would like to address homeless veterans. While we are very appreciative and happy that we have been able to decrease, the number of older homeless veterans have increased. The extreme shortage of affordable housing has helped create this crisis for older generation veterans.

Tremendous strides have been made by the VA in addressing and providing the services, yet the problem exists and it is a national disgrace that it continues to persist. It is especially disturbing that the number of older homeless veterans have been steadily increasing. We find that the same issue with homeless veterans carries over to the veteran suicide issue. Two or three veteran suicides are over 55 years of age. Fourteen of 20 do not get care at the VA. So it is not just a VA program and the ability of the VA to touch some of these potential suicide victims.

Chairman TESTER. Mr. McManus?

Mr. MCMANUS. Yes.

Chairman TESTER. I would ask you to wrap because we are about—otherwise there will be contempt of Congress.

[Laughter.]

Mr. MCMANUS. All right. So on the veteran suicide we will wrap up. We have one request, that Congress enact a law that will make mandatory the insertion of a single question on a death certificate—Did the deceased ever serve in the Armed Forces of the United States—so we can do some tracking.

I would be happy to answer any questions you might have, and thank you very much.

[The prepared statement of Mr. McManus appears on page 170 of the Appendix.]

Chairman TESTER. You bet. Thank you for your statement, Mr. McManus.

Next up we have Christopher Slawinski, National Executive Director of the Fleet Reserve Association. Christopher, you have the floor.

STATEMENT OF CHRISTOPHER J. SLAWINSKI, NATIONAL EXECUTIVE DIRECTOR, FLEET RESERVE ASSOCIATION

Mr. SLAWINSKI. Thank you, Chairman. Good afternoon Chairman Tester, Ranking Members Moran and Takano, and members of the Committee. My name is Chris Slawinski. I am the National Executive Director of the Fleet Reserve Association. I am here today with FRA National President, James "Robbie" Robbins, Jr. from Orange Park, Florida, and FRA National Vice President, John Handzuk from Belleair Beach, Florida. We represent the concerns of the oldest sea service association that has been in service for over 98 years.

As one of the leading supporters of the PACT Act that was enacted this past session of Congress, FRA is grateful for its passage. Military service can require servicemembers to go places that may expose them to environmental hazards that cause illnesses and disease that cannot be diagnosed for years or even decades after their service. The PACT Act recognizes that fact. I want to thank Chairman Tester and the Senate Veterans' Affairs Committee for allowing FRA to be one of the three associations to testify on the comprehensive veterans toxic exposure back in March of last year.

The fiscal year 2023 omnibus appropriations package also provides provisions of FRA-supported Veterans' Prostate Cancer Treatment and Research Act. Prostate cancer is the number one cancer diagnosed in the Veterans Health Administration.

As I stated in my testimony this past March, I served on active duty in the Navy for 4 years. I worked as an aviation electronics technician. My primary duties were associated with being a final checker and troubleshooter on the flight deck of the USS *Coral Sea*. In September 2021, I was diagnosed with stage 4 prostate cancer which has metastasized to my bones and other areas. I do not have a family history of this cancer, but I have been very fortunate that I have received my treatment in the Defense health care system.

Walter Reed is currently in the process of transitioning to the new Genesis electronic health care system, so I am having first-hand observations of the changes that are taking place there. FRA appreciates both Committees' oversight hearings on the electronic health record modernization at the VA. FRA is aware of the lin-

gering issues related to the patient safety, training, employee morale, and several other deployment problems that still exist, though progress is still being made.

The VA first launched the new electronic health care system more than 25 months ago. The program was scheduled to expand in July 2022, to the medical center in Boise, Idaho. The expansion was delayed. Oversight committees were told that the VA was using this pause to make system enhancements and to perform tests to ensure that the system is stable, resilient, and provides the capabilities that the VA employees and veterans need to improve access to quality care.

Nevertheless, progress has occurred since VA joined with DoD in the joint contract to modernize its EHR system in 2017, with the Electronic Health Care Transparency Act, which requires the VA to submit to Congress quarterly reports that evaluate the performance of those records. FRA believes congressional oversight of the ongoing implementation of the VA technology upgrades is vital to ensuring improvements to the system. FRA wants to ensure adequate funding and oversight for DoD and VA health care resources delivering seamless, cost-effective, quality services to personnel wounded in combat and others veterans and their families. The costs and the long time for implementation notwithstanding, FRA believes there is a tremendous opportunity for the two departments using the same electronic health records. We are all poor historians of our health care without the EHR.

I want to thank the Committee for my opportunity to speak, and I await your questions.

[The prepared statement of Mr. Slawinski appears on page 211 of the Appendix.]

Chairman TESTER. Thank you, Mr. Slawinski. I appreciate your statement.

Next up is Angela Pratt, Co-Chair of the Veterans Committee for the National Congress of American Indians.

STATEMENT OF ANGELA PRATT, CO-CHAIR, VETERANS COMMITTEE, NATIONAL CONGRESS OF AMERICAN INDIANS

Ms. PRATT. Thank you. Good morning, Chair Tester, Ranking Member Moran, Chairman Bost, and Ranking Member Takano, and to all the members of the Senate and House Veterans' Affairs Committees. My name is Angela Pratt and I am a member of the Osage Nation of Oklahoma. I was a member of the Osage Nation Congress from July 2014 until July 2022, and for 4 of those years I presided as the Speaker of Congress. I am a proud Army veteran—Hooah. I am a long-time member of the American Legion Post 198, and as noted earlier, my dues are also paid up for life. I just wanted to report that as well. And I have dedicated many years to assisting with veterans' organizations' issues and efforts.

Also, in November 2021, I was elected to serve on the first-ever Veterans Affairs Advisory Committee on Tribal and Indian Affairs. I thank you for that legislation.

On behalf of the National Congress of American Indians and NCAI's Veterans Committees that I co-chair, I want to thank you

for this opportunity to provide testimony on issues affecting Native Americans. And for the record, as I just mentioned, the National Congress of American Indians Veterans Committee that I co-chair, as you may be aware, NCAI was founded nearly 80 years ago and is the oldest, largest, and most representative American Indian and Alaska Native organization serving the broad interest of tribal governments and communities. On behalf of NCAI I want to thank you for letting me speak today.

And also I would like to note that per capita Native people serve at a higher rate in the Armed Forces than any other group of Americans, and that they have served in all the nation's wars since the Revolutionary War. Native Veterans continued their service in our nation's wars long before they were recognized as United States citizens and before they had the right to vote.

Given my time, I have submitted my full testimony for the record, and I am going focus on three areas that are priorities of the NCAI Veterans Committee, which are housing, health, and data.

As a general matter, housing infrastructure in Indian Country continues to lag behind the rest of the United States, and despite the service they provide to our country, homelessness and housing insecurity remains a major concern for our Native veterans. While data is scarce—and that is something I will return to momentarily—at least one study found that Native veterans made up 19 percent of all homeless veterans in the study sample, making the Native veteran homeless rate almost 10 times the representation in the general population. Another study indicated that Native veterans living in poverty were twice as likely to be homeless than their other non-veteran Native Americans.

A simple but critically important step to combat this issue is to reauthorize and make permanent the Native American Housing Assistance and Self-Determination Act. NAHASDA has successfully been used by tribal nations across the country to focus on the specific housing needs in their own communities. However, NAHASDA expired 10 years ago, and we cannot afford to let this critical legislation go unauthorized any longer. Reauthorizing NAHASDA will also help Native veterans struggling with homelessness by improving the Veterans Affairs Supportive Housing, or the HUD VASH, program. This program has been a nationwide success because it combines rental assistance, case management, and clinical services for at-risk and homeless veterans. Unfortunately, this program is not fully available to Native veterans living on tribal lands.

NCAI also urges congressional passage of the Native American Direct Loan Improvement Act of 2023, which, among other things, would also allow veterans who have built homes with other sources of construction financing to still use NADL as permanent financing and thus improve housing opportunities for Native veterans.

Turning to Native veterans' health care, I want to start by noting that obtaining health care for Native veterans often means navigating both the VA and the IHS, which is the Indian Health Service. The primary health care provider in most Native communities and for many of our Native veterans is IHS. Thus, one mechanism for improving the health of Native veterans is to improve the IHS system, which has long been woefully underfunded.

And even though advanced appropriations for IHS passed at the end of the 117th Congress, which is something that NCAI and all of Indian Country applaud, there is more to do. While historic, the advanced appropriation for IHS is far from perfect, and inclusion of advanced appropriations each year is not, as of yet, guaranteed.

We owe it to our veterans to fight for culturally competent delivered care, closer to home. Congress must expand and sustain advanced appropriations for the IHS funds until funds are mandatory for IHS.

With my final moments I want to return to the issue of data. While I have highlighted two critical issues, housing and health, impacting Native veterans today, the fact is that data on Native veteran housing, health, and a host of other issues is scarce, or more often than not, nonexistent. This lack of data all too often makes Native veterans and their concerns invisible. There is an urgent need for accurate data concerning Native veterans in order to develop meaningful policy solutions that will address Native veterans' day-to-day concerns. This data, which is necessary, must be collected in collaboration with tribal nations, must respect privacy concerns, and must be shared with tribal nations who are generally in the best position to address the needs of their community members.

I would like to conclude by once again thanking this Committee for holding this hearing and allowing me to bring attention to Native veterans and the challenges they face in their lives. Our Native veterans, like all veterans, have given up their time, their health, and in many cases their lives to protect this country. For those who have served and are still with us, it is imperative that we give them everything they need to thrive.

Thank you again for this opportunity to speak, and I look forward to addressing any questions that you may have.

[The prepared statement of Ms. Pratt appears on page 222 of the Appendix.]

Chairman TESTER. Thank you for your statement, Ms. Pratt.

Last but not least we have Roy Robinson, President of the National Guard Association of the United States. Roy, you have the floor.

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

Mr. ROBINSON. Chairman Tester, Ranking Member Moran, Ranking Member Takano, and other distinguished members of the Senate and House Committees, on behalf of the almost 45,000 members of the National Guard Association of the United States and nearly 450,000 soldiers and airmen of the National Guard, we deeply appreciate this opportunity.

We also thank you for your tireless oversight to ensure accountability and improve services to our nation's veterans and their families. The combined efforts of your Committees have advanced critical policies which directly impact the National Guard, and I thank you for that hard work. From passing the PACT Act to expanding and improving access to mental health care, we continue to make

progress toward enhancing the quality of life for our military and veterans.

The operational tempo for the National Guard has increased significantly over the past 20 years, and even more so in the last 3. In addition to overseas deployments alongside the active component, the National Guard is there for our communities during the greatest times of need. Whether it be wildfires in California, flooding in Louisiana, or most recently shooting down unidentified objects threatening our national security, our servicemembers are always ready.

In my testimony I would like to focus on three specific areas key to recruiting and retaining a National Guard force that remains prepared to protect our nation: consistent access to medical coverage, incentives for civilian employment, and increased benefit parity.

Our number one priority for the 118th Congress is the Healthcare for Our Troops Act, which will be reintroduced soon in both the House and the Senate. I ask that your Committees do all you can to support this critical need. Affording a zero-cost TRICARE coverage will dramatically increase readiness, solve turbulence moving on and off health plans, and ultimately save money.

Guard and Reserve units must be ready at a moment's notice, just as the active component. It is imperative that all servicemembers have access to the health care needed to meet medical deployability requirements. It is unthinkable that an estimated 60,000 Guard members currently do not have health care coverage. These are the same soldiers and airmen we sent into communities to administer COVID testing and vaccinations. The same soldiers and airmen we sent down to Puerto Rico to help with hurricane aftermath, often serving alongside active component members who did have health care coverage. This is unacceptable.

The benefits of zero-cost TRICARE extend beyond medical readiness. As a key retention policy, this will help us keep a manned and ready force under the all-volunteer force construct. Preventive care throughout our servicemembers' careers will also reduce medical expenditures when transitioning guardsmen to veteran. Furthermore, consistent medical coverage will allow those within our ranks to consistently have mental health care. I cannot think of any better way to truly put our servicemembers first.

Lastly, this is a significant employer benefit. When a company knows a servicemember will not require health insurance coverage it will be that extra incentive needed to make the hire. Time away from civilian careers continues to increase, and we must find a way to better encourage employers. Without improved incentives, I worry companies will start to choose equally qualified non-military candidates over our servicemembers.

This will revolutionize how health care is delivered to our soldiers and airmen. I am convinced it will not only provide better health results but will prove cost advantageous in the long run. The fact that we have men and women serving this nation in uniform who do not have medical coverage is a travesty, and we need to do better. Again, I ask for each of your support on the Healthcare for Our Troops Act.

Strengthening servicemember civilian employment. As mentioned, the recent increase of the citizen-soldier expectations have expanded well beyond the traditional 39-day annual training structure. While I cannot anticipate future operational demands, it is clear the era of "one weekend a month and two weeks a year" is over.

In the wake of this new reality, we ask the Committees support continued efforts to assist reserve component service members and their employers. Specifically, we encourage the reintroduction and passage of the RECRUIT Act. This bill authorizes an annual tax credit for small business employers who employ Guard and Reserve members and would go a long way toward supporting our communities.

At NGAUS we continually strive for benefit parity on all fronts. For the past several years, I have asked for your assistance in correcting numerous benefits not afforded to our members. Both the Forever GI Bill and the fiscal year 2018 NDAA made advancements to close that gap. Now Guardsmen and Reservists are eligible for nearly all the same benefits as the active component, including tuition assistance, transitional healthcare access, and post-9/11 GI Bill benefits. However, there is still more work to be done.

Fortunately, Congress has made great progress toward correcting this. During the 117th, the House passed H.R. 1836, the Guard and Reserve GI Bill Parity Act. The bill counted all days in service, including weekend drills, annual training, and specific state active duties such as 502(f), toward the post-9/11 GI Bill. This is a fantastic step forward and we strongly encourage the reintroduction of this bill in the 118th Congress.

I thank you again for allowing NGAUS to testify. Your efforts are 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 the members and their staffers in advocating for the men and women of the National Guard.

[The prepared statement of Mr. Robinson appears on page 227 of the Appendix.]

Chairman TESTER. Thank you for your testimony, Mr. Robinson, and I want to thank you all for your testimony today. I appreciate it.

I am going to start with the questions. Questions will be 3 minutes.

VA has about $88 billion in infrastructure needs out there. We are putting about $5 billion toward that. At least that is what it was last year. That is not enough.

Your testimony, Mr. Brown, talks about the highlights for need for new and modernized facilities, particularly for spinal cord injuries and long-term care. The list goes on. Are you familiar with the bill that I have got, the Build for Veterans Act?

Mr. BROWN. Personally I am not but I do have my government relations with me.

Chairman TESTER. Okay. Good. So what this does, it is going to direct the VA to improve how it plans and delivers construction projects while it strengthens Congress' ability for oversight.

So, Mr. Brown, or who you want to defer it to, how would this legislation speed up the delivery of new facilities for veterans with spinal cord injuries or diseases?

Mr. BROWN. Actually, I have a talking point right here in front of me. Currently there are 14 SCI centers that use four bedrooms. If a veteran comes in and has a particular abnormality or disease or comorbidity they cannot put another patient in that room. That means three veterans cannot get the care they need in that room.

So with these bills, and I believe what you are introducing, will create single rooms for these veterans and we will be able to create proper care for the veterans when they get to the hospital. They will not be waiting for a bed to be available because one veteran takes up four spaces.

Chairman TESTER. I appreciate that answer, Mr. Brown.

Cannabis has been a big issue for quite a while. Cannabis use among veterans continues to rise, especially among the Iraq and Afghanistan vets. Despite the continued increased use as an alternative treatment for veterans, we still do not fully understand the impacts of cannabis use.

Mr. Butler, do you support VA-led research into the effects of cannabis use on veterans?

Mr. BUTLER. Absolutely, sir. We have been pushing for this for years. Frankly, what you just said is exactly right. At a minimum, VA should be doing research. I cannot even keep up with the number of states that now have legal use of medicinal cannabis. It is well above 33, I think, and with the last election's increased beyond that. At a minimum, VA should be doing this research so that we can understand just how effective it very much seems to be for treating many of the injuries that our era of veterans have.

Research should be a no-brainer, but yet for years we have been getting pushback on that. So we certainly hope that this is the year we can change that.

Chairman TESTER. Senator Moran and I do too because we have a bill to do exactly that. And with that I will turn it to Senator Moran.

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

Senator MORAN. Chairman, thank you. Thank you all for your presence here today. I walked in at the right moment. Mr. McManus, thank you for your comments about the consequences of toxic exposure to following generations, to our veterans. This issue came to my attention at a Vietnam Veterans national conference on the topic in Wichita, Kansas, a number of years ago. I am pleased that Senator Blumenthal and I were able to get the Toxic Exposure Research Act signed into law.

But we have learned from the VA and the National Academies that there are still significant challenges to research the health effects of toxic exposure on veterans' descendants. And I will use this opportunity to say I want to work with you and VVA and others to make sure that we accomplish that goal of science and medicine coming together to tell us what the truth is.

Mr. Hartsell, I could not agree more with your written statement about the importance of VA processing referrals for care in the

community in a timely manner. We have been working to get this accomplished, starting with just when does the clock begin to run so that we can determine how long that period of time is, and even that has been a challenge in solving.

Can you elaborate on the frustrations that you hear from veterans across the country and in our states about the VA's failure to connect them with community care in a timely manner, and give us recommendations you may have for how to improve that process.

Mr. HARTSELL. Thank you for the question, Ranking Member Moran. Yes, veterans are frustrated when we need care, medical care. And we go to our doctor and our doctor tells us, "We are going to refer you." That is great news. "We are going to send you to a specialist, someone really good in the community." I personally experienced this last year myself. I was very excited, because I get great care from the VA. They give me great care, at my clinics, at my hospital, at James Hailey down in Tampa. But there was a test they needed to run so they asked me to go to community care, another great hospital that is top-notch in our Tampa Bay area.

Retired Marine two-star general 37 years, President of National Association of State Veterans Affairs Directors, Executive Director of Florida's Department of Veterans' Affairs—it took me months and months to get that test done. It was frustrating. I personally experienced this.

So just put that plus the 1.5 million veterans that I have in Florida, we hear this all the time. When they do get the care in the community, we are very happy, and we are very thankful for the community care.

So the timeliness of it, the working of it—and again, it is a process. It is a business process. I understand that. So we applaud the VA's great efforts to make it better, to work on it. We have personally talked to the leadership of the VA about everything that they are doing to make it work better. But a lot of times it is the human factor. The process is in place but it is the human factor, those phone calls and the connecting. It is hard to connect with these, especially an 87-year-old Marine veteran like my father was. There is a different way to communicate to him about community care, making that access, than my 36-year-old Marine son. A different way to communicate to him.

So I understand that VA has a lot of work to do on this, and we applaud their efforts on it. But we, as a national association, all 50 states and the territories in our district, we will do everything we can at our state and territory levels to reinforce their work on that, because it is critical.

Senator MORAN. Thank you.

Chairman TESTER. Thank you, Senator Moran.

Ranking Member Takano.

Mr. TAKANO. Thank you, Chairman Tester. You know, the budget cuts endorsed by some of my colleagues at the beginning of this Congress represent a nearly $31 billion cut to veterans programs. I am talking about the talk about keeping to the 2022 spending limits. And since then, under pressure from the President of the United States and his own party, the Speaker of the House has declared that the DoD budget and Social Security and Medicare

should be held harmless in any potential austerity measures. But veterans programs have not been extended this very same courtesy.

So once again it appears that veterans will be asked to sacrifice on behalf of the nation, in this case their hard-earned health care and benefits.

Mr. Butler, can you elaborate on IAVA's position with respect to VA budget cuts? What would a cut of that size mean for your members and the services they utilize at VA?

Mr. BUTLER. Yes, sir. Thank you for the question. I mean, I think we can all agree that the government can do a better job of managing its finances. I think that is an agreement. Where we have an issue is when there are proposals to cut back on care and support for veterans who have earned these benefits. At the end of the day, we need to keep our promises. In the last testimony there was a lot of discussion about keeping promises, and that is really what we are talking about is making sure that those things that over 20 years of war, when funding flew very freely, there were very little efforts to finance these things, and to now have to turn around and say, "We are going to correct those errors on the backs of those who raised their right hand to volunteer to fight these wars," is where we get very frustrated.

Mr. TAKANO. Well, thank you.

Quickly, Mr. Brown, could you tell us what it would mean to Paralyzed Veterans of America?

Mr. BROWN. I ask you all to take a look behind me. These veterans that we see, they are specialty cared through the VA. That is not found in the community anywhere. The care and continuous care we receive. You are going to tell them, "We are sorry. We cannot fund the care you deserve or you earned"? What are they going to do? Where do we go?

Look at all the other veterans in this community out here. They feel the same way. It is not just for PVA. It is for all veterans. You are cutting the care, the drastic care that we need through the VA. You cannot do that.

Mr. TAKANO. Thank you, Mr. Brown.

By a show of hands, who on this panel would agree that slashing tens of billions of dollars from VA programs and services to veterans is a good idea? Raise your hand. I dare you.

[Applause.]

Mr. TAKANO. So let the record show that no one, not a single organization testifying here today raised their hand in support of these disastrous proposed budget cuts. It is imperative that we hold the line on VA's budget so that veterans are not once again left fighting each other or the general public for benefits they have earned and undoubted deserve.

I yield back, Mr. Chairman.

Chairman TESTER. Thank you, Ranking Member Takano.

Next we have Congressman Rosendale.

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

Mr. ROSENDALE. Thank you very much, Mr. Chair, and thank you to all the witnesses for taking time out of your busy schedules to join us here today.

It is a lot to get here, and it is a lot to sit before everyone and share your stories, so it is important for everyone, not just in the room but across the nation, to be able to hear that. And we are trying to make sure that we not only provide the proper funding but we provide it in the right areas. I think that is also another point that needs to be made.

Your testimonies and commitment to the veterans is essential as we continue our work as we go through the 118th Congress. Mr. Lyon, I am going to start with you. Thank you for sharing all the stories about Student Veterans of America's 1,600 chapters worldwide and the important work that each of the chapters is doing in its community. Can you elaborate, please, for me on the importance and the contribution of students veterans to the college community in addition to the financial benefit that they happen to bring each educational facility?

Mr. LYON. Yes, sir, and thank you so much for the question. When you look at today's student veterans you are looking at one of the most representative and inclusive populations of any students on a campus, let alone add to that the real-world experience that they have had before they have pursued their educational journey. Many of us have put our lives on hold to serve first, and then when we return home have the opportunity to pursue our education.

We bring leadership to the classroom. We bring leadership to group projects. We bring leadership through campus organizations, to do something that I think is very important and that we have an opportunity, daresay a responsibility, to do.

One in three college students does not themselves know a veteran. That means no one in their family served. Likely no one in their neighborhood served. That notwithstanding, today's student veterans have the opportunity to help bridge the civilian and military divide through their integration on campus and their inclusion in every aspect and policy that the university upholds.

Mr. ROSENDALE. So would it be fair to say that they oftentimes act as mentors for the younger, more inexperienced students that happen to be walking around campus, that do not have quite the life skills that you do?

Mr. LYON. We are the big sisters and brothers on that campus. Yes, sir.

Mr. ROSENDALE. Thank you. Thank you very much.

[Applause.]

Mr. ROSENDALE. Yesterday the Supreme Court heard oral arguments over President Biden's unilateral decision to cancel student loans. The debt forgiveness plan will cost over $400 billion. Besides the massive cost, Biden's actions, quite frankly, are a disgrace to veterans that are sitting in this room and are serving across the nation.

Mr. Lyon, how many more veterans do you think could expand or complete their educational or other vocational training opportunities with access to an additional $400 billion, which is greater than the entire annual budget of the Veterans Administration?

Mr. LYON. Sir, it is a complex question, and when we look at today's student veterans you are looking at just over 70 percent of the transitioning force is in a college classroom within 7 months of

returning home. So, you know, by that math alone you would say at least 30 percent of veterans that are transitioning and not pursuing it.

But debt is a hard and complex thing because student veterans, despite having the GI Bill and full access, are still graduating with an average of $27,000 in student loans. We have to get better at the entire and complex system.

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

Chairman TESTER. Thank you, Congressman.

Next up we have Representative Cherfilus—sorry about that—McCormick.

HON. SHEILA CHERFILUS–MCCORMICK, U.S. REPRESENTATIVE FROM FLORIDA

Ms. CHERFILUS-MCCORMICK. Thank you, Mr. Chair.

My first question is for Mr. James Hartsell, my fellow Floridian. Many veterans wish to age in place but do not understand how to access the VA benefits and programs that would empower them, or are unaware of what services are available to them based on their circumstances. While the VA has a suite of benefits available to aging veterans, veterans face many issues when accessing these benefits.

How can the VA reach out to the aging veterans so that they can access their VA benefits and health care?

Mr. HARTSELL. Thank you for the question, Congresswoman. I appreciate it, and yes, we are fellow Floridians. Thank you.

We work very closely as an association, our 50 states and territories and the District of Columbia, with veterans. I call it Big VA, the U.S. Department of Veterans Affairs, in communicating the need and the opportunity for benefits for those who served our nation. They are doing a good job. A great job could be done, and we could reinforce it in the states and territories, I think, in an ad campaign—you asked a question and this is my personal opinion—something that we are pursuing in my state.

We are looking at doing a public awareness campaign for veterans, a lot of those older veterans you are talking about, those elderly veterans. A lot of them still watch TV and they look at TV. So if they saw that commercial, instead of some of the commercials we talked about earlier on TV all the time, if they saw a commercial about what is available, and they see people getting those kind of benefits from the Veterans Affairs Administration, that would help, in my opinion. And we would support that in our states and territories, an opportunity to reinforce their success in that.

Ms. CHERFILUS-MCCORMICK. Thank you so much for your answer.

My next one is for Mr. Shawn Deadwiler. Mr. Shawn Deadwiler, the chief goal of the BVEC is to shift longstanding racial inequalities suffered by Black veterans in the United States. Since BVEC's inception the organization has grown to include 15-plus organizations representing over 20,000 members.

As it relates to receiving and applying for health care benefits in the VA, what issues have your members come across?

Mr. DEADWILER. That is a good question, Congresswoman. I am new to this seat but if I had to tell you a personal story on it, Black

veterans, when they go to access benefits, are denied regularly, the first try, the second try. We are then told to go meet with VSOs and lawyers in order to get those benefits. I think we need to do some different things and some studies on how to get the VVA more involved in helping veterans.

I will give you a personal story. I have a veteran right now that is 82-years-old. He just went through diaphragm surgery. He is 160 percent disabled, living alone, widowed. The doctor fills out his aid and attendance. It is now 6 months and he is still living in that house by himself, and has not gotten that benefit. So we can do a better job.

Ms. CHERFILUS-MCCORMICK. Thank you so much, Mr. Chairman. I yield back.

Chairman TESTER. Thank you, Congresswoman.

Next we have Representative Van Orden.

HON. DERRICK VAN ORDEN, U.S. REPRESENTATIVE FROM WISCONSIN

Mr. VAN ORDEN. Thank you, Mr. Chairman. Thank you all for coming here today. I really appreciate it.

We have veterans from the Vietnam War here. We have got veterans that served in the '80s and '90s, who really trained for combat. We have got our post-9/11 guys here, and Eli, my buddy here, is a Navy SEAL, and so is Morgan, and so was I. We had multiple combat tours.

I really want you guys to understand something, that we have multiple generations concurrently of veterans at all times, and what binds us together collectively, other than the love of our nation, is really your organizations. And you have a tremendous responsibility to make sure that—I am staring right at you, General, and I am going to say it—us younger folks get to hang out with you guys. And the way that we become whole again is by sharing our experiences together, and I truly understand that.

Mr. Chairman, I just want to take one second here to recognize Mr. Josh Jones. Will you stand up, please? This is Josh Jones.

[Applause.]

Mr. VAN ORDEN. He was the student of the year. Well done. You guys have no idea how painful that was for me because I am in the Navy and you were not, and you are also a flatlander from Illinois, and I am from Wisconsin. But you keep up the good work, young man. You hear me?

I chair the subcommittee that is responsible for veteran education, homelessness, and the transition from active duty to becoming a veteran, so Mr. Lyon, I want to ask you a question. My concern is, and my primary legislative priority is that transition period because that is when unfortunately we have a lot of veterans take a permanent solution to a temporary problem and commit suicide. It is terrible.

So I want to know, have you been invited by the Department of Defense or the Veterans Administration to participate in the TAP process?

Mr. LYON. Yes.

Mr. VAN ORDEN. Okay. What type of participation do you guys have?

Mr. LYON. We have got a variety of participation. We are often invited to observe and provide recommendations, which is the easiest way to answer that.

Mr. VAN ORDEN. Okay. Is it a formal, programmatic thing, or is it ad hoc?

Mr. LYON. Both. Formal, programmatic and ad hoc.

Mr. VAN ORDEN. Okay. I want to talk to you guys again when we get out of here. I want to make sure that this is included in that.

Mr. LYON. I would absolutely love to do that.

Mr. VAN ORDEN. Okay. I want to make sure that when our veterans—you know, people do not understand it who have not served that on Monday you are an active-duty servicemember and on a Tuesday you are a veteran, and that transition period, you go from wearing a uniform and having a purpose, a drive in life. They say twice the husband, half the paycheck. Let us be honest.

[Laughter.]

Mr. VAN ORDEN. That is a Navy wife out there that just laughed.

So all these things are dramatic, and that is why our folks make some bad decisions. So I want to make sure that you are included in this process formally. So thank you very much, and sir, with that I yield back.

Chairman TESTER. Thank you, Congressman.

Representative Pappas.

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

Mr. PAPPAS. Thank you very much, Mr. Chairman. I want to thank all the veteran service organizations that are represented here for your advocacy, and to all our veterans in the room I am grateful for your service.

Mr. Brown, maybe I could ask a question of you. I had some folks from PVA in my office earlier today. The message was well received and they were great advocates, and we appreciate what your organization does.

I wanted to ask about the disparity between the rate of dependency and indemnity compensation at VA for surviving dependents and other comparable government benefit programs, with DIC payments being markedly lower. I am wondering if you have some thoughts on those DIC payments, if you have any recommendations on what an appropriate base rate could be, and whether or not an increase would help survivors.

Mr. BROWN. I apologize, but I guess my obvious answer is of course it would help. I mean, you look at an ALS patient in the VA, they are automatic 100 percent. They barely, rarely make 3 years of their life. In order to get the DIC kicker they have to go 8 years. That right there alone is just an obvious answer to say yes, it would make a huge difference in the life of a spouse.

Sorry, that is the obvious answer right there. Everything would make a difference in the spouse's life. You go from, on average, around $10,000 a month for our compensation. When we pass away our spouses barely get $1,200. How do they survive after that? Sorry.

Mr. PAPPAS. No, thanks for the response. And I am the Ranking Member on the Disability Assistance and Memorial Affairs Subcommittee in the House, so we look forward to staying in touch on that issue.

And maybe, Mr. Butler, I could turn to you next and just kind of build off that. Under existing law a surviving spouse loses their DIC benefit if they remarry before age 55, but surviving spouses of active duty servicemembers and veterans are more likely to be widowed at a younger age than other professions. And so on average, the wait period to maintain eligibility for surviving spouses is longer for survivors of other Federal benefit programs.

So I am wondering if Congress should be working to address this, if you have any thoughts on that, or the DIC issue generally.

Mr. BUTLER. Absolutely. I will keep it short and sweet and say yes, 100 percent. It is one of those things that I hope was not an unintentional slight but it is definitely an area where there is very much needed reform.

Mr. PAPPAS. Thank you. Once again we look forward to working with all of you collaboratively. We thank you for your service. I yield back my time.

Chairman TESTER. Thank you, Congressman.

Representative Luttrell.

HON. MORGAN LUTTRELL, U.S. REPRESENTATIVE FROM TEXAS

Mr. LUTTRELL. Thank you, Mr. Chairman.

First I would like to make a statement to the panel and to all the veterans in the crowd today. I understand that when it comes to our electronic health records we are doing everything we can to make that our primary effort. And unfortunately, as you all know, the government works in silos. Sharing data, sharing information is just—it is almost an amendment to the Constitution.

But being veterans ourselves, also understand that we are our country's most precious assets, and to lose any of that data to nefarious acts is something that we are working hard to prevent. And I understand the frustrations, because data sharing, information sharing creates results. Results moves down and inside the organizations, which helps us long term. So I wanted you to hear me say that, as a new member to the Veterans' Affairs, which I fought to get on specifically for that reason.

To the General I have a quick question for you. You mentioned that the transition from Guard to active—and I know that goes back and forth—and you mentioned cost, how much costs that would save. Can you provide us those numbers so we can see what you are talking about? I do not have those numbers specifically, and you may not have them with you now, but that is something that I would like to see.

Mr. ROBINSON. We will, and it is in reference to the costs associated with the readiness part of that medical. We can get that for you.

Mr. LUTTRELL. Okay. I would appreciate that.

And Ms. Pratt, thank you for being here. I actually represent the Alabama-Coushatta Tribe, and please understand that this translates across to our Vietnam veterans, to our Black veterans, to our

veterans in general. But my question for you is—and I served alongside Native Americans out of the Crow reservations in the SEAL teams, and unfortunately I lost him. And I was able to go up to the reservation and be a part of the service and be a part of the tribe for that short period of time.

What I am having trouble with, even with the homeless veterans inside the reservations, is the culture prevents me from coming in because, number one, I am an outsider, and number two, I represent the government. And I would like to have a follow-on. This may be a lengthy conversation, but when I have the conversations with our tribal elders and our tribal leadership on how we can assist not only our veterans but the tribes in general, they are almost reluctant to have me come because of my representation at the Federal level.

Are you seeing that? Are you hearing that? And if so, how do I crack that nut?

Ms. PRATT. Yes, sir. Thank you for the question, and yes, it is a very long conversation to have, and it has been ongoing for quite some time, and that is what we are asking for in so many aspects of dealing with Native veterans.

We heard the Legion speak earlier, and we know veterans want to speak to veterans, having that relationship, and tribal veterans want to speak to tribal veterans. And that is why we are pushing for tribal veteran service officers and cultural competency in all that we do, whether it be health care, mental health care.

I agree, and that is where we are at. So many things on which there has been a lot of legislative progress, and thank you all for being a part of that. So much has happened just even in the last 3 years, 5 years, so I really appreciate that. But we have to be talking. We have to be communicating. We have to be trying to build that relationship between the VA, between the government and tribal nations, and that is why we have to speak out.

So I would suggest that you continue to show up, continue to reach out to them, continue to try to build that bridge because we have a long history of being invisible and not counted. And that is the one thing I spoke on is data. We are still being considered "other." As indigenous peoples of this land, we are still being counted as "other" or checking the box "other" or "something else." And so we need to know our own data. We need to know what is happening across because we are talking about over 500 tribes that we are dealing with and have needs.

And so I would definitely say that all of us have a lot of work to do in continuing to build that bridge.

Mr. LUTTRELL. Let us have a follow-on because I know my time is up, sir. Because if the tribes are siloed themselves—like I do not like the Army. I am a Navy guy, so I do not talk to the Army.

Ms. PRATT. We are done here.

[Laughter.]

Mr. LUTTRELL. You know what I mean? I was just curious. Okay, a follow-on. So thank you so much for your time.

Chairman TESTER. Thank you, Congressman.

Representative Crane.

HON. ELIJAH CRANE, U.S. REPRESENTATIVE FROM ARIZONA

Mr. CRANE. Well, it is a pleasure to be here today. I am just going to ask this question real quick. Is it cold in here or is it just because I am from Arizona? All right. It is a little chilly. It is a little chilly.

My question today is for Mr. Butler and Mr. Hartsell, if you guys could maybe take a minute each. You know, I have heard many issues from veterans in my district about issue that they have with the VA getting health care in a prompt and sometimes professional manner, and I do like to see veterans have options out in town. And I know some of the legislation that has been passed. Like the MISSION Act, giving veterans access to private, civilian health care out in town, I think can be a very good thing.

What have you guys experienced—and I am asking you because I see you guys as experts—what have you guys experienced? Why are you guys laughing out there?

Mr. BUTLER. That is what I just asked.

Mr. CRANE. What have you guys experienced in your organizations and with those that you represent when looking at whether or not the vets under your umbrellas are able to get out in town quickly, especially those that are dealing with, you know, sometimes very serious suicidal type issues?

Mr. BUTLER. Great. Thank you for the question, sir. Yes, so very briefly, we do surveys regularly of our members, and one thing that we hear overwhelmingly, and I think this is echoed around the line, is our members love the care that they get at the VA. They are sometimes frustrated that they cannot get it as quickly as they want or at the pace that they need.

So a short answer to a somewhat complicated question, we support the use of Community Care, but at the end of the day we feel that it should be used as a bridge to improving the VA, so that we can get veterans into the VA, so that we can get veterans who are maybe frustrated, who have had bad experiences with the VA, get them the care that they need, but do the best that we can to get them back in the system. So I see the MISSION Act and Community Care as a bridge to improving VA care so that we can get the veterans back in.

Mr. CRANE. Thank you.

Mr. HARTSELL. And thank you for your service and sacrifice as a Navy SEAL, sir. Thank you.

Mr. CRANE. Thank you.

Mr. HARTSELL. I echo exactly what he just said. From our association, again, I speak for 50 voices plus five territories and the district. But the issue is awareness. If a veteran is not aware, if a veteran's family members are not aware that care is available, so if we do not get through that hurdle it does not matter. You need awareness first, and then once you have the awareness that care is available, that we can help you, with whatever issue you have as a veteran, or family members of veterans, then what do you do with that information? What is the process, so that is an education?

So there is a multilevel layer of things that need to take place here. And then where the frustration typically comes in is with the

follow-through. It is the access to the care. Once you understand it, once you are aware of it, once you have the information—and that is why we are working with the VA, the Federal VA, to make it more aware and have better understanding of the process, because our veterans do deserve, and they need that care. And it is great, community care.

And yes, we fully support, we, as an association, fully support the MISSION Act and support the VA's double-down efforts to make the MISSION Act accessible and successful for all of our veterans.

Mr. CRANE. Thank you, sir.

Chairman TESTER. Thank you, Congressman.

Representative Mrvan.

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

Mr. MRVAN. Thank you. As new Ranking Member of the Oversight and Investigations Subcommittee, the problems, challenges facing employees at the VBA National Call Center greatly concern me. These employees, many of them veterans themselves, still face the pressures and problems associated with talk time, which limits them to 8 minutes and 30 seconds on a call in order to receive a fully successful rating. This standard does not account for many new and complex questions since the implementation of the PACT Act, nor does it take into consideration many common but difficult circumstances they face.

With that, an open-ended question to all of you. How important is it to you and your members to be able to spend time talking about the circumstances to a real person at the VA to handle questions about the benefits and challenges that you face?

Mr. HARTSELL. I will jump in. For the association, NASDVA, it is critical because veterans want to talk to someone. They need to talk to someone. It does not matter if it is that 87-year-old veteran or that 30-year-old veteran, we want to talk to people, and we need to talk to people. And we need to have the time to do it. We need to be listened to, and we do not want to be cutoff. That is the reality, sir.

Mr. MRVAN. Okay. And the point of me bringing that up is because I believe that is also the case. There should not be a running clock for our veterans who served, who are trying to access benefits, especially as we roll out the PACT Act and other benefits.

My other question, very quickly, to Mr. Brown. Is the VA Caregiver Support Program the program for comprehensive assistance for family caregivers, as anyone in your networking utilized that, and what is the acceptance rate and what are your views on that?

Mr. BROWN. The program is good. It works well at times, but they are putting people here that have not used the program, across our organization. The best way to put it is—I do not know how to say it—it works well when it is applied well. It all depends on each medical facility and how it is applied in each area. Sometimes it is pushed through easily and other times you have to go through so many hurdles it becomes a problem. The payments are late or delayed. There are all kinds of things that happen. But when it works it works great for our veterans.

Mr. MRVAN. Okay. I thank you very much. With that I yield back.

Chairman TESTER. Thank you, Congressman, and I want to thank you folks all for being here, sharing your 2023 legislative priorities with us.

Look, I just want to tell you all that we value and appreciate what you do. We appreciate the thoughtfulness you put into your opening statements and appreciate you being here and fielding questions. We will do our level best to do right by the folks who have served us and the folks who have sacrificed for us, so thank you.

We will keep this record open for a week, and with that this hearing is adjourned.

[Whereupon, at 1:09 p.m., the hearing was adjourned.]

APPENDIX

Prepared Statements

Testimony of National Commander Vincent J. "Jim" Troiola

The legislative presentation of The American Legion before a joint session of the House and Senate Committees on Veterans' Affairs March 1, 2023

legion.org/legislative

The pact between America and its veterans

The 117th Congress made many long-awaited promises to our nation's veterans and their families. The aptly named Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act is chief among them. "PACT" is an acronym we all understand. So are the words "honoring" and "promise." We hear them often.

Now is the time for lawmakers of the 118th Congress, along with government agencies, The American Legion and the veterans community at large to put action behind those words and that acronym. Promises and pacts are only as good as their ability to truly solve problems, improve lives and chart better directions. That is exactly what veterans and their families expect now.

That is also why this testimony persistently calls for oversight, sufficient funding, timely delivery and constant monitoring of performance against legislation and policy directions already decided. Specifically, Congress must ensure that VA is adequately staffed to handle hundreds of thousands of new disability claims and medical care services expected from the PACT Act; so much progress has been made to control the claims backlog in recent years that we simply cannot let it rise up again as disabled post-9/11 veterans apply for help. Lawmakers must also provide VA the resources needed to modernize, recruit and retain highly skilled professionals who understand the needs of veterans, young and old, regardless of gender, urban or rural, regardless if their wounds are visible or not.

Vincent J. "Jim" Troiola
The American Legion National Commander

Highest among The American Legion's priorities this year is an all-hands commitment to prevent and reduce veteran suicide. The National Buddy Check Week for VA, which passed in the waning hours of the 117th Congress, is an opportunity of great familiarity to The American Legion. Some 4,000 local American Legion posts each year have conducted Buddy Check operations since 2019. They proved vital to help isolated veterans and families during the COVID-19 pandemic. For most posts, Buddy Checks are continuous throughout the year because the needs of veterans vary by circumstances, season to season, case by case. As an organization, we stand ready to help and provide important stakeholder oversight and peer-to-peer assistance as VA embarks on this life-changing journey.

The American Legion is now marching to one prominent beat: "Be the One." That means every member of the nation's largest veterans organization has a duty to deliver help, support and hope for at least one other veteran who is facing challenges. In the most extreme situations, those challenges can be fatal. Any American Legion Family member can "be the one." So can a caregiver who sees firsthand the effects of post-traumatic stress disorder, sexual assault, under-employment, lost GI Bill benefits, under-staffed VA facilities or lengthy delays on disability benefits decisions. In all such circumstances, Congress has considerable power to help us help others and demand accountability over the processes, promises and pacts we have worked to enact.

The American Legion also looks forward to working with Congress on new bills and key reintroductions from previous sessions, such as removal of the "disabled veterans tax" on military retirees, payroll protection for U.S. Coast Guard personnel and compliance with the Veterans Preference Hiring Act. And as we confront such issues as contaminated water at military bases of the past, we must pay close attention to quality of life today in the U.S. Armed Forces. Contamination unaddressed now is a life-threatening and costly issue later.

In order for us to truly be the one for each who has served, it takes support and oversight from Congress, fulfillment of a pact our nation has made with all who have sworn with their lives to defend our great nation.

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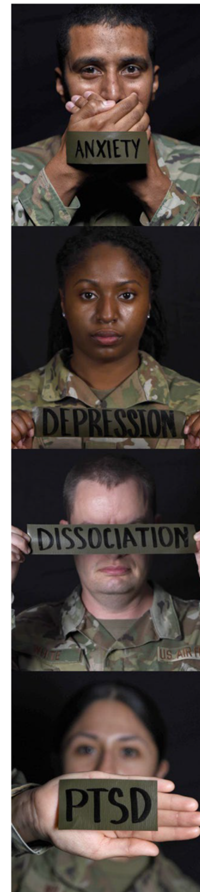
The Best Care for Our Nation's Veterans

Mental Health



U.S. Air Force photo illustration by Airman Leandra Garcia

The leading mental health issue facing the veteran community is suicide. The suicide rate among veterans is nearly double that of their civilian counterparts, with more than 6,000 veterans dying by suicide annually. In the last two years, mental healthcare for veterans has been a growing concern as veterans struggle to deal with the ramifications caused by ongoing global conflicts, to include the withdrawal from Afghanistan, as well as nationwide crises. Many veterans may feel lost, tired, isolated and hopeless, as indicated by reports of increased substance use and diagnoses of depression and anxiety, further aggravating pre-existing health concerns. It is imperative that we simultaneously destigmatize asking for assistance while increasing access to services along the mental health continuum.

The American Legion launched the "Be the One" campaign in an effort to destigmatize asking for mental health support and create opportunities for those with mental health issues to speak freely and get the support they need. Those in the veteran community should feel empowered to ask for the support they need and should be able to easily connect with all the resources available in their local communities.

Many veterans are not willing to subject themselves to the emotional strain associated with evidence-based psychotherapies. Complementary and alternative medicine (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. 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.

Vet Centers are critical resources for veterans and their families when in need of counseling and readjustment assistance. Servicemembers who reside in rural areas face challenges accessing Department of Veterans Affairs (VA) medical centers. Vet Centers, which also offer mobile units, make it possible for veterans to receive services closer to home. To improve access to high-quality services, VA should consider increasing the number of Vet Centers based on veteran population, and provide information on Vet Centers to transitioning servicemembers.

KEY POINTS

- » The veteran community struggles with distinct mental health challenges which can lead to conditions such as anxiety, depression, substance use, suicidal ideation and post-traumatic stress disorder (PTSD).
- » Providing veterans access to alternative therapies such as hyperbaric oxygen therapy (HBOT), stellate ganglion block (SGB), acupuncture, animal and art

therapy, and movement or breathing exercises allows for a more comprehensive and person-centered approach to both mental health and pain-management treatment.

WHAT CAN CONGRESS DO?

» Support the funding, implementation, and expansion of VA and community-based mental health services through Vet Centers, whole-health initiatives and ample transitional support.

» Increase access to CAM therapies, such as HBOT and SGB, both at VA and in the community, by decreasing the barriers to usage.

» Provide oversight on the implementation of the Solid Start Act of 2022, the Strong Veterans Act of 2022, the Consolidated Appropriations Act 2023, and the Compact Act of 2020.

U.S. Navy photo by Mass Communication Specialist 1st Class Alora R. Blosch

Suicide Prevention

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 which they can rely. When they transition from active-duty back to the civilian life, 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.

The American Legion has taken a leading role in these efforts by implementing Buddy Checks with other Legionnaires and veterans. Buddy Check is a peer-to-peer outreach program that 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 the assistance they needed but did not know where to go or whom to ask. Now, the Department of Veterans Affairs is in the process of implementing its own annual VA Buddy Check Week, after American Legion advocacy.

However, more must be done to address this issue.

While VA has made substantial efforts, there are limitations in its reach. Less than half of all veterans are enrolled in VA. Most alarming, 45% of the general population who die by suicide had contact with a primary care provider in the month leading up to death – suggesting current clinical approaches reach only a minor portion of at-risk individuals. In 2019, VA started conducting peer-based suicide prevention studies, which set the pretext rollout of a $20 million grand challenge, Mission Daybreak, as a part of a 10-year strategy to end veteran suicide through a comprehensive public health approach. The American Legion supports continual grant funding of community-led peer support and prevention services, especially for rural veterans and historically underserved veteran populations.

Other important vehicles for suicide prevention include the Suicide Prevention Hotline (9-8-8), otherwise known as the Veterans Crisis Line (VCL), VA's mental health and wellness mobile applications, lethal-means safety training for VA staff and community providers, and increased access to Suicide Prevention Coordinators at VA Medical Centers.

KEY POINTS

» As of 2020, the Centers for Medicare and Medicaid Services have identified peer support as an evidence-based practice with Medicaid having reimbursed these services across 36 states.

» Studies have shown peer-support providers are better able to empathize with veterans in an accepting, adaptable and calm manner.

WHAT CAN CONGRESS DO?

» Support continued efforts to expand VA's peer-based programs, particularly in rural areas, and to historically underserved and minority veterans, while ensuring peer-support services are high-quality and culturally competent.

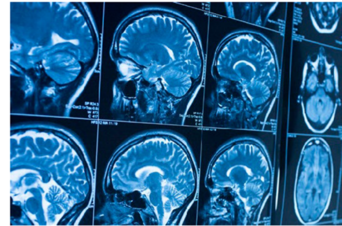
» Support continued funding, implementation and expansion of veteran mental health and suicide-prevention services through the Veteran Crisis Line (9-8-8), Vet Centers, complementary and alternative medicine (CAM) therapy, and whole-health programs.

» Hold VA accountable in the employment of high-quality, competent and trained mental health professionals, to provide increased mental health services due to the implementation of the STRONG Veterans Act.

» Increase VCL resources, mitigate deficiencies in VCL personnel response to veteran callers at risk of suicide, and ensure VCL staff are held accountable when errors lead to patient-safety concerns.

» Require VA, in coordination with the Centers for Disease Control and Prevention and Department of Defense (DoD), to include cases of self-injury deaths (i.e., overdose, asphyxiation, accidental gunshot, drowning, suicide by law enforcement, or high-speed, single-driver accident) in addition to the suicide data report to ensure a veteran's cause of death is properly recorded for tracking.

TBI/PTSD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Traumatic brain injuries (TBI) pose specific challenges due to symptoms that are also commonly associated with post-traumatic stress disorder (PTSD). This makes identifying the source of these symptoms a complicated task. Often, 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 latest Defense and Veterans Brain Injury Center (DVBIC) report notes roughly 414,000 cases of TBI exist for current or former servicemembers since 9/11. This is concerning because mild TBIs have been linked to impulse control and emotional regulation issues, as well as increased risks of cognitive impairment and/or earlier onset of degenerative diseases such as Alzheimer's. Veterans suffering from PTSD are nearly 15 times more likely to be diagnosed with a substance-use disorder (SUD) when coping with the after-effects of war trauma. Also concerning is over half of justice-involved veterans have a confirmed mental health diagnosis, such as PTSD, depression, or SUD (especially for alcohol or cocaine addiction), which would require extensive and ongoing mental health treatment and peer support.

KEY POINTS

- » The latest DVBIC report notes roughly 414,000 cases of TBI exist for current or former servicemembers since 9/11. Mild TBIs have been linked to not only impulse control and emotional regulation, but also raised risks of cognitive impairment and/or earlier onset of degenerative diseases such as Alzheimer's and dementia.
- » When treating TBI and PTSD, a variety of comorbidities require consideration and treatment because of their contribution to substance misuse and suicide risks.
- » While The American Legion acknowledges that complementary and alternative medicine (CAM) therapies for TBI and PTSD have shown modest effects, the use of these therapies in managing anxiety and depression have reportedly increased. More research must be pursued to provide the most up-to-date interventions for veterans suffering from TBI and PTSD.

WHAT CAN CONGRESS DO?

- » Support VA and Department of Defense (DoD) efforts to conduct innovative research into TBI and PTSD treatment options.
- » Provide oversight for VA and DoD initiatives that expand access to evidence-based CAM treatments for veterans suffering from TBI and PTSD.
- » Pass legislation that increases early access to alternative therapeutic treatments for TBI and PTSD, such as HBOT and SGB, at VA, DoD, and within the community.
- » Establish a grant program for collaborative efforts between organizations that have large veteran and servicemember populations to advance research on TBI and PTSD with eligible academic institutions and non-profit entities.

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 Department of Veterans Affairs (VA) medical facilities 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 aging veterans and those returning from military operations.

Recently, VA has made strides in recruiting and hiring employees with the introduction of many new programs and improvements of existing ones. Programs like the Workforce Recruitment Program, the National Diversity Internship Program and the promotion of Intermediate Care Technician positions are initiatives to increase recruitment. VA's Education Debt Reduction Program has also added significant retention power which increased employee-retention rates. The American Legion applauds the passing of the RAISE Act and looks forward to seeing the impact of the recently passed PACT Act's new incentives

DoD photo by Mark Oswell

and bonuses for medical providers serving veterans in rural communities. Changes like these will greatly benefit recruitment efforts at VA.

KEY POINTS

» VA has a shortage of mental health providers making it challenging for veterans, especially in rural and underserved areas to receive mental health care.

» Medical, psychiatry, nursing and custodial professions are commonly cited as having severe occupational staffing shortages.

» Hiring new healthcare professionals and non-clinical staff, and understanding how to retain them, is needed for VHA to maintain a robust and viable healthcare system for veterans.

WHAT CAN CONGRESS DO?

» Maximize current VA recruitment and retention programs, such as the National Nursing Education Initiative and VA Learning Opportunities Residency, while supporting the implementation of new grant and fellowship programs aimed at VHA recruitment and retention.

» Facilitate retention of high-quality VHA employees to account for increased demand for VA healthcare and benefits.

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. As of 2021, the women veteran population was at an estimated 2 million with the expectation of increasing to 2.2 million by 2046. The Department of Veterans Affairs (VA) must continue to account for these demographic shifts and ensure that women veterans are provided gender-specific, high-quality care and resources.

Barriers to gender-specific, high-quality care include not identifying as a veteran, not being recognized as a veteran by VA employees, lack of awareness and understanding of VA healthcare benefits, and the perceptions that VA is an "all-male" healthcare system. Other gender-specific difficulties include women veterans' likeliness to experience mental health issues, military sexual trauma, 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.

KEY POINTS

- Currently, about 9 of 10 veterans are men, while about 1 of 10 are women
- According to VA's 2021 population model estimates, the number of female veterans is projected to increase from around 2 million in 2021 to approximately 2.2 million in 2046.
- Together, the Department of Defense and VA work together to help ensure a seamless transition for women veterans, from active-duty service to veteran status.

WHAT CAN CONGRESS DO?

- Provide timely oversight of current women veteran programs and the implementation of recently passed women veterans legislation such as the Making Advances in Mammography and Medical Options for Veterans Act and the Protecting Moms Who Served Act of 2021.
- Increase access to child-care services, newborn care, and lactation spaces at VA medical centers by leveraging the Joint Executive Committee's contracting authority (38 U.S. Code § 8111).
- Ensure VA is providing preventative reproductive cancer screenings for women veterans, and a coordinator is placed at every VA medical center.
- Make VA fertility and fertility preservation services accessible to all eligible veterans who would like to start a family.

Minority Veterans

According to the National Center for Veterans Analysis and Statistics, minority veterans represent about 29% of the total veteran population. While the overall veteran population is expected to shrink by 2050, the minority veteran population is anticipated to increase to 43%. It is clear, based on 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 have reported minority veterans suffer from disparities in healthcare, worse health outcomes and unmet healthcare 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.

Photo by Petty Officer 2nd Class Tara Molle

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

Another minority group with barriers to healthcare and healthcare disparities: LGBTQ+ veterans. In the past, the Government Accountability Office found that LGBTQ+ veterans are potentially at a higher risk for depression and suicidal ideation. Corroborating these findings is VA's Office of Health Equity, which noted that LGBTQ+ veterans report suffering from negative stigma associated with their sexuality and gender identity – negatively impacting their mental health.

Native American veterans serve in the military at a higher rate than any other ethnic and racial group. Like many other minority veterans, they have their own distinct challenges accessing high-quality healthcare and managing disparities in healthcare. They disproportionality suffer from high rates of substance abuse, depression, PTSD, diabetes and chronic pain. More must be done to address their unique needs.

KEY POINTS

- » Minority veterans, such as African Americans, LGBTQ+ and Native Americans disproportionally struggle with disparities in healthcare and decreased access to high-quality healthcare.
- » Ensuring VA has culturally competent healthcare providers, inclusive facility policies and educational campaigns that address the needs of the minority veteran community are essential in providing high-quality care to this population of veterans.
- » In April 2022, the University of California San Francisco and the San Francisco Veterans Affairs Healthcare System published a cross-racial study of 1.87 million veterans, which reported significantly higher rates of dementia in specific minority veteran populations such as African American, Hispanic and Native American veterans.

WHAT CAN CONGRESS DO?

- » Oversee implementation of the American Indian and Alaska Native Veterans Mental Health Act to ensure VA is requiring their medical facilities to consult with local tribes and delivering tailored outreach and culturally competent mental healthcare for Native American veterans.
- » Introduce legislation to expand minority veteran outreach efforts on VA eligibility, benefits, programs and services.
- » Require VA to provide Congress with recommended solutions on how to address the significantly higher rate of dementia within the African American, Hispanic and Native American veteran populations.

MST Survivors

Military sexual trauma (MST) refers to sexual assault or sexual harassment experienced during military service. It impacts thousands of individuals 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. Being a victim of MST has many possible health and economic consequences, including post-traumatic stress disorder (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.

DoD photo by Airman 1st Class Monica Roybal

Unfortunately, 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. As of 2022, five of 52 VA regional offices specialize in the processing and adjudication of disability claims related to MST.

To fulfill the Department of Veterans Affairs' (VA) duty to provide care to MST survivors, without re-traumatization for services and treatment, Congress must require 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 that reoccurs throughout the entirety of the survivor's life.

KEY POINTS

- » 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 healthcare.

WHAT CAN CONGRESS DO?

- » Oversee the implementation of recently passed veteran MST legislation such as the VA Peer Support Enhancement for MST Survivors Act, the Dignity for MST Survivors Act, and the MST Claims Coordination Act.
- » Require VA to create reporting and claims filing processes which prevent MST re-traumatization.
- » Improve oversight of MST claims and subsequent care by combining processes through the creation of a stand-alone MST office under the Veterans Benefits Administration.
- » Oversee legislation requiring VA to provide claims specialists with specific MST Disability Benefits Questionnaires which would give a more complete picture of the survivor experience and reduce the burden of proof from the veteran.

The Future of VA Healthcare

The future of Department of Veterans Affairs (VA) healthcare 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 VA fully leverage all healthcare modalities and a seamless transition between them. Modernizing electronic health records, veteran-centric access standards, a transparent online scheduling system for VA-provided care and community care alike are essential to ensuring that veterans receive the benefits 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.

A critical component of modernizing VA healthcare is investing in its infrastructure. The average age of a VA medical facility is approaching 60 years old while the median age of a private-sector medical facility is approximately 11 years old. The changing nature of healthcare over the last 60 years, combined with shifting veteran demographics, has outpaced VA's ability to realign its infrastructure in accordance with patient demand. While the authorization of 31 major medical leases in Section 702 of the PACT Act was a critical first step in addressing VA's infrastructure demands, more must be done.

The Electronic Health Record Modernization (EHRM) program, another cornerstone of VA healthcare modernization, is expected to take about 10 years to implement across all VA facilities, with projected completion in Fiscal Year 2028. The recent acquisition of the Cerner system has been far from seamless and has come with a wide variety of challenges. For example, VA staff reported difficulties adjusting to the new system, due to a lack of proper training. In addition, it was discovered that the new system created an "unknown queue," a problematic feature that has caused referral orders to effectively go missing at VA. Moreover, according to the Office of Inspector General's (OIG) audit team, VA lacked a reliable integrated master schedule consistent with scheduling standards, which increases the risk of missing milestones and delaying the delivery of a system to support timely, quality care to veterans. Schedule delays that extend the program are also likely to result in about $1.95 billion in annual cost overruns and may undermine VA's other modernization efforts on supply chain and financial management systems. More must be done to rectify these issues.

KEY POINTS

- » Modernizing the VA healthcare system infrastructure and technological capabilities is an investment in veterans and the future of VA.
- » Over the next 10 years, VA will move to a new EHR system that links VA, DoD and community healthcare providers to patient records while unifying all VA facilities under one system.
- » According to VA OIG, serious issues have plagued the EHRM program, which have resulted in patient-safety harm and VA's ability to meet the standards of providing high-quality and reliable healthcare.

WHAT CAN CONGRESS DO?

- Oversee implementation of the VA Electronic Health Record Transparency Act of 2021 to ensure VA is reporting quarterly to Congress on the costs of EHRM, performance metrics and outcomes of the program.
- Hold VA accountable to deadlines, contracts and acquisition milestones for various IT system upgrades and installations.
- Require VA to maintain a publicly available website on patient wait times, facility performance and staff vacancy information for each VAMC.
- Fully fund VA infrastructure accounts to ensure they can optimize their infrastructure to meet the demands of today's veteran population.

Telehealth & Rural Health

American Legion Photo

According to the Office of Rural Health (ORH), 4.7 million veterans live in rural communities across the United States, and more than 2.8 million rural veterans rely on the Department of Veterans Affairs (VA) for their healthcare. Rural veterans continue to struggle with accessing earned VA healthcare, due to broadband connectivity problems, limited access to telehealth services, the inability to travel long distances and insufficient public transportation. Throughout the years, VA and Congress have worked to bridge this gap in services. The American Legion recognizes VA for its efforts to increase veteran access to appropriate technologies and broadband internet through The Affordable Connectivity Program (ACP), which provides eligible households with a discount on broadband service and connected devices. Despite this work, the widening digital divide for rural communities persists.

Native American veterans on tribal lands struggle with subpar access to broadband, limiting their ability to use telehealth services. At the same time, Veterans Integrated Services Networks covering other U.S. territories 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). Moreover, many rural veterans have difficulty accessing the care they need, due to staffing shortages within the VA. Rural veterans in U.S. territories deserve the same quality of care afforded to mainland veterans. More must be done to enhance VA's recruitment and retention strategies to incentivize medical providers to practice in rural communities.

KEY POINTS

- Rural veterans struggle with a variety of barriers to receiving their rightfully earned VA care.
- Broadband limitations, community care referral problems, lack of reliable transportation, and health professional shortages must be addressed by VA to better serve rural veterans.

WHAT CAN CONGRESS DO?

- Introduce legislation expanding mobile health units to rural/ultra-rural areas, including U.S. territories.
- Improve VA recruitment and retention strategies to incentivize medical providers to practice in rural communities.
- 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 grant initiatives benefiting rural veterans.

Caregivers

DoD photo by EJ Hersom

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 veterans, which can result in the neglect of their own needs, possibly leading to compassion fatigue and other mental health issues that impact both the caregiver and the veteran. It is essential we support veteran caregivers before they face burnout. Increasing annual respite care is one way to help ensure caregivers receive the rest necessary to provide proper care.

There have been many improvements to the VA Caregiver Support Program (CSP), specifically within the Program of Comprehensive Assistance for Family Caregivers (PCAFC). After receiving criticism regarding the PCAFC's extremely high denial rates and inability to communicate eligibility information consistently and effectively, the Department of Veterans Affairs (VA) renewed its efforts to reevaluate the program.

In October 2022, VA began its PCAFC Phase II Expansion. This phase opened PCAFC to veterans who served after May 1975 and before September 2001 – making veterans of all eras eligible to apply to PCAFC. As The American Legion continues to monitor the rollout and implementation of P.L. 115-182 (S.2372 - the VA MISSION Act), which included provisions provided to pre-9/11 caregivers, The American Legion is still mindful of the need for adequate supplemental supports for all caregivers enrolled in both PCAFC and the Program of General Caregiver Support Services (PGCSS).

Finally, as more veterans choose to "age in place" and prefer the comfort of their homes to inpatient living, it is vital Congress continues to fund and expand innovative programs like Veteran Directed Care (VDC), Medical Foster Homes (MFH) and Home Health Aid and Attendance to provide much-needed relief to veterans and their caregivers. This is especially true for veterans who live in rural areas and have difficulty accessing other resources.

KEY POINTS

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

» Given the increase in veteran deaths from chronic illness, toxic exposure and sudden loss from suicide, caregivers are increasingly struggling with the experience of grief and bereavement.

» Supporting veteran caregivers is equally important as caring for veterans.

» As The American Legion continues to monitor the rollout of the VA MISSION ACT, with provisions provided to pre-9/11 caregivers, we are mindful of the need for adequate supplemental supports for all caregivers enrolled in both PCAFC and the PGCSS.

WHAT CAN CONGRESS DO?

» Ensure VA is properly implementing caregiver programs such as the PCAFC and PGCSS in an efficient and efficacious manner.

» Mandate increased VA funding for supplemental caregiver support programs such as respite care, Veteran-Directed Care, and home and community-based services.

» Require the VA Office of Inspector General to report on PCAFC eligibility and program implementation.

Protecting Veterans from Predatory Actors

America's veterans are being targeted by predatory claims companies that charge exorbitant fees for services provided free of charge by veterans service organizations. These companies use aggressive marketing tactics, misleading statements and complicated contracts to profit from veterans receiving Department of Veterans Affairs (VA) benefit payments. They do not adhere to VA regulations and cannot legally represent veterans. These companies charge veterans at a rate of 500 or 600% of whatever future increase in monthly benefits they receive – in violation of U.S. Code, which prohibits the payment of fees based on future benefits compensation (See 38 USC 5301(a)(3)(A)). In return for such large payments, these companies offer so-called "consulting services" and make it clear to the clients that they, themselves, are still responsible for filing the actual claim with VA. These profiteers are not accredited by VA; thus, their activities cannot be monitored by VA's Office of General Counsel. Other predatory actors have also recently emerged responding to passage of the Camp Lejeune Justice Act (CLJA) which allows veterans and their families who were exposed to contaminated drinking water at Camp Lejeune to pursue legal action against the federal government for damages. While those exposed to these toxins need access to quality legal representation, predatory law firms charging exorbitant fees have inundated veterans and their families with aggressive marketing campaigns attempting to get a portion of what the Congressional Budget Office assesses will be $6 billion worth of payments over the next 10 years. These firms have also failed to inform prospective clients of the exclusive remedy clause which requires the award be offset by the amount of benefits received through programs at VA, Medicare and Medicaid. In some scenarios, veterans and their families may be left with almost nothing after expansive offsets and exorbitant legal fees are applied.

KEY POINTS

» Unaccredited predatory claims companies are not bound by VA regulations and cannot be penalized by the Office of General Counsel.

» Veterans are charged exorbitant fees by these "claim sharks" for services provided free of charge by The American Legion and other veterans service organizations.

» Through aggressive ad campaigns, some unethical law firms are convincing Camp Lejeune veterans to file lawsuits against the federal government, yet failing to explain how the offset clause in the CLJA could deprive them of settlement money.

WHAT CAN CONGRESS DO?

» Oppose legislation that elevates the standing of unaccredited claims companies or legitimizes predatory practices that target veterans.

» Pass legislation that will restore criminal penalties in the prosecution of unaccredited predatory claims companies that target veterans and their dependents.

» Pass the Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act.

» Impose a cap on legal services provided in association with the Camp Lejeune Justice Act.

» Eliminate vague, impractical and unrelated offsets to rewards associated with the Camp Lejeune Justice Act

DoD Photo by Senior Airman Julianne Showalter

PACT Act: Implementation and Oversight

In August 2022, after mounting congressional and grassroots efforts, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 was signed into law. The American Legion applauds Congress for passing this legislation, which represents the largest expansion of services and benefits to toxic-exposed veterans in more than 30 years. Now, approximately 5 million newly eligible toxic-exposed veterans will have access to Department of Veterans Affairs (VA) care and benefits they need, deserve and have earned. Shortly after the signing of the bill, VA accelerated the timeline for veterans to receive their toxic-exposure benefits by implementing presumptive conditions that became effective Aug. 10, 2022, instead of phasing it in. Additionally, VA noted that it would be expediting benefits processing for veterans who are terminally ill, have cancer, are over the age of 85, are experiencing homelessness, and those who are Medal of Honor and Purple Heart recipients. The American Legion applauds VA's initial proactive response to implementation.

While the PACT Act is an extraordinary achievement, there is a long road ahead. Implementation and congressional oversight are essential, along with transparency to the public and the veteran. Particular attention must be given to:

» Title II procedures to determine presumptions of service connection based on toxic exposure;

» Annual notices and opportunities for public comment and a formal evaluation of recommendations;

» Oversight of Title IX mandates to improve VA workforce to address the forthcoming claims increase; and

» Establishing a national rural recruitment and hiring plan for the Veterans Health Administration (VHA) to ensure the unique needs of rural veterans are taken into consideration.

VA estimates there will be approximately 6-7 million new disability claims filed as a result of eligibility expansion under the PACT Act and anticipates the claims backlog will increase to about 450,000 by October 2023. While this may seem like a daunting task, VA has managed to reduce significant claims backlogs in recent years. In March 2013, the number of backlogged claims exceeded 630,000, and VA gradually reduced the number to about 68,000 by January 2020. The efforts put forth by the Veterans Benefits Administration (VBA) workforce to reduce previous claims backlogs in the past is admirable, but a substantial backlog of hundreds of thousands of claims due to PACT Act implementation, is not acceptable. It is imperative VA fully leverage the resources made available in the PACT Act to assist in the continued modernization of VBA information technology systems as well as the hiring of additional employees to ensure veterans claims are adjudicated in a timely manner.

KEY POINTS

- In August 2022, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 was signed into law.
- Approximately 5 million newly eligible toxic-exposed veterans will have access to VA care.
- VA accelerated the timeline for veterans to receive their toxic-exposure benefits by implementing presumptive conditions that became effective Aug. 10, 2022, instead of phasing it in.
- VA is expediting benefits processing for veterans who are terminally ill, have cancer, are over the age of 85, are experiencing homelessness, and those who are Medal of Honor and Purple Heart recipients.
- VA estimates approximately 6-7 million new disability claims will be filed as a result of eligibility expansion under the PACT Act and anticipates the claims backlog will increase to about 450,000 by October 2023.

WHAT CAN CONGRESS DO?

- Comprehensively oversee implementation of the PACT Act.
- Require VA report to Congress on the internal statistics collected on PACT Act-related claims pertaining to approved and denied claims, benefits exam quality, length of claims application from start to finish, and quality of care.
- Fully support VBA by providing the funding necessary to counter the looming claims backlog.

Concurrent Receipt

Currently, some 50,300 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 the Major Richard Star Act, which would provide total offset relief to veterans who retired from the military.

DoD photo by Sgt. Tekoa Burns

Career Transition, Education & Economic Opportunity for Servicemembers & Veterans

GI Bill for Honorable Service

To receive most Department of Veterans Affairs (VA) benefits, a discharge characterized by the military must be "under honorable conditions." However, education assistance benefits require a servicemember to 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. Issues surrounding general discharge eligibility for the GI Bill was debated vociferously on the Senate floor prior to the passage of the 1944 Servicemen's Readjustment Act, resulting in a unanimous committee vote to uphold the original 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.

DoD Photo

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 these members of the military have provided to our country. It is time to finally correct this historical inequity by granting these servicemembers the same educational benefits we provided to our World War II veterans.

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.

Transition Assistance Program

Approximately 200,000 servicemembers separate from the military annually. As our nation continues to navigate through changes in the economic landscape in the aftermath of the COVID-19 global health crisis, ensuring effective transitional assistance is paramount for proper reintegration from active-duty service 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 critical component of reintegration.

KEY POINTS

» A December 2022 Government Accountability Office (GAO) report found that service branches and the DoD TAP policy office could make better use of performance data to improve servicemember participation and increase the benefit of counseling and transition resources available.

» The 2022 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.

DoD Photo by David Poe

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, an optional two-day workshop on higher education, skills training and entrepreneurship that folds into the five-day TAP workshop.

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

Veterans Preference Hiring

Veterans Preference provides eligible veterans with preference during the government hiring process, based on their veteran status, over other candidates. 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 policy proposals to limit Veterans Preference Hiring pose significant threats to this benefit. To ensure these challenges do not continue, modifications to the process that diminish current hiring practices should be vehemently opposed. Congress and the Department of Veterans Affairs (VA) should reiterate its support for the Veterans Preference Act of 1944, thereby ensuring its application throughout the federal workforce.

KEY POINTS

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

» Alongside Veterans Preference Hiring, Veterans' Recruitment Appointment authority allows agencies to appoint eligible veterans to certain positions without competition.

Photo by Lucas Carter

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 to 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 to 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 are critically inter-related. From substance-abuse disorders and untreated mental health issues to unemployment and legal troubles, the reasons behind veteran homelessness are various and complex.

Through the Department of Housing and Urban Development's (HUD) Point-In-Time (PIT) count, 37,252 veterans experienced homelessness on a single night in January 2020. This comprised 8% of all homeless adults. Since 2009, sheltered and unsheltered veteran homelessness has dropped by 49%. To address veteran homelessness, it is critical for 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 to achieve The American Legion's goal of, "Getting them before they get on the street."

KEY POINTS

- » As of 2022, the total number of veterans who experienced homelessness was 33,136 – an encouraging decrease of 11% since January 2020.
- » 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 of veterans seeking assistance from homeless service providers is expected.
- » 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 (SSVF) 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 that enhanced-use leasing specifically provides permanent benefits, resources and services to the veterans' community.

GI Bill Parity for National Guard and Reserve Servicemembers

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 a significant pay cut. Yet despite all we ask of them, too often they are denied a cornerstone benefit for other U.S. veterans: the GI Bill.

Photo by Maj. Charles Emmons

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 of 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 tthe national emergency declaration received credit toward GI Bill eligibility. However, those activated under a governor's state of emergency did not. The 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 respond to the 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 that 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.
- » Hold the Department of Defense and National Guard Bureau accountable for providing transparency to National Guard and Reserve servicemembers on their GI Bill eligibility.

DoD photo by Dave Palmer

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 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 Liaison 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 persist 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 (MSPV) 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 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 goal for SDVOSBs as predicated under Public Law 106-50.
- Codify additional measures to mitigate the 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.

VA Home Loan Transferability to Families

envato

Due to the economic volatility precipitated by the COVID-19 pandemic, current market variables have created systemic challenges for veterans and families that demand a re-examination of the size and scope of the VA Home Loan Guaranty Program.

Nearly 50% of non-homeowner millennials say down-payment savings is their primary obstacle in buying a home. If transferability is added to the VA Home Loan Guaranty Program, the no-down-payment incentive is a solution that can overcome this obstacle. Also, this could positively impact living veterans as 12% of home buyers are adult children purchasing multi-generational homes to be closer to, and provide care for, aging parents.

Expansion of the VA Home Loan Guaranty benefit will produce advantages for veterans and their families. The fundamental goal of VA's education and housing programs must be to ensure that veterans have the opportunity to provide, with honor and dignity, the economic necessities of life for themselves and their families. All veterans should have the privilege and equal opportunity to enjoy this benefit in any way they choose, including in support of their dependents.

The military has a saying that when a person chooses to serve this country, the entire family serves. If this is an authentic statement, the sacrifices made to support that service should be rewarded in a way that makes the family whole by providing something tangible that reflects the pride of such service. By expanding the VA Home Loan Guaranty benefit to family members of those who serve, our nation will put action to the words, "Thank you for your service."

KEY POINTS

- Despite record loans guaranteed in Fiscal Year 2021, VA's Home Loan Guaranty Program plummeted from 1.44 million loans guaranteed to 746,091 in FY 2022.
- The National Association of Realtors reports that first-time buyers dropped to an all-time low of 26%.

WHAT CAN CONGRESS DO?

- Pass legislation that would expand the VA Home Loan Guaranty Program by granting a servicemember or veteran authority to transfer their home-loan benefits to family members, such as a spouse and children.

Maintain a Strong National Defense

Photo by Lance Cpl. Tyler Main

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 healthcare, 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.

Future closures and downsizing of Department of Defense (DoD) military treatment facilities and clinics and the reduction of access to more than 155,000 military families, retirees, and DoD civilian employees raises concerns that these changes put individuals, their coworkers and their families at risk. The move seeks to transition care from on-base clinics to off-base community care while hospitals aim to prioritize treatment for active-duty personnel. While there is concern that these changes could negatively impact TRICARE recipients, details regarding the logistics of the healthcare transition at overseas installations remain much more unclear. Last year, Yokosuka Naval Base, homeport of the U.S. 7th Fleet, became the first installation to limit civilian employees to space-available appointments for most healthcare needs, while being encouraged to seek Japanese healthcare providers for routine health maintenance. The American Legion is concerned about these effects on readiness, recruitment and retention of the civilian workforce which supports the U.S. mission.

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. Furthermore, water-contamination issues on military installations and naval vessels have recently surfaced, causing concerns about access to fresh water for military families in communities such as those associated with the Red Hill Bulk Fuel storage facility in Honolulu, Hawaii.

A recently settled suit by the Department of Justice held one private military housing company liable for $65 million in damages in a scheme to defraud the U.S. military after it was discovered the company lied about repairs made to military housing facilities while still collecting performance-incentive fees. Regrettably, a recent Government Accountability Office report found that DoD oversight of privatized housing remains inadequate to ensure that military families have suitable housing.

Prior to the COVID-19 pandemic, not all military families had adequate or timely access to installation childcare providers, due to a shortage of facilities and lengthy waiting lists. Today, the problem persists even with more facilities. The 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 childcare.

According to "Feeding America," the nation's largest hunger-relief charity, as many as 24% of active-duty servicemembers have issues with food insecurity and providing for their families. This issue primarily impacts junior enlisted servicemembers between the ranks of E-1 through E-4, especially those with families residing within 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 Congress and the DoD must appropriately prioritize quality-of-life standards for servicemembers and their families. Inflationary pressures resulting from the pandemic and the war in Ukraine have led to significant increases in the cost of living. Funding for military pay, benefits and quality-of-life programs must be adjusted accordingly. Moreover, barriers to quality-of-life services offered to servicemembers and their families negatively impact retention and recruitment numbers of our armed forces.

KEY POINTS

» DoD considers childcare services a quality-of-life benefit, and DoD officials have indicated that the primary reason for providing childcare 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. In light of the recent lawsuit regarding mismanagement by privately owned military housing, concerns about companies' abilities to provide quality, safe housing continue.

» 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 childcare, increase access through new agreements with private and public childcare facilities and grant minor military construction authority for new child-development centers.

» Increase funding for rebuilding and renovating of family housing and military barracks. Require private military companies to maintain a sufficient inventory of military housing.

» Continue to fully fund and retain the military commissary system, which is essential to the morale and readiness of servicemembers and their families, and quality of life for retirees and veterans.

» Increase authorization of appropriations in the National Defense Authorization Act to address matters involving food insecurity.

» Ensure military treatment facilities conduct a smooth hand-off to community care providers for affected TRICARE beneficiaries and that those regions impacted have appropriate staffing and resources to undertake care for military families and retirees.

DoD Photo

Citizenship for Military Service

Immigrants have always made up a portion of the U.S. Armed Forces, and military service has been a pathway to U.S. citizenship for more than 760,000 immigrant servicemembers. In the last five years (fiscal years 2018-2022), more than 33,000 servicemembers with permanent residency were naturalized. In 2022, more than 10,600 servicemembers became American citizens, an almost 21% increase from the previous year. However, obtaining citizenship is not automatic and requires a servicemember to begin the process after initial entry into the military. Delays in naturalization can limit career advancement and the ability to obtain clearances. Eligible veterans who do not complete the process during service are discharged with their resident alien status and remain non-U.S. citizens.

In recent 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, which prevented military members from being naturalized upon graduating from basic training.

» Veterans have been deported for committing non-violent crimes after serving in the U.S. Armed Forces.

» Deported veterans lack full access to their earned VA benefits..

WHAT CAN CONGRESS DO?

» Restore the Naturalization at Basic Training Initiative so that servicemembers can apply for naturalization as soon as they are eligible, and their applications can be processed efficiently and cost-effectively.

» Implement measures within the DoD to ensure the process of naturalization through honorable military service is completed before discharge.

» Reintroduce and pass legislation, such as the Veteran Service Recognition Act of 2022, that would provide protection from deportation for non-citizen veterans and their families.

Ensure the Coast Guard is Paid

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, and maritime and coastal safety, while too often operating outdated equipment and vessels.

Photo by Petty Officer 3rd Class Brian McCrum

Organized under the Department of Homeland Security, more than 50,000 members of the U.S. Coast Guard operate a multi-mission, interoperable fleet of 259 cutters, 200 fixed and rotary-wing aircraft, and more than 1,600 boats and vessels. 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 would 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.

KEY POINTS

» The U.S. Coast Guard is the only branch of the U.S. Armed Forces that does not fall under 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, and 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 and require parts that are either no longer made or readily available.

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 ensure pay and allowances for members of the Coast Guard during a funding gap.

Supporting our Afghan Allies

In August 2021, the United States ended 20 years of war in Afghanistan, the longest war in American history. It ended as it started: with the Taliban in power. The chaotic withdrawal and rush to evacuate Americans and Afghans alike brought tens of thousands of Afghans to the United States but left as many as 160,000 Afghan allies who

worked alongside Americans without a guaranteed exit from the country, rendering them vulnerable to Taliban retaliation. These Afghan nationals include those who supported the U.S. mission in Afghanistan, human-rights defenders, women in government and others at risk under the new regime.

The war effort relied on the life-saving assistance of thousands of Afghans who put themselves in danger to serve alongside U.S. troops, diplomats and contractors. These individuals provided indispensable linguistic, cultural and geographic knowledge at great personal risk to themselves and their loved ones. The Afghan Special Immigrant Visa (SIV) program was established in 2009 to support those Afghans who aided the U.S. mission and provide them with a new start in America after their service ended.

Currently, Afghans who were brought to safety during the military evacuation and admitted to the United States under temporary humanitarian parole have protection for two years. That arrangement is set to expire in August and September of this year. These wartime evacuees can only pursue a means to stay long-term with lawful permanent residence through the asylum system or for a discrete population of allies, the Afghan SIV program. Both options face severe backlogs, long processing times, and logistical obstacles for Afghans who were brought to the United States under emergency circumstances. Congress has passed SIV and adjustment legislation to address issues like this in the wake of other wartime evacuations and humanitarian crises, including the Vietnam and Iraq Wars.

Though the war is over, the U.S. government must continue its support for our wartime partners. To do this, Congress and the executive branch must work together and fulfill their responsibilities to the SIV program and uphold our commitment to the Afghans who need it. We must also create a pathway to permanent residency in the United States for those refugees not currently eligible for the SIV program but were brought to this country with the promise of a safe future.

KEY POINTS

» We have a code in the U.S. military: "no one left behind." For two decades, we fought shoulder-to-shoulder with brave Afghan allies who served with, and protected, American forces, fighting for the freedom of Afghanistan and its people. We must honor the promises we made as a nation and are duty-bound to fulfill. We must provide genuine and lasting protection to the Afghans who have made it safely to the United States and to those who have been left behind.

» The Afghan Special Immigrant Visa (SIV) program's eligibility is limited and helps only some of those who supported the U.S. military mission in Afghanistan. For instance, none of the Afghan military pilots, Female Tactical Platoons, Afghan Special Forces or other Afghan military partners who were employed by the Afghan (rather than U.S.) government are eligible for protection under the U.S. SIV program – despite assisting America in joint missions in Afghanistan for over 20 years.

» Litigation of the 20-year war in Afghanistan, overseen by two Democratic and two Republican presidents – or the chaotic nature of the U.S. withdrawal from the country – cannot happen on the backs of the Afghans, servicemembers and veterans who were asked to sacrifice for its mission. We defer all such reviews to the appropriate venue: the Afghanistan War Commission, the nonpartisan, independent commission formally authorized as part of the 2022 National Defense Authorization Act, to examine every aspect of the war in Afghanistan, including the political and strategic decisions that transformed a focused military mission into a vast, nation-building campaign that became the longest war in U.S. history.

WHAT CAN CONGRESS DO?

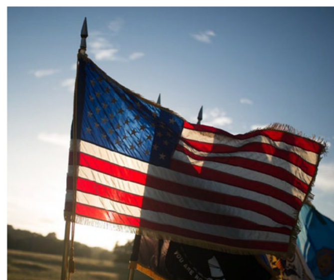
» Pass legislation updating the Afghan Allies Protection Act to fix the Special Immigrant Visa program and ensure it endures as a permanent tool of American foreign policy.

» Reintroduce and pass the Afghan Adjustment Act, a bipartisan piece of legislation from the 117th Congress that would grant permanent legal status to Afghan refugees and improve the Special Immigrant Visa process for Afghans who served alongside U.S. servicemembers.

Build National Pride and Advance Patriotism

Amend & Update the U.S. Flag Code

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.



American Legion Photo

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.

» Reintroduce and pass legislation, such as H.R.4212, the Flag Code Modernization Act of 2021, which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices.

Legislative Victories in the 2nd Session of the 117th Congress

Accomplishments and Progress for the Veteran Community in 2022

Address Toxic Exposure & Burn Pits: After many years of advocacy on behalf of toxic-exposed veterans, Congress finally passed the Sergeant First Class Heath Robinson Honoring Our PACT Act. This legislation ensures millions of veterans exposed to toxic substances during their service will have access to Department of Veterans Affairs (VA) care and benefits. It also delivers critical resources to VA to ensure timely access to care and requires VA to conduct new studies of veteran health trends.

Suicide Prevention and Peer Support: In July 2022, President Biden signed the Solid Start Act of 2022 into law. This bill would permanently authorize and expand the Solid Start program, an outreach program for veterans in their first year of separation from the military. In December 2022, Congress included the Support The Resiliency of Our Nation's Great (STRONG) Veterans Act of 2022 in the FY2022 omnibus package. This bill addresses mental health issues by updating training for VA workforce and Veterans Crisis Line staff, implementing pilot programs to examine Veterans Crisis Line facilitation to increase use among high-risk veterans, conducting studies and research on best practices, and providing outreach to veterans regarding mental health resources. It also includes a provision to designate one week each year as "Buddy Check Week" for outreach and education concerning peer wellness checks for veterans.

Healthcare for World War II Veterans: As part of the FY2022 omnibus package, Congress passed the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 (Cleland Dole Act). This bill expands eligibility for VA hospital care, medical services and nursing home care to include World War II veterans.

Improve Healthcare for Women Veterans: In June 2022, President Biden signed the Making Advances in Mammography and Medical Options for Veterans Act (the MAMMO Act). This legislation will improve breast-imaging services for military veterans and require VA to submit a strategic plan to Congress for improving breast-imaging services to veterans and expanding access to more modern technologies.

VA Healthcare Modernization: In December 2022, Congress included the Guaranteeing Healthcare Access to Personnel Who Served (GHAPS) Act. This comprehensive bill improves veterans' healthcare by increasing access to community care and creating more transparency for VA wait times. Specifically, the bill establishes access to care standards for non-VA care under the Veterans Community Care Program (VCCP) by setting a baseline expectation for the timeliness of care provided to veteran patients and ensuring that VA cannot restrict access without Congressional approval. The omnibus package also included the Veterans Benefits Improvement Act of 2021, which will bolster employee recruitment for the Board of Veterans' Appeals and improve VA's scheduling of veterans' medical disability exams by increasing communication between contractors conducting disability exams, veterans service organizations (VSOs) and attorneys assisting veterans with their claims.

The American Legion's Congressional Testimony in 2022

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 ranged from veteran educational benefits, stipends for childcare services, home loan assistance, homeless veteran 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: Pending legislation

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 conducts 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: 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 processes 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: VA Home Loans

The forum: House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Discussed the challenges of 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;

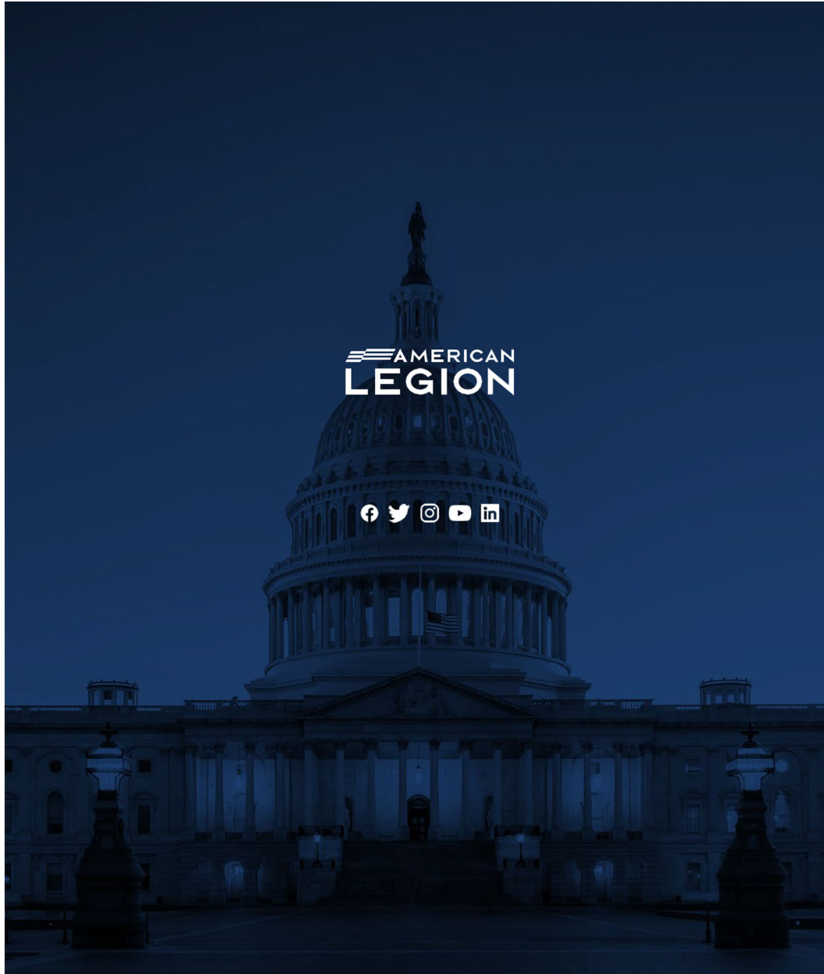
to combat the autocracy of both the classes and the masses; to

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 helpfulnes



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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 1, 2023

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the Committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2023 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). Access to VA's specialized systems of care is the center of their universe because they rely on it perhaps more than any other group of veterans served by VA.

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

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

Over the years, PVA has established programs to secure benefits for veterans; reviewed the medical care provided by the VA's SCI/D system of care to ensure our members receive timely, quality care; invested in research; promoted education; organized sports and recreation opportunities; and advocated for the rights of paralyzed veterans and all people with disabilities. 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 The IB Veterans Agenda for the 118th Congress and our budget recommendations for VA for fiscal years (FY) 2024 and 2025 advance appropriations.

VA's SCI/D SYSTEM OF CARE

VA's SCI/D system of care is a hub and spoke model. The 25 SCI/D centers are the hubs. Each center has highly trained and experienced providers including doctors, nurses, social workers, therapists, psychologists, and other professionals who can address the unique problems that affect veterans with SCI/D.

The SCI/D system was severely impacted by COVID. Although operations began to normalize in 2022, they are still not where we hoped they would be three years into the pandemic. Many facilities continue to impose strict isolation requirements for residents, resulting in a mental health crisis due to lack of interaction and isolation. Essential programs, like peer mentoring, in-person support groups, and therapy offerings (i.e. gym hours and off-site recreation activities) remain very limited or unavailable. Visitor restrictions, which don't appear to be evidence based, also remain in many locations and change frequently, adding to residents' frustrations.

The response to COVID isn't solely to blame for the slow return to normal. The lack of sufficient staffing has impaired virtually every facet of care across the system. We hope to work with you and VA to improve the quality of care and the quality-of-life for these veterans as soon as possible.

My statement addresses several specific priorities we hope you will pursue this year but it is not inclusive of every area of concern for our members. Some interests not covered here include the implementation of the PACT Act, access to VA dental care, improved employment opportunities for veterans with catastrophic disabilities, as well as VA's electronic health record modernization. We continue to work on these and other areas of interest for paralyzed veterans and the broader veterans community.

I also want to thank you for your efforts to ensure passage of the Veterans Auto and Education Improvement Act (P.L. 117-333), which allows VA to provide an additional automobile allowance; and the Consolidated Appropriations Act, 2023 (P.L. 117-328), which contained language eliminating the burdensome requirement for veterans to apply for their clothing allowance each year. We appreciate that the Committees have always worked together in a nonpartisan way to address the needs of America's veterans, and PVA looks forward to working with you on matters of mutual concern.

PVA PRIORITY: PROTECT ACCESS TO VA'S SPECIALIZED HEALTH CARE 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 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, the department's capacity to treat veterans will be diminished, and could lead to the closure of facilities and service reductions.

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

Staffing shortfalls have a direct, adverse impact on the SCI/D system. Due to an insufficient number of nurses, care at one of VA's SCI/D units was suspended in 2022, and veterans with acute SCI/D needs were admitted to non-SCI/D units. Other facilities capped admissions due to insufficient numbers of SCI/D nurses and are still working to fill vacancies. Another VA SCI/D center has not had access to a plastic surgeon for over a year, and until recently, there was also not one available in the community. As a result, some veterans were transferred to VA medical centers two states away for critical surgery, while non-SCI/D providers and a lone nurse trained in wound care were left to manage countless other urgent cases.

When I appeared before the Committees last year, the SCI/D system was short 600 nurses; today, that number is relatively unchanged. Depending on the function level of an acute SCI/D patient, a nurse may spend an hour or more each time they enter a veteran's room doing physical transfers, repositioning, wound care, feeding assistance, bowel and bladder care, and other tasks. Nurses in other areas of work may be in and out of a patient's room in a matter of minutes. Despite the increased care that veterans with SCI/D require, not all SCI/D nursing staff (including licensed practical nurses and nursing assistants) receive specialty pay, which often elevates turnover rates.

Workforce provisions in the RAISE Act (P.L. 117-103) and PACT Act (P.L. 117-168) have given VA more flexibility to provide competitive salaries and fill critical slots needed to provide care. The full impact of these new authorities on the SCI/D system of care remains to be seen. However, we know that more needs to be done. Passage of S. 10, the VA CAREERS Act, would give VA the additional tools needed to allow the department to better compete for the highly qualified medical personnel it needs to care for catastrophically disabled veterans.

Offering competitive pay isn't the only problem. If VA is not able to quickly hire high quality employees, it will lack the staff needed to accomplish its mission. Right now, VA's hiring process often moves too slowly prompting many qualified individuals to accept employment in the private sector. The lengthy time needed for credential checks, introductory paperwork, and other pre-work requirements needs to be scrutinized and streamlined where possible.

Infrastructure—VA's SCI/D system of care is comprised of 25 acute care centers and six long-term care centers ranging in age from three to 70 years with an average age of 38. Many of the older centers have only had cosmetic or basic renovations. Fourteen of the 25 acute care SCI/D centers continue to use four-bed patient rooms, accounting for 61 percent of the available in-patient beds. These four-bed patient rooms do not meet VA requirements and are no longer safe due to infection control issues. This high percentage of four-bed patient rooms limits available bed capacity whenever patients need to be isolated.

Furthermore, the number of long-term care beds for veterans with SCI/D is woefully inadequate for an aging veteran population with care needs not readily met in the community. Only one of VA's six specialized long-term care facilities lies west of the Mississippi River. Until construction projects at the Dallas and San Diego VA Medical Centers are completed, only 12 long-term care beds are available for the thousands of SCI/D veterans that reside in this area of the country.

The SCI/D system of care is not immune to the design and construction delays inherent in the VA project funding and delivery system. There are currently seven major and 15 minor SCI/D center projects either awaiting funding, in design, or pending approvals to proceed beyond their current status. VA has spent a significant amount of money and resources on these projects, most of which have languished within the department's Strategic Capital Investment Planning (SCIP) process. Also, replacement SCI/D center projects designed for the Bronx VA (acute) and the Brockton VA (long-term) intended to modernize and expand capacity were shovel-ready but abandoned by the VA.

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 that is often unmatched anywhere in the community. PVA strongly believes that VA should return to the past practice of placing greater emphasis on funding facilities that support the types of services, like SCI/D care, which the department uniquely provides. Greater investment in areas like SCI/D care would greatly strengthen VA's specialty care services and ensure their future availability.

Even with a comprehensive strategy and adequate infrastructure funding, VA's internal capacity to manage a growing portfolio of construction projects is constrained by the number and capability of its construction management staff. To manage a larger, more complex capital asset portfolio, VA must have sufficient personnel with appropriate expertise—both within VA's Central Office and onsite throughout the VA system. PVA strongly supports S. 42, the Build, Utilize, Invest, Learn and Deliver (BUILD) for Veterans Act of 2023, which seeks to improve staffing to manage construction of VA assets and ensure that there are concrete plans to improve the planning, management, and budgeting of VA construction and capital asset programs.

PVA PRIORITY: EXPAND ACCESS TO VA'S LONG-TERM SERVICES AND SUPPORTS

***Insufficient Long-Term Care Beds and Services for Veterans with SCI/D*—**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.

As of last month, only 168 beds were actually available. This number fluctuates depending on several variables like staffing, women residents, isolation precautions, and deaths. When averaged across the country, that equates to about 3.4 beds available per state. Many aging veterans with SCI/D need VA long-term care services but because of the department's extremely limited capacity, 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 some of these requirements have been incorporated in a pair of construction projects but most of their plans have been languishing for years. In 2021, 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. Construction of a new long-term care SCI/D center at the VA North Texas Health Care System was scheduled to begin last spring, but has been delayed until October of this year. If everything stays on track, this facility, which is designed to include 30 SCI/D long-term care beds, will be completed in the spring of 2026. However, based on the ongoing delays, this schedule may be subject to further change.

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 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. We strongly recommend that Congress provide 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. Also, Congress should direct VA to reassess its current SCI/D long-term care capacity and future SCI/D long-term care needs so adequate resources can be authorized and appropriated.

***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 the 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.

[1] GAO-20-284, Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand

VA has identified the need to provide additional SCI/D long-term care facilities and some of these requirements have been incorporated in a pair of ongoing construction projects but most of their plans have been languishing for years. 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.[2] 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 doubled between 2016 and 2021; 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 2016 and 2021, 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.

Caps on Care

VA is currently prohibited from spending on home care more than 65 percent of what it would cost if the veteran was provided nursing home care. When VA reaches this cap, the department can either place the veteran into a VA or community care facility or rely on the veteran's caregivers, often family, to bear the extra burden. Depending on the services available in their area, some veterans must turn to their state's Medicaid program to receive the care they need, even for service-connected disabilities.

Amyotrophic lateral sclerosis (ALS) is presumptively related to military service and is rated by VA at the 100 percent level. And yet, we are aware of many ALS veterans who are not receiving proper home care. One veteran with ALS who uses a gastrostomy tube, has a tracheostomy and is ventilator dependent was only able to get a nurse to come to his home for two-hour visits, two times per week to check his vitals. Unfortunately, these hours were not enough to care for his medical complexities and the VA was unable to provide additional services due to cost. Instead, VA told him he could receive 24/7 skilled nursing at a facility. Another ALS veteran needs 120 hours of skilled care per week in order for him to be at home with his wife and family. Medicaid authorized 70 hours per week but the VA was unable to approve the additional coverage due to the cost and instead the veteran is in a much costlier facility. And another ALS veteran lives with his wife in their home but his wife is responsible for around 130 hours of care a week on her own. She can no longer afford to pay out of pocket for additional care. The VA's only option was to place the veteran in a facility due to cost.

It isn't just ALS veterans who are impacted by this cap. A 39-year-old SCI veteran who is tracheostomy dependent has been in a facility since 2019 due to the cost of his care. He has a 10-year-old daughter that he has not been able to see since before COVID. Another veteran with a form of multiple sclerosis who has a gastrostomy tube, a tracheostomy and is ventilator dependent is on the verge of ending up in a facility. His family needs 8 hours of care per day on the weekdays but VA is only able to approve 16 hours per week due to costs. Congress needs to allow VA to cover the full cost of home-based care services for these veterans and others like them without exhausting their caregivers and leaving them struggling to cobble together the services and supports they need to stay home with their families.

[2] Do noninstitutional long-term care services reduce Medicaid spending?

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. 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 (ADL). Examples of the types of assistance they can receive include help with bathing, dressing, or fixing meals. VDC also offers support 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 not available at many VA medical centers and it currently has an enrollment of only about 6,000 veterans. Our members and other veterans are constantly asking for help in getting this program implemented at their VA health care facility. Milton, a PVA member, is one of many veterans waiting more than four years for the Cleveland VA to implement the program. Even if the program is available at a particular facility, veterans may not be aware of it or given the opportunity to enroll. Although VDC is apparently available at my VA Medical Center, I was not made aware of it until last year. After several attempts to learn about accessing the program, I was told I had not been considered for the program. Veterans should be given the choice to access this program where it is available.

Last year, VA announced plans to expand the VDC program to 75 additional sites over a five-year period. We are pleased that VA's Under Secretary for Health recently directed the Veterans Health Administration (VHA) to accelerate the timeline and we urge Congress to provide the necessary funding so every VA medical center can offer a robust VDC program as quickly as possible.

Homemaker and Home Health Care Aides

Another major concern of our members is VA not authorizing adequate hours to care for their home care needs. As previously noted, the cost of VA purchased home health care services may not exceed 65 percent of the amount it would cost if the veteran was placed in a 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 needed by a veteran 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, they must receive the hours their doctor believes are needed for their care. Veterans also have had difficulty receiving authorized care as agencies are having trouble finding sufficient numbers of workers to provide it. People often assume that veterans home care needs are fully cared for because of the care provided through VA. Unfortunately, that is not always the case. Last year, I shared my personal story about a day when no nurse arrived to help me get out of bed. The VA-contracted home health agency providing my care was unable to find a nurse to assist me that Saturday morning. I called the agency that morning and was notified that nobody would be coming by and 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. 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. Fortunately, I was able to reach the nurse that was coming to assist me that evening and she came to 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. VA's community home care providers must be held accountable for providing the care that we have earned with our service.

Direct Care Workforce Shortages

Even when veterans have access to programs like VDC or Homemaker Home Health, it can be challenging to find home care workers. That is the experience of Ron, a PVA member who sustained a traumatic spinal cord injury in a vehicle accident in the spring of 2020. After spending four months in rehabilitation, he was released to an assisted living facility that did not meet his needs; so, he briefly lived with his mother while he and his family built an accessible home. In the fall of 2020, VA authorized 24-hour care for him in his home and Ron was thrilled to have this option. His wife is very supportive but often feels sad and helpless because she is physically unable to care for him. He depends entirely on the home health staff for his daily care, health, and welfare. Unfortunately, because VA did not have home care staff, he had to go through a community agency. Despite having many hours authorized, he has never found enough qualified people to fill them. He is fortunate when he has someone to get him out of bed and help him through the day. Oftentimes, he goes to bed at 7 p.m. because help isn't available at his usual bedtime of 9 or 10 p.m. He regularly spends weekends in bed because no staff is available to assist him and he is depressed and frustrated because he can't find the direct care workers he needs to assist him with daily activities.

Another PVA member, Vicky, had similar problems. Since 2002, a spinal cord injury and other medical conditions has left her unable to stand or transfer unassisted. VA offers her 25-30 hours of home care per week but direct care staffing where she lives now is virtually nonexistent. Shortly after the pandemic and lockdowns hit, her staffed shifts fell from seven to none. That left much of her care in her husband's hands and with no end in sight for resolving their home care crisis, they decided he should retire from his job at a local hospital in the fall of 2020. The decision for him to retire was easy because they understood the gravity of the situation, but it was not without consequences. Leaving the workforce adversely affected his retirement and their household income.

The shortage of caregivers or home care workers is not unique to VA. Across the country, there is an increasing shortage of direct care workers, and a national effort is needed to expand and strengthen this workforce. I share these stories to emphasize how precarious the HCBS/long-term care system is and how the lack of home care providers is adversely impacting the care and quality-of-life of veterans with SCI/D. Veterans with disabilities have the right to quality care in their homes. Increasing 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 veterans with SCI/D 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 tremendous need to improve access to HCBS, PVA strongly supports H.R. 544/S. 141, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act. This critically important legislation would make urgently needed improvements to VA HCBS, including several that target our concerns about current program shortfalls. We appreciate the Senate Veterans' Affairs Committee's recent markup of an amended version of this legislation. However, we call on Congress to quickly pass this desperately needed legislation as written, including removing the 65 percent cap on services. If properly caring for these veterans is too costly for our nation, then we seriously question the commitment to care for catastrophically disabled veterans such as those with ALS.

Assistance for Family Caregivers—Executing the Program of Comprehensive Assistance for Family Caregivers (PCAFC) continues to be challenging for the VA. As of February 3, VA reported having nearly 11,000 applications in process but their approval rate remains relatively low. VA has also had difficulty implementing program regulations consistently across the system as well as communicating eligibility and requirements to veterans and their caregivers. We were pleased that the department extended the transition period for legacy applicants and legacy participants until September 30, 2025, but are disappointed that action has yet to be taken to revise the restrictive rules that are preventing seriously injured catastrophically disabled veterans from qualifying for the program.

To their credit, VA worked closely with caregivers; veterans; and VSOs, including PVA, to identify changes that could be made under existing authorities and those that would require congressional action. Unfortunately, no changes have been made yet and each day of delay prevents hundreds of veterans from accessing the benefits this important program provides.

I would also like to raise a concern about how VA decides which tier veterans are assigned to in the PCAFC. VA currently has two categories for determining stipend payments, tier one and tier two. Tier one is for veterans whom VA has determined can self-sustain in the community and Tier two is for veterans who are determined to be unable to self-sustain in the community. VA defines "unable to self-sustain in the community" to mean an eligible veteran that requires personal care services each time he or she completes three or more of the seven ADLs, and is fully dependent on a caregiver to complete such ADLs or has a need for supervision, protection, or instruction on a continuous basis. VA defines inability to perform an ADL to mean the veteran or servicemember requires personal care services each time he or she completes one or more of the ADLs.

VA has determined that many PVA members are eligible for Special Monthly Compensation (SMC). SMC is a higher rate of compensation paid due to special circumstances such as the need for aid and attendance by another person or a specific disability, such as loss of use of one hand or leg. SMC ratings range from K through S, with R-2 being the highest level. We are at a loss to explain how our members with the highest SMC rating receive the lower level of compensation through PCAFC if they can even get in the program at all. PVA National's Senior Vice President is one of these individuals. Robert is a quadriplegic who suffered an injury while serving in the Army back in 1991. He also has an SMC rating of R-2—*the highest level.* However, he applied for VA's PCAFC and was subsequently approved but assigned into tier one—*the lowest PCAFC payment tier*. We are concerned that VA has two separate programs to determine the need for assistance with ADLs that are resulting in different determinations. We hope the Committees will expand their oversight of PCAFC and work with VA to eliminate these types of decisions.

PVA PRIORITY: IMPROVE VA BENEFITS AND HEALTH CARE SERVICES FOR PARALYZED VETERANS AND THEIR SURVIVORS

Special Monthly Compensation (SMC) Aid and Attendance 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 that loss. 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). 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. One PVA member reported he was parsing out his care because the money he currently receives falls well short of his needs. Instead of having someone help him with daily bathing, he started having them do it every other day and now sometimes it’s every third day. 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 and can lead to health issues.

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

Military Sexual Trauma **–** The last Congress passed several provisions intended to improve VA services and access to benefits related to military sexual trauma (MST). PVA is hopeful the changes will improve the experience of MST survivors while engaging with VA. By having VHA and the Veterans Benefits Administration coordinate with one another to provide information and resources to survivors, there should be fewer gaps in care experienced and the claim application process should improve.

Although we are hopeful that these new provisions will make improvements, there is still work to be done. Per the Department of Defense’s (DOD) Annual Report on Sexual Assault for FY 2021,[3] 8.4 percent of active duty women and 1.5 percent of active duty men experienced unwanted sexual contact the year before the survey was conducted. In FY 21 alone, the military services saw a 13 percent increase in sexual assault reports over the previous year. According to DOD’s calculations, that’s an estimated 35,000 people who might seek benefits and services from VA as a survivor of MST.

Congress and VA must continue to identify gaps in support and ensure that all MST survivors are treated with dignity and respect. Because of the lasting psychological and physiological impacts of this trauma, it is critical that VA fully train its MST coordinators and ratings officials to the sensitive nature of these claims as well as the range of issues and symptoms experienced with MST, particularly for veterans with complex injuries and illnesses.

Concurrent Receipt**—**The issue of concurrent receipt falls under the purview of the Armed Services Committees but it is closely linked with this Committee’s efforts. A pair of changes approved by Congress in the mid 2000’s allowed military retirees with over 20 years of service and VA disability ratings of 50 percent or greater to receive their military retired pay and VA disability compensation payments without offset. A lone exception to the 20-year requirement was granted for servicemembers retired under the Temporary Early Retirement Act. Despite these reforms, thousands of military retirees continue to have their military retirement offset by VA disability

[3] Department of Defense Fiscal Year 2021 Annual Report on Sexual Assault in the Military

payments today. Congress should pass legislation allowing all military retirees to retain their full military retired pay and VA disability compensation without any offsets.

Benefits for Surviving Spouses—Our oldest veterans are passing away and, in the case of many of our members, their surviving spouses were their primary caregivers for 40 years or more. Many of them were not able to work outside of the home. When a service-connected SCI/D veteran passes away, monthly compensation that may have been upwards of $10,000 a month stops, and their surviving spouse receives roughly a fifth of that per month in Dependency and Indemnity Compensation (DIC), it creates a tremendous hardship on those left behind. Adjusting to this precipitous drop of revenue into the household can be too difficult for some surviving spouses who may be forced to sell their homes and move in with friends or family members.

Losing a spouse is never easy but knowing that financial help will be available following the death of a loved one can ease this burden. DIC is intended to protect against survivor impoverishment after the death of a service-disabled veteran. In 2023, this compensation starts at $1,562.74 per month and increases if the surviving spouse has other eligible dependents. DIC benefits last the entire life of the surviving spouse except in the case of remarriage before a certain age. For surviving children, DIC benefits last until the age of 18. If the child is still in school, these benefits might go until age 23.

The rate of compensation paid to survivors of servicemembers who die in the line of duty or veterans who die from service-related injuries or diseases was created in 1993 and has been minimally adjusted since then. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent. This difference presents an inequity for survivors of our nation's heroes compared to survivors of federal employees. DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved one.

PVA strongly believes the rate of compensation for DIC should be indexed to 55 percent of a 100 percent disabled veteran's compensation. Additionally, if a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death, their surviving spouse can receive an additional amount (currently $331.84) per month in DIC. This monetary installment is commonly referred to as the DIC "kicker."

Unfortunately, surviving spouses of veterans who die from ALS rarely receive this additional payment. ALS is an aggressive disease that quickly leaves veterans incapacitated and reliant on family members and caregivers. Many spouses stop working to provide care for their loved one who, once diagnosed, has an average lifespan of between three to five years; thus, making it very difficult for survivors to qualify for the kicker.

As previously stated, 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 and I urge Congress to approve legislation allowing the surviving spouses of veterans who died of service-connected ALS to the DIC kicker.

VA and some in Congress concurred with our position during an October 20, 2021, House Veterans Affairs Subcommittee on Disability and Memorial Affairs legislative hearing, but other Members felt there might be additional conditions that should be considered. We agree with that observation. In the meantime, however, it is wrong to withhold higher compensation rates to the surviving spouses of veterans who die from ALS while we determine what these other conditions might be.

Transportation Programs and Supports—On behalf of our members, I want to again express our deepest appreciation for passage of the Veterans Auto and Education Improvement Act of 2022 (P.L. 117-333). The rising cost of adaptable vehicles hinders many veterans from purchasing needed replacement vehicles. By authorizing VA to give these veterans an additional auto allowance if 30 or more years have passed since their initial grant, you have given them the means to not only purchase a new vehicle but also preserve their independence. We urge VA to implement this change as soon as possible. Also, we hope you would consider providing a similar auto allowance to veterans with non-service-connected catastrophic disabilities. Like those with service-connected disabilities, these veterans served honorably. They are eligible for VA healthcare and having access to an adapted vehicle helps them get to and from their appointments at the VA, particularly if they live in a rural area.

The Veterans AUTO and Education Improvement Act also changed the definition of "medical services" to include certain vehicle modifications (e.g., van lifts) offered through VA's Automobile Adaptive Equipment (AAE) program. While we greatly appreciate this change, we still have concerns about the AAE program. The AAE program helps disabled veterans enter, exit, and/or operate a vehicle. VA provides the adaptive equipment needed like wheelchair lifts, power door openers, lowered floors, raised doors, and hand controls to allow a service-connected veteran to drive a vehicle. However, non-service-connected veterans only receive assistance with ingress/egress. Again, the need for independence of movement to get to VA appointments, to their jobs, and allow them to live a productive life is the same regardless of the status of their condition. It's past time for VA to include non-service-connected veterans fully in the AAE program.

A robust network of public transportation such as buses, subways, and paratransit services for people with disabilities is often not available outside of urban areas. VA's Veterans Transportation Service provides transportation to help veterans who live within a VA medical center's catchment area to get to and from medical appointments. Unfortunately, it is not available at all VA facilities and may not help veterans who live beyond a certain distance of the medical center. Congress and VA must work together to improve travel options for catastrophically disabled veterans, including those who live in rural areas.

Finally, VA's Beneficiary Travel Self-Service System (BTSSS) needs immediate attention. Launched in late 2020, the new cloud-based system was intended to improve the process for veterans to submit and track transportation reimbursements using VA's secure web based BTSSS portal. However, PVA members and other veterans routinely voice concerns over how difficult the system is to navigate. One member shared that the kiosks were removed from his clinic and replaced with QR codes. However, this veteran did not have a smart phone, so he was unable to access the portal when he needed it. Another member recently moved, and he was blocked from accessing the portal because his address didn't match VA records. When he tried to correct his information with the assistance of VA staff, they were still unable to gain access to the platform.

As VA modernizes and upgrades platforms and engagement methods, it is critical to remember that many veterans do not have equitable access to computers, broadband, and even smart phones. The traditional ways of accessing VA benefits are still necessary for our rural, low-income, disabled, and aging veterans. To ignore them and their needs, is not an option.

***Life Insurance Benefits*—**Congress passed a provision included in the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L 116-315) reforming the Service-Disabled Veterans Life Insurance (S-DVI) program. The newly implemented Veterans Affairs Life Insurance (VALife) program provides guaranteed acceptance whole life coverage of up to $40,000 to veterans with service-connected disabilities. Lesser amounts are available in increments of $10,000. Under this plan, the elected coverage takes effect two years after enrollment as long as premiums are paid. If the veteran passes away during the two-year period, then premiums are refunded but no benefit is paid. Requiring a two-year waiting period for full insurance coverage has a detrimental effect on veterans with ALS, because many do not live that long. The same issue applies to veterans with other terminal diseases like service-connected cancers. Additionally, under SDV-I, veterans rated 100 percent service connected did not have to pay premiums. In 2023, under VALife, if a 100 percent service-connected veteran is 79 years old, the premium for a $20,000 policy would be $242.80, and for a $40,000 policy, it would be $485.60. If a veteran has a 50 percent disability and applies for a $40,000 policy, **half** of their monthly compensation would be taken to pay for insurance premiums. Congress must reinstate the premium waiver for veterans with 100 percent service-connected disabilities and waive the two-year contestability period for veterans with ALS and other service-related disabilities. Additionally, there is no form to complete for VALife, the only way to apply is online. This can be a significant challenge for catastrophically disabled veterans and VA should consider increasing the number of ways interested veterans can apply for the program.

***Home Modification Grants*—**Improvements are long overdue for VA's Home Improvements and Structural Alterations (HISA) program. 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. A lifetime HISA benefit is worth up to $6,800 for veterans who need a housing modification due to a service-connected condition. Veterans who rate 50 percent service connected may receive the same amount even if a modification is needed due to a non-service-connected disability. Veterans who are not service connected but are enrolled in the VA healthcare system can receive up to $2,000.

These rates have not changed since 2010 even though the cost of home modifications and labor has risen more than 50 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.

During a March 16, 2022, House Veterans' Affairs Health Subcommittee hearing, the VA recommended that a $9,000 HISA grant be made available to all disabled veterans, regardless of service connection. We strongly agree with their single grant proposal but believe its new value should be at least $10,000. The higher amount is more appropriate because in 2023 the national average for a bathroom remodel project in the U.S. is $11,000.[4]

[4] 2023 Bathroom Remodel Cost Calculator | Modernize

We also agree with VA that future rates should be tied to an index focused on construction costs like the Turner Building Cost Index. This is the formula VA currently uses to determine annual rates for its other home modification programs, such as the Specially Adapted Housing program. Indexing the benefit would help keep future HISA grant rates current.

Health Care and Benefits for Women Veterans—Among the veteran population, women are the fastest-growing cohort. Women veterans, including those with SCI/D, need access to comprehensive, gender-specific care, services, and support that meet them where they are. VA should be providing the highest standards of care when it comes to quality, privacy, safety, and dignity. VA has a robust SCI/D system of care to serve the needs of veterans with SCI/D, but there needs to be greater collaboration with SCI/D centers and gender-specific care for our women veterans.

PVA is pleased that Congress provided over $840 million for gender-specific care and programs in VA's current budget. Through your oversight role, we ask that you ensure VA provides the detailed spending plan directed by the Consolidated Appropriations Act, 2023 (P.L. 117-328) to explain how the department plans to use this funding. This would help ensure the funds are being used for gender-specific care, and guarantee that women veterans with SCI/D are not ignored when it comes to resource allocation.

I also want to again express our appreciation for last year's passage of the Making Advances in Mammography and Medical Options for Veterans (MAMMO) Act (P. L. 117-135), which will help reduce barriers to women veterans with SCI/D seeking mammograms. PVA urges VA to consider working with external stakeholders, such as VSOs, in developing the strategic plan for VA breast health services. The perspective of women veterans with mobility limitations should always be included in conversations around access to care.

While progress has been made with the passage of the MAMMO Act and the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans in Combat Environments Act or the (SERVICE) Act (P. L. 117-133), other accessibility issues across the VA system of care still need to be addressed. VA needs to do an assessment of accessible medical diagnostic equipment to ensure that all veterans have the same access to health care and services. Exam room tables and chairs and imaging equipment may be inaccessible for non-ambulatory veterans. As VA and Congress work together to oversee the implementation of accessible medical equipment across the system, PVA asks for transparency and cooperation from both.

Assisted Reproductive Technologies—Recognizing the need for assisted reproductive technology (ART) options, Congress granted temporary authorization in 2016 for the VA to provide in vitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy. This temporary authorization has been reapproved multiple times, but Congress has always stopped short of permanently authorizing it and expanding the types of ART provided to veterans. While PVA is grateful for these provisions, it is time to permanently fund these treatments and include infertility as part of the regular medical service package offered by VA.

Under current VA regulations, only veterans with a service-connected infertility diagnosis, or their spouse, are eligible to receive fertility treatments within VA. Additionally, a veteran is required to produce their own gametes, meaning they must produce their own eggs or sperm in order to receive IVF. If a veteran's service-connected disability prevents them from producing their own genetic material, VA's regulations prevent them from accessing this important benefit.

The prohibition on donated gametes is arbitrary since donations may be used for other ART services such as artificial insemination. Women PVA members may face additional hurtles if their disability prevents them from carrying a baby to term. For these woman, gestational surrogacy might be the only option, which is another form of ART that VA does not allow.

Infertility should be classified as a medical diagnosis which would allow all veterans to access treatment, regardless of service connection. Including infertility into the medical benefits package will also remove antiquated barriers to ART for unmarried and LGTBQ+ couples. Lastly, VA should allow for the use of donated genetic materials and conduct research into the viability of a surrogacy program.

To improve access to fertility services and ensure that all veterans can receive treatment if they receive an infertility diagnosis, Congress should pass H.R. 544, the Veterans Families Health Services Act as quickly as possible.

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that directly impact PVA's membership. We look forward to continuing our work with you to ensure that veterans get timely access to high quality health care and all the benefits that they have earned and deserve. I would be happy to answer any questions.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $479,000.

Fiscal Year 2022

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $ 437,745.

Fiscal Year 2021

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $455,700.

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 re-elected PVA national president for his second term in May 2022, during the organization's 76th Annual Convention, to begin a one-year term on July 1, 2022. 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.

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 2023"

MARCH 1, 2023

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Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Committees,

Thank you for inviting Student Veterans of America (SVA) to submit testimony on our organization's policy priorities for 2023. With a mission focused on empowering student veterans, military-connected students, family members, and survivors, SVA is committed to providing an inclusive educational experience that goes beyond the classroom.

Through a dedicated network of campus-based chapters around the world, SVA aims to inspire yesterday's warriors by connecting today's student veterans and military-connected students with a community of dedicated SVA chapter leaders. Every day these passionate leaders advocate for the necessary resources anywhere this population is pursuing their education while working to provide support through networking and fostering a sense of comradery post-military service to ensure student veterans can effectively connect, expand their skills, and ultimately achieve their greatest potential.

Introduction

2023 marks the 15th anniversary of Student Veterans of America. This anniversary has been an opportunity to reflect on the fact that SVA was founded by a passionate group of Post-9/11 veterans who first accessed their GI Bill benefits – many of whom did so shortly after returning from service in Iraq and Afghanistan – only to find a lack of adequate support services to assist student veterans as they worked towards their educational goals on campus and beyond. SVA is a global network of chapters on college campuses – these chapters began as local student veteran clubs and organizations. These groups connected initially through social media and phone calls to spread best practices, share success stories, and support one another to further strengthen the student veteran community. These virtual connections eventually led to in-person meetings forming a truly grassroots movement to advocate for what became the Post-9/11 GI Bill and a host of important changes for student veterans informed by their lived experiences. In 2008, these advocates hosted the organization's first conference. It was here these independent student veteran organizations decided to unite under one banner, and SVA was born.

At SVA, our goal is to inspire tomorrow's leaders. This ethos is embodied by the SVA chapter at the University of South Carolina. Our SVA chapter at the University of South Carolina is one of nearly 1,600 chapters worldwide that faced the challenges associated with operating an SVA chapter amidst a global pandemic. Our chapters took on this challenge by working to transform their operations and increase accessibility to student veterans and the community in new ways. The University of South Carolina is home to our SVA Chapter of the Year, and they are an example of resilience. As they look ahead to 2023, their actions continue to inspire others through their adaptability and commitment to their campus, their Columbia, South Carolina community, and their country.

The SVA chapter at the University of South Carolina is a clear example of leadership in action. This chapter demonstrates the commitment to their community by raising awareness about suicide prevention and available resources. According to the Department of Veteran Affairs (VA), in 2020, 118 veterans died by suicide in South Carolina.[1] The SVA chapter at the University of South Carolina felt more could be done in their community and connected with the Columbia VA Vet Center to host the Steps and Strides Against Veteran Suicide Fall Festival. Now in its fourth year, the festival is a one-of-a-kind kind event in South Carolina, bringing together veterans and civilians alike for a suicide awareness walk, games, music, and resource booths to connect veterans and their families with lifesaving resources and services.

Beyond the fall festival, the SVA chapter at the University of South Carolina creates other opportunities to reflect, support, honor and celebrate veterans, service members, and their families. Student veterans and ROTC cadets alongside traditional students place over 3,000 flags annually to remember the lives lost on September 11, 2001. The chapter used virtual meeting platforms to hold meet-and-greets to stay connected to distance learners to strengthen the bond among student veterans. The chapter coordinates tailgates at home baseball and football

[1] *See generally* South Carolina Veteran Suicide Data Sheet, 2020, U.S. Dep't of Veterans Affairs (2020), *available at* https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-State-Data-Sheet-South-Carolina-508.pdf.

games to connect with alumni and veterans from the Columbia, South Carolina community. Following each tailgate, all attendees enter the stadium to cheer on veterans who are being recognized on the field during home games. The SVA chapter at the University of South Carolina also raised $20,000 for Friends of Fisher House Columbia, which is constructing a home away from home for veterans visiting the Dorn VA Medical Center.

SVA chapters continue to make significant contributions to their campus and local communities through a focus on advocacy, philanthropy, and social connections. The SVA chapter at Old Dominion University works with the Student Government Association to update the Military Connect Center and other spaces used by the chapter with more recreational, educational, developmental, and accessible amenities. Their relationships on campus result in an inclusive Veterans Day celebration and opportunities to educate the campus community on issues facing veterans to influence campus policy. The SVA chapter at Fordham University highlighted the need for a Student Veteran Emergency Fund, and the results from their advocacy led to donations totaling $100,000 in the fall semester. The SVA chapter at Texas A&M University is partnering with the Travis Manion Foundation to train its members as mentors for community youth. And, the SVA chapter at the University of Loyola Chicago recently hosted the Student Veteran Career Fair, a well-attended event to ensure student veterans are prepared for their transition from higher education into meaningful careers beyond graduation.

While these examples of SVA chapters are special, they are not unique. Over this past year, student veterans nationwide have risen to face whatever challenges have come their way. After transitioning from his Marine Corps service, Josh Jones enrolled at Loyola University to pursue an undergraduate degree. Josh involved himself with the SVA chapter at Loyola University Chicago shortly after arriving on campus and became President of the chapter in November 2021. Under Josh's leadership, chapter membership has grown and pushes for change to establish a community which student veterans and military-centered students can rely on. Josh's legacy for the chapter includes a focus on career development, resume-building initiatives, and opportunities through leading chapter involvement in Illinois' first student-initiated student-veteran career fair, including over 20 companies and five Chicagoland universities. His work on campus has inspired Josh to lead a non-profit committed to connecting employers with veterans in the Chicagoland area after he completes his degree.

At SVA headquarters, we are committed to the student veteran community and our allies by supporting our chapters, mental health resources, as well as diversity, equity, and inclusion efforts. In addition, we foster strong relationships between students and employers to assist with career opportunities during college and following graduation for a successful future. 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 they strive to improve the lives of student veterans in higher education.

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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 upon their transition from military service, making their experience with the benefit the barometer by which they will judge any potential future interactions with VA.[2] 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 over the course of their lives. 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 the needs of veterans.

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 with the U.S. Department of Education and 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 between relevant agencies like DOD, ED, and VA.

The effects of embracing the GI Bill as the front door to the VA will be substantial. VA 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.[3] We look forward to focusing on this concept as we work with our partners at VA and our veteran advocate counterparts in 2023 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.[4] We hope the information below is helpful in providing a more robust understanding of who student

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[2] *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.

[3] THE U.S. DEPARTMENT OF VETERANS AFFAIRS, FY 2018 – 2024 STRATEGIC PLAN 5 (May 31, 2019).

[4] 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.

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 Project (NVEST).[5] 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.[6] With over 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. Eighty-six percent of student veterans using the GI Bill are prior enlisted, while the remaining fourteen percent are prior warrant and commissioned officers. Ninety-three percent are over the age of twenty-five. Nearly half are married, and half have children, while eighteen percent are single parents.[7] And nearly seventy percent of student veterans demonstrate the need to work while enrolled in school.

In terms of school and degree choice, nearly 90 percent of student veterans attend a public or non-profit institution.[8] 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.[9]

While the national Grade Point Average (GPA) for undergraduate college students is a respectable 3.15, the GPA for student veterans is 3.4. Student veterans are out-graduating nearly all other students achieving a success rate

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[5] *See generally Research*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/ (last visited Feb. 24, 2021).

[6] *See generally Life Cycle Atlas*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/life-cycle-atlas/ (last visited February 15, 2021).

[7] Kinch, A. Student Veteran Census Survey 2022. Student Veterans of America, Washington, D.C. (on file with author).

[8] *Id.* at 8.

[9] 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.

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.[10]

GI Bill benefits have helped nearly two million veterans to complete college.[11] 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, and as we recognize March as Woman's History Month, we note that thirty-four percent are women.[12]

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.[13]

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.[14] 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 focused our research on better understanding student veterans' core needs. We released three surveys, 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. We plan to announce the reports of these studies in 2023.

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 policies that will serve current and future generations of student veterans.

Diversity, Equity, and Inclusion

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[10] *Id.*

[11] LYNN MILAN, NATIONAL CENTER FOR SCIENCE AND ENGINEER STATISTICS, INFO BRIEF: CHARACTERISTICS OF COLLEGE GRADUATES, WITH A FOCUS ON VETERANS 5 (Oct. 2018), https://www.nsf.gov/statistics/2019/nsf19300/nsf19300.pdf (showing 3,625,00 veterans had graduated college as of 2017, with more than 50 percent using GI Bill assistance).

[12] *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; Kinch, A. Student Veteran Census Survey 2022. Student Veterans of America, Washington, D.C. (on file with author).

[13] *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.

[14] *Veterans Opinion Survey*, STUDENT VETERANS OF AMERICA, https://studentveterans.org/research/veterans-opinion-survey/ (last visited Feb. 24, 2021).

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 also created a senior fellow position to oversee the diversity, equity, and inclusion initiatives at our national headquarters, which has included leading the creation of our new Racial Justice Task Force. The goal of the task force is 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 Representation and Inclusion 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 build community and create space that is more representative of our nation rather than focus only on the groups that have historically dominated spaces in 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 engage with SVA's diversity, equity, and inclusion efforts, to take part in these meaningful dialogues, and allow these experiences to inform and reshape how we think about our legislative priorities going forward.

A Special Note of Appreciation:
Protecting Student Veterans during National 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 during the pandemic to patch holes in the underlying veterans' education benefits support structure as quickly as they were identified, creating a temporary safety net that protected military-connected students.

During the pandemic, these protections proved invaluable by keeping roofs over student veterans' heads, preserving work-study payments, and protecting benefits from expiring, among other things. Last year, Members of these Committees worked across the aisle to make the emergency protection authority permanent in the Veterans Auto and Education Improvement Act of 2022. Now, when the next national emergency or major disaster is declared, the Secretary of VA can proactively enable these critical, stabilizing authorities and protect student veterans and their families when they need it most.

On behalf of current and future generations of student veterans and military-connected students, SVA thanks the Committee Members for their dedication and perseverance on this issue, which stands as a prime example of proactive, common-sense legislation.

Priorities Overview

In this testimony, we will highlight our top policy priorities for 2023 and beyond, most of which originate from direct interactions with student veterans through the SVA Policy Liaison Program and at our annual Regional Summits, Leadership Institute, Washington Week, and National Conference. Our priorities fall into the following five

[15] Student Veterans of America. Natural Disaster Map. https://studentveterans.org/government-affairs/natural-disaster-map/.

categories.

- 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. *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.[16]

SVA would like to recognize last session's efforts to address this issue, and, specifically, Representative Levin's H.R. 1836, *the 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 these Committees to pass legislation that finally brings parity to benefits for members of the Guard and Reserve who undertake the same duties and risks as their active-duty counterparts.

2. *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 broadly and its disconnect from the needs of today's students.

It is worth noting that DOD has implemented emergency BAH rate corrections for the last two years to address the "financial burden of rising housing costs facing Service members" and circumstances making "it especially challenging for Service members and their families in the affected [areas] to find affordable housing…"[17] Data

[16] 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.

[17] Press Release, Department of Defense, DoD Authorizes a Temporary Increase to 2021 Basic Allowance for Housing Rates for Certain Locations (Sept. 24, 2021), https://www.defense.gov/News/Releases/Release/Article/2788871/dod-authorizes-a-temporary-increase-to-2021-basic-allowance-for-housing-rates-f/; *DoD Authorizes an Automatic Increase to 2022 BAH Rates for Certain Locations*, DEPARTMENT OF

also show that more than a quarter of student veterans take out student loans, with 58 percent doing so to cover living expenses and the most common being housing costs.[18] 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.

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.[19] 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.[20] 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.

DEFENSE (Sept. 22, 2022), https://www.travel.dod.mil/About/News/Article/Article/3167951/dod-authorizes-an-automatic-increase-to-2022-bah-rates-for-certain-locations/.

[18] Phillip Oliff, 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,

[19] 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.

[20] *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.

Distance learner rates. A recurring complaint throughout the pandemic was 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.

Lag in BAH rate revisions and updates translating to MHA. Student veterans do not see updates to their MHA reflective of changes to underlying BAH rates until August of every year. This issue was brought to our attention by student veterans at the Massachusetts Institute of Technology, an institution located in an area for which DOD had sanctioned a temporary BAH increase in 2022. As noted above, DOD has implemented temporary BAH increases for the past two years to address the fact that rates weren't keeping pace with the cost of living in certain areas. DOD also implements new standard rates every January. Statute requires MHA rates be updated every August, but that means there is a period of several months where student veterans are receiving what is, by that time, an outdated housing allowance.[21] SVA believes this lag time is wholly unecessary and that it negatively impacts student veterans' ability to pay for housing. We ask that Congress eliminate the gap period by requiring MHA rates to be updated immediately upon DOD implementation, whether on a temporary or standard basis.

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.

3. *Better integrate and support VA healthcare on campuses, particularly through the VA VITAL program.*

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.

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*, which was ultimately included in H.R. 2617, the *Consolidated Appropriations Act of 2023*. The legislation requires VA to report on the VITAL program—providing Congress with key information to better understand and support it—and

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[21] *See* 38 U.S.C § 3313(i) (requiring that "[a]ny monthly housing stipend payable under this section during the academic year beginning on *August 1* of a calendar year shall be determined utilizing rates for basic allowances for housing payable under section 403 of title 37 in effect as of January 1 of such calendar year.") (emphasis added).

would establish uniform best practices, among other improvements. SVA believes this is just 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 call on the Committees to explore ways to elevate VITAL's prioritization within VA and support it with additional funding.

4. *Expand protections for National Guard and Reserve members who face short-term deployments and training obligations during their studies.*

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.[22] 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.[23] 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.[24] Nevertheless, this language is unlikely to cure confusion and the fundamental inequities created by the current patchwork of different state laws in this area.[25]

SVA thanks Representative Underwood and Senator Hassan for championing H.R. 5604 and S. 4890, the *Protections for Student Veterans Act*. Language from that legislation was passed in H.R. 2617, the *Consolidated Appropriations Act of 2023* and will help establish specific, universal protections for service members using VA education benefits who are called to duty during their studies. 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 creating a baseline set of safeguards for service members using VA education benefits, while still allowing schools and states the freedom to offer more generous protections, should they so choose.

While SVA supports the language that passed into law last year, we believe it must be enhanced. First, Congress must expand the scope of these protections to encompass all student service members, not just those using VA education benefits. SVA is working with VFW-SVA Fellow Harry Phillips of Tulane University who is spearheading a policy proposal to expand protections to all student service members and refine the safeguards now on the books thanks to Representative Underwood's and Senator Hassan's legislation.

Additionally, the new protections must be refined to allow students 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.

Finally, SVA encourages Congress to work in tandem with ED, VA, and DOD to explore other ways to provide

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[22] *See* 20 U.S.C. 1091c; 38 U.S.C. § 3679(f)(1)(G).

[23] 38 U.S.C. § 3679(f)(1)(G).

[24] *See generally* Internal SVA Working-compilation of State Student Service Member Protection Laws. (available on file with organization).

[25] *See generally id.*

student service members with additional protections and flexibility so military duty does not negatively impact academic progress. We look forward to working with these committees and others to reduce the friction that can be caused by military activations for members of the National Guard and Reserve in higher education.

5. *Explore ways to modernize federal student financial aid to account for the unique circumstances of transitioning service members.*

SVA has heard from transitioning veterans that say their federal financial aid packages do not reflect their true economic circumstances. The crux of the problem is that financial aid is based, in part, on an applicant's income from the prior year. For recently transitioned service members those numbers reflect what they were paid while they were still serving. Having transitioned, those figures may not be consistent with veterans true financial circumstances at the time they are apply for financial aid. For example, these individuals may be attending school full time without a job, holding a part time job with substantially reduced wages relative to what they were making while serving, or holding a full time job with vastly different earnings. As a result, these veterans may be shortchanged on their financial aid.

We ask the Committees to explore ways in which VA may be able to partner with the Department of Education to automatically identify recently transitioned veterans and provide them with the option to have their financial aid award reevaluated based on a change in financial circumstances. There is an existing process called professional judgment, which could be leveraged for this very purpose. SVA believes that through inter-departmental collaboration, there may be ways to automatically notify recently transitioned veterans about the professional judgment option—one many students may not be familiar with and that takes individual action to initiate.[26] This is just one example of how this issue could be addressed. SVA is eager to work with these Committees to explore solutions to this issue.

6. *Expand and improve VA VET TEC program.*

SVA supports refining and making the VET TEC Pilot Program permanent.

At SVA, we know not every veteran pursues a traditional higher education and that many are also interested in tech careers, like computer programming, data processing, computer software, and others. VET TEC was established in 2017 to assist veterans in securing high tech jobs through quality training programs. It has been well-received but expires next year.

VET TEC has been successful by several different measures. The program's enrollees are diverse—much more so than working-age veterans generally—and nearly 90 percent report having a service-connected disability.[27] Two-thirds of participants completed their programs, and 66 percent of completers found meaningful employment within half a year.[28] Finally, salaries were relatively high, with graduates earning an average of $62,491 per year.[29]

The Program is not perfect, and GAO recognized this when it offered several recommendations for improvement

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[26] *See generally What is professional judgement?*, FEDERAL STUDENT AID, https://studentaid.gov/help-center/answers/article/what-is-professional-judgment (last accessed Feb. 16, 2023).
[27] U.S GOV'T ACCOUNTABILITY OFFICE, GAO-23-105343, VETERANS EMPLOYMENT: PROMISING VA TECHNOLOGY EDUCATION PILOT WOULD BENEFIT FROM BETTER OUTCOME MEASURES AND PLANS FOR IMPROVEMENT 7-9 (2022).

[28] *Id.* at 11.

[29] *Id.* at 16.

last fall. We were glad to see VA embrace most of GAO's recommendations.[30] Legislation that seeks to make the program permanent should embody GAO's recommendations and the input of stakeholders, including training providers, institutions of higher education, veteran-serving organizations, and employers. SVA looks forward to working with the Committees to improve VET TEC and make it permanent so future generations of veterans can continue leveraging the program to find high-quality, well-paying jobs in the technology sector.

Additional Priorities

GI Bill Improvements

1. *Address negative trickle-down impacts of institutional administrative burdens by reviewing VA education policies for inefficiencies and exploring ways to add more SCOs on campuses.*

Over the last three years, a myriad of important, new requirements passed into law that govern the administration VA education benefits. VA has worked diligently to implement these provisions. Unfortunately, in many cases, implementation has not been as timely or smooth as necessary.

SVA has heard from many SCOs about the increased administrative burden resulting from these new policies, which is exacerbated by a lack of timely and consistent guidance from VA. The resulting confusion and strain on SCO's time diminishes their ability to serve student veterans at the level many hope to. Based on extensive feedback from SCOs, this appears to be an issue impacting many institutions, with the negative impacts ultimately trickling down to student veterans.

Our organization does not represent SCOs, but their concerns become ours when they relate to SCO's ability to properly serve student veterans. We also hear from student veterans that there are not enough School Certifying Officials (SCO) to adequately address the needs of all the student veterans at many campuses. This overlap in feedback from SCOs and the student veterans they serve is concerning because it suggests there may be a very real problem with VA's currently recommended ratio of one SCO to every 200 GI Bill students.

SVA encourages these Committees to review VA education benefit policies to identify redundancies and inefficiencies that can be eliminated to decrease the current administrative burden on SCOs. We also ask the committee members to explore ways to better support SCOs, including options for encouraging institutions to hire more of these professionals so our student veterans have appropriate access to their critical services.

2. *Address concerns with VR&E processes and personnel.*

In 2021, 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, inconsistent 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 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

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[30] *Id.* at 29.

the Committees on the best path forward for the program.

Post-Traditional Student Success

1. *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.[31] After reviewing 31 separate studies, they concluded that "[n]one of these studies… constitute a representative study" of our nation's students.[32] In fact, no federal agency has assessed food and housing insecurity among postsecondary students and that will remain true until the most recent National Postsecondary Student Aid Survey (NPSAS) is completed. [33]

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.[34]

While SVA works to collect its own data through our Student Veteran Basic Needs Survey, we call on Congress to support efforts to collect additional data at the federal level 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. [35] 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.[36] 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.[37] This number rises to thirty-two percent for those students pursuing associate degrees.[38]

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[31] 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.

[32] *Id.*

[33] *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).

[34] *Id.*

[35] *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

[36] 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).

[37] Gallup. *Gallup State of the Student Experience: Fall 2020 Report.* https://www.gallup.com/education/327485/state-of-the-student-experience-fall-2020.aspx.

[38] *Id.*

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.[39] 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."[40]

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.[41] Other federal programs that provide childcare assistance, such as the Child Care Development 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 renew their consideration of 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.[42]

2. *Call for additional funding for VetSuccess on Campus (VSOC) locations and veteran centers.*

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."[43] 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

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[39] CCCSE. The Impact of COVID-19 on Entering Students in Community Colleges. Spring 2021. https://cccse.org/sites/default/files/SENSE_COVID.pdf.

[40] 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.

[41] *See generally* TERRY BRIDGET LONG, THE HAMILTON PROJECT, HELPING WOMEN TO SUCCEED IN HIGHER EDUCATION: SUPPORTING STUDENTPARENTS WITH CHILD CARE (Oct. 2017), available at http://www.hamiltonproject.org/assets/files/higher_education_student_parents_womenLong.pdf

[42] 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.

[43] 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).

support are coming at a time when veteran-support services are facing reduced funding on many campuses.[44] 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.[45]

We encourage the committee to prioritize support for VSOC and campus veterans' centers.

3. 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.[46] 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.[47] 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 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.[48] For student veterans, over half of whom are parents, the consequences of being unable to access reliable broadband extend beyond themselves to their dependents.

The digital divide has had an outsized impact on communities of color and low-income households.[49] Courses shifting online during the pandemic only worsened these inequities. Without other options than dropping out entirely, students increasingly began 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

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[44] 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/.

[45] Veteran Education and Empowerment Act, H.R. 3686 (2021); Veteran Education and Empowerment Act, S. 1881 (2021).

[46] 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>.

[47] Infrastructure Investment and Jobs Act. https://www.epw.senate.gov/public/_cache/files/e/a/ea1eb2e4-56bd-45f1-a260-9d6ee951bc96/F8A7C77D69BE09151F210EB4DFE872CD.edw21a09.pdf.

[48] 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.

[49] *See* Sara Atske and Andrew Perrin, *Home Broadband Adoption, Computer Ownership vary by race, ethnicity in the U.S.*, PEW RESEARCH CENTER (July 15, 2021), https://www.pewresearch.org/fact-tank/2021/07/16/home-broadband-adoption-computer-ownership-vary-by-race-ethnicity-in-the-u-s/; Emily A. Vogels, *Digital Divide Persists Even as Americans with lower incomes make gains in tech adoption*, PEW RESEARCH CENTER (June 22, 2021), https://www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/.

"Parking Lot Wi-Fi."[50]

SVA recognizes that much has been done recently to address these concerns, and we applaud that work. 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.*

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, which 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 attract healthy, diverse sources of revenue.[51] 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.[52]

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.[53] This loophole created a perverse incentive for bad-

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[50] 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>

[51] *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.").

[52] 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).

[53] 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*

actor schools to target student veterans and service members for their earned education benefits.[54] These students became the linchpin of a scheme by low-quality, bad-actor schools to evade the 90/10 rule.[55] 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.[56] 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.[57] Some student veterans attending these schools fully expended their earned VA education benefits, and many took out federal student loans in addition.[58] Low-quality schools have left student veterans with worthless degrees, non-transferrable credits, depleted benefits, and mountains of debt.[59] Simply put, the loophole emboldened bad-actor schools and negatively impacted the academic and financial futures of thousands of student veterans and service members.[60]

Fortunately, Congress saw fit to close the loophole, an effort which garnered bipartisan support.[61] The new law requires that all "federal education assistance" be appropriately counted on the 90 percent side of the 90/10 equation.[62] 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.[63]

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https://www.bloomberg.com/news/articles/2009-12-30/for-profit-colleges-target-the-military).

[54] *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.

[55] *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.

[56] OCHINKO, *supra* note 53 at 4.

[57] *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.

[58] IS THE NEW G.I. BILL WORKING?, *supra* note 57 at 10-11; OCHINKO, *supra* note 53 at 13 (discussing reports of proprietary schools aggressively steering student veterans toward federal student loans or fraudulently authorizing loans on behalf of these students).

[59] *See generally* IS THE NEW G.I. BILL WORKING?, *supra* note 57 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 57 (discussing student veterans attending bad-actor proprietary institutions and being left with worthless degrees, non-transferable credits, and debt).

[60] *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/.

[61] 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).

[62] Pub. L. No. 117-2, § 2013 (2021).

[63] *Id.*

Encouraged by ED's release of new regulations that appropriately complement the statute, SVA is committed to ensuring the updated 90/10 rule is faithfully implemented and that parties beholden to its requirements comply with the full letter of the law.[64]

3. *Restore a strong Gainful Employment rule and protect the improved Borrower Defense rule 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.[65] The GE rule was designed to ensure certain programs provide a worthwhile education—one that is affordable relative to earnings after graduation.[66] 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.[67] 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.[68] The documentary *Fail State* illuminates the practices of 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.[69]

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

[64] *See generally Education Department Unveils Final Rules to Protect Veterans and Service Members, Improve College Access for Incarcerated Individuals and Improve Oversight When Colleges Change Owners*, U.S. DEP'T OF EDUCATION (Oct. 22, 2022), https://www.ed.gov/news/press-releases/education-department-unveils-final-rules-protect-veterans-and-service-members-improve-college-access-incarcerated-individuals-and-improve-oversight-when-colleges-change-owners.

[65] *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.

[66] *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.

[67] *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.

[68] 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/.

[69] DIRECTOR ALEX SHEBANOW, FAIL STATE, FAILSTATE.COM (A SDCF LLC Film 2018), https://failstatemovie.com.

Congress.[70]

ED recently reevaluated BD and GE regulations through the Negotiated Rulemaking process as required under the HEA.[71] This process incorporates input from diverse experts representing constituencies throughout higher education who debate and work toward consensus on HEA regulations. SVA was privileged to have one of our staff represent service members and veterans in the negotiated rulemaking session that addressed BD. The negotiations produced strong draft regulatory language that enjoyed near universal consensus among negotiators. SVA was pleased to see the Department release a vastly improved, new BD rule resulting from this thorough negotiation and comment process.[72]

We look forward to continued participation in the rulemaking ahead and eagerly await the Department's proposed rule on GE, which is expected later this year.

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.[73] This means students, including veterans and service members who enroll at these institutions at disproportionate rates,[74] run the risk of believing converted schools are dedicated to a public or non-profit mission when, in reality, the schools may still prioritize profits over student outcomes.[75]

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[70] 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.

[71] *Negotiated Rulemaking for Higher Education 2021-21*, U.S. DEP'T OF EDUCATION, https://www2.ed.gov/policy/highered/reg/hearulemaking/2021/index.html (last updated January 10, 2023).

[72] *See generally Education Department Releases Final Regulations to Expand and Improve Targeted Debt Relief Programs*, U.S. DEP'T OF EDUCATION (Oct. 31, 2022), https://www.ed.gov/news/press-releases/education-department-releases-final-regulations-expand-and-improve-targeted-debt-relief-programs.

[73] *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/.

[74] CAREN A. ARBEIT AND LAURA HORN, U.S. DEPARTMENT OF EDUCATION, A PROFILE OF THE ENROLLMENT PATTERS AND DEMOGRAPHIC 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).").

[75]*See generally* Robert Shireman, *These Colleges Say They're Nonprofit—But Are They?*, THE CENTURY FOUNDATION (Aug. 6, 2018),

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.[76] 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.[77] Such contracts run the risk of recruitment and profits being prioritized over quality student outcomes.[78]

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.[79] 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.[80]

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. SVA was encouraged by ED's launch of a review of the prohibition on incentive compensation for recruiters in higher education, an effort specifically intended to address issues with OPMs. We intend to follow this process closely.[81]

Institutional lending practices are also worthy of Congress's attention. The CFPB recently signaled they would 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

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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/.

[76] *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.

[77] *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.

[78] *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.

[79] 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.

[80] *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/.

[81] *U.S. Department of Education Launches Review of Prohibition on Incentive Compensation for College Recruiters*, U.S. DEP'T OF EDUCATION (Feb. 15, 2023), https://www.ed.gov/news/press-releases/us-department-education-launches-review-prohibition-incentive-compensation-college-recruiters.

relationships.[82]

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.[83] This is particularly problematic given that many proponents of ISAs argue that these agreements are exempt from federal consumer credit laws.[84]

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.[85] 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.[86] 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.[87] 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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[82] *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/.

[83] 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.

[84] 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.

[85] *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.

[86] *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.

[87] Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, Div. J, Title V, § 515.

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 a Veteran Economic Opportunity and Transition Administration with Undersecretary representation for all economic opportunity and transition programs.*

Greater focus must be placed on economic opportunity for veterans, including through higher education.[88] 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. *Improve VA Work Study to increase pay 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.[89] 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.

We continue working with former VFW-SVA Fellow, 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.

While not a member of these Committees, SVA recognizes Congressman Cartwright's stellar leadership on this issue by successfully pushing to include langauge in last year's government funding package that encourages VA to begin collecting critical data on the VAWS program. Representative Cartwright also introduced what is arguably the most comprehensive VAWS improvement legislation in recent memory with H.R. 9379, *the VA Work Study Improvement Act*. This bill would expand allowable work activities, update pay rates, and modernize the time-keeping process, among other things. SVA looks forward to the bill being reintroduced this Congress, and we

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[88] *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").

[89] 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.

highly encourage the members of these Committees to support it.

4. Support ongoing improvements to 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.[90] 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.

Additionally, we ask that these Committees encourage VA to note whether an institution participates in the VA VITAL Program. The GI Bill Comparison Tool highlights whether institutions participate in the Yellow Ribbon Program; it should do the same for VITAL which can provide critical mental health support for student veterans, assistance with academic accommodations, and foster a more veteran-inclusive culture on campuses.

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.[91]

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.

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[90] *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).

[91] *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.

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.[92] 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.

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.

SVA applauds Senators Schatz, Rounds, Portman, and Coon's leadership on this issue with their championing of the *Student Veterans Transparency and Protection Act* last congress. The bill would make numerous improvements to the GI Bill Comparison and Feedback tools, while also providing entitlement restoration for beneficiaries that are the victims of misconduct perpetrated by bad-actor institutions. We look forward to that bill being reintroduced this Congress and encourage the Committees' members to support it as well the other improvements we have outlined here. Finally, we acknowledge and applaud VA's current efforts to address many of the recommendations above, and we look forward to working in close collaboration with the Department as it continues to refine these important tools.

5. Protect and 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.[93] 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.[94] 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.[95]

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.*

[92] *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.

[93] 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.

[94] Letter from NAFSA and SVA to the Honorable Denis R. McDonough, Secretary of the Department of Veterans Affairs (April 20, 2021), https://www.nafsa.org/sites/default/files/media/document/nafsa-sva-042021.pdf.

[95] Letter from Thomas J. Murphy, Acting Under Secretary of Benefits to NAFSA and SVA (June 15, 2021), https://www.nafsa.org/sites/default/files/media/document/va-nafsa-061521.pdf.

> *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."*[96]

Thankfully, these Committees stewarded critical legislation last year that passed as part of the *Veterans Auto and Education Improvement Act of 2022*, which provides a five-year grace period allowing additional study abroad programs to be approved for VA education benefits subject to certain requirements. SVA is grateful for the Committees' work on this issue. Concerningly, however, as of the drafting of this testimony, we understand VA has yet to disseminate guidance to institutions on this new approval process.

We look forward to working with the Committees to ensure timely and effective implementation of the new study abroad approval provision.

Transparency and Accountability

1. *Improve data collection and sharing practices across government agencies and call for more publicly available data, including timelier and more accurate counts of transitioning servicemembers.*

There are many ways to improve data collection practices across government so we can better serve student veterans and military-connected students. One of the most important things we need is accurate and timely data on how many service members transition each year. From the government agencies most closely connected with and specifically tasked with serving this population, including DOD, DOL, and VA to private research initiatives, like the Veterans Metrics Initiative, the commonly cited figure is that approximately or more than 200,000 service members transition every year.[97] SVA has reason to believe that is not accurate. As such, we are calling on Congress to put greater pressure on DOD to release more accurate and timely data on the number of transitioning service members.

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.[98] 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 present research about veteran student debt. Findings indicate more than a quarter of student veterans borrowed student loans in the 2015-16 academic year.[99] Pew's analysis also shows most student veterans who borrow

[96] Letter from NAFSA and SVA to the Honorable Denis R. McDonough, Secretary of the Department of Veterans Affairs (April 20, 2021), https://www.nafsa.org/sites/default/files/media/document/nafsa-sva-042021.pdf.

[97] *Military Discharge Data*, DODSKILLBRIDGE, https://skillbridge.osd.mil/separation-map.htm (last updated, April 22, 2022); THE U.S. DEPARTMENT OF VETERANS AFFAIRS, THE MILITARY TO CIVILIAN TRANSITION 2018 III (2018), *available at* https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf; *Your VA Transition Assistance Program (TAP)*, THE U.S. DEP'T OF VETERANS AFFAIRS, https://www.benefits.va.gov/transition/tap.asp (last updated Nov. 10, 2022), HARRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE, THE VETERANS METRICS INITIATIVE 1 (202), *available at* https://www.hjf.org/sites/default/files/2020-11/TVMI%20FinalRpt_4%5B1%5D.pdf.

[98] *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).

[99] 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.

student loans do so to cover living expenses.[100] The research so far has been illuminating, and SVA looks forward to the release of additional insights.

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 2023 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, integrating VHA onto college campuses, and making Vet Tec permanent. They are the best ways we have identified to improve our nation's student veterans' physical, emotional, and financial well-being. 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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[100] 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 Jeremy Butler
Before a
Joint Hearing before the
House and Senate Veterans Affairs Committees
March 1, 2023

Statement of Jeremy Butler
Chief Executive Officer
of
Iraq and Afghanistan Veterans Of America
Before a joint hearing before the
House and Senate Veterans Affairs Committees

March 1, 2023

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the Committee, on behalf of Iraq and Afghanistan Veterans of America's (IAVA) more than 425,000 members, thank you for the opportunity to share our views on our policy priorities for the 118th Congress.

Before I dive into our policy priorities, I would like to draw your attention to a group of IAVA's member advocates here today, who have flown in from around the country as part of IAVA's first in-person fly-in in three years. Our member fly-in events are IAVA's primary member advocacy and professional engagement events, conducted at multiple intervals throughout the year. The members who participate in these events look a little different from those some of you may have seen in our early days, having newly returned from the first deployments in the post-9/11 conflicts. They are a little more seasoned and experienced, yet most are still new to Capitol Hill advocacy and they have much to offer. Over the years, some have joined the staff of IAVA and other national VSOs, some have joined Congressional staff and the Administration, some have run for office, and many others have returned home with a passion for improving the lives of veterans and military families and have taken on new challenges in their communities.

Because there are a number of new faces on your committees, I want to emphasize how much IAVA and others in our community have valued the mostly-bipartisan approach by your panels in addressing the needs of the extensive sacrifices made by veterans and military families during and following our wars. Although we may often disagree on the reasons we go to war, or the way they are prosecuted, we must all work together to spare no expense or effort to care for those who have borne the battle and their families.

With significant recent victories for IAVA-backed legislation addressing military toxic exposures, combating the suicide crisis, defending the GI Bill from abuse, and filling gaps in care for female veterans, what is needed from the 118th Congress is energetic oversight to ensure the proper implementation of the news laws. We will continue to be ready to work with you and the Administration to execute recently-enacted legislation and to develop and pass new measures.

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Honoring Our PACT Act (P.L 117-168)

The best recent example of the hard-fought battles by IAVA and our community is also a priority for us among newly-enacted legislation that will require strong oversight by your committees and this Congress.

IAVA commends the hard work and tough decisions made by members of your committees and Congressional leaders leading up to the summer 2022 passage of the *Honoring Our PACT Act*, the largest veterans health legislation ever passed, and the centerpiece of IAVA's most successful year ever. The legislation was supported by the *entire* military and veteran community and we worked together for years to see final passage. It is impossible to measure the great appreciation we have for those who supported us in this effort. Thank you.

The VA, Congress and the VSO community have an enormous responsibility to get this right. Secretary McDonough and the VA have done an incredible job in the opening months following enactment to inform veterans of their new benefits and how to enroll in the VA. The efforts have, frankly, surpassed what we had thought possible by the VA. The VSO community has stepped up and shared the responsibility to reach as many veterans and military families as possible. IAVA has done outreach through traditional and social media, public events, and will continue to look for new opportunities and partnerships. These efforts must continue.

The Department of Defense (DoD) also has a substantial responsibility with many who have been exposed over the course of the Global War on Terror (GWOT), still on active duty today and who will one day transition from service. Nearly 200,000 service members leave the military each year and they and their families need to know the benefits they have earned and how to get enrolled in the VA to obtain them. Many service members in the Reserve and Guard component are eligible now for VA care and need immediate outreach by DoD and the VA.

The VA must also reach out to American Indian Tribes, Native Hawaiians and Alaskan Natives through the Indian Health Service, Bureau of Indian Affairs, Tribal veterans service organizations, and other suitable organizations and agencies. Additionally, a concerted effort must be made to reach veterans throughout rural America as they are often more disconnected than others.

Senior leader engagement throughout both Departments is critical, not only to use their leadership stature that often commands greater attention and respect, but to also set the example for leaders throughout their respective organizations.

Outreach by DoD, VA, and VSOs is critical, but Congress plays a massive role, not only in an oversight capacity - which we strongly encourage - but in its ability to reach veterans in your states and districts. Please do not wait for VA and DoD - plan and conduct them now in your own Congressional districts and/or partner with other federal, state and local officials to maximize impact. Invite the VSOs to these to help carry the message.

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Military Justice and Improving Prevention Act (2022 and 2023 NDAAs)

Sexual assault and related trauma remains to be a crisis in our military. Military sexual trauma affects an estimated one in four women veterans and one in one-hundred male veterans, according to VA. Our most recent member survey informed us that of 58% of IAVA female members and 4% of males are military sexual assault survivors. Only 34% of those assaulted reported the crime, and of those who did report it, 63% say they experienced retaliation.

Because of these experiences, we have worked for many years with Sen. Kirsten Gillibrand and bipartisan cosponsors of the *Military Justice and Increasing Prevention Act* (MJIIPA) to make critical reforms to military law. Recently, IAVA hailed historic changes in the FY2023 NDAA that completed work begun with the FY2022 bill's transfer of authority over prosecutions for major crimes from military commanders, where they have long resided, to professional prosecutors. IAVA eagerly awaits the implementation of these sweeping new provisions and encourages strong bipartisan oversight to ensure that the full intent of the legislation is met by DoD.

Building Solutions for Veterans Experiencing Homelessness Act (P.L. 117-328)

Housing insecurity and homelessness are not new challenges facing our nation's veteran population. According to the U.S. Department of Housing and Urban Development, 40,056 veterans are homeless on any given night, and approximately twice that many experience homelessness throughout the year. American veteran households are also experiencing difficult economic situations such as unemployment. These additional economic challenges, coupled with the ongoing effect of the pandemic, place veterans at a greater risk of becoming homeless. Housing is more than just shelter – it is the foundation for a stable and healthy life. Limited access to mental and physical healthcare and infectious diseases also exacerbate homeless veterans' poor quality of life. No man or woman who has sacrificed for and served our country should live without shelter or struggle to meet their basic needs.

To combat this problem, IAVA worked closely with other VSOs to enact the *Building Solutions for Veterans Experiencing Homelessness Act*, legislation to permanently cut red tape on capital grants provided by VA for organizations assisting veterans experiencing homelessness. It will ensure organizations have many of the necessary flexibilities to continue supporting veterans and avoid derailing their progress toward effectively ending veterans homelessness.

While we will definitely celebrate the passage of those provisions last Congress, our efforts on behalf of homeless veterans will continue. IAVA has long advocated for the definition of "homeless veteran" to include marginally sheltered or "couch surfing" veterans. In IAVA's most recent survey, 81% of our members stated they couch surfed after leaving the military. Sleeping in the home of a friend or family member, with no legal ties to the domicile, should not be

determined to be a "home" for a veteran. It is not a stable situation and the veteran could find themselves in a housing emergency at any time.

Additionally, IAVA strongly encourages oversight of VA and HUD homeless programs to ensure existing funds are effectively and fully utilized based on need, and ensure the VA provides technical assistance and adequate training to grant recipients who assist homeless veterans. For example, in November 2022, there were over 28,000 unused VA homeless vouchers. Those vouchers could have been used to house a veteran that did not currently have stable housing. Congress should also ensure VA is equipped with the staffing capacity and funding necessary to provide care and assistance for veterans to address the root causes of homelessness.

It is also important to point out that the picture of a homeless veteran is constantly changing. Women veterans historically are at higher risk for homelessness than their civilian counterparts. Providing safe facilities for women that will address their specific needs is critical. Others are younger veterans who may just need temporary support. Ensuring these facilities also accept children is vital. VA must continue partnerships to align effective, dynamic services to these demographic shifts.

Finally, IAVA strongly urges the VA to require comprehensive data on every homeless veteran and set specific goals for reducing the number of veterans experiencing homelessness.

Commander John Scott Hannon Veterans Mental Health Care Improvement Act (P.L. 116-171)

To combat the crisis of veteran suicide - a top priority for IAVA members - we worked with Sen. Tester and many others on our panels to develop and pass the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* to reform mental health care at the VA by hiring and training more professionals in this field, developing innovative methods to reach veterans with care, and establishing a grant program to better collaborate with community organizations already serving veterans. The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program was a critical priovision we sought inclusion of in the bill, and IAVA encourages continued strong Congressional oversight to ensure the intent of Congress and the VSO community is met.

Deborah Sampson Act (P.L. 116-315)

The *Deborah Sampson Act* , which IAVA developed with Sens. Tester and Boozman, Rep. Brownley, and many of you on both committees to fill gaps in care for women veterans. The centerpiece of our #SheWhoBorneTheBattle campaign remains the most comprehensive legislation of its kind to empower the fastest growing cohort in our military and veteran community. Although the legislation was signed into law on Jan. 25, 2021, we receive constant inquiries by supporters of this legislation into its status, so we are seeking a comprehensive recent written report on its progress towards implementation.

Separate from this legislation, but very important to many of our female veterans, is the need to change the VA motto to ensure it is one that recognizes the service of all Americans who have served. The VA Secretary has pledged to make this important change and IAVA would like to ensure that it is completed early this year.

Whether it is ensuring proper implementation of this important new law, or other ways to fill gaps in care for women veterans, please come to IAVA with your ideas and concerns on how we can keep this critical work moving forward.

Defend the GI Bill from Predatory Schools

Ever since the Post-9/11 GI Bill was signed into law in 2008, IAVA and our VSO partners have defended the benefit, fought for improvements, and worked to successfully block predatory schools from benefiting from loopholes in military and veteran education programs.

In 2021 IAVA celebrated passage of legislation, after many years of work with our VSO partners, to finally close the "90/10 loophole" which rewarded predatory schools for targeting veteran students for their generous education benefits. IAVA then played a lead role in the federal rulemaking process to ensure the Education Department implemented the law as intended. The Department published its final rule in October 2022, and this year, schools are expected to account for their use of military-connected education funds according to the intent of the legislation. IAVA calls on Congress to closely monitor the implementation of this legislation and ensure that veterans and military families are protected.

Major Richard Star Act

Last year, the *Major Richard Star Act* reached a tipping point as the legislation was supported by more than two-thirds of the 117th Congress. IAVA rallied together with the veteran community with one united voice to support our combat-injured medical retirees. The *Star Act* would end the unjust tax on the 42,000 retirees whose military careers were cut short due to combat-related injuries, finally allowing them to collect hundreds of dollars per month that they have been denied up until now.

IAVA strongly believes that DoD retirement pay and VA disability compensation are two separate benefits established by Congress with two different legislative intents. Receiving both benefits, concurrently, should never be considered "double dipping," and no combat-injured medical retiree should be subject to this unjust offset. IAVA will continue to relentlessly advocate for legislation to eliminate the offset for ALL retirees and the *Major Richard Star Act* is the first step towards achieving that goal.

Statement of Jeremy Butler
Before a
Joint Hearing before the
House and Senate Veterans Affairs Committees
March 1, 2023

Afghan Accountability Act

Many American veterans, especially those who served in Operation Enduring Freedom over the last two decades, were troubled by the chaotic exit by the U.S. and our allies from Afghanistan in the summer of 2021. The US-backed government essentially collapsed overnight, and we left behind nearly all of the Afghans who partnered with us during the war, even after we promised them a pathway to safety in the US following their service.

To right this tremendous wrong and send a strong message to the world that we are following through with our commitment to stand by our wartime allies, the bipartisan *Afghan Adjustment Act* establishes a legal adjustment process for Afghan evacuees who have been resettled into local communities across the United States. After completing significant additional security vetting required during the application process, this adjustment of status would provide eligible Afghans in need of protection with stability as they continue to rebuild their lives in America and establish a process for creating and implementing a strategy to continue the relocation and resettlement of eligible Afghan partners.

Although your committees do not have jurisdiction over the *Afghan Adjustment Act,* it is critically important for many veterans you serve to know that their advocates on Capitol Hill are working on their behalf to bring to safety those who had their backs in Afghanistan. We appreciate members of your committees from both sides for your advocacy for this legislation, and we encourage others to join in support early this year.

VA Medicinal Cannabis Research Act

Since 2017, IAVA has made it one of our top priorities to empower veterans who are calling for the medicinal use of cannabis. Eighty-eight percent of IAVA members support the research of cannabis for medicinal purposes and veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war. We thank Sens. Jon Tester and Dan Sullivan, and Reps. Jack Bergman and Lou Correa for reintroducing the Bi-partisan and Bicameral *VA Medicinal Cannabis Research Act* in order to increase that research and reduce the stigma at VA. IAVA expresses great appreciation to the Senate VA Committee for passing the bill from your panel last month, and we encourage Congress to finally and expeditiously pass it into law.

Finally, but not the least of our priorities to address, I would like to express our significant concern as we observe conflicts on Capitol Hill over the level and scope of federal government spending. Veterans and military families have sacrificed, and are sacrificing, as a direct result of our nation's national security needs, and political disagreements over spending should never result in diminished care and benefits for our community. We ask all Members of Congress to pledge to stand against any spending cuts impacting veterans and military families, or any effort that will make such cuts easier to enact, and we ask that as our chief advocates, your committees stand as a bulwark against those who would use us to achieve political and fiscal goals. Wars are

expensive, and the wars do not stop when the servicemember returns home and we stop calling them wars. It takes sustained commitment and investment to follow through on our obligations as a nation to them. As we have often said at IAVA, "if you don't like paying the cost of benefits for veterans, stop creating more of us."

Again, thank you for inviting us here today to deliver our priorities for the 118th Congress. I am happy to answer any questions you may have.

Biography of Jeremy Butler

Jeremy Butler serves as IAVA's Chief Executive Officer. Jeremy joined IAVA with 15+ years of experience providing substantive and strategic counsel to leaders in high-profile government and private sector offices, including the Departments of Defense and Homeland Security. He is a graduate of Knox College and the U.S. Naval War College. Butler has recently contributed to NPR, Fox News, CNN, C-SPAN, Sirius XM, and other veteran and military media outlets. He is also a Surface Warfare Officer in the Navy Reserve with more than 20 years of uniformed service.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Joint Hearing of the House and Senate Veterans' Affairs Committees

March 1, 2023

Presented by

James S. Hartsell

President, National Association State Directors of Veterans Affairs

Executive Director, Florida Department of Veterans' Affairs

The National Association of State Directors of Veterans Affairs

INTRODUCTION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano and distinguished members of the Committees on Veterans Affairs, this written testimony is submitted on behalf of the National Association of State Directors of Veterans Affairs (NASDVA). My name is James S. Hartsell, and I am the NASDVA President and serve as the Executive Director for the Florida Department of Veterans' Affairs. Joining me today is Les Beavers, former NASDVA President who currently serves as our Legislative Director.

Our association was founded more than 75 years ago to bring together the State Directors, Commissioners and Secretaries from all 50 States, U.S. Territories and the District of Columbia to encourage communication, facilitate discussion, and promote best practices to successfully advocate for our Nation's more than 18.5 million Veterans, their families and survivors. It's vital work and we're committed with purpose and passion to address these important issues.

State Departments of Veterans Affairs (SDVAs) are comprehensive service providers and prominent Veterans' advocates, and as such, we serve as the primary intersection on Veterans' issues between the U.S. Department of Veterans Affairs and our respective state governments, as well as local communities, Veteran Service Organizations, community partners, and non-profit entities.

State Departments of Veterans Affairs are second to the U.S. Department of Veterans Affairs in providing comprehensive earned services, benefits and support. Our national focus is "to foster the effective representation of persons claiming entitlements on account of the honorable military service of any person defined in 38 U.S.C. 101; to provide a medium for the exchange of ideas and information; to facilitate reciprocal State Services; to ensure uniformity, equality, efficiency and effectiveness in providing services to Veterans and their family members in all States and Territories; and maintain an interest in all Veterans' legislation."

State Directors are tasked and held accountable by our respective Governors, State Boards or Commissions, and Veteran stakeholders to be responsible for addressing the multi-faceted needs of our Veterans irrespective of age, gender, era of service, military branch, or circumstance of service. We are well positioned to deliver efficient, effective and Veteran-focused services and partner with the U.S. Department of Veterans Affairs in outreach and advocacy for our nation's Veterans.

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VA – NASDVA PARTNERSHIP

The years-long collaborative relationship between the U.S. Department of Veterans Affairs (VA) and NASDVA was originally formalized through a Memorandum of Agreement (MOA) in 2012 and updated on February 21, 2023 with VA Secretary Denis McDonough and NASDVA President James S. Hartsell signing its renewal at the NASDVA Mid-Winter Training Conference in Washington, D.C.

The formal partnership between the VA and NASDVA continues to yield positive results for our Veterans across the nation. Since NASDVA's incorporation in 1946, there has been a long-standing government-to-government cooperative relationship that shares a common goal to facilitate accessible, timely, and quality care for our nation's Veterans.

To highlight our partnership, the MOA also provides the VA Secretary a forum to highlight best practices among the States and Territories through presentation of the much-coveted Abraham Lincoln Pillars of Excellence Award.

VA FUNDING

NASDVA is committed to working with Congress and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs in an efficient, effective, and Veteran-focused manner. NASDVA applauds Congress' concerted efforts to improve VA funding for health care, claims and appeals processing and homeless Veterans' programs. Likewise, renewed emphasis on VA's aging infrastructure, Veteran suicide prevention initiatives, caregiver support and women Veterans' issues is recommended.

We support Congress' efforts to hold both the U.S. Department of Veterans Affairs and *Oracle Cerner* fully accountable for evolutionary upgrades to the VA's Electronic Health Record (EHR) millennium software system. It is essential that VA's EHR Modernization Integration Office address system challenges and future development.

As the VA continues its transformational journey, NASDVA supports a continuation of new initiatives and collaborative outreach, careful observation in ensuring effective and efficient program execution, and a continued focus to deploy resources where Veterans can best be served.

PACT ACT

NASDVA supports the full and prompt implementation of the recently passed *PACT Act*, which expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. Our Veterans and their families deserve no less.

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State Departments of Veterans Affairs are partnering with the VA to provide outreach to all eligible Veterans and their families about the new law and its provisions. This is particularly important considering the intense television advertising for Veterans to join class action lawsuits to address potential disabilities from toxic exposures at Camp Lejeune. NASDVA is concerned about consumer protection for these Veterans. Alternatively, Veterans can file a claim with VA using an accredited Service Officer, including claims examiners from State Departments of Veterans Affairs, for free. The VA and NASDVA should continue its collaborative, in-person outreach efforts in 2023.

Contemporary reports from our membership show a marked increase in the number of disability compensation claims submitted by Veterans as a result of the new law. This is confirmed by published reports on February 6, 2023 by the U.S. Department of Veterans Affairs, which said Veterans have filed nearly 300,000 *PACT Act*-related claims since the law took effect in August 2022. U.S. Department of Veterans Affairs medical centers and clinics across the country will also begin offering enrolled Veterans a new toxic exposure screening as a result of the *PACT Act.*

NASDVA encourages VA, in light of our Memorandum of Agreement, to educate VA staff, Veterans and their family members about our State and Territory Departments of Veterans Affairs. Submitting a claim through an accredited State or Territory Veterans' Claims Examiner will sharply increase the chances of the individual claim being successfully adjudicated. NASDVA recommends a grant for states and counties to increase their staffing to support the increase in claims production.

NASDVA requests that Congress support the budget to expand the number of VA health care personnel and staff members who adjudicate claims, and support the VA's efforts to recruit and train additional staff to handle the influx of additional claims beyond those already forecast. We also note wait lists for claims and appeals will increase in the coming years before enough qualified VA staff is in place to handle the workload. NASDVA will work with VA to exhaust all efforts to lessen the time Veterans must wait to have their *PACT Act* disability compensation adjudicated.

The *PACT Act of 2022* originally contained a provision establishing a health registry for Fort McClellan veterans, but the provision was removed and, in an amendment, substituted an epidemiological study of toxic exposures at Fort McClellan to cover the dates January 1, 1935, through May 20, 1999. An epidemiological "study" is an inadequate substitute for addressing the fact that toxic exposures did exist by those stationed at Fort McClellan and they should be allowed to seek redress for the diseases incurred. It will be difficult to do a thorough study and find the relevant documents and veterans stationed at Fort McClellan.

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NASDVA recommends that Congress take affirmative action to address toxic exposures for all of those who lived and served at Fort McClellan to produce an adequate Individual Longitudinal Exposure Record that will enable VA to address presumptive conditions and disability compensation. This should be done in a manner that is commensurate with the legislative measures already taken by Congress regarding Veterans of Camp Lejeune, North Carolina.

VETERANS HEALTHCARE BENEFITS AND SERVICES

NASDVA's priorities for the care of our nation's 18.5 million Veterans are consistent with those of VA. Our State Directors fully support efforts to increase Veterans' access to VA Healthcare. This includes the continued collaboration of State Department of Veterans Affairs (SDVAs) with Veterans Integrated Service Networks (VISNs) and individual VA Medical Centers (VAMCs) in enrolling Veterans and eligible family members in the VA healthcare system. The collaboration also addresses expansion of Community Based Outpatient Clinics (CBOCs) and Vet Centers, the deployment of mobile health clinics, and expanding the use of telehealth services.

NASDVA applauds recent VA initiatives involving mental health and Veteran suicide prevention. Veterans in acute suicidal crisis may now go to any VA or non-VA health care facility for emergency health care at no cost, including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the Veterans Health Administration to use this benefit. The expansion of care will help prevent Veteran suicide by guaranteeing no cost care to Veterans in times of crisis. It will also increase access to acute suicide care for up to 9 million Veterans not currently enrolled in VA.

While the VA continues to place strong emphasis on Veteran suicide prevention, there is still much work to be done. It is critical State Departments of Veterans Affairs work with the VA healthcare system to address this high priority clinical and social issue. NASDVA congratulates the VA on implementation of *The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program* (SSG Fox SPGP), which enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. This affords those states with fewer resources to make real impact on suicide prevention.

It is imperative the Veterans Health Administration receives the funding required to care for the more than 9 million Veterans who are enrolled while the complexity of their care is increasing. VHA must have the resources necessary to recruit and retain doctors, nurses, and other professional staff.

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Under some circumstances, it is necessary and appropriate for Veterans to receive care at facilities and providers outside VA. According to the VA, community care accounted for 1/3 of the VA's total health care demand in 2022, and was budgeted for $37.3 billion in fiscal 2023. Lack of adhearance to community care timeliness standards have been a source of contention by many Veterans enrolled in the Veterans Health Administration, and we recommend continued emphasis by the VA to ensure all Veterans are provided community care referrals and appointments in a timely fashion. Reimbursements for community care services should also be prompt and meet industry standards. Slow reimbursements for care will and have discouraged health care providers from paticipating.

Telehealth services are mission critical to the service delivery of VA healthcare, and NASDVA applauds VA as a world leader in this practice. Telehealth is particularly critical to rural Veterans when timely access to mental health services is not available or when they must travel long distances to see a provider. State Departments of Veterans Affairs (SDVAs) can play an important role in connecting these Veterans to telehealth. SDVAs can provide outreach and connect our most vulnerable Veterans to life saving programs. The outreach effort will help close the gap in access to mental health care in rural areas, American Indian/Alaska Native lands, and other underserved minority communities.

However, there are barriers to care through telehealth services. NASDVA supports VA as they seek legislative authorities regarding telehealth prescribing of controlled substances to ensure that Veterans retain access to critical treatments and health care professionals. Telehealth use dramatically expanded during the COVID-19 public health emergency, in both federal and private sector health care. During the pandemic, Federal and State flexibilities included authority for the prescribing of controlled substances, as part of a telehealth encounter in the absence of a prior in-person medical evaluation. These flexibilities enabled many qualified health care professionals, delivering care through VA's telehealth programs, to initiate and maintain effective treatment plans for Veterans with chronic pain, substance use disorder, mental health conditions, or other conditions that required use of controlled substances for management.

Reverting to the pre-pandemic legal landscape for telehealth-controlled substance prescribing will disrupt access to effective treatments or therapeutic relationships for thousands of Veterans, putting their safety and access to quality VA health care at risk. A sudden pivot to pre-pandemic legal authorities increases these risks exponentially and could exacerbate chronic conditions, increase suicide risk, and drive substance misuse. As of December 2022, there are nearly 40 thousand Veterans who have active controlled substance prescriptions who will likely be impacted by the loss of pandemic authorities unless there is an intervention.

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VA offers comprehensive dental care benefits to certain qualifying Veterans, although the eligble pool of Veterans is a small subset of those enrolled in the Veterans Health Administration. More than 600,000 Veterans were provided dental care in Fiscal Year 2022, according to the VA. Veterans who do not meet specific criteria are on their own to access oral health care, and for many this is unobtainable due to out-of-pocket expense, distance to travel, lack of transportation, or lack of dentists in their communities.

Oral health is also an important factor in physical, emotional, psychological, and socioeconomic well-being. If the VA is to accurately tackle mental health issues and physical health issues related to Veterans, they must also tackle oral health issues because they are connected. Good oral health can lead to a reduction in heart disease while presumptive conditions such as diabetes can negatively impact oral health.

Good oral health can also be impacted by mental health challenges. Veterans struggling with mental health challenges may eat more sugary foods, drink, smoke, fail to perform daily tasks like brushing teeth, and even have dry mouth from medications they are taking. These compounding issues may cost the VA and healthcare system more money because they then become secondary ailments to the initial ailment.

NASDVA supports efforts to expand the eligible pool of Veterans entited to dental care services through the VA. An increase in eligibility will have an impact on reducing other health care challenges associated with poor oral care.

STATE VETERANS' HOMES

The State Veterans Home (SVH) Program is the largest and one of the most important partnerships between State Departments of Veterans Affairs and the U.S. Department of Veterans Affairs. SVHs provide more than 53% of total VA long-term care (one of the largest nursing home systems in the nation) and is a cost-efficient partnership between federal and state governments.

SVHs are the largest provider of long-term care to America's Veterans through 153 operational SVHs (nursing homes), 51 Domiciliary Homes and 3 Adult Day Care Facilities in 50 States and the Commonwealth of Puerto Rico. These homes provide a vital service to elderly and severely disabled Veterans with over 25,000 skilled nursing beds, over 5,200 domiciliary beds, and 109 adult-day health care services.

The nationwide shortage of direct-care providers including doctors, nurses, licensed practical nurses and certified nursing assistants is well documented. The recent COVID-19 pandemic only exacerbated the decades-long decline as fewer health care professionals are recruited and established providers are leaving the workforce or retiring in unprecedented

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numbers. The national competition for providers is also presenting an untenable situation, which is exacerbated by both burnout among nursing professionals from the rigors of care and the salaries offered by large, well-financed hospital groups.

Resident census cannot be maintained because of chronic staff shortages, resulting in fewer Veterans being served and providers unable to cope with financial losses due to lower reimbursement rates tied to a lower resident census. Vulnerable Veterans in need of care are being denied access because of insufficient staff to meet the required CMS/VA contact ratios. These shortages are projected to continue for the next decade.

It is imperative State Departments of Veterans Affairs and VA continue recruitment and retention efforts to have the quality and quantity of providers to care for eligible Veterans. Both NASDVA and the National Association of State Veterans Homes recommend a new Grant Per Diem scale that would allow for the hiring and retention of quality nursing staff in this competitive environment.

NASDVA also has concerns about behavioral health and future incidences of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other conditions in the aging Veteran population. While there are war-related traumas that lead to PTSD in younger OEF/OIF Veterans, aging Veterans can be exposed to various catastrophic events and traumas of late-life that can lead to the onset of PTSD or may trigger reactivation of pre-existing PTSD. PTSD has been seen more frequently in recent years among World War II, Korean and Vietnam War Veterans and has been difficult to manage.

VA has limited care for Veterans with a propensity for combative or violent behavior and the community expects VA or SVHs to serve this population. NASDVA and NASVH recommend a new Grant Per Diem scale that would reflect the staffing intensity required for psychiatric beds and medication management. SVHs and VA Community Living Centers are unable to serve intensive care psychiatric patients; therefore, VA cannot turn over hospital psychiatric beds because of a lack of community psychiatric step-down capacity. This level of care is critically needed in our States.

Both NASDVA and the National Association of State Veterans Homes (NASVH) support a continued commitment to the significant funding of the VA's State Veterans Home Construction Grant Program. It is important to the Veterans we serve to keep the existing backlog of projects in the Grant Program at a manageable level to assure life safety upgrades and new construction. In the budget proposal, VA is requesting $90 million for SVH grants. NASDVA and NASVH encourages full funding support for the priority one projects, which is estimated to be approximately $500 million.

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VETERANS BENEFITS SERVICES

According to the White House in a Feb. 7, 2023 release, the VA in 2022 processed a record 1.7 million Veteran claims, and delivered $128 billion in earned benefits to 6.1 million Veterans and survivors. NASDVA's priorities for the care of our nation's 18.5 million Veterans are consistent with those of VA.

State Departments of Veterans Affairs continue to take on a greater role in the effort to manage and administer claims processing. Regardless of whether the State or Territory uses accredited employees, nationally chartered Veterans Service Organizations (VSO) and/or County Veteran Service Officers (CVSO), collectively, we have the capacity and capability to assist the Veterans Benefits Administration (VBA).

Additionally, the VA should offer expanded virtual and in-person training opportunities to accredited Service Officers, particularly those newly accredited Tribal Veteran Service Officers, to improve the "inputs" (e.g., changes to forms, updated processes, and/or new policies) to the benefits systems. These opportunities should be at the national level and at the regional office level. Additionally, as claims are processed through the National Work Que (NWQ) to better distribute caseloads, personnel staffing the VSO/CVSO Helpdesk Line need to have increased understanding of claims and access to the claim to better assist VSO/CVSOs calling for assistance. Increased training opportunities and increased support from the Helpdesk Line will support a more efficient claims process.

Two-thirds of the 117th Congress supported the *Major Richard Star Act* to support our combat-injured Veterans. Unfortunately, the bill was not signed into law. The *Star Act* would support more than 50,300 combat-injured Veterans with concurrent receipt of vested longevity pay and VA disability. These Veterans are subject to an offset where their retirement pay is reduced for every dollar of VA disability received. Retired pay is for completed years of service paid by DoD, while disability compensation is for lifelong injury paid by the VA. These are two different payments for two different purposes. Reducing retirement pay because of a disability is an injustice. NASDVA strongly recommends that the 118th Congress pass the *Star Act*.

BURIAL AND MEMORIAL BENEFITS

NASDVA appreciates the National Cemetery Administration's (NCA) collaborative partnership with States, Territories and Tribal governments. State, Territory and Tribal cemeteries expand burial access and support the NCA goal of "increasing access to a burial option in a National or State Veterans cemetery" and provide burial services to more than 95% of all Veterans within a 75-mile radius of their home. VA has awarded grants totaling $992 million to establish, expand, improve, operate and maintain 121 Veterans cemeteries in 48

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states and territories including tribal trust lands, Guam, and Saipan. In fiscal year 2022, NCA grant funded state cemeteries provided more than 45,000 interments.

The Veterans Cemetery Grants Program (VCGP) complements NCA's 155 national cemeteries in 42 states and Puerto Rico and is an integral part of NCA's ability to provide burial services for Veterans and their eligible family members. It is important to the nation's Veterans and their eligible family members to keep the existing backlog of VCGP projects at a manageable level to assure the delivery of honorable interment services. NASDVA strongly recommends increased funding support for both the priority one "expansion" projects ($60 million) and the priority 2 "establishment" projects ($79 million), for a total need of $138 million. The FY2023 budget for the VCGP is only $50 million. This will not allow NCA to establish new State or Tribal cemeteries in support of its rurial access goals.

NASDVA recommends Congress authorize and appropriate funds to provide a plot allowance for family members or increase the level of plot allowance for Veterans. Either increase in funding would help offset the operational cost in burials for family members and would allow the States to not charge family members and maintain parity with National Cemeteries.

NASDVA applauds the recent signing of *The National Cemeteries Preservation and Protection Act of 2022, S. 4949*. This legislation supports the VA in honoring veterans nationwide by requiring the VA to pay plot allowances for Native American Veterans buried at tribal veterans' cemeteries prior to March 15, 2022.

NASDVA also supports an allowance for burials now allowed by *H.R.3944 - Burial Equity for Guards and Reserves Act of 2022*. While VA cannot restrict the ability of a state to inter a member of the Reserve Component, a member of the Army National Guard or Air National Guard, a member of the Reserve Officers' Training Corps of the Army, Navy, or Air Force who died under honorable conditions while a member, the law does not make it equitable to bury these members as either the State or family will have to pay for the headstone and interment.

WOMEN VETERANS

According to the Department of Defense's 2021 Demographics Profile of the Military Community, women made up 17.3% of the active-duty force, totaling 231,741 members; and 21.4% of the National Guard and reserves at 171,000 members. Since 2017, the percentage of women on active-duty service has risen 1.1%.

Women assume roles in nearly all military occupational specialties and are the fastest growing Veteran cohort. There are more than 2 million Women Veterans of the Armed Forces, according to the U.S. Department of Veterans Affairs. By 2040, the VA estimates Women

Veterans will comprise 18% of all Veterans, making them the fastest growing group in the overall Veteran population.

Many Women Veterans do not know they are eligible for the full range of federal and state benefits including special programs for them. In addition, earned services, benefits and support for Women Veterans is often lagging behind their male counterparts. There are several areas NASDVA believes VA can work on to close gaps in service, ensure continuity of care, and better address the needs of Women Veterans.

Women Veterans are impacted nationwide by a provider shortage for the delivery of gender specific healthcare. We encourage the VA to continue its aggressive recruiting and retention efforts for qualified health care professionals.

In addition, VA priorities include addressing needs of all victims of Military Sexual Trauma (MST) to include those who served in the National Guard and Reserve. Due to an increasing volume of Veterans with MST, compatible care and provider alternatives need to be deliberately extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA. Work should continue the reconciliation of MST claims for PTSD recommended by the VA Inspector General. Of note, one of the "factors leading to the improper processing and denial of MST-related claims" was the implementation of the National Work Queue, resulting in a "lack of specialization" for claims requiring special handling.

Additional gender specific healthcare includes infertility care. NASDVA advocates support for Veterans with infertility issues caused by illness or injury while serving in the military. The *PACT Act* will ensure those eligible Women Veterans who are experiencing infertility due to issues caused by exposure to toxic substances are recognized.

The Veterans Health Administration should also ensure Women Veterans have access to and receive in a timely manner high-quality, gender specific, and individualized prosthetic care that will allow them to improve their quality of life. The *PACT Act* will ensure those Women Veterans who are experiencing infertility due to issues caused by exposure to toxic substances.

With the relatively recent VA investment of state-of-the art women's clinics across the country, there still exists a disproportionate and non-standard availability to access gender-specific healthcare relative to the population of Women Veterans. The decision-making and planning for new clinics or renovation of existing clinics should be data driven to ensure Veterans receive care commensurate with the population.

The largest emerging population of Homeless Veterans is women. Recent efforts across the country to end and prevent veteran homelessness are commendable and deserve recognition. The true numbers of this emerging population are underrepresented due to

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prescribed models of addressing homelessness. For example, a victim of domestic violence fleeing an abuser and living with a friend is not considered homeless. NASDVA will work with VA and HUD to allow flexibility in their definition of homelessness and revitalize transitional housing models to better serve Women Veterans, especially those with children.

Currently, the VA does not have the authority to provide the reimbursement for the costs of services for minor children of homeless Veterans. The issue disproportionally impacts Women Veterans as they often bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and in turn limits housing for Veterans with young children.

Homeless Womwn Veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare. In addition, Women Veterans are more likely to die by suicide than non-Veterans. NASDVA recommends that VA develop a mechanism between VHA and VBA to identify at risk Veterans at the time a claim is initiated or when a service is requested through the VBA. In short, any coordination gaps between VBA and VHA need to be mitigated to identify Veterans at risk of death by suicide.

MINORITY VETERANS

The term "Veterans who are minorities" according to the U.S. Department of Veterans Affairs means Veterans who are identified as African Americans, Asian American/Pacific Islander, Hispanic, Native American/Alaska Native and Native Hawaiian. Veterans in Island Territories have had significant issues with earned services and support due to their isolation. For example, during hurricane catastrophes in Puerto Rico and the U.S. Virgin Islands, the VA was one of the only available providers, yet Category 7 and Category 8 Veterans were not accepted and thus did not have any viable options for their urgent medical needs. NASDVA recommends provisions in VA healthcare to allow care to all Veterans in VA facilities during catastrophic events.

Native American Veterans are chronically underserved on their reservations. NASDVA applauds the recent Memorandum of Understanding between the U.S. Department of Veterans Affairs and U.S. Department of Health and Human Services' Indian Health Service seeking to increase access and improve the quality of health care and services for eligible American Indians and Alaskan Natives.

NASDVA also supports the successful implementation of the January 2023 proposed rule by the VA waiving copayments incurred for eligible American Indian and Alaska Native Veterans. If successful, eligible American Indian and Alaska Native Veterans who have

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submitted appropriate documentation to VA would no longer be required to pay copays for health care services.

Funding Veterans in local native clinics puts resources back into their networks to provide care to all. This worked across Alaska, where VA clinics were closed several days a week. The IHS network is working well and very robust when the VA pays for the care for our Veterans in the Alaska Native Healthcare system. The limited funds they receive from IHS tends to go much further. Native Veterans would much rather be cared for by IHS and have VA reimburse IHS. This appears to be a working model and should be continued. This is especially true on the large reservations and in Alaska where distances are vast. We are aware that there are Veterans who are dual users of IHS, VA tribal health or both.

NASDVA wants to make sure that our Veterans and the systems that they access have the resources available continually. Should there be a government shutdown, IHS should continue as the VA does with medical care for our Tribal Veterans.

HOMELESSNESS AMONG VETERANS

NASDVA commends VA's effort and continued emphasis on ending homelessness among Veterans. States will continue to develop and support outreach programs that assist VA in this high priority effort, particularly in further identifying those Veterans that are homeless and programs to prevent homelessness. As partners with VA at the nexus of local communities, we are focusing on addressing the multiple causes of Veterans' homelessness e.g., medical issues both physical and mental, legal issues, limited job skills, work history and currently high-cost rent.

NASDVA recommends continued funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, Supportive Services for Veteran Families (SSVF) Shallow Subsidies and Compensated Work Therapy. It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for Veterans and their families.

We know that many stages of homelessness exist and likewise we know that many factors contribute to homelessness among Veterans. Contributing factors are alcohol and drug abuse, mental health issues, PTSD, lack of employment, and involvement with the justice system. To eliminate chronic homelessness, we should continue to address the root causes. They need to receive attention and action by providing the necessary mental health and drug treatment programs in conjunction with job skills training and employment. Case management

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is imperative in these instances. These collective programs must be adequately staffed and fully funded in the current and future budgets.

NASDVA commends VA and HUD for their collaboration in increasing the number of Veterans Affairs Supportive Housing (VASH) vouchers. Unfortunately, in cities with high costs of living, the voucher value is insufficient to allow the Veteran to secure adequate housing. Some cities need cost of living adjustments to ensure the VASH voucher will cover most of the cost of affordable housing. NASDVA recommends vouchers be tied to local markets to ensure they can support Veterans with secure permanent housing.

NASDVA recommends attention be paid to those homeless Veterans, particularly those older Vietnam Veterans who are now experiencing issues with injury or disease and can no longer care for themselves. These Veterans are very vulnerable and require long-term care, but may not have filed for service connected disabilities nor have the capacity to navigate the system which also may include Medicare. NASDVA recommends Congress review changing policy to allow these veterans to use HUD/VASH vouchers for long-term care. We owe these Veterans the care they deserve for serving our nation.

VETERAN SUICIDE PREVENTION

NASDVA recommends more efforts through the VA Experience Office be made to support community efforts to prevent Veteran suicide. Engaging community coalitions through the Governor's Challenge and Mayor's Challenge on Veterans' Suicide Prevention can support the VA's effort. We recommend extensive collaboration between the VA Medical Centers, VA Regional Offices and State Departments of Veterans Affairs to impact this work. Data indicates that 70% of Veterans who take their own lives do not engage with VA. This access issue should be improved. The entire Veterans' community must take on the critical task of suicide prevention.

NASDVA recommends additional Veteran suicide prevention resources be provided to States and Territories through the Governor's Challenge. The VA will reportedly launch a new $10 million program to provide federal resources to states, territories, Tribes and Tribal organizations to develop and implement proposals under the Governor's Challenge program.

TRANSITION ASSISTANCE PROGRAM (TAP)

The Department of Defense reports more than 200,000 service members from all branches and components leave the Armed Forces each year and transition to civilian life. NASDVA strongly encourages the most effective national and state-level transition program(s) possible to ensure success when a military member leaves uniformed service. The transition is

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tremendously important for financial and emotional security and often stressful for service members and their families.

Service members are required to attend the multi-day Transition Assistance Program (TAP) at their military installation prior to separation or retirement. Spouses are also encouraged to attend as appropriate. TAP is a mandated, standardized workshop across all services and components and primarily delivered by the Department of Defense, Department of Labor and Veterans Affairs, and focuses on earned benefits, employment opportunities, and education.

The TAP process has been often been described as an inadequate, last-minute avalanche of information to service members and their spouses already overwhelmed with planning for post-service life. As a result, many see TAP as something they need to get through in order to leave the service, rather than a helpful resource.

We note a recent December 2022 Government Accountability Office report, which found not all departing service members were provided access to TAP classes and materials. The recent COVID-19 pandemic also created additional stresses on providing key information to transitioning service members and their families. NASDVA recommends increased emphasis by the Armed Forces of mandatory participation in TAP.

NASDVA supports the expansion of TAP since the implementation of the *John S. McCain National Defense Authorization Act of 2019*, especially with initiatives to include post-service contact information on the electronic DD Form 214 discharge document, and the provision for the DoD to connect retiring or separating service members with community-based organizations and State Departments of Veterans Affairs. NASDVA has long advocated for this connection since States are in a unique position to provide separating service members and their families with critical information to access earned Federal and State services, benefits and support.

However, the States and Territories need a closer partnership with all federal agencies who are part of the TAP. There is currently no mandate to include the State Departments of Veterans Affairs in the TAP curriculum. It is a significant challenge for Transitioning Service Members (TSM) to connect with available and earned State services, benefits and support. Likewise, it is difficult for State Departments of Veterans Affairs to make service members aware of these benefits and services, especially in their new communities. This lack of connectivity between TSMs and SDVAs contributes to significant barriers to employment and increases the mental stress associated with their transition.

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NASDVA recommends all State Departments of Veterans Affairs be included in the TAP at military installations in their State and be allowed to connect with TSMs who are moving to their State prior to separation. Additionally, NASDVA recommends that TSM contact data in the Defense Manpower Data Center (DMDC) be available to SDVAs longer than the current 45-day time limit.

However, the states they are transitioning to cannot reach them to share resources because they are not aware that the service member is in their State. During the time of transition, service members must complete various forms and attend various transition type courses. Many want to check off all their ETS forms as quickly as possible so that their lives as civilians can begin. Current legislation requires that transitioning service members have the option to opt in to their states receiving their DD Form 214 information. The problem is service members must opt in, which is yet another step in a tedious transition process. If service members automatically opt in to sharing their DD Form 214 with states instead of having to decide to opt-in, we believe that states would receive more information about those moving to their states which would allow states to better serve these new Veterans.

STATE APPROVING AGENCIES

State Approving Agencies (SAA) operate in all states and are responsible for the approval and oversight of programs offered by postsecondary institutions that wish to provide for the use of GI Bill® educational benefits. Twenty-six (36) SAAs operate under their State Departments of Veterans Affairs, while the remainder operate within a State's Department of Education, or other State agency. All SAAs are funded through contract with the VA. NASDVA has entered a formal Memorandum of Understanding with the National Association of State Approving Agencies (NASAA) to support NASAA's efforts to promote and safeguard quality education and training programs for all Veterans.

Since the passage of the Post/9-11 GI Bill®, the role of SAAs and associated contractual requirements have expanded significantly. It is difficult for SAAs with added responsibilities to meet their contractual requirements and protect Veteran educational benefits in their State from waste, fraud and abuse.

The federal appropriation that supports SAA contracts has remained stagnant for several years although State costs to support the program have increased annually. NASDVA recommends an analysis to ascertain current state administrative cost requirements to effectively fulfill contractual obligations. Significant legislation has been enacted recently that provide necessary protections for Veterans and their earned educational benefits, including the *Harry W. Colmery Veterans Educational Assistance Act* and the *Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020*. NASDVA recommends the continued

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implementation of these invaluable pieces of legislation through the promulgation of regulations by VA.

NASDVA recommends language be added to *U.S.C. 3696* that provides the SAAs authority to restrict an institution that has had their approval revoked "for cause" from immediately re-applying or applying for approval in another State. There is no statutory timeframe established that restricts an institution from immediately reapplying. The school will often reapply the next day or in the case where a State has a law in place to address this issue the institution will shop other States for approval, effectively avoiding the intended protections of *U.S.C. 3696*.

LESSONS OF ASSET AND INFRASTRUCTURE REVIEW (AIR) COMMISSION

In June 2022, it was announced the VA Asset and Infrastructure Review (AIR) Commission, intended to modernize and realign the VA health care system in the coming decade, would not move forward. NASDVA recognizes the AIR Commission report, which noted the declining national Veteran population and extreme aging of much of its infrastructure, did cause anxiety regarding the closing and relocation of certain VA health care facilities.

NASDVA recommends the VA review the infrastructure list and each year choose the most appropriate infrastructure to update. Follow this by making adjustments in the VA budget and work with states to manage the changes.

The now-defunct AIR Commission report placed great empahsis on inpatient mental health care for our Veterans. During a November 2022 poll of our membership, 38 State Directors of Veterans Affairs determined the lack of inpatient mental health support was one of their top three concerns. Veteran suicide prevention and mental health awareness has been a big part of the VA and national campaigns to save lives, yet those who need more institutional care cannot receive it because of the lack of infrastructure. There are many stories of Veterans who took their lives who were not connected to VA health care. Not every Veteran has access to telehealth and not every Veteran can heal in an outpatient setting, thus the need for Veteran specific inpatient facilities. We ask for a clear path forward that makes funding for VA inpatient mental health care a priority.

CONCLUSION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and distinguished members of the Committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve the well-being of of nation's Veterans. I emphasize again, that we are "government-to-government" partners and are second only to VA in delivery of earned benefits and services to those who have served our great country.

The National Association of State Directors of Veterans Affairs

State Departments of Veterans Affairs serve as an expanding hub and link to local communities where the Veteran resides. This opportunity for submitting a written testimony illustrates your recognition of NASDVA's contribution and value in serving our nation's Veterans, their families and survivors.

With your help and continued support, we can ensure our Veterans and their needs are adequately resourced and remain a priority. The challenges we overcome today become the foundation of our promise to serve those who have borne the battle and for their families and survivors, and our commitment to the nation's future Veterans.

# # #

BLACK
VETERANS
EMPOWERMENT
COUNCIL

Statement of

Shawn L. Deadwiler, Interim Director

of

Black Veterans Empowerment Council Inc. (BVEC)

Before a joint hearing of the

Senate & House Veterans' Affairs Committee

One Hundred Eighteenth Congress

Wednesday March 1, 2023

Chairman Tester and Chairman Bost, Ranking Members Moran and Takano, Members of the Senate, and House Veterans' Affairs Committees.

I am pleased to speak before the Joint Senate and House Veterans Affairs Committee hearing today on behalf of the Black Veterans Empowerment Council, Inc. (BVEC).

BVEC is a non-profit organization registered in the state of Maryland, and I am honored to be leading the re-energized evolution of our organization, executive team, staff, and volunteers to continue providing impact across the broader community with transparency.

Currently, BVEC is working on comprehensive plans to strengthen both the collaboration and transformation of our efforts as we continue to shift long-standing racial inequities suffered by Black veterans in the United States through our non-partisan coalition made up of national, state, local veteran service organizations and the Black veterans community.

BLACK
VETERANS
EMPOWERMENT
COUNCIL

Statement of Shawn L. Deadwiler
Interim Director, Black Veterans Empowerment Council Inc.
Before the Senate & House Veterans Affairs Committee
Wednesday March 1, 2023

BVEC is appreciative of the work that the SVAC and HVAC have completed in the 117th Congress, and we look forward to our continued collaboration in the 118th Congress. We also look to continue advocating to advance sensible and sustainable legislative solutions affecting all veterans – Including:

- **GI Benefits:** Particularly underutilization of and inadequate access to benefits for Black and minority veterans and discharges for Blacks and minorities more broadly.
    - As a host of factors complicate benefit utilization, BVEC supports the work of the black veterans centered organizations in advancing research on racial disparities in access to veterans benefits across the Department of Veterans Affairs. These findings reveal statistically significant racial disparities in disability grant rates and denials suffered by Black veterans and highlight a need for redress and reform.
    - The Sgt. Isaac Woodard, Jr., and Sgt. Joseph H. Maddox GI Bill Restoration Act was introduced last Congress.

- **Economic**: Department of Defense and Federal Contracting to Veteran Owned Small business (VOSB) and Service-disabled veteran owned small business (SDVOSB) is one of the largest issues for veterans.
    - Though underserved communities are heavily recruited, many Black veterans return to resource-poor neighborhoods and withstand frequent denials, deterrence or misinformation on how to appropriately utilize the veterans benefits they've earned.
    - **Startup Capital for VOSBs & SDVOSBs is critical!** There are a number of regulations made by agencies that require significant upfront capital just to be registered to do business. It is cost prohibitive in a lot of cases for veterans to go into business within the DoD and Federal Agencies.

- **Housing:** Particularly, significant (and in some cases increased) numbers of homelessness amongst veterans.
    - To fulfill its commitment to diversity, equity and inclusion – VA must also improve micro-targeting outreach across the Black veterans community. BVEC and its affiliate organizations stand willing to assist VA leadership in this effort.

- The VA Housing Loan Forever Act was also introduced last Congress and we support this piece of legislation and look to work with Congress on it.

- **Enforcement:** Black veterans disproportionately hail from at-risk, low-income and underserved communities, joining the military in the hopes of serving our nation while seeking economic mobility and access to housing, education and healthcare benefits often lacking in their respective environments.
  - Unfortunately, a lack of effectiveness exists due to the speed of the agencies implementing new legislation.
  - Further, an issue lies on how the federal agencies and subagencies interpret and implement legislation intent without a streamline process across other agencies and divisions of those agencies.
    - A perfect example is Chairman Tester's quote from the U.S. Senate Committee on Veterans' Affairs site, article dated, November 30,2022. Quote: "I'm disappointed VA hasn't implemented the law we passed two years ago to end copays for VA health care for Native veterans," Tester said at the hearing.
    - Black veterans are experiencing similar issues and we would like to start working towards establishing a VA Advisory Committee on African American Affairs. I personally testified to Ranking Member Takano during the Veteran Voices of Color roundtable of this need in July and September of 2020. We as the founders of the BVEC did not do enough to pursue this effort in the 117th Congress. I ask the 118th Congress today to work with the BVEC on this advisory committee.

As the work of the 118th Congress progresses, we understand that that country is at the nexus of multiple crises – real challenges around care for our veterans, global and national security threats, possible economic recession and the tail end of a two-year pandemic. Now, more than ever, we must all work together to ensure the needs of veterans are being addressed during these difficult times. With that in mind, I and the BVEC stand ready and willing as partners in the journey towards sensible, sustainable solutions for veterans.

Testimony *of*

Legislative Priorities
&
Policy Initiatives *for the*
118th Congress

Presented by

Jack McManus
National President

Before the
House and Senate
Veterans Affairs Committees

March 1, 2023

Attachments

Good afternoon, Chairmen Tester and Bost, Ranking Members Takano and Moran, and distinguished members of your respective committees. I am pleased to appear before you today to present highlights of our legislative agenda and policy initiatives for the 118th Congress to transform support for veterans to real programs, initiatives, and benefits.

VVA is a national Vietnam Veterans Service organization chartered by the U.S. Congress as a nonprofit organization to promote the well-being of American Vietnam veterans; foster the improvement of the condition of Vietnam veterans; promote the social welfare (including educational, economic, social, physical, and cultural improvement) in the United States by encouraging the growth and development, readjustment, self-respect, self-confidence, and usefulness of Vietnam veterans and other veterans.

The themes of our advocacy reinforce what we have always stood for as an organization: First, that we tell the truth to power as best we can determine the truth, and that we, as individuals and as an organization, act openly and honestly in all our affairs. Second, we demand that our government always tell us the truth and that veterans be treated justly and with respect. Third, VVA demands accountability for the effectiveness as well as the efficiency of each government program charged with helping veterans and their families.

We stand by our motto: ***Never Again will one Generation of Veterans Abandon Another.***

PRISIONE OF WAR AND MISSING IN ACTION (POW/MIA)

The Fullest Possible Accounting of America's POW/MIAs has long been VVA's solemn priority. We hold as a profound trust and obligation the responsibility to account for those American servicemembers who remain unrepatriated, missing, or otherwise unaccounted for as a result of their service to our country.

VVA's advocacy on behalf of our fellow comrades-in-arms and their families has helped change the course of history and how we, as a nation, deal with the accounting of our war missing. Today, when we send our men and women to war, they have our nation's promise to bring them home. And while those wars after Vietnam have resulted in fewer servicemembers taken into captivity and unaccounted for, there are no guarantees that this will be the case in the future.

We call on Congress to fully fund the Defense POW/MIA Accounting Agency (DPAA) with what is required to fulfill the mission. This office has the responsibility to keep our nation's promise, to investigate potential crash and burial sites, and to recover and identify remains in Southeast Asia and elsewhere around the globe. In the past three years, DPAA reports accounting for 428 U.S. servicemen; of this total, only 5 are from the Vietnam conflict.

For the 1,581 unaccounted-for American servicemembers from our long-ago war and for their survivors, the pace of recoveries is unacceptable. With the passage of time, witnesses are dying, remains are disintegrating, and the landscape is changing. Repeated delays in funding have interfered with putting recovery teams in Vietnam and Laos. DPAA has a shortage of analysts with the background and expertise to work the cases, and this, combined with inadequate funding to conduct interviews, has slowed recovery efforts.

VVA continues to press for answers regarding those Americans still listed as killed in action, body not recovered. This is the 30th year of VVA's Veterans Initiative Program, our veteran-to-veteran effort to assist Vietnam with their accounting of war dead. We continue to assist our former enemy in locating their unrecovered loved ones by providing fate-clarifying information such as maps of mass burial sites, ID cards, photos, and more.

As we continue to work veteran-to-veteran with our former enemy, we have strengthened the trust between American and Vietnamese veterans and have encouraged the continued cooperation by Vietnamese authorities with DOD search teams. To date, with the information VVA has provided, over 2,000 Vietnamese remains have been recovered from the war. We will be travelling to Vietnam in May 2023 to continue to work directly with the Vietnamese veterans.

NO CUTS TO VETERANS' BENEFITS

Less than 1 percent of the population risks everything to defend our nation and our values and everything we hold dear. You know, the 99 percent of us who don't, we owe them. We owe them big. And that's what today is all about — it's paying a debt, in my view.

Joseph Biden, President of the United States, June 7, 2022

Veterans should not be the target of situations created by Congress and the Administration, who have jointly been unable, for years if not decades, to meet the federal government's obligation to pay their debt. I joined the military to defend and uphold the Constitution of the United States -- the same oath that each of you swore as elected leaders -- and I call on each of you to protect and defend our veterans, widows, and survivors from any attempt to take away their earned benefits.

VETERANS AND MILITARY TOXIC EXPOSURES

ADDRESSING THE LEGACY OF TOXIC EXPOSURES

From Vietnam to the present-day, members of the U.S. military have been exposed to numerous toxic elements, both at home and while serving abroad, leaving many with debilitating illnesses. It is a disgrace that for years our own government hid the harmful effects of these toxic substances from people serving in these areas and then fought to deny their resulting VA claims, as well as those of their survivors and descendants.

The Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016, P.L. 114-315, Subtitle C, Section 632, required the Secretary of Veterans Affairs to "seek to enter into an agreement with the National Academy of Medicine under which the National Academy of Medicine conducts an assessment on scientific research relating to the descendants of individuals with toxic exposure."[1]

It is evident that the VA Secretary did not follow Section 632 of the *Toxic Exposure Research Act* as identified in the law, and we are asking Ranking Member Jerry Moran (R-Kansas), the champion of this law, to hold an oversight committee hearing, with the VA Secretary as the star witness, to investigate what metrics he used that empowered him to not follow the law.

[1] Pub. L. 114-315 § 632(a)(1).

Mr. Chairman, we do not need another study but would appreciate your support in ensuring that the already agreed-upon study is conducted, and that VA reconsider their denial of any further study in the much-needed intergenerational research, in compliance with the law.

PUBLIC LAW 116-23 *BLUE WATER VIETNAM ACT OF 2019*

While the original law was well-intentioned and fixed a long-standing oversight regarding eligibility for claims and benefits for Blue Water Vietnam veterans by granting presumptive benefits status to those who were exposed to Agent Orange, it only covers veterans who served on vessels out to twelve nautical miles seaward from the demarcation line on the waters of Vietnam and Cambodia. This excludes veterans who served further beyond this arbitrary boundary, yet were also potentially exposed to Agent Orange, and who suffer from its effects.

VVA calls on Congress in the strongest terms to amend P.L. 116-23 to extend the nautical mile limitation sufficient to include U.S. Navy and Marine Corps Vietnam veterans who were assigned to the Vietnam Theater of Combat Operations or received the Vietnam Service Medal.

REMOVE ONE-YEAR CUTOFF DATE FOR CHLORACNE, ACUTE/SUBACUTE PERIPHERAL NEUROPATHY, AND PORPHYRIA CUTANEA TARDA

Pursuant to P.L. 116-315, GAO prepared a report published September 1, 2022, (GAO-22-105191) and recommended that the Under Secretary for Benefits "clarify the guidance in its claims processing manual to make clear that claims processors can potentially support a rationale for service connection—or request a medical opinion—for early-onset peripheral neuropathy, chloracne, or PCT without medical documentation of the condition during or within one year of service in Vietnam." The Veterans Benefits Administration agreed and updated the M21-1 manual section V.ii.2.B.1.g. on September 27, 2022, and clarified that claims processors "must consider all relevant lay and medical evidence to establish onset of a presumptive disability during an applicable manifestation period, and when appropriate, obtain a medical opinion."

VVA still advocates for the removal of the requirement that the condition manifest to a degree of at least 10% within one year of discharge from service because numerous veterans may be unable to obtain lay testimony or recall events clearly themselves, given the substantial passage of time. Furthermore, the M21-1 is not fully binding law and even this favorable change may be eliminated by future administrations.

CONGRESSIONAL GAO STUDY ADDRESSING BURN PITS IN VIETNAM

Title III of the *PACT Act* -- signed into law August 10, 2022 -- expands healthcare and benefits and includes a concession of exposure to burn pits for those who served in Iraq, Afghanistan, and other key locations during the Persian Gulf War and the Global War on Terrorism in Southwest Asia. However, the *PACT Act* does not address the Vietnam-era veterans' exposure to the effects of the daily burning of human waste in Southeast Asia.

Burning solid waste generates many pollutants, including dioxin, particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds, carbon monoxide, hexachlorobenzene, and ash. Health effects from burning waste smoke depend on several factors, including the nature of the waste being burned, duration of exposure, and proximity to the burning smoke. Vietnam

veterans who burned human waste are at greater risk for health effects. It is important for VA to acknowledge that Vietnam-era veterans were exposed to these toxins, like their fellow pre-9/11 veterans.

In addition to the visible air pollution and temporary, acute health effects like eye and throat irritation, breathing difficulties, and skin irritations, there are volatile organic compounds (VOCs) released from burning feces.[2] Among these VOCs, several are known to cause severe, chronic illness.

According to VA, "proper" disposal of waste during deployment is essential to prevent health problems and protect servicemembers. In certain situations, when sanitary and waste management facilities are not available, this waste may be burned in an open pit.

During the Vietnam War, hazardous-waste disposal sites--usually open-air burning of human waste and other potentially toxic materials--released harmful chemicals into the environment. VVA calls on the Government Accountability Office (GAO), through an act of Congress, to study the likelihood that exposure to these airborne hazards may have caused severe clinical irregularities, manifesting in the long-term adverse effects on the veterans' health. Thousands of Vietnam veterans experienced daily exposure to the volatile organic compounds, such as styrene, toluene, and indole, while serving in Southeast Asia in field camps and hospital compounds. **See Attachment A**

GULF WAR VETERANS

Veterans deployed to Southwest Asia during the Gulf War in Operations Desert Shield and Desert Storm are still waiting for answers. The list of toxicants to which they were exposed include (but are not limited to):

- Oil Well fires;
- Chemical and Biological weapons, including Sarin, from the demolition of the ammunition storage depot at Khamisiyah;
- Depleted Uranium used in U.S. military tank armor and bullets;
- CARC – Chemical Agent Resistant Coating – paint on military vehicles to resist corrosion and chemical agents;
- Pesticides;
- PB – Pyridostigmine Bromide – a pre-treatment drug to protect against the nerve agent Soman; and
- Solvents, including Benzene, Cyclohexanol, Ethylene Glycol, Methylene Chloride, Methyl Ethyl Ketone, Methyl Isobutyl Ketone, Naphtha, Toluene, Tetrachloroethylene, Trichloroethylene, and Xylenes.

When those who served, who did our nation's bidding, came home and encountered illnesses they could not explain, and subsequently went to a VA medical center; treatments often could not

[2] Catherine E. Garner, Stephen Smith, Ben de Lacy Costello, Paul White, Robert Spencer, Chris S. J. Probert, and Norman Ratcliffe, (2007) "Volatile Organic Compounds from Feces and their Potential for Diagnosis of Gastrointestinal Disease," *FASEB J 21*(8), 1675-88.

mitigate their maladies or their pain. When they sought hard-earned disability compensation, most were treated as if they were trying to get over on the government, and their claims were denied.

It is important to note VA's exceedingly high denial rates of Gulf War presumptive claims (58 percent for presumptive Chronic Multi-Symptom Illness CMI and 76 percent for the broken Undiagnosed Illness UDX presumptive conditions in 38 CFR §3.317). While this does show some improvement based upon the latest data the Veterans Benefits Administration (VBA) shared with us in September 2022, it is still a high denial rate for presumptive CMI and UDX claims and perpetuates the real and ongoing misery being experienced by tens of thousands of Gulf War veterans. Therefore, until VA's presumptive Gulf War claims adjudication policies, procedures, and training all are remedied, Gulf War veterans suffering at the hands of the organization that is supposed to help them will continue.

The Agent Orange Act of 1991 mandated that VA engage the Institute of Medicine -- now the National Academy of Medicine of the National Academies of Science, Engineering, and Medicine -- to convene panels of experts every two years to audit the peer-reviewed scientific literature; hold public hearings; and produce their findings on levels of association, ranging from sufficient to none known at this time, on suspect health conditions related to exposure to dioxin. The *Act* further mandated that their findings be published in biennial updates of *Veterans and Agent Orange*. There is a real need for Congress to reauthorize the funding for this endeavor for at least another decade and to expand its scope to embrace the potential effects of past, present, and future exposures to toxicants on veterans of all eras, specifically the 1991 Persian Gulf War and the recent conflicts in Afghanistan, Iraq, and Syria.

This congressionally mandated research, paired with publication of the panel's findings, should also include the investigation of sites in the Continental United States (CONUS) known for the presence of toxic substances. This publication would follow the format of the *Veterans and Agent Orange* updates. These sites include but are hardly limited to: Fort McClellan in Alabama; Fort Chafee in Arkansas; Fort Detrick and Aberdeen Proving Ground in Maryland; Dugway Proving Ground in Utah; the Marine base at Camp Lejeune, North Carolina; the former Marine air base at El Toro, California; Fort Greely in Alaska; and Luke Air Force Base in Arizona.

Veterans deserve an acknowledgment that their health may have been compromised in the long term by service-related toxic exposure. These include the tens of thousands of servicemembers in the Gulf War exposed to the toxic plume from the demolitions of the Iraqi ammunition dump at Khamisiyah. Also included are those exposed to Per- and Poly-fluroalkyl Substances, the "forever chemicals" in fire-fighting foam that are pervasive at overseas sites and at all Air Force bases in CONUS.

IMPLEMENTATION OF THE *SERGEANT FIRST CLASS (SFC) HEATH ROBINSON HONORING OUR PROMISE TO ADDRESS COMPREHENSIVE TOXIC (PACT) Act of 2022*

The *PACT Act* marks one of the greatest expansions of veteran healthcare and benefits in our generation. Thanks to the tireless work and commitment of members of this Committee, other members of Congress, and Veterans' advocates, veterans who have borne the burden of service

and have suffered from the effects of toxic exposure now have a path forward to receive the critical care and compensation they justly deserve.

While passage of this legislation is an important victory for veterans, their families, and survivors, we now face the arduous work of making sure that the implementation of this new law is accomplished with congressional oversight, verifying accountability on the regulatory and statutory sides--in particular for those veterans experiencing homelessness, veterans older than 85 years-old, veterans experiencing financial hardship, and Medal of Honor and Purple Heart recipients, whose claims are to be fast-tracked by VA, as stipulated in the law. Mr. Chairman, VVA is requesting this Committee schedule an oversight hearing on the VA's progress and challenges in reaching out to these vulnerable populations, many of whom do not use the VA healthcare system.

In addition, VVA will oppose ANY attempts to cut appropriated funding from the Cost of War Toxic Exposure Funds established in accordance with Section 805 of P.L. 117-168 in the *PACT Act*. We have an obligation as veterans to ensure that Congress does not raid this program to ensure that veterans, caregivers, widows, and survivors receive the critical care and compensation they justly deserve under the law.

AGING VETERANS

The U.S. population is rapidly aging. According to the Census Bureau, the population sixty-five and older will increase by almost 70 percent by 2060. An analysis of data from the Health and Retirement Study (HRS), the National Center for Veterans Analysis & Statistics (NCVAS) reports that in 2020 almost 9 million veterans were 65 or older. After six years of being on the GAO's High-Risk List, VA "still lacks a clear and comprehensive roadmap to address VA healthcare concerns and has not demonstrated meaningful progress." VVA will work with Congress and the Administration to remove the barriers that aging veterans face regarding access to care and treatment at the VA.

Further, we must recognize that, despite comparable access and quality of care, racial and ethnic disparities persist among older veterans. The most current data highlights the need for healthcare services designed to meet the needs of culturally diverse populations. As noted by the American Psychological Association, "African American older adults experience significant health disparities, including lower life expectancies and increased risk of chronic health conditions such as hypertension, diabetes, dementia, stroke, and cancer."[3] These disparities are significant. Over the age of 64, strokes occur at over twice the rate for black patients versus white patients.[4] Additionally, black patients are more likely to face discrimination in pain management.[5]

[3] Frances Adomako. "African American Older Adults and Race-Related Stress: How Aging and Health-Care Providers Can Help." *Am Psych Assn*, https://apa.org/pi/aging/resources/african-american-stress.pdf (last visited Nov. 4, 2022).
[4] Brian Trimble and Lewis B. Moregenstern. "Stroke in Minorities." *Neurol Clin 26*(4), November 2008: 1177-1190.
[5] Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites." *Proc Nat Acada Sci USA 113*(16), April 19, 2016: 1117-1190 https://www.ncbi.nim.nih.gov/pmc/articles/PMC4843438.

African American, American Indian, and Alaska Native veteran groups have the greatest disparities compared with non-Hispanic White veterans.

We've attached a white paper to our testimony: "The Aging Veteran: Reconfiguring the Veterans Health Administration," VVA's recommendations for how to better serve your constituents who are older veterans. These constituents must be given priority when introducing legislation or other policy measures addressing their healthcare needs.

HOMELESS VETERANS

In accordance with the VA Center on Homelessness Among Veterans[6], while the population of homeless veterans has been decreasing, the number of older homeless veterans has increased. This is important as research with older homeless individuals has shown that they are characterized by a reduced lifespan and a greater prevalence and earlier onset of geriatric conditions, such as frailty, falling, urinary incontinence, sensory and cognitive impairment, and inability to execute activities of daily living. Higher mortality rates among homeless veterans have been found across the adult life-cycle, compared to veterans without a history of homelessness. Compared to adults in the general population, homeless adults have been found to have a mortality rate that is 4.5 times higher.

They also reported in their "Bridging Housing and Healthcare For Older Homeless Veterans" Fact Sheet[7] that homeless veterans between 56 and 82 years who are living in HUD-VASH housing have, on average, five medical diagnoses and two mental health diagnoses. The most common medical diagnosis is hypertension or high blood pressure. Substance use disorder (SUD) is the most common mental health diagnosis; 56 percent of the homeless, elderly veteran population have a SUD diagnosis. Studies also conclude that homeless veterans experience higher mortality compared with housed veterans aged 60 and over.

While there is an extreme shortage of affordable housing in the U.S. that has helped create a homelessness crisis, veterans are much more likely to experience homelessness than the average American. A multitude of factors contribute to putting veterans at an increased risk of homelessness, including Post-traumatic Stress Disorder, substance abuse, a lack of family support networks, and military jobs not easily transferable to civilian life and occupations.

Mr. Chairman, during 2022 VA permanently housed 40,401 homeless veterans, exceeding the 2022 goal by 6.3 percent.[8] However, the success of this statistic does not tell us how well VA is reaching out to *every* homeless veteran. The homeless veteran population is diverse, and inequalities are evident among subgroups. Identifying meaningful differences within this group requires looking beyond overall population counts. Veteran homelessness risk is significantly tied to gender, race, and ethnicity. HUD's *2022 Annual Homeless Assessment Report to Congress:*

[6] Aging - VA Homeless Programs
[7] Lei-Nikki Bowser, MHA, Office of Health Equity and Jack Tsai, PhD, Director of Research, VA National Center on Homelessness Among Veterans, Dilan Gangopadhyay, Office of Health Equity Intern
[8] U.S. Department of Veterans Affairs. "VA Housed More Than 40,000 Homeless Veterans in 2022," *News Release*, Office of Public Affairs, January 26, 2023. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5854

Part 1[9] provides some demographic information. However, we are somewhat confused with the VA fuzzy math on the number of homeless veterans being housed, because the following chart states that 33,129 veterans were reported homeless in 2022 in accordance with the *2022 Annual Homeless Assessment Report to Congress.*

2022

Characteristic	All Veterans		Sheltered Veterans		Unsheltered Veterans	
	Number	Percent	Number	Percent	Number	Percent
Total Veterans	33,129	100.0 %	19,565	100.0 %	13,564	100.0 %
Gender						
Male	29,372	88.7 %	17,705	90.5 %	11,687	86.2 %
Female	3,440	10.4 %	1,784	9.1 %	1,656	12.2 %
Transgender	141	0.4 %	42	0.2 %	99	0.7 %
A Gender Not Sing. Male or Female	118	0.4 %	27	0.1 %	91	0.7 %
Questioning	38	0.1 %	7	0.0 %	31	0.2 %
Ethnicity						
Non-Hispanic/Latino	29,086	87.8 %	17,897	91.5 %	11,189	82.5 %
Hispanic/Latino	4,043	12.2 %	1,668	8.5 %	2,375	17.5 %
Race						
White	19,355	58.4 %	11,408	58.3 %	7,947	58.6 %
Black or African American	10,240	30.9 %	6,733	34.4 %	3,507	25.9 %
Multiple Races	1,679	5.1 %	698	3.6 %	981	7.2 %
Native American	1,034	3.1 %	414	2.1 %	620	4.6 %
Asian Am.	404	1.2 %	159	0.8 %	245	1.8 %
Pacific Islander	417	1.2 %	153	0.8 %	264	1.9 %

Veterans who are Black or African American comprise one-third of veterans experiencing homelessness and one quarter of unsheltered veterans. Although 58 percent of homeless veterans were white, white veterans make up 81 percent of all U.S. veterans. Transgender and gender non-conforming veterans experience a greater incidence of unsheltered homelessness. This occurrence is also seen with veterans who are multiple races: Native American, Asian, or Pacific Islander.

VVA recognizes the tremendous strides that have been made by VA in addressing and providing services for homeless veterans, yet this problem is a national disgrace that continues to persist. Homeless veterans require more than just a physical home. Comprehensive, individualized assessments and rehabilitation/treatment programs are necessary, utilizing the continuum-of-care concept. VVA asks Congress and the Administration to request that all agencies receiving federal funding for homeless programs report on gender, race, age, and military service on the number of veterans they house, as well as those that receive VBA and VHA benefits. This data will provide VA with the necessary resources to avoid duplication of services and to reconfigure their resources to better serve aging, homeless veterans who may not be suitable for a typical housing model.

[9] U.S Department of Housing and Urban Development. “The 2022 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-In-Time Estimates of Homelessness,” Office of Community Planning and Development, December 2022. https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf

WOMEN VETERANS

As VA continues to adapt to the reality of the increasing number of women in military service, they must continue to expand their healthcare delivery to meet the needs of female servicemembers, e.g., providing (or contracting out) prenatal care; complete reproductive healthcare, including birth control pills without co-pay; mental and physical care for victims of military sexual trauma; and understanding the unique problems faced after facial disfigurement or loss of a limb. In addition, there must be increased research into chronic conditions that affect women particularly. The median age of women using VA Healthcare is forty-eight; senior veterans are facing ageism in some prophylactic testing and care for those after age 75. To meet these relatively new challenges, VA must first call for and fund research that will illuminate treatment options; VA must also seek out and hire enough female OB-GYN specialists, whom many women veterans prefer. Gerontology is a specialty that is needed at every VA hospital. Finally, and perhaps most importantly, VA must be a safe place where women veterans can enter without fear of being victimized by sexual harassment.

VVA is proud to have been a moving force in the establishment of the VA Advisory Committee on Women Veterans and the Center for Women Veterans within VA. As issues affecting women veterans become more visible and better understood, maintaining effective, quality programs, services, and benefits require the constant oversight and attention of Congress.

VVA will work with Congress on implementation of Section V, the *Deborah Sampson Act*, of P.L. 116-315, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvements Act of 2020*, honoring an indentured servant who disguised herself as a man and joined the Patriot Forces in the American Revolution, and subsequently became a champion for all women who served.

We also thank Congresswoman Julia Brownley (CA-D-26th) for her accomplishments on behalf of our nation's women veterans as Chairwoman of the Women Veterans Task Force, leading the charge in passing laws that support the needs of women veterans. The emphasis on more rural outreach for veterans, by this task force, has been key in helping those veterans that tend to become recluse because of their depression.

POST TRAUMATIC STRESS DISORDER (PTSD) AMONG AMERICA'S MILITARY WOMEN VETERANS

VHA has not yet taken sufficient action to address the effects of combat-related Post Traumatic Stress Disorder (PTSD) among America's women military veterans.

The nature of the combat in Iraq and Afghanistan is putting servicemembers at an increased risk for PTSD compared to those of past wars. Servicemembers are serving multiple tours, and the intensity of the conflict is strong and constant. In addition, in these wars without fronts, combat support troops are just as likely to be affected by the same traumas as traditional combat arms personnel are. This has particularly important implications for our female soldiers, who now constitute about 16 percent of our active duty fighting force. Studies on women serving in combat zones in prior conflicts have found that women who experience sexual trauma had significantly higher rates of PTSD than women who had not experienced sexual trauma. Therefore, many of the

women serving in Iraq and Afghanistan face dual causes of PTSD. Studies conducted at the Durham, North Carolina, VAMC Comprehensive Women's Health Center have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD. The "National Veteran Suicide Prevention Annual Report," released in September 2021, reports that women veterans' suicide rates have increased proportionately more than male rates, and an increasing number of those deaths involved firearms.

Because of the number of women veterans who are now de facto combat veterans, and because of the nature of the conflicts in both Afghanistan and particularly Iraq, women veterans have entered a completely new world of need.

VVA calls on Congress to ensure that VA has both the ability and the capacity to provide gender-specific, in-patient and outpatient care and treatment for both combat- and sexual trauma-related PTSD, and that psychosocial services are fully integrated into the primary care provided to women veterans.

VETERANS BENEFITS

LOSS OF LIFE/ LOSS OF DIC BENEFITS

The death of a veteran is stressful for a surviving spouse. Making it more so are the complexities of filing for Department of Veterans Affairs survivor benefits; Congress should make the process easier, not more complicated for survivors and dependents.

This country mourned the loss of over 19,000+ men and women who served in combat due to the COVID-19 pandemic. VVA has received numerous complaints that survivors are being denied DIC benefits because their loved one's death certificate did not indicate that the veteran died of a service-connected disability due to complications from COVID-19; or that the veteran's disability was a contributing factor. This highly unsatisfactory situation indicates a dire and pressing need to educate all healthcare professionals who provide care to, or conduct autopsies on veterans, on the critical importance of registering service-connected factors in the medical records of all veterans.

Our VSOs in the field have noticed a trend in benefits for spouses and/or dependents being denied for Dependency Indemnity Compensation (DIC) because VA was attributing the veteran's death strictly to the virus.

What we really need is for VBA to follow the law as it stands under regulation 38 C.F.R. §3.312: "Contributory cause of death is inherently one not related to the principal cause. In determining whether the service-connected disability contributed to death, it must be shown that it contributed substantially or materially, it combined to cause death, or that it aided or lent assistance to the production of death." Many death certificates are not filled out adequately or even correctly, especially if the attending physician is not the veteran's regular doctor, but simply was present at death in an emergency room. When it comes to VA/DIC and service-connected burial benefits, family members need to be aware of that before the death certificate is written so they inform the doctor that a complete and accurate death certificate listing the veteran's chronic conditions, if applicable, is absolutely necessary.

In addition, VVA supports amending Section 1102 of title 38, United States Code, by adding at the end the following new subsection (c): "In the determination of benefits under this section, notwithstanding any regulation or other provision of this chapter, a death certificate relating to a deceased veteran shall not be conclusory evidence in the determination of benefits for a surviving spouse. It shall be useful primarily in the determination that the veteran is deceased and considered for granting benefits, along with but not more relevant than other medical records and information provided by the claimant. Factors such as records from the veteran's primary medical files, and injuries or diseases the veteran may have suffered for which benefits have been awarded, or which are the subject of a pending disability award, shall be treated as compelling in any decision for benefits under this chapter."

Mr. Chairman, these earned benefits have been out-of-reach for too many families for too long.

REINSTATE 48-HOUR REVIEW PROCESS

For many years, prior to issuing a decision, VA regional offices would allow VSOs 48 hours to review any drafted decisions to identify errors. This was a critical program that VVA utilized to correct numerous mistakes, thereby improving the accuracy of VA decisions, lessening the burden on the appeal system, and preventing substantial heartache for the claimant. While VBA is pursuing the establishment of a system for electronic notification and has launched a Claims Accuracy Review (CAR) program, we believe it falls short of our desire to see upfront correction of errors. The CAR program is a reactive remedy to replace what was an initiative-taking system of accountability. VVA strongly advocates in favor of re-establishing this important initiative-taking program.

OVERHAUL THE BOARD OF VETERANS APPEALS (BVA) QUALITY REVIEW PROGRAM

In a collaborative effort between legal scholars and the former Chief of the BVA's Office of Quality Assurance, the first comprehensive study was conducted to measure the effectiveness of the BVA's Quality Review (QR) program.[10] The 2019 study concluded that the BVA's QR program "had no appreciable effect on reducing appeals or reversals." Furthermore, "for both original and CAVC-remanded appeals, the QR program did little to stem the backlog of appeals sent back to the BVA for multiple rounds of decisions." Most troubling, the study's authors were able to "demonstrate that this inefficacy is likely by design, as meeting the performance measure of 'accuracy' was at cross-purposes with error correction."

To VVA's knowledge, the BVA's Chairman of the Board has not proposed or implemented any changes to QR in response to these stark revelations. BVA issued 4,740 decisions in January and February 2020, combined, for cases in the *Veterans Appeals Modernization and Improvement Act* (abbreviated as "AMA" by VA)[11] system. According to information provided to VVA in a FOIA request, the BVA's QR program reviewed only 195 decisions in the same period, or 4.1 percent.

[10] Daniel E. Ho, et. Al., "Quality Review of Mass Adjudication: A Randomized Natural Experiment at the Board of Veterans Appeals, 2003–16," *The Journal of Law, Economics, and Organization* 35, no. 2 (July 2019): 239–288, https://doi.org/10.1093/jleo/ewz001

[11] https://www.benefits.va.gov/REPORTS/ama/

QR identified 54 errors and assigned an accuracy rate of 72.6 percent for January, and 87.4 percent for February, well below BVA's stated goal of 95 percent, and all of this took place more than a year after AMA was implemented.[12] Notably, where a decision has multiple errors, "that case is only counted once in the number of cases with errors column," thus the true accuracy rate should be even lower. According to the Chairman's 2021 annual report, the Board's accuracy rate remains "approximately 92.06 percent for legacy decisions and approximately 87.48 percent for AMA decisions." This 2021 statement unequivocally contradicts the 2020 QR findings cited above.

Although VVA fully supports BVA's goal of issuing decisions in a timely manner, we feel it is critical that quality not fall by the wayside. Failure to improve quality causes significant waste of public funds in litigation expenses and, most importantly, impermissibly delays or denies justice to our nation's veterans and their families. Therefore, VVA urges VA first to commission a study that evaluates how best to overhaul BVA's QR system, and then to implement the proposed changes in a timely manner.

PROVIDE OVERSIGHT FOR COMPENSATION AND PENSION (C&P) CONTRACTORS

Although VA has been required by law, for decades, to provide veterans with free, competent medical examinations to support their claims for disability benefits, it has never succeeded in implementing a system to ensure compliance with CAVC standards.

Initially performed by the VHA, these exams have been outsourced to contractors such as QTC and LHI at progressively greater rates over time. VA has, as a stated goal, the full privatization of the C&P examination process within the next few years.

While these contractors have been adept at managing the scheduling aspect of the process, VVA has observed no meaningful efforts to ensure that medical professionals hired by them provide an "adequate" examination. This term has been clearly defined by the CAVC in a long series of precedential decisions, yet VVA advocates continue to see hundreds of verifiably inadequate exam reports produced each year. Invariably, these inadequate examinations are relied upon by VA adjudicators (who are prohibited from making medical determinations), resulting in the improper denial of benefits. VVA exhorts VA to implement a robust accountability system that ensures public funds are only used to procure adequate examinations for our veterans and their survivors.

VVA fully supports legislation that would provide more accountability by requiring that only healthcare professionals who are fully licensed and not barred from practice may furnish medical disability examinations under VA's pilot program. These professionals would include physicians, physician's assistants, nurse practitioners, audiologists, and psychologists.

[12] BVA provided data from August 2019 through March 30, 2020. The highest accuracy rate in this period was 87.4 percent (February 2020).

HEALTH CARE

VETERANS ADMINISTRATION (VA) ELECTRONIC HEALTH RECORD (EHR) SYSTEM

In May 2018, VA awarded Cerner Corp. a contract to replace the 40-year-old VistA EHR system. This new Oracle Cerner Millennium system will be completely interoperable with the Department of Defense (DoD) updated Military Health System (MHS) GENESIS. VA awarded the $16 billion contract to Cerner without considering bids from other companies. VA claimed the Millennium software would work more effectively with (MHS) GENESIS. At its core, this is the commercial EHR developed by Cerner. VA's Electronic Health Record Modernization (EHRM) program was expected to take about 10 years to complete.

The rollout has not been without controversy. One piloted Millennium EHR system at the Mann-Grandstaff VA Medical Center in Spokane, Washington, has gone down more than fifty times since it was launched in October 2020. The VA Office of Inspector General (OIG), as a result, has had to inspect allegations related to medication-management challenges and care-coordination issues. Additionally, the OIG estimates the 10-year effort, which is behind schedule, will cost as much as $21 billion and another $2 billion for each additional year it takes to finish. However, VA Secretary Denis McDonough believes his department will not need more taxpayer money to complete the nationwide expansion.

P.L. 117-154, *The VA Electronic Health Record Transparency Act of 2021*[13] requires VA to report to Congress quarterly, describing all expenses, performance metrics, and outcomes of the EHRM program. The Millennium system must hit 99.9 percent uptime targets for four consecutive months before any new deployments. Reliability weaknesses discovered in Millennium by early adopters demonstrate the need for VA to improve the quality and reliability of the deployment of its EHR system. VA must comply with all recommendations of the April 25, 2022, OIG Audit, "Electronic Health Record Modernization Program Schedule Does Not Meet Quality Standards" (Project Number 21-02889-AE-0132).

VVA agrees with Senator Jerry Moran (R-Kansas), Ranking Minority member of the Senate Veterans Affairs Committee, "The potential benefits of the EHRM are tremendous, and we have to get it right."[14]

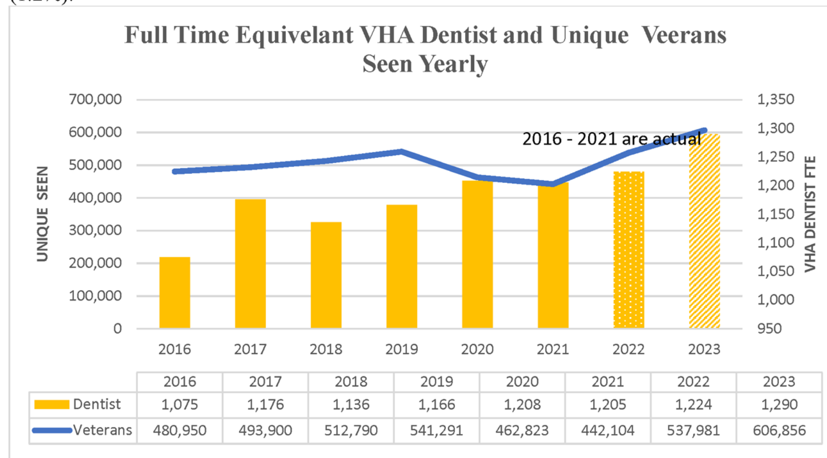
[13] untitled (congress.gov) P.L. 117-154, *The VA Electronic Health Record Transparency Act of 2021*

[14] Heather Landi, (2022). "VA Now Required to Report Performance, Cost of Troubled EHR System to Congress." *Fierce Healthcare, Health Tech.*, May 31, 2022. https://www.fiercehealthcare.com/health-tech/va-now-required-report-performance-costs-troubled-ehr-system-congress

<u>VETERAN'S DENTAL CARE ELIGIBILITY EXPANSION</u>

Veterans Administration provided comprehensive dental care to over 600,000 veterans in FY 2022. Although this seems like a lot, it represents only 6.5% of the 9.26 million veterans enrolled in VA healthcare. There are significant unmet oral health needs among veterans.

The 2023 budget report for VA healthcare expenditures highlights dental service cost and use among veterans. Of the 9.1 million veterans enrolled in VA healthcare, approximately 1.4 million (15%) are eligible veterans under current congressional standards to access comprehensive dental care. The number of eligible veterans is increasing an average of 7.3% per year. However, the budget goes on to report the number of VA dental staff is decreasing. The budget shows that the VHA fulltime equivalent dentist positions fell only 0.25% between 2020 and 2021, the narrative states the average annual decrease is 0.8%, led by dental hygienists (2.7%) and dental assistants (1.2%).



Full time VHA dentist and seen annually, gathered from Annual VHA Budget Submissions FY 2016-2023.

In 2021, 247 VA dental clinics saw 442,104 veterans completing 3.9 million procedures. An additional 70,000 veterans received dental care through Community Care. Although the total number of veterans receiving dental care in 2021 (512,104) seems like a lot, it represents only 36.6% of the 1.4 million eligible veterans. The VA Office of Dentistry is forecasting 767,000 veterans will receive comprehensive dental care in 2025. By 2028, about 2.26 million veterans will be eligible for comprehensive dental care.

The oral health status of a veteran may be a marker of who joins the military as well as a sign of policies governing their access to dental healthcare. Studies have shown that smoking, diabetes, depression, race/ethnicity, income, and education effects oral health. Compared to the civilian

population, veterans include a greater number of individuals at a higher risk for these negative effects on oral health.[15]

Poor oral health is linked to several chronic conditions including diabetes, heart disease, and stroke. The unexplained association between gum disease and these serious health conditions may not prove a cause-and-effect relationship. A 2021 study[16] suggest that poor dental health might lead to cardiovascular disease, hypertension, and depression. Other studies found a bi-directional relationship between periodontal disease and diabetes.[17, 18] The management of periodontal infection improves the metabolic status of diabetics, and glycemic control improves periodontal conditions**. See Attachment B**

These chronic conditions and poor oral health are exacerbated by living in rural America. Rural veterans are far less likely to have been seen by a dentist in the past year (42.6%), compared to rural veterans (33.2%). Oral health outcomes reflect this disparity. Twice as many rural veterans are fully edentulous (13.8%) compared to urban (7.6%).

Integrated veteran-centric healthcare yields the best outcomes for oral health and overall health. Expanding access to dental care accessed through the veteran's primary care VA facility creates the opportunity to better connect oral health to other healthcare. Rural veterans living with heart disease and diabetes have the most to gain by managing their chronic disease with oral healthcare provided by the VA.

The Dental Care Eligibility Expansion and Enhancement Act, introduced in the 117th Congress by Senator Bernie Sanders (I-VT) and colleagues, broadens eligibility to VHA dental care. Also, the bill addressed the shortage of dental healthcare staff, however, the bill was not enacted into law in the 117th Congress.

Dental healthcare is the top unmet needs for veterans and must be fully integrated as part of VHA's centric healthcare. The independent relationship between general healthcare and oral health is well established. VVA calls on Congress to reintroduce and pass the *Dental Care Eligibility Expansion and Enhancement Act* or similar bipartisan legislation in the 118 Congress.

BENEFICIARY TRAVEL/VETERANS TRANSPORTATION SERVICE (VTS)

The Veterans Transportation Service (VTS) program was established under the *Dignified Burial and Other Veterans' Benefits Improvement Act of 2012*. The purpose of this program is to assist

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[15] David K. Schindler, Gabriela V. Lopez Mitnik, Aida M. Solivan-Ortiz, Scott P. Irwin, Shahdokht Boroumand, and Bruce A. Dye, (2021). "Oral Health Status Among Adults With and Without Prior Active Duty Service in the U.S. Armed Forces, NHANES 2011 – 2014," *Military Medicine, 186*(186), e149-e159. https://academic.oup.com/milmed/article/186/1-2/e149/5917414.

[16] Harriet Larvin,Jing Kang, Veshal R. Aggarwal, Sue Pavitt, and Janhua Wu (2021). "Multimorbid Disease Trajectories for People with Periodontitis." *Journal of Clinical Periodontology 48*(12), 1587 – 1596.

[17] Sharayu Dhande. Mariam Khan, Sangeeta Muglikar, Sagar Chaudhari, Sheetal Ajit Jangale, and Ajit Govind Jangale. (2022). Diabetes and Periodontal Disease: The Reciprocal Relationship." *Journal of General Dentistry 2022 3*(2), retrieved from https://www.academia.edu/75967463/Diabetes_and_Periodontal_Disease_The_Reciprocal_Relationship

[18] Carlos Arana Molina, Luna Florencio Ojenda, Maia Sevillano Jimenez, Cristobal Morales Portillo, Isabel Serrano Olmedo, Shomas Martin Hernandez, and Gerardo Gomez Moreno. (2016). "Diabetes and Periodontal Diseases: An Established Two-Way Relationship." *Journal of Diabetes Mellitus 6*, 209 – 229. http://dx.doi.org/10.4236/jdm.2016.64024

visually impaired, elderly, and immobilized veterans' populations, as well as those living in remote or rural areas, in accessing transportation to and from VA medical facilities or authorized non-VA healthcare appointments. VVA is genuinely concerned that this program is not meeting the needs of these disabled veterans who access this program through their local VA medical centers. In February 2013, the VA Office of Inspector General identified issues with inadequate management and oversight. VHA has identified the program as susceptible to significant improper payments and has estimated $71 million in improper payments for fiscal year 2012.[19]

Under this program, VA facilities may hire drivers and purchase vehicles for veteran transportation. There is also a transportation network that has been established through cooperation with the Office of Rural Health and external organizations, e.g., various VSOs, federal, state, and local transportation agencies, etc.[20]

Prior to fiscal year 2022, VHA included the VTP under "VHA Membership Services," preventing review of VTP-specific budgeting, i.e., based on publicly available VHA annual budgets, spending on VTS cannot be determined. Actual discretionary obligations for VHA Membership Services in FY18 totaled $163,659,000[21], and $215,097,000 in FY19.[22] In its 2022 budget, VA reorganized its reporting to match reorganization of VHA by subordinating Member Services (and thus, VTP) under Operations spending; VA did not provide a FY20 actual discretionary obligation total.[23] This makes it difficult to determine precisely how much funding is being allocated and how it is being distributed to VHA facilities to support VTS.

We call for Congress to hold an oversight hearing without delay on the serious shortcomings of this program, as witnessed by my staff and myself first-hand.

COMMUNITY HEALTH WORKERS

In 2005, local leaders in New York City developed the Washington Heights/Inwood Network for Asthma Program to address the burden of asthma in their community. Bilingual community health workers based in community organizations and the local hospital provided culturally appropriate education and support to families who needed help managing asthma. After 12 months, hospitalizations and emergency department visits decreased by more than 50 percent, and caregiver confidence in controlling the child's asthma increased to 100 percent. Key to the program's success was the commitment and involvement of community partners.[24]

The VA healthcare system has a community health worker model, the Individualized Management for Patient-Centered Targets (IMPaCT). This is a standardized, scalable, and evidence-based model of care initiated at the Corporal Michael J. Crescenz VA Medical Center (CMCVA) in

[19] VA Health Care: Additional Steps Needed to Strengthen Beneficiary Travel Program Management and Oversight GAO-13-632
[20] Roscoe Butler and Michael Yaskowiak, *Understanding VA's Veterans Transportation Program*, PVA (Dec. 2021), 11.
[21] FY 2019 VA Budget, Vol. II Medical Programs, and Information Technology.
[22] FY 2021 VA Budget, Vol. II Medical Programs, and Information Technology.
[23] FY 2022 VA Budget, Vol. II Medical Programs and Information Technology.
[24] Patricia J. Peretz, Luz Adriana Matiz, Sally Findley, Maria Lizardo, David Evans, and Mary McCord, "Community Health Workers as Drivers of a Successful Community-Based Disease Management Initiative. *American Journal of Public Health, 102*(8) (August 2012): 1443-1446.

Philadelphia.[25,26] A multi-site trial including the CMCVA demonstrated a two-fold increase in patient satisfaction and a 65 percent reduction in hospital days. *Veterans' Perspectives* reported that IMPaCT would be launched in two more VA facilities in the spring of 2019. Judith A. Long, MD, Co-Director of VA's Health Services Research & Development's (HSRD) Center for Health Equity Research & Promotion (CHERP) stated: "It only takes six months to get an IMPaCT program – capable of serving 2,000 patients a year – up and running within a VA Medical Center." She went on to say, "[T]he cost of the program is $1,200 per patient, including salaries, supplies, and training. There is a 2:1 return within the fiscal year for the investment. Most importantly, vulnerable veterans receive care and have much better health."

VVA supports the integration of Community Health Workers in the VHA model for care and treatment plan across the VA 22 VISN network to aid the overworked and understaffed VISN medical professionals, especially in rural areas where aging veterans have fewer physician practices, hospitals, and other health-delivery resources.

RURAL VETERANS

A disproportionate share of veterans lives in rural or remote areas of the country. According to the National Center for Veterans Analysis and Statistics and the U.S Department of Veterans Affairs, Office of Rural Health (VA-ORH), of the twenty million veterans in the U.S., 4.7 million live in rural America. Fifty-eight percent, or 2.7 million of these rural veterans are enrolled in the VA health care system. Of those rural, VA-enrolled veterans, 55 percent are 65 years and older, and 56 percent are affected by a service-related condition.

These statistics are particularly important because veterans living in rural areas may have difficulty accessing health services for reasons shared by other rural residents. Some rural veterans also face poverty, suicide, homelessness, and substance-use disorder, some or all related to their service, which can exacerbate their health issues. In most cases, the majority of veterans are unaware of the benefits, services, and facilities available to them through VA, and it may be even more difficult for rural veterans and their caregivers to access healthcare and other services, due to rural delivery challenges.

Congress established the Veterans Health Administration (VHA) Office of Rural Health (ORH) in 2006 (38 USC §7308) to conduct, coordinate, promote, and disseminate research on issues that affect the nearly five million veterans who reside in rural communities. The mandate also requires ORH to develop, refine, and promulgate policies, best practices, lessons learned, and innovative and successful programs.

[25] "Making an IMPaCT in our Communities: Community Health Workers Improve Health for High-Risk Veterans" *Veterans Perspectives* February 2019. https://www.hsrd.research.va.gov/publications/vets_perspectives/0219-Community-Health-Workers-Improve-Healthcare-for-High-Risk-Veterans.cfm#1

[26] Shreya Kangovi, Nandita Mitra, Lindsey Norton, Rory Harte, Xinyi Zhao, Tamala Carter, David Grande, and Judith A. Long, "Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities. *JAMA Internal Medicine 178(12)* (December 1, 2018): 1635-1643. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6469661/pdf/nihms-1017510.pdf

To best meet our obligations to these veterans, Congress must: Expand access to accessible, culturally sensitive primary care, behavioral health, specialty care, and other support services; improve coordination and co-management of veterans between VA and community-based service systems; increase availability of community-based care services; expand the use of technology and transportation programs to increase access and outreach; and VA must continue the expansion of the VHA Veterans Rural Health Resource Centers.[27]

THE PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS (PCAFC)

PCAFC provides a wide range of benefits, including monthly stipends, reimbursement for travel costs, medical coverage, training, counseling, and respite care for caregivers of veterans who were severely injured during military service. However, since implementation, the program has been plagued by chaos and mismanagement.

The program has been allocated for FY2023 a discretionary budget of $1.9 billion dollars; a budget trusted to be allocated to support the health and wellness by providing stipend payments and support services to help empower families' caregivers.

Earning trust continues to be a hallmark issue in the Caregiver Support Program. These concerns regarding trust and transparency have sparked lawmakers to hold numerous hearings with VA officials, VSOs, and stakeholders regarding the inequitable practices continuing to plague the Program. Inequitable practices have led to unjust denials, discharges, and downgrades of countless participants and applicants since 2016. Most recently, VA determined that 90 percent of legacy participants were slated to be discharged from the Program after reassessment. This was due to the VA decision to finalize regulations for the Program expansion in 2020, that consequently tightened eligibility in a manner not intended by Congress. Congress had counseled VA to not make any regulatory changes that might prevent access to the PCAFC.

Vietnam veterans are now eligible to enroll in the PCAFC, however due to VA lack of transparency, equity, and most importantly, accountability, the questions that VVA asks this committee that will make the biggest impact for PCAFC applicants and participants are: What actionable steps will Congress take to align the PCAFC with the intent of Congress? What solution has Congress addressed with VA that will accomplish the goal of expanding vs. restricting access to the PCAFC? The US Court of Appeals for the Federal Circuit Court struck down VA's definition of "need for supervision, protection, or instruction" because of a lawsuit against the VA Secretary. This action invalidated the reassessment that would have removed 90 percent of participants from the program. However, these inaccurate assessments remain in the individual veterans' medical record. Therefore, what will this committee do to ensure that VA retracts this invalid imaging assessment from their record?

[27] Veterans Rural Health Resource Centers (VRHRCs) are Office of Rural Health (ORH) field-based satellite offices that serve as hubs of rural health care research, innovation, and dissemination. Congressional mandate 38 USC § 7308 located in Iowa City, Iowa; Salt Lake City, Utah; White River Junction, Vermont; Gainesville, Florida; and Portland, Oregon VA medical centers.

We ask this committee to help foster policies that support equity among applicants and participants of color who were found to be discharged at greater rates compared to white veterans from the PCAFC in 22 percent of the VISN networks, in accordance with a study published by the *American Journal of Managed Care*, entitled "Predictors of Discharge from the VA Caregivers Support Program."[28]

VVA looks forward to working with Congress and the Administration to remove the regulatory final rule 70 percent service-connection requirement issued on July 31, 2020; discontinue assessment of catastrophically injured participants; implement standardized practices across the VHA; and, most importantly, ensure transparency on data collection for veterans accepted or denied by race, gender, and nature of military service.

MEDICAL CARE FOSTER HOME

VVA is grateful that Congress included language in the FY2023 Omnibus package P.L. 117-328, authorizing a pilot program for the VHA to explore an alternative to nursing-home care for our aging veterans by establishing a pilot program for veterans who require nursing-home care, but prefer a non-institutional setting.

This program, launched in 2008, is currently available in forty-three states with a little over seven hundred caregivers housing about 1,000 veterans nationally, and is a program within the VHA Geriatric Office and Extended Care.

These Medical Care Foster Homes allow veterans to live in private homes in their communities at no cost to them. VVA will work with Congress and the Administration on implementation of this provision in the law, as we believe that this program will enhance the lives and dignity of our aging veterans.

VHA VETERANS DIRECTED CARE PROGRAM

VHA implemented the Veterans Directed Care Program in accordance with the *Mission Act* (P.L. 115-182) in the VHA VISN network care. The Veteran Directed Care Program is part of the VHA's Medical Benefits Package and is a collaboration between the Veterans VHA and the Community Living (ACL) Aging and Disability Network Agencies (ADNAs).

Veterans of any age are eligible, who want to live in their own home and meet the clinical need of Veteran Directed Care (VDC). The VAMC assigns a monthly budget, based on the veteran's needs and functional limitations. Additionally, they help plan the veteran's goals/needs/services, and most importantly, the provider is a visible and trusted organization in the veteran's community. This is an affordable alternative to institutional care, not currently available at all VA Medical Centers. Without outreach and expansion, most veterans or caregivers would not be knowledgeable about this healthcare benefit.

[28] Predictors of Discharge from the VA Caregiver Support Program (ajmc.com)
Courtney Harold Van Houtven[1], Valerie A Smith, Theodore S Z Berkowitz, Katherine E M Miller, Megan Shepherd-Banigan, Jennifer Henius, Margaret Kabat

VDC is an excellent program that provides veterans with choice and control over their long-term care services. VVA fully supports the expansion of VDC programs at every VA Medical Center.

VETERANS WITH LONG-TERM PTSD

It should come as no surprise that VA employs far too few mental health clinicians. This is true for myriad reasons, not the least of which are the hiring hoops clinicians must negotiate, which can take six, eight, ten months, or even longer before they can be officially employed by VA. As a result, in a shortsighted attempt to satisfy the needs of the moment, VA is leaving in the lurch too many vets afflicted with chronic, long-term PTSD. Indeed, VA is not addressing, let alone fixing, a situation its own bureaucrats have created. The question is: Will you in Congress use your standing to support these veterans? VA is currently still operating with critical shortages of staff that have, unfortunately, been exacerbated by a chronic and acute shortage of vitally needed mental health clinicians across the United States. If we are going to make progress on reducing the number of suicides among veterans of every age, the first step is to fill long vacant positions and to return to full staffing as quickly as possible.

VVA is also advocating for continuing care groups led by a clinician to be reinstated by VA to support either those veterans who are considering treatment for PTSD or related mental health issues, or those who need some help in maintaining the gains made after having gone through evidenced-based treatment. We are also asking VA to help those veterans who may have received a less than honorable discharge due to symptoms of PTSD, to begin the process of having their discharge considered for upgrade.

VVA continues to support the provisions of the *Sergeant Ketchum Rural Veterans Mental Health Act*, which became Public Law 117-21 in June of 2021. This bill requires VA to establish and maintain three new centers of the Rural Access Network for Growth Enhancement (RANGE) Program, which serves veterans in rural areas who are experiencing mental illness. While this change does not necessarily increase the overall number of clinicians, it does increase access for vulnerable veterans.

VETERAN SUICIDE

According to VA's "National Veteran Suicide Prevention Annual Report of September 2022," in each year, from 2001 through 2020, age- and sex-adjusted suicide rates of veterans exceeded those of non-veteran U.S. adults. The differential in adjusted rates was smallest in 2002, when the veteran rate was 12.1 percent higher than for non-veterans, and largest in 2017, when the veteran rate was 66.2 percent higher. In 2020, the rate for veterans was 57.3 percent higher than that of non-veteran adults.[29]

Two out of three veteran suicides are over 55 years of age. Fourteen of 20 do not get care at a VA healthcare facility. Former Ranking Member of HVAC Dr. Phil Roe (R-TN) was quoted as saying that more and more millions of dollars are being expended to make an impact on the number of veterans who die by their own hand, yet the numbers do not seem to lessen. Mountains of studies,

[29] https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

funded by millions of VA and DOD dollars, seemed only to develop recommendations revolving around the need to learn why veterans kill themself by suicide . . . by funding yet more studies.

The why's may be unique for those who attempt to take their life, but they are no mystery: demons borne of the horrors of war, horrors they have experienced. Returning from a war zone to a society that does not know, or understand, what they went through too often leads to drinking and/or drugging to ease the pain. In addition to these self-medicating behaviors, too many returned veterans experience fiscal uncertainties, failed relationships, and the loss of hope.

Permitting veterans to seek help from non-VA practitioners may help some. This will be costly, and the overall effectiveness difficult to gauge. The answers may lie in community. Increased reliance on "battle buddies" may be viable for recent veterans but not necessarily for those who served in Vietnam a half-century ago. We want to help VA create a culture that proactively seeks out lonely, homeless, family-less, disenfranchised veterans and brings them in from the cold.

In addition, let the experts at VA, clinicians who have been dealing with veterans every day, do what they do best. According to the testimony of Dr. C. Edward Coffey, Affiliate Professor of Psychiatry and Behavioral Sciences at the Medical University of South Carolina, a leading expert on achieving system-wide culture change within a health system to reduce suicide deaths, given before the House Veterans Affairs Committee, regarding a promising initiative to disrupt suicide attempts:

> In conjunction with our National Center for Patient Safety, we developed the "Mental Health Environment of Care Checklist." Interdisciplinary inspection teams to assess the environment for hazards and determine actions that need to be taken to protect our veterans use this tool. The rate of suicide prior to the implementation of the checklist was 4.2 deaths per 100,000 admissions. It is now less than one per 100,000 admissions.

What Congress might do is enact a law that will make mandatory the insertion of this single question on every death certificate: Did the deceased ever serve in the Armed Forces of the United States? This simple step will enable researchers to do a more thorough medical postmortem of anyone determined to have committed suicide. This change, in turn, would add to our understanding of the why's and wherefores of a real American tragedy, and allow us to get off the expensive hamster-wheel of inconclusive research.

VVA supports the VA for announcing the treatment of veterans in acute suicidal crisis, inpatient or crisis residential care for up to 30 days, and outpatient care for up to 90 days. They will be able to go to any VA or non-VA healthcare facility for emergency healthcare at no cost. Veterans do not need to be enrolled in the VA system to use this benefit.

In closing, VVA appreciates the efforts of both committees in the 117th Congress for your bipartisan support in passing the *PACT Act*, and the many laws that enhance the quality of life for our veterans, caregivers, survivors, widows, and their families. We look forward to answering any questions that you may have regarding our testimony before the committees, and to working with you in the 118th Congress to support our heroes who have proudly served our great nation.

Vietnam Veterans of America

Funding Statement

March 1, 2023

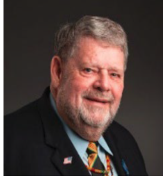
The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further information, contact:

Sharon Hodge
Executive Director for Policy and Government Affairs
(301) 585-4000, extension 111

Jack McManus



Jack McManus was elected to serve as VVA National President at VVA's 20th National convention, held in November 2021, in Greensboro, North Carolina. First elected VVA national treasurer in 1995, he was re-elected to the position in 1997, and again in 2019. He previously served as the VVA Michigan State Council president from 1989 to 1996, overseeing the largest state program in VVA. In 1997, he was awarded VVA's highest honor, the VVA Commendation Medal, for his extraordinary service to the organization, to all veterans, and to the community at large. The VVA New York State Council has also recognized him with its own Commendation Medal.

During his career as a private businessman, McManus's company employed approximately 3,500 in two service-sector businesses, with $150 million annually in sales. In 1978, his company was recognized as the first drug-free workplace in the building service contracting industry. The company also emphasizes special hiring programs for handicapped individuals, ex-offenders, and rehabilitated substance abusers for its internal rehabilitation programs. From 1978 to 1985, McManus was the program manager for his company's contract with the Kennedy Space Center space shuttle program in Florida.

Originally from New York City, Jack McManus joined the Air Force in 1965, where he served until 1969. Between 1967 and 1968, he was assigned to Operation Ranch Hand in Vietnam.

Jack received his B.A. in Business Management from New York University in 1973. He resides in North Carolina with his wife, Jackie. He is a recipient of numerous business and community awards.

Attachment A- Vietnam Burn Pits

Figure 1: Burn-barrel (burn out) latrine diagram. Bureau of Medicine and Surgery, (1991), *Manual of Preventive Medicine*, Chapter 9: "Preventive Medicine for Ground Forces," NAVMED P-5010, Washington, D.C.

Images of soldiers performing this task shows that the fire often produced smoke. In addition to the visible air pollution and temporary, acute health effects like eye and throat irritation, breathing difficulties, and skin irritations, there are volatile organic compounds (VOCs) released from burning feces.[2] Among these VOCs several are known to cause severe, chronic illness:

1. Styrene which can irritate the eyes and breathing passages. Exposures to styrene is addressed in specific OSHA standards (29 CFR 1910 and 29 CFR 126). Long-term exposure is associated with injury to the nervous system. [3]
2. Toluene exposures can irritate the eyes, nose, and throat. Headache, dizziness, confusion, and anxiety, along with dry or cracked skin has been reported. Long term exposure may lead to tiredness, slow reaction time, sleeplessness, and numbness in the hands or feet. Toluene exposures can damage the female reproductive system. Exposures to toluene is addressed in specific OSHA standards (29 CFR 1910 and 29 CFR 126).
3. Indole toxicity appears consistent with other synthetic cannabinoid receptor agonists (SCRAs). Clinical features include agitation and aggression, reduced consciousness, acidosis, hallucinations and paranoid features, tachycardia, hypertension, raised creatine kinase, and seizures. [4]

[2] Catherine E. Garner, Stephen Smith, Ben de Lacy Costello, Paul White, Robert Spencer, Chris S. J. Probert, and Norman Ratcliffe, (2007) "Volatile Organic Compounds from Feces and their Potential for Diagnosis of Gastrointestinal Disease," *FASEB J 21*(8), 1675-88.
[3] Centers for Disease Control and Prevention, "Styrene Factsheet," National Biomonitoring Program, https://www.cdc.gov/biomonitoring/Styrene_FactSheet.html.
[4] Simon L. Hill, Michael Dunn, Celine Cano, Suzannah J. Harnor, Ian R. Hardcastle, Johann Grundling, Paul I. Dargan, David M. Wood, Simon Tucker, Thomas Bartram, Simon H. L. Thomas, (2018), "Human Toxicity Caused by Indole and Indazole Carboxylate Synthetic Cannabinoid Receptor Agonists: From Horizon Scanning to Notification," *Clin Chem 64*(2), 346-354, DOI: 10.1373/clinchem.2017.275867.

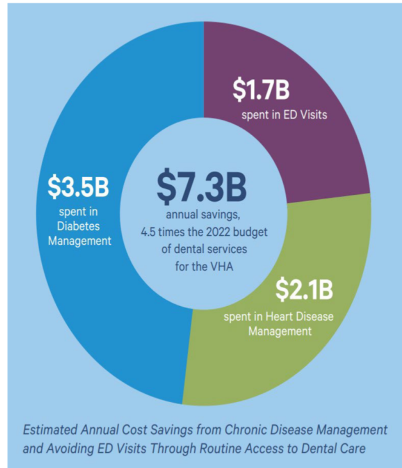
4. 3-methylfuran. Although there is no direct evidence that inhaled furan causes hepatotoxicity in humans[5], available data make it reasonable to expect that the liver would be a target organ. Furans can build up in the fatty tissues. The U.S. Environmental Protection Agency (EPA) has said furans are likely cancer-causing substances to humans. In addition, people exposed to furans have experienced changes in hormone levels. Animal studies show changes in the development of the fetus, decreased ability to reproduce, and suppression of the immune system.[6]

[1] Simon L. Hill, Michael Dunn, Celine Cano, Suzannah J. Harnor, Ian R. Hardcastle, Johann Grundling, Paul I. Dargan, David M. Wood, Simon Tucker, Thomas Bartram, Simon H. L. Thomas, (2018), "Human Toxicity Caused by Indole and Indazole Carboxylate Synthetic Cannabinoid Receptor Agonists: From Horizon Scanning to Notification," *Clin Chem 64*(2), 346-354, DOI: 10.1373/clinchem.2017.275867.

[1] National Research Council (U.S.) Committee on Acute Exposure Guideline Levels, (2010), *Acute Exposure Guideline Levels for Select Airborne Chemicals: Volume 9,* "Furan Acute Exposure Guideline Levels," Washington, D.C.: National Academies Press.
[1] U.S. Environmental Protection Agency, "Dioxins and Furans," Agency for Toxic Substances and Disease Registry, Division of Toxicology, Archived Document, https://archive.epa.gov/epawaste/hazard/wastemin/web/pdf/dioxfura.pdf.

[5] National Research Council (U.S.) Committee on Acute Exposure Guideline Levels, (2010), *Acute Exposure Guideline Levels for Select Airborne Chemicals: Volume 9,* "Furan Acute Exposure Guideline Levels," Washington, D.C.: National Academies Press.
[6] U.S. Environmental Protection Agency, "Dioxins and Furans," Agency for Toxic Substances and Disease Registry, Division of Toxicology, Archived Document, https://archive.epa.gov/epawaste/hazard/wastemin/web/pdf/dioxfura.pdf.

Attachment B Dental



Recent research estimated a $5.6 billion cost savings associated with periodontal care for veterans with heart disease and diabetes. This underscores the financial gain possible by expanding VA dental coverage.[30] Another way to look at the economic impact of improved access to VA dental care is absorbing the cost of dental emergency department (ED) visits. The American Institute of Dental Public Health and CareQuest Institute for Oral Health estimates expanding VA access to routine dental care saves $1.7 billion spent in ED visits. The estimated annual cost savings from chronic disease management and avoiding dental ED visits through routine access to VA dental care is $7.3 billion. This is 4.5 times the entire 2022 budget for VHA's dental services. Currently, both (out-of-pocket) and taxpayers are supporting expensive care through ED visits and inadequate chronic disease management.

Figure 3. Return on investment for expanding VHA dental care.[31]

[30] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. (2022). "Veteran Dental Care Stimulates the Economy and Improves Oral Health." April 2022. Boston, MA. https://aidph.org/wp-content/uploads/2022/04/CareQuest-Institute_AIDPH_Follow-Up-Report_CMYK_4.11.22.pdf.
[31] Ibid.

OTHER KEY LEGISLATIVE/POLICY INITIATIVES

S. 344, *The Major Richard Star Act* - VVA fully supports this important bill, which when enacted into law, would provide for concurrent receipt of veterans' disability compensation and retired pay for disability retirees with fewer than 20 years of service and a combat-related disability.

H.R. 366, *The Korean American Valor Act* - VVA fully supports this important bill when enacted into law would provide members of the armed forces of the Republic of Korea as a veteran of the Armed Forces of the United States VA health care benefits.

Medical Treatment of Women Veterans by Department Of Veterans Affairs - VVA asks congress to conduct a comprehensive assessment of the barriers to and root causes of disparities in provision of comprehensive medical, mental health, compensation, and pension examinations and residential treatment for women seeking care and treatment at the VA.

Hearing Loss Added to The List of Birth Defects Due To Exposure To Agent Orange - VVA urges Congress to pass appropriate legislation to have hearing loss in children and grandchildren of servicemembers and veterans, who were exposed to Agent Orange, be added to the list of birth defects recognized by the Department Of Veterans Affairs.

Ban The Manufacturing, Sale, And/or Use Of 2,4-D And Glyphosate- - VVA will seek legislation and administrative action to ban the manufacture, sale, and use of 2,4-D and glyphosate worldwide.

Service Connection for Hepatitis C - Thousands of veterans are contending they suffer from Hepatitis C and the secondary effects of such disease, especially dysfunction of the liver and pancreas. VVA urges Congress to pass appropriate legislation to establish Hepatitis C as a service-connected presumptive disability.

Just Compensation for Injuries Sustained By Active-Duty Military Personnel - VVA supports legislation to secure a more equitable compensation system for personnel injured on active duty, due to the negligence of government personnel.

Department of Veterans Affairs (DVA) Service- Connected Disability Compensation Payments & Military Retirement Pay Offset - VVA supports legislation which will allow concurrent payment of military retirement and Department of Veterans Affairs (DVA) compensation based upon length of service and/or compensation for any new or secondary disability established by DVA as service-connected after retirement and medically discharged veterans with less than 20 years of service.

Copy of Military Records Upon Discharge - VVA seeks legislation requiring that, upon release from active duty, the Department of Defense shall issue every veteran a copy of their official military personnel file and their service medical records, along with their DD214 and duty assignment sheet.

USS *Frank E Evans* - The USS *Frank E Evans was* on maneuvers with AHMS *Melbourne* during which a collision with the *Melbourne* occurred and 74 American sailors were killed. The criterion for a name being placed on the Vietnam Veterans Memorial is that the veteran earned the right by qualifying, at the time, for a Vietnam Service Medal. VVA supports legislation having the 74 sailors' names from the USS *Frank E Evans* inscribed on the Vietnam Veterans Memorial.

Possibility of Live POW/MIAs And Facilitating The Return Of Those Who Remain In Southeast Asia - VVA recognizes and acknowledges that the preponderance of information substantiates that there still exists the possibility that there may be live American POWs, or other Americans held against their will, from the Vietnam War. VVA will support legislation that protects such an individual and/or his family from punitive action or monetary penalty and extend the existing mission to include all post-Vietnam U.S. military personnel designated as Missing in Action or other such classification, because of later military operations and wars worldwide.

Honoring All Returned POW's and Giving Recognition of American Civilians Held As Pow/Interned During WWII- VVA declares its respect and admiration for those of our fellow comrades-in-arms of the Vietnam War and all this nation's wars who endured and survived captivity. VVA also extends to the families of ex-POWs our deepest respect. VVA supports legislation enacted by Congress to formally recognize the sacrifices of these individuals.

Forever POW/MIA Stamp - VVA urges Congress to enact legislation that recommends the re-issue of the POW/MIA stamp as a Perpetual/Forever Stamp by the United States Postal Service, to continue to recognize and honor the sacrifices and service of those brave men and women of the Armed Forces of the United States, who have been held captive as Prisoner of War, or are Missing in Action.

Support For Readjustment Counseling Service Programs - VVA strongly supports legislation authorizing and funding an expansion of the Vet Centers and Contract Care Provider Program. Both programs must include outreach to incarcerated veterans, homeless veterans, wives, widows, caregivers, and survivors diagnosed with PTSD and Substance Abuse. These programs should be an entitlement for all veterans.

Vietnam Veterans of America White Paper on Aging Veterans

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VETERANS HEALTHCARE SPECIALIST
VIETNAM VETERANS OF AMERICA

RECONFIGURING VETERANS' HEALTH ADMINISTRATION TO ADDRESS AGING VETERANS' HEALTHCARE NEEDS

Vietnam Veterans of America White Paper on Aging Veterans

January 17, 2023

Reconfiguring Veterans Health Administration to Address Aging Veterans Healthcare Needs

How should the traditional Veterans Health Administration (VHA) bedside-care teams be reconfigured to meet the imminent needs of aging veterans? This need emanates from a more culturally and socioeconomically diverse aging veteran population experiencing chronic, multiple conditions requiring more healthcare services. Driving this need for marked transformation is the reality that, as of 2022, more than 5 million additional veterans[1] may be eligible to enter the VHA healthcare system as a result of the *Promise to Address Comprehensive Toxins (PACT) Act.*[2]

Within this cohort of 5 million is an aging Vietnam veteran population that may put intense stress on VHA's healthcare system, including its funding sources. A lack of personal savings for long term-care (LTC) and a sometimes-fragmented VHA delivery system will pose significant risks to the health and quality of life of these aging veterans. VHA's healthcare workforce will also need to be retooled to manage the multiple chronic conditions prevalent in this vulnerable population. Addressing the needs of the elderly should be a top priority of policymakers at every level.

1 The White House. "President Biden Signs the PACT Act and Delivers on His Promise to American's Veterans." *Fact Sheet.* August 10, 2022. https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/10/fact-sheet-president-biden-signs-the-pact-act-and-delivers-on-his-promise-to-americas-veterans/.

2 Congress.gov. "H.R.3967 - 117th Congress (2021-2022): Honoring our PACT Act of 2022." June 16, 2022. https://www.congress.gov/bill/117th-congress/house-bill/3967.

A Profile of Older U.S. Veterans

The U.S. population is rapidly aging. According to the Census Bureau, the U.S. population ≥65 will increase almost 70 percent by 2060.[3] An analysis of data from the Health and Retirement Study (HRS) of the National Center for veterans Analysis & Statistics (NCVAS) finds that in 2020 almost 9 million veterans were 65 or older.[4] Over 2 million are Vietnam veterans.[5]

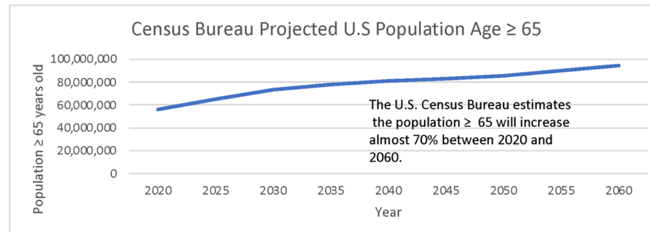

Figure 1. U.S. Census Bureau's Projected U.S Population Greater Than or Equal To 65 Years Old.

A National Council on Aging analysis to understand the health and economic characteristics of older veterans found two key findings compared to non-veterans in the same age group:

- Older veterans have higher incomes, but they have less of a financial safety net in terms of savings and home equity.
- Older veterans are in worse health.[6]

Meeting the health needs of an aging population is not new to the VA. The VHA has been providing quality care for older veterans for decades. This is a complex group with significant healthcare needs, including care for chronic health conditions linked to military service. The unique needs and considerable growth of this specific population behooved the Department of Veterans Affairs (VA) to tailor its patient-centered medical home model (PCMH) for older adults.

A long-standing VHA geriatric PCMH model is GeriPACT, which stands for Geriatric Patient Aligned Care Team. Its roots go back to 1984. In 2010 the ambulatory-care Geriatric Primary Care programs were rebranded as GeriPACT. The goal is to provide veterans with as much independence and quality of life (QOL) as possible. GeriPACT combines VA healthcare with non-VA resources and services offered in the veteran's community.

Over the first four years (2011 – 2016) of implementing this program at the VA Tennessee Valley Healthcare System, the GeriPact team reduced yearly hospitalizations for its elderly, high-risk, high-need veteran population with multiple comorbidities from 21% to 13%. The mean number of medications per patient fell

3 U.S. Census Bureau. 2017 "National Population Projection Table 1, Projected population size and births, deaths, and migration." Access December 7, 2022. https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html.

4 National Center for Veterans Analysis & Statistics. Population National Tables updated Sep. 7, 2022.

5 U.S. Census Bureau. 2020. "Table 13. Persons (aged 15 and over) who received Veteran's Benefits during year." Veterans Data Tables, SIPP Detailed Program Receipt Tables: 2020. https://www.census.gov/data/tables/2020/demo/public-assistance/sipp-receipts.html.

6 Lauren Popham, Jane Tavares, and Marc Cohen. "A Profile of Older U.S. Veterans," Veteran Issue Brief, NCOA, November 6, 2019. https://www.ncoa.org/article/a-profile-of-older-us-veterans.

from 11 to 9, and the 30-day all-cause readmission averaged only 10%.[7] For comparison, this NCQA table shows Medicare HMO and PPO readmission rates for patients ≥65 during the same period.

Readmission Rate ≥65		
Year	Medicare HMO	Medicare PPO
2016	12.9	12.6
2015	15.2	15.7
2014	17.5	17.9
2013	12.7	12.8
2012	13.7	13.7
2011	14.1	13.5

Figure 2. NCQA Table

In FY20 the VHA Office of Geriatrics and Extended Care (GEC) identified Age-Friendly Health Systems as a strategy. VA's Diffusion Marketplace tracks the dissemination of this innovative PCMH. Currently the Diffusion Map[8] below shows there are 39 successful VHA Age-Friendly Health Systems and 47 adoptions in progress.

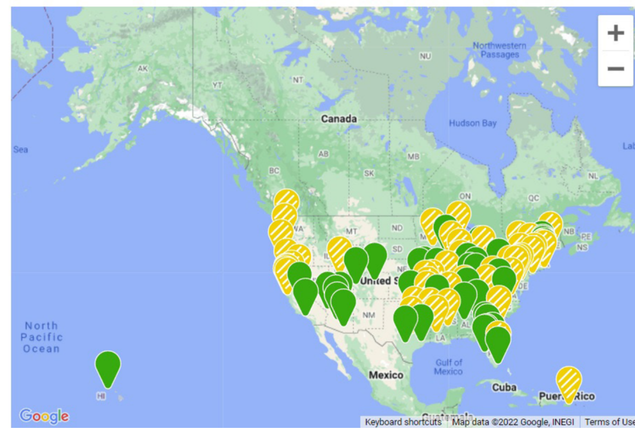

Figure 3. VA's Age-Friendly Health Systems Diffusion Tracker.

7 Powers JS, Xie C, Moseley M, Abraham L, Buckner J, Azubike N. "Implementation of a Geriatric Patient-Centered Medical Home: the Geriatric Patient – Aligned Care Team (GeriPACT)," *OBM Geriatrics 2*, no. 3 (2018): doi: 10.21926/obm.geriatr.180308.

8 U.S. Department of Veterans Affairs. "Age-Friendly Health Systems Diffusion Tracker," *VA Diffusion Marketplace*, https://marketplace.va.gov/innovations/age-friendly-health-systems.

In the words of Teresa Boyd, D.O., Assistant Deputy Under Secretary for Health, before the House Committee of Veterans Affairs Subcommittee on Health:

> *By helping veterans maintain function, preventing unnecessary hospitalizations, nursing home admissions, and unwanted tests and procedures, the total costs of care for targeted high-risk Veterans are about 15 percent lower when they are managed in GeriPACT versus being managed by regular Primary Care Patient Aligned Care Teams. Currently, only about half of VAMCs have GeriPACT, and VA is working to expand this program to larger Community-Based Outpatient Clinics.*[9]

Redefining Elder Care in America Project (RECAP) is a pilot underway at two VA health centers.[10] It uses predictive analytics to help identify veterans at higher risk for nursing home placement. A care coordinator works proactively with the veteran and the primary care provider to consider the aging in place benefit, using home- and community-based services.

These programs deliver focused care to older veterans, with multiple, chronic diseases, as well as coexisting cognitive, functional, and psychosocial decline. Additionally, this PCMH model, designed to meet older adult needs, may increase patient and provider satisfaction while reducing cost and healthcare utilization.

There is also a growing demand for VA's long-term care (LTC). According to a 2020 Government Accountability Office (GAO) report, from FY 2014 – FY 2018 the number of veterans receiving LTC increased 14% (from 464,071 to 530,327). Spending increased 33% (from $6.8 to $9.1 billion). Demand for LTC will continue to increase. Expenditures are projected to double by 2037. The report goes on to say, "VA plans to expand veteran's access to noninstitutional programs, when appropriate, to prevent or delay nursing home care and to reduce costs."[11]

As veterans continue to age, they may find that home healthcare is their best option. Veterans may elect to use the Program of Comprehensive Assistance for Family Caregivers (PCAFC) (aka. Caregivers Program). On October 1, 2022, eligibility for this program expanded to veterans of all service eras. Veterans must have a service-connected disability rating of 70% or more and need assistance to perform activities of daily living (ADL) or require supervision, protection, or instruction.[12]

Vet Centers are community-based counseling centers providing a wide range of social and psychological services. As more veterans become eligible for this care, coupled with the national shortage of behavior-health and mental-health providers, it is becoming more difficult to maintain the desired PCMH model in the Vet Centers. Vet Center leaders are pressuring counselors to see more veterans than the recommendation of the VA's own Clinical Capacity Group.[13,14]

9 Teressa Boyd, Quote from: U.S. Congress. Hearing of the House Committee on Veterans Affairs Subcommittee on Health. "Statement of Teresa Boyd, D.O., Assistant Deputy Under Secretary for Health, for Clinical Operations, Veterans Health Administration (VHA), Department of Veterans Affairs (VA)." (Date March 3, 2020.) https://www.congress.gov/116/meeting/house/110596/witnesses/HHRG-116-VR03-Wstate-BoydT-20200303.pdf.

10 U.S. Department of Veterans Affairs. "Aging in Place and Its Unique Challenges for Veterans." June 21, 2022. https://www.futureofpersonalhealth.com/senior-health/aging-in-place-and-its-unique-challenges-for-veterans/

11 U.S. Government Accountability Office. "VA Health Care: Veteran's Use of Long-Term Care, and VA Faces Challenges in Meeting the Demand." February 19, 2020. https://www.gao.gov/products/gao-20-284.

12 U.S. Department of Veterans Affairs. "Veterans Affairs Program of Comprehensive Assistance for Family Caregivers Eligibility." *Fact Sheet.* https://www.caregiver.va.gov/pdfs/FactSheets/CSP_Eligibility_Criteria_Factsheet.pdf (Last visited November 7, 2022).

13 Tom Hall, PhD. "Vet Centers Must Remain Patient-Focused." *The VVA Veteran 42*(6), November/December 2022.

14 Courtney Kube and Rich Gardella. "Former Therapist: VA is Hurting Mental Health Care for Combat Veterans at its Vet Centers." *Health Care*, NBC News, November 3, 2019, https://www.nbcnews.com/health/health-care/former-therapist-va-hurting-mental-health-care-combat-veterans-its-n1075781

A March 1, 2019, memorandum to all Vet Center managers specified that productivity standards for counselors would increase from 20 sessions per week to 30. Given the VA's Clinical Capacity Group's recommendation was 18 sessions per week, Tom Hall, PhD, Vietnam Veterans of America's PTSD/SA Committee Chair, called this increased goal, "a recipe for therapist burnout amid a national shortage of Clinicians."[15]

Staffing concerns are not new to VA. A 2015 GAO report[16] cites the same challenges we see today, hiring competent staff to meet the demand:

- Pay disparities with the private sector.
- Lengthy hiring processes.
- A nationwide shortage of mental-health professionals

Maintaining the level of PCMH model healthcare to veterans ≥65 requires implementing policies that attract providers, key healthcare professionals, and competent staff. On May 3, 2022, Gina Grosso, VA's Assistant Secretary for Human Resource Administration Operations, Security, and Preparedness, told the Senate VA Committee that VA hired 59,000 new employees since the start of the fiscal year. VA was able to hire thousands of new staff, thanks in part to the authorities response to COVID-19 and funding included in the *CARES Act* and the *American Rescue Plan.*

The Specialty Education Loan Repayment Program (SELRP) offering student-loan repayment, the *RAISE Act* which sets higher pay caps for advanced practice registered nurses (RNs) and physician assistants (PAs), and the recently passed *PACT Act*, have helped VA see job applications surge.[17]

While the VA is focusing on improving recruitment and retention of medical personnel generally, it has not announced a specific plan to address the existing shortage of geriatric specialists necessary to ensure care for aging veterans is properly coordinated and specialized to their needs and desires. As of 2022, there are only 7,300 geriatric specialists in the United States. This equates to 1.07 specialists per 10,000 geriatric patients.[18] There are multiple contributing factors to this shortage, including: physician burnout, anticipated retirement, and less pay for this specialty.

According to Jessica Bonjorni, Chief of Human Capital Management at VHA, as of May 3, 2022, there were about 31,000 candidates in VHA's pipeline. Currently VHA's biggest concerns are focused at both the low and high ends of the pay scale continuum. In addition to physician shortages, VHA has immediate needs for entry-level nurses, housekeeping, aids, health technicians, and food service workers.[19]

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15 Tom Hall, PhD. "Vet Centers Must Remain Patient-Focused." *The VVA Veteran 42*(6), Vietnam Veterans of America, November/December 2022, p. 29.

16 GAO (Government Accountability Office). "VA mental health: Clearer guidance on access policies and wait-time data needed." Washington, DC: *Government Accountability Office.* 2015.

17 Jory Heckman. "VA Sees Job Applications Surge as It Stands Up New Pay, Bonus Authority Under PACT Act." *Federal News Network*, October 25, 2022, https://federalnewsnetwork.com/hiring-retention/2022/10/va-sees-job-applicants-surge-as-it-stands-up-new-pay-bonus-authority-under-pact-act/.

18 ChenMed. (2022, March 18). *The Physician Shortage in Geriatrics.* https://www.chenmed.com/blog/physician-shortage-geriatrics#:~:text=Presently%2C%20the%20U.S.%20only%20has,care%20for%20about%20700%20patients.

19 Jory Heckman. "VA Hired 59,000 Employees This Fiscal Year, But Still Struggles with Workforce Shortages," *Federal News Network, Veterans Affairs.* May 4, 2022. https://federalnewsnetwork.com/veterans-affairs/2022/05/va-hired-59000-employees-this-year-but-still-struggles-with-workforce-shortages/.

During the current hiring surge, VA should understand how to best leverage non-clinical workers like community health workers, patient navigators, and health coaches. Evidence suggest that integrating these workers into the multidisciplinary care teams:

- Increase overall access to healthcare
- Improve healthcare screening
- Is a promising practice addressing social determinants of health (SDOH)
- Increase care coordination and link patients to healthcare and social services.[20,21,22]

Hiring competent staff to meet the demand remains difficult. The *Vet Center Improvement Act of 2021* (S.1944 and H.R. 3575) requires VA to re-evaluate productivity expectations for readjustment counselors. On a parallel tract, the VA's Clinic Practice Management Optimization Spotlight Initiative is an enterprise-wide standards for bookable hours and appointment lengths focused on being truly veteran-centric. These standards are expected to have been fully implemented by January 31, 2022.[23] Coupled with the *Vet Center Improvement Act*, they will help improve Vet Center staffing and hiring practices. This will go a long way toward improving the veteran-to-counselor ratio, ultimately providing better and timely care for those using Vet Center services.

Access Barriers to Healthcare Access for Rural Aging Veterans Persist

According to the VA, 4.7 million veterans live in rural communities. The Office of Rural Health supports 2.7 million rural veterans enrolled in the VA healthcare system. Fifty-five percent of these rural veterans are over the age of 65.

Conditions that are more manageable in suburban and urban areas (e.g., poverty, homelessness, substance addiction, etc.) are more complicated in rural areas, primarily due to a lack of resources due to funding or distance. These two issues, in addition to a lack of internet access — 27% of enrolled rural veterans do not have internet at home — create complications, especially for older veterans.[24]

VA health facilities have worked to foster partnerships with local community health centers, Rural Health Clinics (RHCs), and hospitals. They have focused on expanding access to telemedicine, using mobile VA clinics, and on creating Community Based Outpatient Clinics (CBOCs).[25] The VA also collaborates with Veterans Service Organizations (VSOs) to increase healthcare and human services

20 Rural Health Information Hub. "Interdisciplinary Care Teams, Patient Navigators, and Community Health Workers." *RHIhub*, March 6, 2020 https://www.ruralhealthinfo.org/toolkits/sdoh/2/healthcare-settings/care-teams.

21 Katherine B. Roland, Erin L. Milliken, Elizabeth A. Rohan, Amy DeGroff, Susan White, Stephanie Melillo, William E. Rorie, Carmita-Anita C. Signes, and Paul A. Young. "Use of Community Health Workers and Patient Navigators to Improve Cancer Outcomes Among Patients Served by Federally Qualified Health Centers: A Systemic Literature Review." *Health Equity*. May 1, 2017, 1(1), 61-76, doi: 10.1089/heq.2017.0001. PMID: 28905047; PMCID: PMC5586005, https://pubmed.ncbi.nlm.nih.gov/28905047/

22 Patricia J. Peretz, Luz Adriania Matiz, Sally Findley, Maria Lizardo, and David Evans, and Mary McCord. "Community Health Workers as Drivers of a Successful Community-Based Disease Management Initiative." *Am J Public Health*, August 2012, 102(8): 1443-1446. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464827/#__ffn_sectitle.

23 Miquel H. LaPuz. "VHA Office of Integrated Veteran Care: Latest Updates." Presentation, Assistant Under Secretary for Health (AUSH) for Integrated Veteran Care (IVC). December 15, 2022.

24 Office of Rural Health. (2022, March 31). "Rural Veterans," *Dept. of Vets. Affairs*, https://www.ruralhealth.va.gov/aboutus/ruralvets.asp.

25 Rural Health Information Hub. "Rural Veterans and Access to Healthcare." *RHIhub*, https://ruralhealthinfo.org/topics/returning-soldier-and-veteran-health (last visited December 14, 2022).

access and affords qualifying veterans with access to community-based healthcare providers via the Veteran Community Care Program.

This year, VA began a five-year expansion of several home- and community-based care programs. These programs include establishing 70 Veteran-Directed Care (VDC) programs, 75 Home-based Primary Care (HBPC) programs, 58 Medical Foster Home programs.

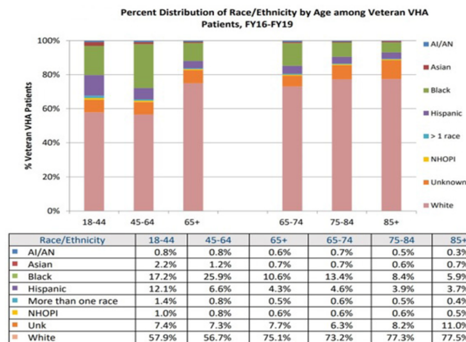
According to the Executive Director of VA Office of Geriatrics and Extended Care, Scotte Hartronft, M.D.:

> *These evidence-based programs allow veterans to age-in-place, avoid or delay nursing home placement, and choose the care environment that aligns most with their care needs, preferences, and goals. veterans using these programs have experienced fewer hospitalizations and emergency department visits, reduced hospital and nursing home days, and fewer nursing home readmissions and inpatient complications.*[26]

Community care can be beneficial for aging veterans. Conversely, there are concerns about the ability of community-care providers to meet veterans' needs and to match or exceed the quality of care at the VHA facilities.[27] A concerted effort must be made to ensure that aging veterans have access to high-quality, prompt VA-external healthcare as needed.

Within the VA's Aging Veteran Population Health Inequities Persist

Despite comparable access and quality of care, racial and ethnic disparities persist among older veterans.[28] The COVID-19 pandemic underscored the impact of these disparities among older veterans. The *National Veteran Health Equity Report 2021: Focus on Veterans Health Administration Patient Experience and Health Care Quality*[29] provides the data Figures 4, 5, and 6 below.



Race/Ethnicity	18-44	45-64	65+	65-74	75-84	85+
AI/AN	0.8%	0.8%	0.6%	0.7%	0.5%	0.3%
Asian	2.2%	1.2%	0.7%	0.7%	0.6%	0.7%
Black	17.2%	25.9%	10.6%	13.4%	8.4%	5.9%
Hispanic	12.1%	6.6%	4.3%	4.6%	3.9%	3.7%
More than one race	1.4%	0.8%	0.5%	0.6%	0.5%	0.4%
NHOPI	1.0%	0.8%	0.6%	0.6%	0.6%	0.5%
Unk	7.4%	7.3%	7.7%	6.3%	8.2%	11.0%
White	57.9%	56.7%	75.1%	73.2%	77.3%	77.5%

Note: AI/AN denotes American Indian or Alaskan Native; NHOPI denotes Native Hawaiian or other Pacific Islander; Unk denotes unknown, declined, or missing race/ethnicity

Figure 4. Percent distribution of race/ethnicity by age among Veteran VHA patients, FY 2016-2019.

The distribution of race or ethnicity varies among the various age groups. These data highlight the need for healthcare services designed to meet the needs of culturally diverse populations. As noted by the American

26 U.S. *Department* of Veterans Affairs. "VA Amplifies Access to Home, Community-Based, Services for Eligible Veterans." *Office of Public and Intergovernmental Affairs.* January 24, 2022. https://va.gov/opa/pressrel/presselease.cmf?id=5757.

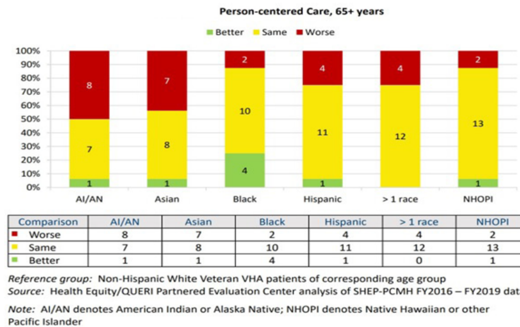
27 Peter Rasmussen and Carrie M. Farmer. (2022). "The Promise and Challenges of VA Community Care: Veterans' Issues in Focus." Santa Monica, CA: RAND Corporation. https://www.rand.org/pubs/perspectives/PEA1363-5.html

28 Rachel E. Ward, Xuan-Mai T. Nguyen, Yanping Li, Emily M. Lord, Vanessa Lecky, *Rebecca* J. Song, Juan P. Casas, Kelly Cho, John Michael Gaziano, Kelly M. Harrington, and Stacey B. Whitbourne. "Racial and Ethnic Disparities in U.S. Veteran Health Characteristics," *Int J Environ Res Public Health.* March 2, 2021, *https://ncbi.nlm.nig.gov/pcm/articles/PMC7967786*.

29 Donna L. Washington (ed). *National Veteran Health Equity Report 2021: Focus on Veterans Health Administration Patient Experience and Health Care Quality.* September 2021. https://va.gov/HEALTHEQUITY/docs/NVHER_2021_Report_508_Conformant.pdf.

Psychological Association, "African American older adults experience significant health disparities, including lower life expectancies and increased risk of chronic health conditions such as hypertension, diabetes, dementia, stroke, and cancer."[30] These disparities are significant. After the age of 64, strokes occur over twice the rate for black patients versus white patients.[31] Additionally, black patients are more likely to face discrimination in pain management.[32]

Blacks, American Indian, or Alaska Native veteran groups have the greatest disparities compared with non-Hispanic White veterans.



Comparison	AI/AN	Asian	Black	Hispanic	> 1 race	NHOPI
Worse	8	7	2	4	4	2
Same	7	8	10	11	12	13
Better	1	1	4	1	0	1

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group
Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

Note: AI/AN denotes American Indian or Alaska Native; NHOPI denotes Native Hawaiian or other Pacific Islander

Figure 5. How different race/ethnic groups of veterans ≥65 years old rated person-centered care by race.

Figure 5 shows the number and percentage of 16 different measures for which racial/ethnic minority VHA veteran patients ≥65 experienced better, same, or worse person-centered care compared with White veterans. The graph shows that for American Indian/Alaska Native veterans eight measures were scored as worse, seven were the same, and one scored better than White veterans ≥65.

To address the needs of American Indian and Alaska Native veterans, VA has signed a memorandum of understanding with the Indian Health Service (IHS). In this memorandum, both organizations laid out four mutual goals:

- Increase access and quality of healthcare;
- Facilitate enrollment and navigation of VA and IHS healthcare systems;
- Facilitate the integration of healthcare records for American Indian and Alaska Native patients;
- Improve patient access through resource sharing.[33]

30 Frances Adomako. "African American Older Adults and Race-Related Stress: How Aging and Health-Care Providers Can Help." *Am Psych Assn*, https://apa.org/pi/aging/resources/african-american-stress.pdf (last visited Nov. 4, 2022).

31 Brian Trimble and Lewis B. Moregenstern. "Stroke in Minorities." *Neurol Clin 26*(4), November 2008: 1177-1190.

32 Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. "Racial Bias In Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites." *Proc Nat Acada Sci USA 113*(16), April 19, 2016: 1117-1190 https://www.ncbi.nim.nih.gov/pmc/articles/PMC4843438.

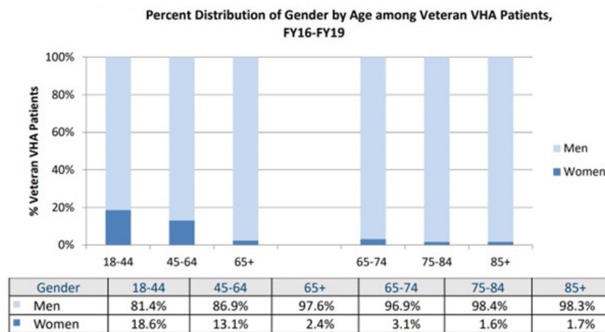
33 Memorandum of Understanding Between the United States Department of Veterans Health Administration and United States Department of Health and Human Services Indian Health Service. October 1, 2021. https://www.va.gov/TRIBALGOVERNMENT/docs/VA-IHS-MOU-Fully-Signed-10-1-21.pdf.

While interagency partnerships may be beneficial, there are serious concerns regarding IHS-run hospitals. The IHS is chronically underfunded, and IHS-run hospitals experience significant rates of patient harm (e.g., in 2017, 13% of patients suffered patient harm, mostly due to inadequate care.) The highest rates of harm occurred among elderly patients (30%). More problematic is the fact, due to inadequate records and data handling, the actual rates of harm may be substantially higher.[34] Another concern is the distribution of funds - according to the U.S. Commission on Civil Rights (USCCR), "[a]pproximately 70 percent of Native Americans live in urban areas today."[35] Despite this fact, the average annual distribution of the IHS budget for urban Indian healthcare has remained at about one percent."[36]

More work is needed to understand and address residual disparities within VHA, particularly in all-cause mortality among American Indians and Alaskan Natives. Improving quality of care and appropriate utilization within VHA along with examining the social determinants of health and health equity may explain the persistent disparities in mortality and morbidity.[37]

Women Veterans ≥50 Are Least Likely to Use Earned Benefits

Gender composition differs dramatically across veteran age groups.



Gender	18-44	45-64	65+	65-74	75-84	85+
Men	81.4%	86.9%	97.6%	96.9%	98.4%	98.3%
Women	18.6%	13.1%	2.4%	3.1%	1.6%	1.7%

Figure 6. Percent of women Veterans ≥50 years old likely to use earned benefits.

34 Jordan K. Lofthouse. "Improving Accountability and Performance in the Indian Health Service." *Policy Brief*, Mercatus Center. January 31, 2022. (Last visited November 2, 2022).

35 U.S. Commission on Civil Rights. *Broken Promises: Continuing Federal Funding Shortfall for Native Americans*, p. 73, December 2018. https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf.

36 Id.

37 Wong MS, Hoggatt KJ, Steers WN, Frayne SM, Huynh AK, Yano EM, Saechao FS, Ziaeian B, Washington DL. (2019) "Racial/Ethnic Disparities in Mortality Across the Veterans Health Administration." *Health Equity* 3:1, 99–108. DOI: 10.1089/heq.2018.0086

Women are only 2.4% of the patients ≥65. Women constitute 3.1% of the 65-74 years group; 1.6% of the 75-84 years group; and 1.7% of the 85+ years group. Although the overall numbers of women veterans are small, the burden of chronic illness is high. Almost 70% of women veterans ≥65 report three or mor comorbid chronic conditions, including arthritis, hypertension, depression, chronic lung disease, osteoporosis, cancer, and Post-traumatic Stress Disorder.[38]

Of the nearly 2 million women veterans, approximately 800,000 are enrolled with the VHA. Within this group, 51% are in the 45-75-years age group. Most of these women have *not* accessed their disability benefits. Only 28% have used their mortgage benefits.[39] As the population of women veterans age, VA care will need to adapt to address their needs. VA must continue expanding the availability and range of services to address the unique needs of older veteran women.

Among women veterans ≥65, the prevalence of chronic illness increases. These veterans require intensified management. Almost one-third screen positive for needing mental health care, highlighting the need for elder care that focuses on mental health in addition to chronic disease management.[40]

Women veterans differ from non-veterans, being more likely to have experienced interpersonal violence, including sexual trauma, and having a higher prevalence of selected physical and mental-health disorders. Caring for older women veterans in the future will be influenced by their growing numbers and their likelihood of exposure to combat and its associated long-term physical and mental-health challenges. Examining social determinants of longevity, such as social support, may be a key step to understand and reduce these disparities.

Reconfiguring VHA to Meet the Imminent Needs of the Aging Veteran

VA has many proven, innovative programs that are addressing the needs and preferences of older veterans. Many of these programs are working piecemeal, improving care and the quality of life for older veterans by:

- Creating an adequately prepared workforce;
- Remediating healthcare disparities and inequities;
- Strengthening partnerships and value-based care coordination with community settings and local public health;
- Implementing proven approaches to veteran-centered care and delivery;
- Redesigning the structure of financing LTC services and support; and
- Allocating resources to achieve veteran-centered care and outcomes to include palliative and hospice care.

38 Steven S. Coughlin and Kimberly Sullivan. "Study Protocol: Southern Women Veterans' Health Study." *Ann Epidemoiol Public Health*, *1*(1), January 18, 2018. https://www.ncib.nlm.nih.gov/pmc/articles/PMC6195358.

39 Daphne A. Lofquist. "Characteristics of Female Veterans–An Analytic View Across Age-Cohorts: 2015." *U.S. Census Bureau.* August 30, 2017. https://www.census.gov/library/publications/2017/acs/acsbr15-03.html.

40 Kate L. Sheahan, Karen M. Goldstein, Claire T. Than, Bevanne Bean-Mayberry, Catherine C. Chanfreau, Megan R. Gerber, Danielle E. Rose, Julian Brunner, Ismelde A. Canelo, Jill E. Darling, Sally Haskell, Alison B. Hamilton, and Elizabeth M. Yano. "Women Veterans' Healthcare Needs, Utilization, and Preferences in Veterans Affairs Primary Care Settings." *J Gen Intern Med 37*(Suppl 3), 791-798 (2022). https://doi.org/10.1007/s11606-02-07585-3.

With so many improvement initiatives under way, it is crucial that VHA's performance-improvement projects receive senior leadership's support to ensure effective change management and the adoption of best practices throughout VHA. LTC is complex with persistent and unexpected challenges. For example, COVID-19 priorities delayed implementing certain GEC programs. VHA should demonstrate its commitment to oversight and accountability by ensuring it has clear goals and objectives identifying what needs to be done and how it will accomplish strategic plans, despite unexpected setbacks. VVA encourages VHA to remain vigilant in its efforts to improve care and quality of life for older veterans.

After six years of being on the GAO's High-risk List, VA "still lacks a clear and comprehensive roadmap to address VA healthcare concerns and has not demonstrated meaningful progress."[41] Three persistent and complex LTC challenges meeting the growing demand for LTC are:

- Workforce shortages and competencies;
- Geographic alignment of care, particularly for rural older veterans; and
- Older veterans specialty-care needs.

It is essential that VA leaders with sufficient authority drive the deployment and implementation strategies addressing these key challenges. VVA recommends that VHA leverage the valuable lessons learned during the performance-improvement projects' tests of change.

Fostering stronger collaboration and partnerships between VHA's separate health-support services and programs may help fully deploy these innovative solutions and best practices.

Fully deployed improvements will create an aligned infrastructure that promotes better health through the delivery of equitable, goal-directed care that recognizes the preferences and needs of older veterans. Ultimately, these improvements will reduce the per-capita cost of care.

41 U.S. Government Accountability Office. "Managing Risks and Improving VA Health Care," Retrieved December 19, 2022, from https://www.gao.gov/highrisk/managing-risks-and-improving-va-health-care.

Statement of the

Fleet Reserve Association

on its

2023 Legislative Goals

Presented to the

U.S. House of Representatives and

United States Senate

Veterans' Affairs Committees

By

Christopher J. Slawinski
National Executive Director

March 1, 2023

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 2024 VA Budget

According to press reports the Administration's FY 2024 budget request is scheduled to be released on March 9, 2022. FRA supports budget initiatives to help ensure adequate funding for the VA, with special attention for VA health care to ensure access and care for all beneficiaries. Which is why the Association supports many of the Independent Budget (IB) recommendations. Specifically FRA supports the IB 2024 request for more than a 10 percent boost in VA funding in FY 2024 to cover expanded health care services for elderly veterans and needed improvements to aging department buildings.

FRA is thankful that FY 2023 VA budget approved by Congress included both funding and flexibility for increased staffing at VA medical centers to counter a possible increase in enrollment. The VA has a goal of about 52,000 new hires this current fiscal year to replace departing staffers and add personnel to high-demand areas. The FY 2023 VA budget exceeded $300 billion in total spending.

Toxic Exposure

Military service for our nation can require service members to go places that may expose them to toxins that cause illness and diseases that may not be diagnosed for years or even decades after their service. The PACT Act that was signed into law on August 10, 2022, recognizes that fact. FRA wants to thank the Senate Veterans Affairs Committee for allowing FRA to be one of only three associations that testified on the comprehensive veteran's toxic exposure on March 29, 2022.

This comprehensive veteran's toxic exposure act allows 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 Act provides presumptive care for numerous conditions for veterans sickened by exposure to burn pits and other toxins. We hope as the law is being implemented it will 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.

FRA is thankful that the VA began processing PACT Act benefits claims for eligible terminally ill veterans as of December 12, 2022. While PACT Act claims for all other veterans started on January 1, 2023, VA was able to expedite processing for terminally ill veterans to ensure these veterans receive their earned benefits on the earliest possible date.

As a result of the enactment of the comprehensive veteran's toxic exposure act, (PACT Act) all patients visiting the VA health care facilities are undergoing new toxic exposure screenings. This

effort will look for signs of illness to better inform veterans that they may qualify for new benefits. The five-minute screening will involve a series of simple questions regarding veterans' time in service, possible exposure to toxic substances and current health status. Veterans will undergo the screening during their first visit, regardless of the reason for the visit, but will not repeat the questions on follow-up appointments. Officials plan to conduct the screening for every patient once every five years.

FRA urges continued Congressional oversight to ensure the PACT Act fulfills its lofty goals for sick and disabled veterans that were exposed to toxins during their service in defending our Nation.

The FY2023 Omnibus Appropriations Package (H.R.2617), also provides provisions for the FRA supported "Veterans' Prostate Cancer Treatment and Research Act" (H.R. 4880/S.2720). 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 the 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 veterans prostate cancer awareness, standardization of diagnosis and treatment, expanded educational resources, and continued research

The FRA wants to encourage all veterans who served in eligible areas to complete the Airborne Hazard ND Open Burn Pit Registry. Participation in the registry is very important as it will allow the Department of Veterans Affairs (VA) to track burn pit exposure and provide data regarding associated adverse health effects. Exposure to burn pits may be linked to respiratory conditions such as asthma, emphysema, chronic bronchitis, and chronic obstructive pulmonary disorder.

EHRM

FRA appreciates both committees oversight hearings on the Electronic Health Record Modernization at the VA. The plan has been plagued with ongoing problems dating back to its initial launch at the VA Medical Center in Spokane, Washington. Lingering issues related to patient safety, training, employee morale, and several other deployment problems still exist, though some progress has been made. Office of Inspector General (OIG) report revealing serious

issues with the deployment of VA's new Electronic Health Record Modernization (EHRM) program. The VA first launched its new electronic health record (EHR) system more than 25 months ago. The program was scheduled in July 2022 to expand to include the VA Medical Center in Boise, Idaho. The expansion was delayed. Oversight committees were told that the VA is using this pause to make system enhancements and to perform tests to ensure the system is stable, resilient, and provides the capability VA employees and veterans need to improve access and quality of care.

Nevertheless, progress has occurred since the VA joined with the DoD in a joint contract to modernize its EHR system in 2017. The huge $16 billion project raised lots of concerns with lawmakers after decades of attempts by both departments to develop a joint interoperable health record that never materialized.

The House and Senate passed the "Electronic Health Record Transparency Act" (H.R.4591) to require the Department Veterans Affairs (VA) to submit to Congress quarterly reports that evaluate the performance of Electronic Health Record (EHR), and it was signed into law in June 2022. The FRA wants to ensure adequate funding for DoD and the VA health care resources 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 this program. The cost and the long time for implementation notwithstanding, the FRA believes there is a tremendous opportunity with the two departments using the same Electronic Health Records.

Mental Health/Suicide

The Department of Veterans Affairs (VA) has begun allowing any veteran experiencing a suicidal crisis to receive emergency care at no cost from any VA or non-VA health care facility. Enrollment in the VA system is not required. "Veterans in suicidal crisis can now receive the free, world-class emergency health care they deserve — no matter where they need it, when they need it, or whether they're enrolled in VA care," said VA Secretary Denis McDonough. "This expansion of care will save Veterans' lives, and there's nothing more important than that." This benefit includes inpatient or crisis care for up to 30 days, and outpatient care for up to 90 days. Veterans also have the option to Dial 988 then Press 1 to connect with the 24/7 crisis assistance hotline.

The Department of Veterans Affairs 2022 National Veteran Suicide Prevention Annual Report (September 2022) shows that veteran suicides decreased in 2020 for the second year in a row. Fewer veterans died by suicide in 2020 than in any year since 2006. In 2020, there were 6,146 veteran suicide deaths, which was 343 fewer than in 2019. The unadjusted rate of suicide in 2020 among veterans was 31.7 per 100,000.

The VA is implementing a 10-year Suicide Prevention Strategy Plan started in 2018 that includes

funding local suicide prevention programs. While results are encouraging, the VA stresses that there is still much more to do. The VA has made it easier to reach the VA National Suicide Crisis Hotline by changing the program to align with the regular National Crisis Hotline that all Americans can use. The new VA Crisis Hotline is now 988 and when the crisis line responds, select option 1, and callers will be transferred to the veterans' part of the crisis hotline.

However, the Journal of the American Medical Association (JAMA) published a report in February 2022, that found that Post-9/11 veterans are dying at a higher rate than non-veterans. The study attributed almost 34 percent of Post 9/11 veteran's deaths to complications from traumatic brain injury (TBI). The JAMA study found that among Post 9/11 veterans, 17.5 percent had mild TBI, and three percent had a moderate to severe TBI. There were 43,190 veteran deaths with TBI, and 3,858 more veterans die compared to the general population after adjusting for veteran population and non-veteran population. Deaths of veterans were predominately by suicide according to the report.

FRA supports the National Warrior Call Day - a national suicide prevention effort aimed at reaching veterans and service members who may be dangerously disconnected from others. The campaign stresses daily connection through calls and unites behind a single day — the Sunday after Veterans Day — to create a groundswell of action from all Americans to "make a call, take a call and be honest".

Disability Claims Backlog and the 48 Hour Review

"The VA processed an all-time record of 1.7 million veteran claims in 2022 and delivered $128 billion in benefits to more than 6 million veterans and their survivors."[1] 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. As of February 11, 2023, there are nearly 195,000 pending claims that have been pending 125 days or more, and the VA is currently experiencing a 95 percent accuracy rating based on a 12-month average. Some have expressed concern that the backlog will increase, and accuracy will decline with the expected wave of new claims generated from the PACT Act.

A recent report from the Department of Veterans Affairs (VA), Office of Inspector General (IG) concludes that the VA mishandled more than one-third of all Camp Lejeune water contamination disability claims, possibly cheating as many as 21,000 veterans out of financial compensation. The IG report found that errors in claim effective dates and retroactive payments alone affected nearly 4,000 veterans and totaled about $14 million, but that accounts for only a small portion of the mistakes. Most of the errors impacted more than 17,000 veterans' cases when VA staff prematurely denied claims without requesting additional evidence of injury. The IG review of more than 57,000 Camp Lejeune, North Carolina, cases handled by VA staff between March 2017 and March 2021, however, the VA inspector general found that many cases not related to

[1] *Federal News Network,* Jory Heckman, Feb. 7, 2023

the established presumptive conditions were summarily rejected, instead of requesting more information on their conditions. The presumptive conditions were created by FRA-supported legislation that was signed into law in 2012.

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 reinstating 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.

Concurrent Receipt

The membership of the Association strongly believes that reducing a retiree's retired pay because they are disabled is an injustice! The Association strongly supports the "Major Richard Star Act" (S. 344/H.R. 1282) that is sponsored by Chairman Jon 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. Over two-thirds of Congress co-sponsored concurrent receipt legislation in the last session of Congress. Concurrent receipt refers to the simultaneous receipt of two types of monetary benefits: military retired pay and VA disability compensation. FRA supports legislation authorizing the immediate payment of concurrent receipt of *full* military retired pay and veterans' disability compensation for *all*.

VA Eyecare Concerns

The FRA is concerned that the VA changed its Community Care "Standardized Episode of Care (SEOC): Eye Care Comprehensive" guideline by removing language that specified "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." To our knowledge, the VA eliminated this language without public input, and as a result of this modification, optometrists are implicitly permitted to perform ophthalmic surgery on veterans were allowed by state licensure laws.

The original policy language served as an important patient safety guardrail. The FRA worries that by removing this language, the VA has exposed our veterans to increased risks when they require surgical eye care. We urge the VA to immediately reinstate the limit that only ophthalmologists can perform invasive procedures. It is critical that the VA recognize and respect the differences between the roles of optometry and ophthalmology.

We likewise urge VA to be mindful of these roles as it undertakes the National Standards of Practice review. The FRA is aware and grateful for the important eye-related health care services optometrists are able to provide to our veterans. But we strongly believe that

optometrists should not be allowed to perform eye surgery on veterans since they lack suitable training and education.

VA Extends Caregiver Benefits

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 Department of Veterans Affairs (VA) announced it will extend caregiver benefits until October 1, 2025. This extension will ensure that thousands of families will continue to receive stipends for the next three years.

The caregiver program provides health care and benefits, including a stipend, to individuals who devote their time providing oversight of veterans who need assistance and supervision and cannot live independently. The stipends vary based on location, but range from approximately $1,800 to $3,000 a month, depending on the level of care required. About 33,000 veterans are currently enrolled in the program. Nearly 20,000 of those are post-9/11 veterans who applied to the program before October 2020 ("Legacy Families"). Military Times reports that a VA internal review showed as many as 90 percent of the legacy families who are receiving VA caregiver benefits would have been kicked out of the program as a result of the earlier eligibility changes.

The FRA expressed concern that the VA family caregiver program's expansion was not being properly implemented in its testimony before a joint hearing of the House and Senate Veterans affairs Committees in March, 2022. Despite objections from FRA and other VSO organizations, 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.

In June of last year, the VA suspended all ongoing eligibility reassessments of veterans enrolled in its family caregiver program while it reviews the program's qualification requirements. This announcement comes after the VA announced it would suspend dismissals from the caregiver program after a VA review found that most post-9/11 veteran families participating in the program would be removed following a 2018 change to eligibility criteria. Although the dismissals were stopped, reassessments and subsequent dismissal notifications continued, leading to confusion among veterans and caregivers regarding their status and options to appeal.

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Expanding America's National Cemetery

A majority of FRA members were opposed to burial restrictions for in-ground burials at Arlington National Cemetery (ANC). There are currently 155 VA administered cemeteries that could be transformed into another national cemetery. More than 73 percent of FRA members surveyed January 2023 support creating a second national cemetery, perhaps on the west coast, in lieu of additional burial restrictions that would afford full military honors. That is why FRA supports the "Expanding America's National Cemetery Act" that would authorize the Department of Defense and the VA to transform an existing VA cemetery to maintain interment with full honors as ANC reaches capacity. Veterans should not be forced to change their well-earned plans because of unnecessary administration rules.

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 last year 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.

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. 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 the 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.

VA Homelessness Program

The U.S. Interagency Council on Homelessness released a report "The Federal Strategic Plan to Prevent and End Homelessness" (January 26, 2023) with encouraging data on veterans homelessness. The report indicates that the total number of Veterans experiencing homelessness has decreased by 11 percent since January 2020. In total, the estimated number of veterans experiencing homelessness in America has declined by 55.3 percent since 2010.

The report claims that this success is a result of VA efforts to reach out to every veteran experiencing homelessness, understand their unique needs, and address them. These efforts are grounded in the evidence-based "Housing first" approach, which prioritizes getting a Veteran into housing, then provides the Veteran with the wraparound support they need to stay housed — including health care, job training, legal and education assistance and more.

During 2022, the VA permanently housed 40,401 homeless veterans, providing them with the safe, stable homes that they deserve. This exceeded the department's goal to house 38,000 Veterans in 2022 by 6.3 percent.

FRA has supported initiatives for the VA and other agencies to enhance and invest in efforts to ensure that veteran's homelessness is rare, brief, and non-recurring.

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 staff to improve benefits for all veterans who have served this great Nation.

Christopher J. Slawinski
National Executive Director, FRA

Christopher J. Slawinski serves as the thirteenth National Executive Director for the Fleet Reserve Association (FRA), a congressionally chartered military and veterans' service organization serving current and former enlisted members of the Navy, Marine Corps and Coast Guard.

First Hired in October 2004, Slawinski was the National Service Director and the Association's primary voice between our members and the Department of Veterans Affairs.

Slawinski is an accredited service officer with the FRA and holds TRIP certification within the VA. He is the National Representative with FRA in the VA Voluntary Service National Advisory Committee, and a local VAVS Representative for the VA Medical Center in Washington, DC. Slawinski also serves as the Treasurer and Board member for the VAVS James H. Parke Memorial Scholarship Fund.

Slawinski is a Vice President of The Military Coalition (TMC) along with being a Co-Chairman of TMC Veterans Subcommittee.

Slawinski is a life member of the FRA Navy Department Branch 181, Arlington, VA, and has served as president of the East Coast Region. During his term as a member of the Association's National Board of Directors, he represented FRA members who reside in Maryland, District of Columbia, Delaware, Virginia, West Virginia and North Carolina.

Slawinski enlisted in the Navy in 1978, transferred to the Naval Reserve in 1982 and retired in 1998. He holds a bachelor's degree in communications from The University of Toledo and spent 20 years in civilian broadcast media, during which he earned two regional Emmy awards.

Slawinski, born and raised in Toledo, Ohio, now resides in Annandale, Va. Chris is the proud father of his daughter, Victoria, who currently attends Pennsylvania State University (Penn State) in State College, PA.

Senate and House Committees on Veterans' Affairs
March 1, 2023

Angela Pratt
Co-Chair, Veterans Committee, National Congress of American Indians
Written Testimony

Introduction

Good morning, Chair Tester, Ranking Member Moran, Chairman Bost, and Ranking Member Takano, and to all the members of the Senate and House Veterans' Affairs Committees.

My name is Angela Pratt. I am a member of the Osage Nation of Oklahoma. I was a member of the Osage Nation Congress from July 2014 to July 2022, and four (4) of those years, I presided as Speaker of the Congress. I am a proud Army Veteran, Hooah. I am a longtime member of the American Legion and have dedicated many years to assisting with Veterans organizations, issues and efforts. In 2021, I was appointed by NCAI President Fawn Sharp to serve as a Co-Chair for the NCAI Veterans Committee. Also in November 2021, I was selected to serve on the first ever Veterans Affairs (VA) Advisory Committee on Tribal and Indian Affairs. It is a pleasure to be here today and I thank you for this opportunity to speak with you.

As I just mentioned, I serve as a Co-Chair of the National Congress of American Indians' (NCAI) Veterans Committee. NCAI, as you may be aware, was founded nearly 80 years ago and is the oldest, largest and most representative American Indian and Alaska Native organization serving the broad interests of tribal governments and communities. On behalf of NCAI, I want to thank you for this opportunity to provide testimony on issues affecting Native American veterans.

Per capita, Native people serve at a higher rate in the Armed Forces than any other group of Americans, and they have served in all the Nation's wars since the Revolutionary War. Native veterans continued their service in our Nation's wars long before they were recognized as U.S. citizens and before they had the right to vote at the polls.

Despite this impressive record of service, oftentimes the lack of programs, services, and assistance that Native veterans receive upon returning home from serving the United States is truly shocking and this must change.

While there are many issues that impact Native veterans, I want to focus on three areas that are priorities of NCAI and the NCAI Veterans Committee: Housing, Health, and Data.

Native Veterans and Housing

As a general matter, housing infrastructure in Indian Country continues to lag behind the rest of the United States. Over 70 percent of existing housing stock in tribal communities is in need of upgrades and repairs, many of them extensive.[1] In 2017, The U.S. Department of Housing and Urban Development (HUD) reported that, "the lack of housing and infrastructure in Indian Country is severe and widespread, and far exceeds the funding currently provided to tribes."[2] The lack of affordable housing contributes to homelessness and overcrowding. Tribal communities experience overcrowded homes at a rate of 16 percent, roughly eight times the national average.[3]

Despite the service they provide to our country, homelessness and housing insecurity remains a major concern for our Native veterans. At the White House Tribal Nations Summit a few months ago, the White House Council on Native American Affairs Health Committee reported that, "American Indian and Alaska Native Veterans are proportionally over-represented by the population of veterans facing homelessness." And while data is scarce—something I will return to momentarily—at least one study found that Native veterans made up 19% of all homeless veterans in the study's sample, making the Native veteran homeless rate almost 10 times their representation in the general population. Another study indicated that Native veterans living in poverty were twice as likely to be homeless than other (non-veteran) Native Americans.

A simple but critically important step to combat this issue is to reauthorize and make permanent the Native American Housing Assistance and Self-Determination Act (NAHASDA). NAHASDA reorganized the system of housing assistance provided to Native Americans through the Department of Housing and Urban Development (HUD) by eliminating several separate programs of assistance and replacing them with a block grant program.This block grant program has successfully been used by Tribal Nations across the country to focus on the specific housing needs in their own communities.

However, NAHASDA expired ten years ago, and we cannot afford to let this critical legislation go unauthorized any longer. Reauthorizing NAHASDA will also help Native veterans struggling

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[1] U.S. Department of Housing and Urban Development, *Fiscal Year 2017 Congressional Justifications*, 11-12, (2016), https://www.hud.gov/sites/documents/FY_2017_CJS_COMBINED.PDF.
[2] U.S. Commission on Civil Rights, *Broken Promises: Continued Federal Funding Shortfall for Native Americans*, 137, (2018), https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf.
[3] U.S. Department of Housing and Urban Development, *Housing Needs of American Indians and Alaska Natives in Tribal Areas: A Report From the Assessment of American Indian, Alaska Native, and Native Hawaiian Housing Needs*, (2017), https://www.huduser.gov/portal/sites/default/files/pdf/HNAIHousingNeeds.pdf

with homelessness by improving the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program. The program has been a nationwide success because it combines rental assistance, case management, and clinical services for at-risk and homeless veterans. Unfortunately, this program is not fully available to Native veterans living on tribal lands.

NCAI has a standing resolution supporting this legislation: Resolution #ECWS-14-001,[4] "Support for Indian Veterans Housing Rental Assistance Demonstration Program in the Native American Housing and Self-Determination Act Reauthorization" and, accordingly, NCAI urges Congress to pass legislation to address the issues of Native veteran homelessness as soon as possible.

Also in the housing space, NCAI urges Congressional passage of S. 185: the Native American Direct Loan (NADL) Improvement Act of 2023. The Veterans' Affairs NADL program has only provided 190 loans to Native Americans nationwide over the past 10 years. This legislation would help to increase the number of NADL-administered loans by allowing veterans to refinance existing non-VA mortgages utilizing the NADL product, and would also allow veterans who have built homes with other sources of construction financing (e.g. a Native CDFI loan) to still use NADL as permanent financing. It also provides grant funding for Native CDFIs, Tribal Nations, Tribally Designated Housing Entities (TDHEs), and nonprofits to assist with outreach, homebuyer education, and other technical assistance to Native veterans seeking homeownership financing.

Native Veterans and Health

The health and wellness of tribal communities depends on a network of health, education, and wellness service providers, prevention coordination, and tribally-driven initiatives. Despite the federal government's trust responsibility to provide health care to American Indians and Alaska Natives, Native people continue to experience the greatest health disparities in the United States when compared to other Americans. Shorter life expectancy and the disease burdens carried by Native people exist because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity, poor social conditions, and decades of historical trauma.

While veterans typically are more vulnerable to health disparities as compared to the general population regardless of race, Native veterans are more likely to lack health insurance, and to have a disability, service-connected or otherwise, than veterans of other races.
Obtaining health care for Native veterans often means navigating both the Veterans Health Administration (VHA) and the Indian Health Service (IHS). The primary health care provider in most Native communities—and for many of our Native veterans—is IHS. Thus, one mechanism

[4] Available at: *https://www.ncai.org/attachments/Resolution_rGJmzKMOpmPXCODBFDEimNAVXIDwbXbVyXGHmPeVbMNxlCXSRjF_ECWS-14-001%20resolution.pdf*

for improving the health of Native veterans is to improve the IHS system which has long been woefully underfunded. And even though advanced appropriations for IHS passed at the end of the 117th Congress—something that NCAI and all of Indian Country applauds—there is more to do. However, while historic, the advance appropriation for IHS is far from perfect and inclusion of advance appropriations each year is not, as of yet, guaranteed. We owe it to our veterans to fight for culturally competent care delivered closer to home. Congress must expand and sustain advance appropriations for the IHS until funds are mandatory for IHS. We owe it to our veterans.

Another mechanism to improving the health care of Native veterans is to improve cultural competency of the health services Native veterans receive. There is a need for ongoing consultation on cultural competency as well as a need for stronger collaboration with IHS and tribally-run healthcare facilities to find ways to expand culturally informed services at all government facilities—particularly, VA facilities. One way to build up cultural competency is to increase access to Tribal Veterans Service Officers (TVSO) and to establish clear and attainable paths for Tribal Veteran Organization (TVO) accreditation.

Finally, it is important to recognize the recently passed American Indian and Alaska Native Veterans Mental Health Act, which was passed by the last Congress and that direcst the Secretary of Veterans Affairs to make critical improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans. And while NCAI hails the passage of this bill and thanks all who worked hard to make it law, we now ask that Congress use its oversight function to ensure that the law is implemented quickly, effectively, and with meaningful tribal consultation.

Native Veterans and Data

While I have highlighted two critical issues—housing and health—impacting Native veterans today, the fact is that data on Native veteran housing, health, and a host of other issues is scarce or, more often than not, non-existent. This lack of data all too often makes Native veterans and their concerns invisible. There is an urgent need for accurate data concerning Native veterans in order to develop meaningful policy solutions that will address Native veterans' day-to-day concerns. This data, which is necessary, must be collected in collaboration with Tribal Nations, must respect privacy concerns, and must be shared with Tribal Nations who are generally in the best position to address the needs of their own community members.

While there is no shortage of places where meaningful data would be helpful, I want to highlight one issue that the NCAI Veterans Committee has been urging more data on for years—Native veteran suicide. American Indians / Alaska Natives (AI/AN) experience high rates of depression and psychological distress, which contributes to Native people having one of the highest suicide rates of any group in the United States. While the Department of Veterans Affais (VA) has

acknowledged suicide as a national health crisis that affects all Americans and publishes reports each year on suicide data, it continues to offer limited data specific to AI/AN veterans. When the VA does disaggregate suicide data by race/ethnicity, AI/AN veterans fall under the category of "other." Capturing data specific to AI/AN veteran suicide is essential for developing effective policy and initiatives to generate improved outcomes. Therefore, NCAI urges Congress and the Administration to work to develop policies and procedures that ensure the collection of AI/AN veteran suicide data so that federal and tribal policy makers have the necessary information to address the suicide crisis among AI/AN veterans.

Conclusion

I want to conclude by once again thanking this Committee for both holding this hearing and allowing me to bring attention to Native veterans and the challenges they face in their lives. Our Native veterans—like all veterans—have given up their time, their health, and in many cases their lives to protect this country. For those who have served and are still with us, it is imperative that we give them everything they need to thrive. Thank you again for this opportunity to speak, and I look forward to addressing any questions you may have.

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 1, 2023

Chairman Tester, Ranking Member Moran, Chairman Bost, Ranking Member Takano 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 and the nearly 450,000 Soldiers and Airmen of the National Guard, we deeply appreciate this opportunity. We also thank you for your tireless oversight to ensure accountability and improve services to our nation's veterans and their families.

The combined efforts of your committees have advanced critical policies which directly impacted the National Guard and I thank you for that hard work. From passing the PACT Act to expanding and improving access to mental health care, we continue to make progress toward enhancing the quality of life for our military and veterans.

The operational tempo for the National Guard has increased significantly over the past 20 years, and even more so in the last three. In addition to overseas deployments alongside the Active Component, the National Guard is there for our communities during the greatest times of need. Whether it be wildfires in California, flooding in Louisiana, or most recently shooting down unidentified objects threatening our national security, our service members are "Always Ready." In my testimony, I would like to focus on three specific areas key to recruiting and retaining a

National Guard force that remains prepared to protect our nation: consistent access to medical coverage, incentives for civilian employment, and increased benefit parity.

Zero-cost TRICARE

Our number one priority for the 118th Congress is the **Healthcare for our Troops Act**, which will be reintroduced soon in both the House and Senate. I ask that your committees do all you can to support this critical need. Affording zero-cost TRICARE coverage will dramatically increase readiness, solve turbulence moving on and off health plans, and ultimately save money by eliminating duplicative contracts.

Guard and Reserve units must be ready at a moment's notice, just as the Active Component. It is imperative all service members have access to the health care needed to meet medical deployability requirements. It is unthinkable that an estimated fifteen percent of Guard members currently do not have health care coverage. These are the same Soldiers and Airmen we sent into communities to administer COVID testing and vaccines. The same Soldiers and Airmen we sent down to Puerto Rico to help with hurricane aftermath, often serving alongside Active Component members who did have health care coverage. This is unacceptable.

The benefits of zero-cost TRICARE extend beyond medical readiness. As a key retention policy, this will help us keep a manned and ready force. Preventive care throughout our service members' careers will also reduce medical expenditures when transitioning from drilling Guardsmen to veteran. Furthermore, consistent medical coverage will allow those within our ranks to seek consistent mental health care. I cannot think of any better way to truly put our service members first.

Lastly, this is a significant employer benefit. When a company knows a service member won't require health insurance coverage it will be that extra incentive needed to make the hire. Time away from civilian careers continues to increase and we must find a way to better encourage employers. Without improved incentives, I worry companies will start to choose equally qualified non-military candidates over our service members.

This will revolutionize how health care is delivered to our Soldiers and Airmen. I am convinced it will not only provide better health results but will prove cost advantageous in the long run. The fact that we have men and women serving this nation in uniform who do not have medical coverage is a true shame and we need to do better. Again, I ask for each of your support on the **Healthcare for Our Troops Act**.

Strengthening Service Member Civilian Employment

As mentioned, the recent increase of the citizen-soldier construct has expanded well beyond the traditional 39-day annual training structure. While I cannot anticipate future operational demands, it is clear the era of "one weekend a month and two weeks a year" is over.

In the wake of this new reality, we ask the committees support continued efforts to assist Reserve Component service members and their employers. Specifically, we encourage the reintroduction and passage of the **RECRUIT Act**. This bill authorizes an annual tax credit for small business employers who employ Guard and Reserve members and would go a long way in supporting our communities.

Benefit Parity

At NGAUS we continually strive for benefit parity on all fronts. For the past several years, I have asked for your assistance in correcting numerous benefits not afforded to our members. Both the Forever GI Bill and the FY18 NDAA made advancements to close that gap. Now Guardsmen and Reservists are eligible for nearly all the same benefits as the Active Component, including tuition assistance, transitional healthcare access, and Post 9-11 GI Bill benefits. However, there is still more work to be done.

Of specific concern is full benefit parity for Post 9-11 GI Bill. Unlike our Active Component peers, Guardsmen serve in a variety of statuses and on missions that do not accrue GI Bill benefits. A day in uniform is a day in service to this country and it is past time this disparity is corrected. Examples of this uneven eligibility have been particularly acute in the past several years of increased domestic mobilization, as many of those missions did not count toward GI Bill eligibility.

Fortunately, Congress has made great progress toward correcting this. During the 117th, the House passed **H.R. 1836 - Guard and Reserve GI Bill Parity Act** on a strong bipartisan vote of 287-135. This bill counted all days in service, including weekend drills, annual training and specific state active duties such as 502(f), toward the Post 9-11 GI Bill. This is a fantastic step forward and we strongly encourage the reintroduction of this bill in the 118th Congress.

Additionally, we thank the Senate for continued bipartisan efforts on their version of GI Bill parity, **the GRAD Act**. We are confident a compromise bill can be accomplished and are excited for the benefit this will offer to our service members.

Conclusion:

I thank you again for allowing NGAUS to testify. Your efforts are critical to the well-being of our service members and the success of our National Guard. I look forward to continuing our work together and sincerely appreciate the steadfast leadership from the members and their staffers 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.

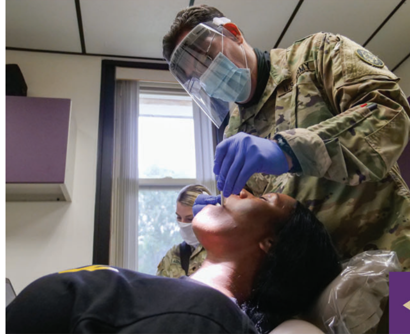
In addition to a bachelor's degree in speech communication from Southern Mississippi, General Robinson holds a master’s in business administration from Jackson State University. He also completed a U.S. Army War College fellowship in logistics and acquisition at the Center for Strategic Analysis at the 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.

Zero-Cost TRICARE
for the Guard and Reserve

Fiscal Year 2024 Fact Sheet



The Issue

National Guard and Reserve servicemembers continue to face challenges in obtaining healthcare access to meet medical readiness requirements and ensuring continuity of care, especially when deploying overseas. Significant numbers of servicemembers without health care directly impacts National Guard deployability, as no-notice deployments have increased to record-highs over the last several years.

Capt. Alberto Alejandro, a dentist with the Maryland Army National Guard, is conducting a dental examination on a District of Columbia Army National Guard Soldier.

Background

Servicemembers are required to meet medical deployability requirements. An estimated 130,000 Guardsmen and Reservists do not have health insurance under the current disjointed system of third-party health contractors and Periodic Health Assessments (PHAs), which greatly impacts the Reserve Component's medical readiness. Inconsistent healthcare coverage for members of the Reserve Component makes meeting these requirements difficult to achieve.

This issue will persist despite current efforts to streamline military duty statuses, which may provide more Reserve Component servicemembers with opportunities to maintain healthcare coverage through TRICARE Reserve Select (TRS). This can be fixed by offering servicemembers guaranteed zero-cost medical coverage through TRS.

H.R. 3512/S. 5142 *Healthcare for our Troops Act* ensures servicemembers meet the medical standards required of a deployable force at no cost to them and their families. Additionally, this bill provides coverage for dental care, another common deployablitiy issue experienced by the Reserve Component. These changes would also provide the Department of Defense with a powerful recruiting and retention tool, as well as a significant employer incentive to retain talented individuals in gainful civilian employment.

Under current law, National Guard and Reserve servicemembers who are federal employees in their civilian capacity are ineligible to enroll in TRS. This creates confusion in coordinating benefits for servicemembers and prevents servicemembers from establishing continuity of care and treatment as they deploy or transition in or out of the federal government. H.R. 3512/S. 5142 strikes the language that disallows servicemembers from accessing TRS simply due to working for the federal government in their civilian capacity.

Recommendation

- Reintroduce H.R. 3512/S. 5142 *Healthcare for our Troops Act* to provide zero-cost TRICARE and dental to all Reserve Component servicemembers
- Authorize TRICARE Reserve Select (TRS) eligibility for National Guard and Reserve servicemembers who are federal employees in their civilian capacity

Learn more at **www.ngaus.org**

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Statement for the Record

Joint Hearing: Legislative Presentation of The American Legion, PVA, SVA, IAVA, NASDVA, BVEC, VVA, FRA, NCAI, NGAUS

March 1, 2023

Thank you, Chairman Tester.

It is good to be here once again with you, Chairman Bost, Ranking Member Takano, and our House and Senate colleagues.

Joint hearings are unique to our Committees, and an annual reminder that our work in support of servicemembers, veterans, and their families, caregivers, and survivors cuts across the usual dividing lines.

And, it is work that would not be possible without our partners in the VSO community including those that are here today from:

- The American Legion;
- The Paralyzed Veterans of America;
- The Student Veterans of America;
- The Iraq and Afghanistan Veterans of America;
- The National Association of State Directors of Veterans Affairs;
- The Black Veterans Empowerment Council;
- The Vietnam Veterans of America;
- The Fleet Reserve Association;

- The National Congress of American Indians; and

- The National Guard Association of the United States.

Thank you all for being here today, and for the work that you do every day across the country in service to your fellow veterans.

I want to say a special welcome and thank you to those of you here from Kansas, many of whom I have had the pleasure of seeing in my office this week.

There are two significant anniversaries for the military and veteran communities that I want to acknowledge right up front.

First, March 20th will be 20 years since the start of Operation Iraqi Freedom.

Millions of servicemembers and their families have and continue to serve and sacrifice to defeat our enemies in that region.

We thank them and recommit to taking care of them when they come home.

We also remember all those who gave their lives in that conflict.

We will never forget them, and we will not waver from taking care of their survivors.

Second, March 29th marks 50 years since the end of the combat operation in Vietnam.

To all of our Vietnam Veterans, "Welcome home!"

We recognize and honor your service.

You may not have gotten the support and gratitude that you were owed 50 years ago, but I hope that you feel them in abundance today.

It has been a long three years since we saw many of you in this room in person rather than through a computer screen but your efforts have not stopped and neither have ours.

Together we have continued a strong, bipartisan record of achievement to help veterans thrive in their civilian lives.

Our legislative accomplishments over the last several years - from the MISSION Act to the Hannon Act to the PACT Act - have increased access to VA services and benefits in monumental ways.

But, we all know that, in many ways, the hardest work is still ahead of us.

We share many of the same priorities for the next two years, including:

- Staying laser focused on oversight of the many laws we've passed to make certain VA gets it right for the veterans who need it most;

- Protecting and expanding access to care both in VA medical facilities and in the community so that veterans get the care they need when they need it and where they want it;

- Helping veterans in rural and underserved areas who have unique barriers to VA care;

- Continuing our efforts to prevent veteran suicide; and

- Better supporting separating servicemembers, student veterans, homeless veterans, and those in the caregiver, survivor, and Guard and Reserve communities.

Your feedback and support is absolutely critical to achieving each of those objectives and to identifying what else we need to be focused on in order to fulfill our sacred obligation to veterans and their families.

Thank you again for being here.

I look forward to your testimony and yield back.

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