

**LEGISLATIVE PRESENTATION OF THE
AMERICAN LEGION AND MULTI VSOs: JWV, TAPS,
NCHV, MOAA, NACVSO, NCAI, VVA, NGAUS, FRA**

JOINT HEARING

BEFORE THE

**COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES**

AND THE

**COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

—————
MARCH 13, 2024
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LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOS: JWV, TAPS, NCHV, MOAA, NACVSO, NCAI, VVA, NGAUS, FRA

WEDNESDAY, MARCH 13, 2024

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

The Joint Committees met, pursuant to notice, at 10:11 a.m., in Room 390, Cannon House Office Building, Hon. Mike Bost, Chairman of the Veterans' Affairs Committee, presiding.

Present:

Representatives Bost, Crane, Self, Takano, Levin, Pappas, Ramirez, Deluzio, McGarvey, and Landsman.

Senators Tester, Brown, Blumenthal, Hassan, and King.

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

Chairman TESTER [presiding]. We will call this hearing to order. Chairman Bost will be here shortly, but I think we should get going here.

Commander Seehafer, thank you for being here. We appreciate the wisdom you are going to pass on to us here shortly, and we welcome the entire American Legion this morning.

I want to thank the Legion for inviting me to be a speaker at their convention a few weeks ago. Hearing from your members is vital to shaping our policy and overseeing the actions of the VA.

Commander Seehafer, thank you for being here. Thank you for the Legion's continued advocacy on behalf of our Nation's veterans. The American Legion has been a key partner in passing critical legislation for veterans and their families over the past few Congresses, including the Deborah Sampson Act, the Hannon Act, and most recently, the PACT Act.

The PACT Act was a heavy lift, and I am here to say we couldn't have done it without you and the entire VSO community, so give yourselves a hand. Thank you very much.

[Applause.]

But the fact is our work here is far from being done. There are a number of issues requiring legislative action, from veteran suicide to homelessness to education benefits. We need the Legion's

input and we need your support to get these priorities across the finish line.

The suicide rates across the country, and particularly in the veterans community, continue to be at unacceptable levels, and we need to work together to help address the persistent issues causing veterans to feel like they have been left behind. That is why I introduced S. 928, the Not Just a Number Act, to identify non-healthcare factors and to help prevent suicide.

No veteran should have to worry about finding a safe place to sleep at night. My CHARGE Act seeks to give the VA the tools it needs to tackle veterans' homelessness.

Members of the National Guard and Reserve should be earning the same educational benefits as their active duty counterparts. I was proud to join my colleagues up here in introducing the GI Bill Parity Act, giving reserve component servicemembers credit for their time in uniform.

But these legislative priorities and increased benefits need to be safeguarded from those that are looking to prey on our veterans. Veterans should not have to pay for assistance when seeking VA benefits. I hope to hear from you today about how we can work together to go after predatory claims consultants looking to get rich on the earned benefits of our veterans, like the folks in this room.

For the veterans here today, thank you for your service and thank you for your work on behalf of fellow veterans.

With that, Chairman Bost, good to see you here, man.

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

Chairman BOST [presiding]. You know, for some reason I have to figure out where the buttons are in here. For some reason, they like want us to vote. I don't understand.

Chairman TESTER. Constitutional duty, too?

Chairman BOST. Yes, it is all that.

Chairman TESTER. Okay.

Chairman BOST. Hey, good morning, everyone. And I want to thank you for being here. And I would like to welcome Senator Chairman Tester and thank him for going ahead and kicking this off, and Ranking Member Moran, who I am sure will be here shortly. I want to thank you all for joining us.

And a good morning to all of my fellow Legionnaires. And, you know, as you can tell, I am a proud member of the Murphysboro, Illinois, Paul Stout American Legion Post 127. [Applause.] Now, let me tell you a little bit about our post. It has been around quite some time. And Paul Stout was a private who fought in Belleau Wood, fought in Belleau, and then fell in the next battle up the road. And we have been around for quite a few years under the name Paul Stout. So much so that when we celebrated the hundredth anniversary, we actually had a Paul Stout beer made. So, at any rate, so, and I need to let you know I am paid up on my dues, just so you know. [Laughter.] Okay.

I would like to welcome all the American Legion national and all the members and our national commander, Daniel Seehafer, and his wife, Stacey, for being here today. I would also like to give a shout-out to all the American Legion auxiliary president, Lisa

Williamson, and the national commander of the Sons, Donald Lee Hall, or Junior as he is known, for being here today as well. And a special welcome to everyone from Illinois. If you can raise and say, hey, we are here, just so you—there we go. All right.

[Applause.]

So, as most of you know, being the Chairman is not a responsibility I take lightly. It is very, very personal to me, and I know it is personal to you. To explain to you if you don't know, I am a Marine. My grandfather on my mother's side, Marine, Korean War. My dad and his brothers were all Army, Korean War. My uncle was Vietnam, Marine. He was the victim of the ultimate oxymoron, friendly fire. He did not pass. He has had a very successful life, but he does have a 100 percent rating, and the VA has been very good to him over his life after his time of service. My son is a lieutenant colonel in the Marine Corps right now, Reservist, but was active for many years. And my grandson is an F-18 mechanic, a corporal in Miramar, California. So it is very, very personal to me as it is to you.

I know the sacrifices you have made. I know the sacrifices that your family has made. And I know at the end of the day, you just want access to healthcare and benefits and services you have earned without a big headache. Our Veterans Service Organizations community play a vitally important role in making all of that happen.

You know where VA is falling short because you hear it from the boots on the ground that you talk to every day and all around this country, you know what the problems are. And you also know that the statement is, if you have seen one VA, you have seen one VA, because they all have unique issues and problems. Some are wonderful, some we got to work on.

But make no mistake, your advocacy here in DC and across the country really makes a difference. And I am proud of all that we have accomplished together over the last few years, including the President signing the bipartisan PACT Act and putting that into law.

Now, this is the largest expansion of healthcare and benefits for veterans and their families in recent history, and we are going to make sure VA gets it right. Because sometimes, I don't know, if you know this, we pass laws, then we have to do a follow-up and make sure they are actually doing what we said to do. So as Chairman, it is my top priority of mine to hold the VA accountable for you, the men and women who serve, no matter what. So please call or visit our website to report waste, fraud, or abuse. We need your help to make the VA what you deserve.

Looking ahead, I am going to be focusing on improvements where we can to modernizing the delivery of care and services from the VA. We have made great progress in identifying improvements that could be made for the veterans' community care program through our oversight efforts. We are also working on legislation to increase accessibility and accountability in the VA healthcare system. As Chairman and as a fellow veteran, I will keep pushing the VA to be more transparent with veterans when they are deciding their best option for care, whether in the VA or in the community.

Now, right now we are in a bipartisan negotiation to get a package of veterans bills to the President's desk. This comprehensive package includes many of American Legion's priorities, like expansion of the VA's long-term care service to put veterans in control of where they want to live out the rest of their days, strengthening the community care program, expansion of VET TEC education program, and there is so much more we are going to be working on. We will get the package done this year, but our work is nowhere near being finished. We know we have got still a lot to do.

My door will always continue to be open to each of you because veterans are still fighting a VA bureaucracy to access the healthcare they want when and where they need it; facing challenges receiving timely healthcare and services in rural and remote areas; dealing with underperforming VA employees who don't always have the veteran's best interest in mind; and dealing with the effects of a 20-year war and accessing quality, timely, comprehensive mental healthcare and support.

Now, these might seem like small things, but it comes down to this. They impact veterans' lives every single day. I promise to keep up the fight that we are all in together. And now it is not the time to take our foot off the accelerator. And I will ensure that VA gets the budget it needs to complete the goal.

I look forward to meeting the mission alongside of every one of you. Thank you again for being here today.

Chairman BOST. And with that, I was going to yield to Chairman Tester, but obviously he has already finished his opening remarks. I was going to say something and allow Mr. Takano and then yield to Senator Moran. Obviously, I am the one here.

So, what I would like to do at this time is say welcome and yield to our gentleman from Wisconsin, Representative Fitzgerald, to introduce the American Legion's commander.

INTRODUCTION BY THE HON. SCOTT FITZGERALD

Mr. FITZGERALD. Thank you, Chairman Bost. It is great to be with you here today. Especially great to be sitting here alongside American Legion National Commander Daniel Seehafer, who I am very proud to be introducing today. I have always revered the American Legion for their work, from my days as a recruit at Fort Jackson all throughout my career to finishing up as a battalion commander with the U.S. Army Reserves.

It is leaders like Commander Seehafer who keep the mission alive. Mr. Seehafer was elected national commander of the American Legion last August in Charlotte, North Carolina, during the 104th National Convention. For any of you familiar with him, you know, he likes to say it is personal when talking about the American Legion's mission of serving veterans and their families.

Though he serves all veterans, Mr. Seehafer is a Wisconsinite through and through. He was born and raised in Merrill, Wisconsin, and lives in Beaver Dam, Wisconsin, today with his children and, as mentioned earlier by the Chairman, his wife Stacey, who is a member of the American Legion Auxiliary Unit 157. So obviously it is kind of a family effort.

Mr. Seehafer is an ordained minister from Wisconsin, where he also earned his American Legion eligibility through service in the

U.S. Navy and Navy Reserve. He even served as a military chaplain. Commander Seehafer was installed as assistant pastor of St. Stephen's Lutheran Church in Horicon in 1997 and continues to serve as administrative pastor of the church and its school.

A member of American Legion Post 157 in Horicon, Commander Seehafer served in a number of American Legion offices at every level, including national chaplain and commander of the Department of Wisconsin.

As if this wasn't impressive enough, Mr. Seehafer earned an Outstanding Heroism Award for administering the Heimlich maneuver to a choking victim at an American Legion dinner. Like I said, his dedication to service knows no bounds.

I would be remiss if I didn't take a moment to also recognize Mr. Seehafer and the American Legion for the important advocacy work that they do here in Congress on behalf of veterans and their families. The PACT Act immediately comes to mind. I was certainly proud, like other Members of Congress, to support this bipartisan legislation. And thanks to the help of folks like Mr. Seehafer, Commander Seehafer, we got the legislation across the finish line to enact the most significant expansion of benefits and services for toxic-exposed veterans.

His qualifications and record truly say it all. The American Legion is lucky to have Commander Seehafer as a leader. And we as members of the American Legion are fortunate enough to be able to not only hear his testimony today, but look forward to his actions in the future.

With that, it is my great privilege and honor to welcome a fellow Wisconsinite to this hearing on behalf of the American Legion.

I yield back.

Chairman BOST. Thank you. And, Commander, you are recognized for 10 minutes for your opening statement.

PANEL I

STATEMENT OF DANIEL J. SEEHAFER, NATIONAL COMMANDER, THE AMERICAN LEGION ACCOMPANIED BY CHANIN NUNTAVONG, NATIONAL EXECUTIVE DIRECTOR; PATRICIA HARRIS, CHAIRWOMAN, LEGISLATIVE COMMISSION; JULIA MATHIS, DIRECTOR, LEGISLATIVE DIVISION; AUTREY JAMES, CHAIRMAN, VETERANS AFFAIRS AND REHABILITATION COMMISSION; TIFFANY ELLET, DIRECTOR, VETERANS AFFAIRS AND REHABILITATION DIVISION; JOHN BOWEN, CHAIRMAN, VETERANS EMPLOYMENT AND EDUCATION COMMISSION; AND JOE SHARPE, DIRECTOR, VETERANS EMPLOYMENT AND EDUCATION DIVISION

Mr. SEEHAFER. First of all, thank you, Representative Fitzgerald, for being here. I appreciate that, taking time out of your schedule.

Mr. Chairman, with your permission, I would like to begin by introducing the individuals who are sitting on this panel with me: our legislative chair, Patricia Harris, and director, Julia Mathis; our Veterans Affairs and Rehabilitation director, Tiffany Ellet; our Veterans Employment and Education chair, Jay Bowen, and director, Joe Sharpe; and our executive director, Chanin Nuntavong.

Now, I want the representatives of our nearly 3 million American Legion family members to please stand and be recognized. First of all, our national officers serving with me this year [applause]. Next, our past national commanders [applause]; our national president of the American Legion Auxiliary, Lisa Williamson [applause]; our national commander of the Sons of the American Legion, Donald Lee J. R. Hall, Jr. [applause.] And finally, it is of extreme importance for me to recognize my wife once again, Stacey, who is my biggest supporter and ally, who I deeply love.

[Applause.]

Now that you met our leaders, let's get to the purpose and the relevance of this testimony. Chairman Bost and Ranking Member Takano, Chairman Tester and Ranking Member Moran, it is my honor and privilege to share with you and your Committees the American Legion's top priorities for the second session of the 118th Congress.

In my opening statement, however, I will address something that is more than a priority to us. In fact, I heard it described as a marketing campaign and cool slogan to a catchy phrase and even a worthwhile initiative. However, none of these words appropriately reflect what "Be the One" is to the American Legion family. Rather, it is a mission, our mission, to change lives and save lives. And yes, Chairman, it is personal.

There is no single deed that the American Legion family can accomplish that outweighs the prevention of a veteran from taking their own life. Nothing. We know firsthand that we have saved lives. Legionnaires like Jeff Freeman from Post 190 in Rippen, California, continues to live life now with purpose and relevance. Last year, at one of our Be the One events, he told us that the Legion saved my life. You see, it was 10 years after he attempted suicide. He is not a victim, but a suicide survivor. That is what Be the One is. It is our mission to be the one to save one.

We do this then by destigmatizing the issue of mental health. Veterans value courage and it takes courage to ask for help. However, the American Legion doesn't sit back and just wait. Instead, we take a proactive approach and ask veterans if they are okay. That is what we call the buddy check. We thank Congress and Members of this critical Committee for passing legislation directing the Department of Veterans Affairs to conduct its own National Buddy Check Week, and they did thanks to you. Thanks to you. Just like you did with the PACT Act. Again, thank you for that.

[Applause.]

Now, when we look at the buddy check, without a doubt, it made an impact. Personal contact changes lives and personal contact saves lives, period. A major purpose of the American Legion's Be the One mission is to raise awareness. We have lost more than 135,000 veterans to suicide since 9/11. This is well more than all the American deaths incurred during the entire Korean War, Vietnam War, Gulf War, and the Global War on Terrorism combined. A veteran is 50 percent more likely to take their own life than a person who has never served in the military. *This must stop!*

[Applause.]

So, what can Congress do? Well, I am so, so glad you asked. Congress can be the one to enhance the military experience by sup-

porting quality of life legislation. Be the one then to expand access to affordable childcare, increase funding for barracks and family housing, and ensure timely access to mental healthcare.

Congress can also be the one to improve oversight of military sexual trauma and ensure that both the departments of Veterans Affairs and Defense provide timely, meaningful, and sensitive treatment for those who have experienced it.

And Congress can be the one to expand research and access to alternative treatments and therapies. The National Survey on Drug Use and Health shows that in 2021, approximately 2.8 million veterans experienced an illicit drug or alcohol use disorder, and 92.4 percent did not receive treatment. We urge you to consider legislation that would effectively address TBI and PTSD.

We also know that if services are offered, services will be used. In 2023, the first year that VA enacted a new policy offering free emergency suicide prevention care in and outside the VA system, 49,714 veterans accessed this benefit, saving a projected \$64 million in healthcare costs.

When I was first elected last year in August, one of my very first visits not only impacted me personally, but really solidified the importance of our mission, a mission, again, of purpose and relevance; again, changing lives and saving lives. After my remarks in Tennessee, a veteran came up to me and said, "Commander, what you talked about, that was me. That was me." You see, he was wounded by an IED and was not only struggling with PTSD, but TBI as well. As he left the military and transitioned into the civilian life, the pressures of life itself, family expenses and needs, did not stop just because he was injured. He didn't think his family would stick around. And honestly, he was starting to question if he should stay around, too.

In fact, this wheelchair-bound veteran wheeled himself into another organization and requested assistance, not just with hands out, asking for money, but direction. However, the members never looked up from their card game. But one voice penetrated his soul, saying, I fought my war. I can't fight yours.

With feelings of hopelessness, desperation, and rejection, he decided to end his life. So he put a revolver in his mouth and pulled the trigger not once, but twice. Both times, however, it did not fire. I personally believe that God gave many reasons why it did not go off.

First of all, not only placing American Legion Post 172 in Georgia in his path, but empowering, empowering their leadership to take him in that caring embrace that they gave and connecting him with the right people at the right time, which not only saved his home and family, but him, also. So that this young veteran would realize his purpose and relevance in life as he now leads his post as their commander. Talk about changing a life and saving a life.

And finally, it is for us. It is for us even today, because we, too, can be the one to change a life and even save a life in what we do for our veterans and their families. This, this, ladies and gentlemen, is why we have Be the One.

[Applause.]

In addition to our Be the One mission, the American Legion has other priorities, which we submit as part of our written testimony

here today. Criminally punishing companies that prey on veterans and their families is extremely important. And we see a constant barrage of advertisements from unaccredited actors who charge excessive fees for services on claims that should be provided at no cost, requiring all separating servicemembers to participate in a robust transition assistance program which would cover employment and business opportunities, educational resources, housing options, health benefits, and other quality of life topics that can improve mental wellness and reduce suicide.

Ensuring that every, yes, every branch of our military is paid in the event of a government shutdown. The last long shutdown caused a pay interruption for the U.S. Coast Guard. This should never, ever happen again.

Pundits and self-proclaimed experts tell us not to be—or that is not to expect, rather, major legislation from a divided Congress during a Presidential election year. Well, Chair and everyone, I do reject that analysis. Veterans issues have traditionally unified Congress because in your hearts we know you love this country, we know, and truly wish to serve veterans. We know you do that just as veterans have served America. A major step in this direction would be the passage then of a budget, a complete budget, not another CR.

Today, Russia is on the march, illegal crossings at our southern border remain high, and veterans continue to fight that plague of suicide. My friends, any member of the military will tell you that you cannot move forward without a plan. Yes, you may win a fire-fight here and there, but you will not achieve your overall mission without a plan. For the sake of veterans, their families, and for all Americans, I implore you, I implore you to put partisan politics aside and give us your plan.

Chairman Bost, Chairman Tester, right, and Members of the Committees on Veterans' Affairs, on behalf of the American Legion, I thank you for giving the Nation's largest Veterans Service Organization the opportunity to share our priorities. I welcome any questions you have for me, our commission chairs, and, of course, our national staff.

And I end by asking you to join the American Legion. No, I take that back. To join the American Legion family in changing lives and saving lives today and now. Thank you.

[Standing ovation.]

[The prepared statement of Mr. Seehafer appears on page 51 of the Appendix.]

Chairman BOST. First off, thank you for that opening. And before we go to questions, we are joined by Ranking Member Takano. It is kind of busy this morning and things are jumping around, but he has an opening statement and he is recognized for that.

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

Mr. TAKANO. Well, thank you, Chairman Bost.

And I would like to start by extending a welcome to our Senate colleagues on the House side this morning. It is a pleasure to be

here today, and it is really great to see all the VSO members and veteran advocates in our annual discussion of priorities.

I am very pleased to see National Commander Daniel Seehafer. Thank you for your opening statement, and other representatives of the American Legion, and to learn about your legislative priorities for the second session of the 118th Congress.

And I know that the Legion held its fly-in a couple of weeks ago, but if there are any Californians here today, I extend a hardy welcome. So, Californians, let me know if you are here. Great.

[Applause.]

I also welcome Korean-American Vietnam veterans from New York and Washington and the Washington area, Korean-American veterans. Thank you.

[Applause.]

I look forward to hearing from the VSOs represented on our second panel. And during the previous two Congresses, I made it my mission to diversify the voices that are represented at these hearings. We were successfully able to include several organizations whose demographic groups had never been represented in these critical conversations, and I am grateful to see that Tribal veterans continue to be represented. But I am disappointed that none of this year's invitees specifically represent the voices of veterans of color, LGBTQ+, and other minority veterans. Creating a VA that is welcome to all veterans is one of my priorities, and getting there starts with ensuring those veterans are represented in conversations about veterans issues and priorities.

These hearings are our opportunity to hear from organizations like yours about what issues are impacting veterans and what Congress needs to do to help. I read in the testimony that one of Vietnam Veterans of America's priorities is honoring past VVA National President Thomas Corey. For almost 40 years, Mr. Corey was a tireless advocate for Vietnam veterans and veterans of every generation. His passing a couple of months ago was deeply felt in the veteran community. I know that Congressman Mast has introduced a bill to name the VA Medical Center in West Palm Beach, Florida, the Thomas H. Corey Healthcare System of West Palm Beach.

I also want to thank the Vietnam veteran community for its support of the Korean American Valor Act. It became law in no small part because of the advocacy of this community and the support of this community, and we look forward to working with you all to ensure its timely implementation.

I also want to take a moment to wholeheartedly support the effort and commit to working with Chairman Bost to getting it brought to the floor quickly. What I am referring to is the Mast legislation to rename the West Palm Beach Medical Center.

I look forward to discussing other priorities of the American Legion and the organizations on our second panel this morning. It was during these very hearings a couple of years ago that the VSO spoke in a unified voice and gave us our marching orders to finally get my PACT Act passed. The Honoring our PACT Act has been called the single biggest expansion of veterans' healthcare and benefits in generations. The Biden administration believes so strongly in the importance of this legislation that it accelerated the PACT

Act's timeline to make all veterans who were potentially exposed to toxins eligible to enroll in VA healthcare years ahead of schedule.

We will continue to evaluate places where the PACT Act can and should be expanded. For example, there is new evidence supporting toxic exposure claims at K-2, and there are Blue Water Navy veterans who served outside of the demarcation line, but are experiencing the same disabilities and diseases as sailors who served a mere few miles away.

The PACT Act was never meant to be a one and done. We will keep working to make it as comprehensive as possible. We knew that when we passed the PACT Act, and we still know, that addressing the effects of toxic exposure was going to be expensive. But that was the cost of war. That is the cost of war. And when we asked servicemembers to put their lives on a line, we didn't ask about the cost. And we shouldn't nickel and dime veterans now that they are home. We must ensure that the funds needed for healthcare and benefits for toxic-exposed veterans are always available.

We must not go back to making veterans compete with other veterans or with other discretionary spending programs that serve all Americans. I give you my word that I will continue to fight to prevent that from happening.

[Applause.]

I also remain focused on ending veteran homelessness. And over the last couple of years, VA has made great progress in getting veterans housed. There are policy tools that reduce homelessness among veterans that we know work, and we have allowed VA's authority to use those tools to expire. We owe it to our veterans to ensure that they have a roof over their heads and a place to live, so we must get the Home Act passed.

[Applause.]

Now, veteran suicide has also been a priority for me. Well, let's say ending veteran suicide has been a priority for me and my colleagues on this Committee. We must ensure that VA has the tools and resources it needs to reach all veterans who are struggling. And I will continue to fight to ensure that VA is best positioned to address veteran suicide.

And, Commander, your remarks were just so extremely poignant on this point, and, you know, I share that commitment with you all. And thanks to the implementation of the COMPACT Act, over the past year, over 50,000 veterans have called 988 and have received emergency mental healthcare. So I am very grateful that we have seen that happen, and that happened on a bipartisan basis as well.

We will continue to work with organizations like yours to ensure that no veteran slips through the cracks. The grassroots nature of your organization makes it much easier for us to ensure that we have eyes on as many veterans as possible. I know we can work together to make progress on reducing veteran suicide.

I look forward to working with my colleagues to gain momentum on veterans legislation before this Congress ends. And I really hope that we can set aside issues that do not directly benefit veterans and instead focus on what we are here to do. We are here to ensure

that the brave men and women who have given so much to this country receive the high-quality healthcare and benefits they have earned.

So I thank you all for being here, and I look forward to hearing from you all.

Mr. Chairman, I yield back.

Chairman BOST. Thank you, Ranking Member.

And we are going to go to questions, and I will recognize myself for 3 minutes. I had to check with staff to see what was going on.

Commander, you know, I was pleased that we were able to get my bill to protect veterans' Second Amendment rights signed into law through the VA appropriation bill, and I am grateful for the American Legion's support. In addition to protecting veterans' constitutional rights, how is it important to veterans' confidence level in the VA that that passed?

Mr. SEEHAFFER. Chairman, thank you for the question. And again, I am proud to say that since 1919, and again, when we raised our hand, we definitely made that commitment, didn't we, to uphold and defend that Constitution. And we will continue.

Chairman BOST. And I thank you for that. I believe that with the passage of that, many of you that live in flyover country, that is what we refer to the middle part of this United States, where I live, many of our veterans chose not to use the VA because of the fear of the way they had implemented that and been doing that for 30 years.

But I am also going to ask, so, last year, the American Legion testified before our Committee in support of H.R. 4278, the Restore VA Accountability Act. Now, why does the VA need these authorities to hold its small percentage of bad employees in check?

Mr. SEEHAFFER. Chairman, again, thank you for that and, again, your passion for serving veterans and their families. I am going to ask my director, Tiffany Ellet, for further comment.

Ms. ELLET. Thank you, Commander. Thank you for the question, Mr. Chairman. It is good to see you.

Chairman BOST. Good to see you.

Ms. ELLET. It is really important that VA is full of staff that is going to take care of our veterans, one on the side of VA staff to be protected, but the other on the side of having that staff that is going to be there to protect our veterans. We do support your bill and thank you for introducing it. It is a really important thing to put out there.

I did sit in on the AFGE-CIO meetings last—a couple of weeks ago, and there was an issue that was raised that we would like to talk to your office about with this piece of legislation that some of the staff are worried about leadership or other personnel using this legislation to get rid of people on a vendetta basis.

Chairman BOST. I understand.

Ms. ELLET. So they are concerned about that and we are concerned about that as we do want our VA employees to be there because we want retention. Right? So we would like to talk to your office and work with you in getting this piece of legislation, so it is protecting both the veteran and the VA.

Chairman BOST. Wonderful. We look forward to working with you with that.

Commander, we have got a very short time here, but what are some ways to increase accountability at DoD to make sure we are taking care of every servicemember's needs during their transition? Because I tell people that, you know, we had a TAP program whenever I got out in 1982, and the colonel tapped me on the shoulder and said, see you later [laughter]. The TAP program, if you want to expand where we want to—

Mr. SEEHAFFER. Right. Again, Chairman, thank you for that.

You know, the TAP program is essential. And I think the whole concept of this is that we have the resources, but we are not implementing and giving the time. The time. When we are talking about our officers, and I even talked to Chairman Tester on this as well, you know, when I have the officers two years or whatever, that amount of time, and they are looking to the future already. What can I do to—you know, where am I going to live? How can I get this job? All these things. But the enlisted don't have that time. So, you know, we can't just throw the program away, obviously, because I know, I heard rumblings about something like that, or it is no good or it is a waste of time I even read. It is not. The resources are there. Let's use them. Implementation. Give our enlisted the time.

[Applause.]

Chairman BOST. Thank you. With that, Chairman Tester, you are recognized for 3 minutes.

Chairman TESTER. Thank you, Chairman.

Commander, you are absolutely right. And I think that you know what many of us have found out over the last few years and that transition time and the mental health issues that we are seeing amongst our veterans are very closely connected. So we appreciate everything the American Legion is doing.

I want to talk about toxic exposure for just a moment. More than 694,000 toxic-exposed veterans and survivors are receiving PACT Act benefits long overdue. I wasn't here for your testimony, I apologize. But I know your testimony rightly highlighted that some veterans are still waiting to have their toxic exposure properly recognized. And that is why we included science-driven framework for establishing new presumptive conditions.

But my question is to you, Commander. Has the VA included your input, your input, when determining what exposures to put through the new presumptive process, such as the new report on Camp Lejeune?

Mr. SEEHAFFER. Again, first and foremost, I do want to say thank you again for making me feel comfortable, put it that way. Not only at your office, but the phone call, and even here today.

Chairman TESTER. You bet.

Mr. SEEHAFFER. Since I have been traveling a lot, just to answer that question, I am going to ask our director, Tiffany Ellet, because she is boots on the ground on this one.

Chairman TESTER. All right. Tiffany.

Mr. SEEHAFFER. Tiffany?

Ms. ELLET. Thank you, Commander. It is good to see you, Mr. Chairman. Thank you for the question.

We work with the VA very closely. They do ask us to be a part of working groups, roundtables, open sessions, closed sessions. So

I have a very good working relationship with VBA and VHA, so they do ask us for input, and it feels like they are really receiving it. So as far as I know, we are working pretty well together.

Chairman TESTER. That is good news, because they are working for you, so they should be listening to you.

[Laughter.]

Look, a common theme at VSO hearings is the need to crack down on predatory claim consultants. This question is for you, Commander, whoever you want to relay it to. Does the American Legion support our efforts to reinstate criminal penalties for violating existing law through S. 740, which is also called the GUARD Act?

Mr. SEEHAFFER. Chairman, again, thank you for that question and, again, your passion on this.

Without a doubt, we support that legislation. And again, it pains me to know that there are predators out there. In fact, I am going to give you a real live situation, because some people don't think this exists.

I had a Legionnaire that was severely injured, and a predator sought him out, gave him his card, and he says, no, I am okay. He wanted to push his services on him, and he says, I am okay. I have the American Legion. Do you know what his response was? Oh, you are going that way.

Chairman TESTER. Yes.

Mr. SEEHAFFER. That is sick to me. That is sick, because what we do is we have our service officers. That is the true ally, the true friend, that I want standing not only by the veteran, but also supporting the family. That is who we are.

And you know something? What we charge? That is right. I always like to say it is F-r-double E, period.

Chairman TESTER. Thank you, Commander. I appreciate you. I appreciate the American Legion. Thank you, Mr. Chairman.

Chairman BOST. Thank you. Ranking Member Takano, you are recognized.

Mr. TAKANO. So you all say, don't free the sharks. You know that phrase?

Chairman BOST. Yes, we know that phrase. Yes.

Mr. TAKANO. Don't free the sharks. Don't feed the sharks.

So, Commander Seehafer, in reading the sections of your testimony on the Transition Assistance Program, I definitely agree that these services need to be held accountable for getting services to TAP on time. So I proposed moving primary jurisdiction in Congress for TAP from the Armed Services Committees to the Veterans' Affairs Committee so that we can better hold the services accountable. What would you think about that? Would you all think about supporting that move to ensure greater oversight over the TAP program?

Mr. SEEHAFFER. Congressman Takano, again, thank you for your dedication to veterans as well as the family. I do want to ask our executive director to respond.

Mr. NUNTAVONG. Thank you. Thank you, Commander.

Ranking Member Takano, we love this Committee. We trust this Committee. We would support that effort.

[Applause.]

Mr. TAKANO. Well, thank you. I have been talking to the Chairman about that, and, you know, I think trying to get the two Committees together has been a problem and a challenge. But I think, you know, I don't want to ding our folks over on the Armed Services side, but I just think we pay more attention, and it is a matter of attention. And so I thank you for the Legion's response to that.

Continuing on our talk about transition, I agree that a more customized experience tailored to the individual servicemember is needed. And I have been working on a bill with Representative McClellan to require a specific TAP track for National Guard and Reserve servicemembers. And I see that the transition between duty statuses for Guard and Reservists as being different than the transition from active duty to civilian life. Is that in line with what you would like to see improved in TAP?

Mr. SEEHAFER. Congressman, again, without a doubt, that is what we would like to see and definitely support it. We have a team here that would like to talk to you, whether it is you personally or your staff, so we can hammer this out.

Mr. TAKANO. I would welcome that opportunity. And can you also speak for your support of, the Legion's support for Mr. Levin's recently introduced Guard and Reserve GI Bill Parity Act?

Mr. SEEHAFER. Absolutely, Congressman.

With the parity, I mean, this is near and dear also to our hearts. When we are looking at the Guard and Reservists compared to the active duty, they are serving. They did this. In fact, through the research that we were doing, when 9/11 happened in New York, who were the first ones there? We know. It is Guard and Reservists. And so out of all the benefits as well, we have this gap in the education aspect.

And talking about what I said before with saving lives and changing lives, we talk about prevention. Education. I don't understand why that isn't a part of it as well. And when we say that this leads to gainful employment, education; not being dependent, but rather independence. That is what we want. That is what we want for our veterans.

Mr. TAKANO. Well, thank you, Commander. I couldn't agree more.

And I yield back.

Chairman BOST. Senator King, you are recognized for 3 minutes.

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

Senator KING. Thank you very much.

Commander, you are causing me to break a lifetime rule, which is never follow a preacher to the podium. [Laughter.] Your opening statement was fantastic, and I want to thank you for that.

I bring greetings from my wife, who is from Wisconsin. In my home in Maine, there is a big cheese head in the closet I just left there.

[Applause.]

Mr. SEEHAFER. All right.

Senator KING. In listening to your testimony, I think we can summarize a lot of what we are trying to do here is by making two phrases obsolete. When people hear them years from now, they are

going to say, what are you talking about? Those two phrases are “veteran suicide” and “veterans homelessness”. That ought to be stricken.

[Applause.]

Now, one of the issues in Maine with veteran suicide, 60 percent of our veteran suicide are with firearms. It occurs to me that American Legion posts are safe spaces for veterans. Would you consider working with our posts across the country to provide storage, safe storage for firearms for veterans in our communities?

Mr. SEEHAFER. Senator King, again, thank you also for taking time out of your schedule, not only being here, but embracing me when I came to visit you and we talked about this very issue. And we want to, we would love to be able to partner with anyone, especially you, on this.

And we do think—I mean, a lot of people don’t realize how many posts we have in our Nation.

Senator KING. Every community.

Mr. SEEHAFER. Twelve thousand and basically, like you said, every community. And, in fact, I want to give you a real live example of this. This will work. And I don’t want to demonize any others because I brought this same concept up. But I need to be honest with you, I had eyebrows go kind of like this. It is like we are a resource.

Senator KING. Of course. A trusted resource.

Mr. SEEHAFER. Yes, absolutely. And what happened in this situation, it was two Legionnaires. One Legionnaire was not safe. And here is the example of it. He did call somebody who he trusted, another Legionnaire, and asked, is it okay? Take my weapons. This is exactly what we are talking about.

Senator KING. I want to also reference the ranking member’s comment about the jurisdiction between Armed Services and Veterans’ Affairs. I am also on Armed Services. You have an agent on the Armed Services Committee, I can tell you that right now. I will be there for you in that Committee. And in fact, one of my first hearings on Armed Services 10 or 12 years ago, the point I made was, as I was listening to transition and recruiting and everything, we should spend, the Pentagon should spend as much time, money, and effort on transition out as they do on recruiting in.

[Applause.]

I am out of time. I appreciate it, Commander, for your incredibly effective advocacy. The final point is, let us know where we can help. We can’t fix problems we don’t know about. Be in touch, and it doesn’t have to be in a big room with microphones. Let us know what we can do to support these brave men and women across this country. Thank you so much for your testimony.

Mr. SEEHAFER. Thank you.

Chairman BOST. Representative Pappas.

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

Mr. PAPPAS. Thank you very much, Chairman Bost.

Commander, thanks for your passionate testimony here today. And I really appreciated the way you highlighted the unity of purpose that we need when we approach these issues. Your agenda

must be Congress' agenda when it comes to delivering for our veterans.

And I thank all the Legionnaires and veterans who are here in this room. We want to continue to honor your service and work together to get the job done.

Whether it is retirement pay or disability compensation, our veterans deserve all the benefits that they have earned, full stop. This is an issue I have heard about from veterans in my district in New Hampshire for years. I have got a constituent in Auburn, for instance, who joined the Army, was deployed to Iraq. He was shot twice during a counterinsurgency operation, was placed in a medically induced coma, took him years to fully recover. He was awarded two Purple Hearts, two Bronze Stars with valor for his service. And upon leaving the Army, he was granted DoD retirement benefits and later VA disability compensation.

It is one of the reasons why I am supporting the Major Richard Star Act, and I think we have got to get this across the finish line. This legislation would finally allow combat-injured veterans with less than 20 years of military service to collect both military retired pay and disability compensation that they earned. They earned these benefits in full.

So, despite overwhelming support in the Congress, this bill has yet to make it through and be signed into law. And I am wondering if you can share some of the consequences to your members of being unable to collect their full benefits and what Congress must do to get this legislation done.

Mr. SEEHAFER. Congressman, again, thank you for your passion as well and all the work that you do for our veterans and their families.

You know, basically, what can be done or what you can do to get this done? Pass it. That is the number one. However, with that, the importance of that, you know, we look at it and we have been classifying it around our circles as a tax, a veteran's tax. I mean to say that here you have a retiree putting 20 or 30 or whatever the years are, right. They earn that. And is it their fault that somehow they get disabled and now they are penalized? I think that is wrong. Not I think. It is wrong.

And so when we talk about changing a life, passage of that bill, that legislation would definitely change a life.

Mr. PAPPAS. Well, thank you very much for looking out for your members and for so many veterans that I hear from on that issue. And I will continue to work with you all to make sure Congress feels the urgency there. It is about time we have got it done, and it is about basic fairness. These benefits have been earned. They have been paid for through veteran service, and we have got to reflect that in law. So appreciate your testimony.

I yield back. Mr. Chair.

Chairman BOST. Senator Blumenthal, you are recognized for 3 minutes.

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

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

I would like to thank all of you for being here today as a proud member of the American Legion from Connecticut. I am sure we have some folks from Connecticut here today [applause]. Thank you for making the trip.

I am really very, very proud of your advocacy, which has been so important on veterans causes, most especially on the PACT Act, which I was helpful in leading, and the Camp Lejeune Justice Act. Millions of Americans now are eligible, especially under the expanded coverage for everyone, regardless of where they served and what time, whether it was in the United States or abroad, whether it was in training or elsewhere, toxic exposures, people need to be aware and informed. And your outreach is going to be so important, not only in passing the act, but now in creating awareness about it so people can get screened and take advantage of it. So thank you for what you have done and what you will do.

And as you know, the initial claims process can be done free of charge. And many of our fellow members of the American Legion have filed claims. The help that you provide, obviously is done without any expectation of compensation or reward. A number of individuals who do provide that kind of access are accredited by the VA. And VSOs, like the Legion, have a congressional charter to carry out their work. But, unfortunately, there are also others who are trying to take advantage of veterans in this claims process, and there are claim sharks, as they are called, who take enormous commissions from veterans for their service that should be entirely free and is free when it is provided by you.

So I introduced the GUARD VA Benefits Act in this Congress with Senator Boozman, Chairman Tester, Senator Graham. It is bipartisan. Essentially it cracks down on these scam artists and it is designed to ensure that penalties can be levied against them. The VFW, the DAV, and dozens of other veterans organizations support the GUARD Act, 44 attorneys general from across the country have expressed their support for a bill in a letter to Congress this year. And I respectfully ask that the American Legion support it as well. I think you have in past years. I am not sure whether you do now, but if you could consider supporting it, I think it would be most beneficial to veterans.

And I want to join in thanking you for all the work you have done on veteran suicide, on homelessness. There is no excuse for a veteran to be homeless. There is no excuse for suicide to be an issue in the United States of America. And I hope that you will support the GUARD Act to enable veterans to have access to these benefits without having to pay commissions to unaccredited claim sharks. Thank you.

Mr. SEEHAFER. Senator, just real quick, I am going to tell you right now, absolutely, we support it. Right family?

[Applause.]

Senator BLUMENTHAL. Thank you very much, sir. Really appreciate it.

Mr. SEEHAFER. No problem.

Senator BLUMENTHAL. Thank you.

Chairman BOST. Representative Crane.

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

Mr. CRANE. Thank you, Chairman. I appreciate the opportunity to be here.

I appreciate all you guys showing up today. I feel a little naked without one of those cool hats. I am a veteran myself. I am a Navy guy. Joined the Navy the week after 9/11, served in the SEAL teams for a little bit. So when I look out there, I see a lot of my brothers and sisters.

[Applause.]

I am not—there is obviously, guys, a lot of partisanship up here in Capitol Hill. You guys know that. One of the cool things, though, about being up here is there is not a lot of partisanship when it comes to us veterans. This is something that Democrats and Republicans get on board to support, and I am proud of that and I hope it continues. But I do want to talk to my brothers and sisters out there about something really important that keeps me up at night.

Guys, you guys know where we are at with our national debt, \$34 trillion-plus and counting. I want to talk to you guys seriously, because you guys don't get—there is not a lot of people that have serious conversations with you guys. What do you guys think the magic number is where this house of cards finally collapses? Do you think it is 35 trillion? Do you think it is 40 trillion? Do you think it is 50 trillion?

Do you think it is when the BRICS countries, Brazil, Russia, India, China, South Africa, Saudi Arabia, et cetera, finally form their alternative currency? Why do I say that, guys? When this house of cards collapses financially, and that is the trajectory that we are on, no country in the history of the world has been able to do what we are doing, what do you think are our benefits? Because I get them, too. What do you think our benefits are going to look like then?

And the reason I bring that up, guys, is because there is not many people up here that talk about it, think about it. They don't talk to you about it. And I want us collectively to start thinking about that, because we are servicemen and women. We love this country. We fought for it. And that fight isn't over. There is an economic fight going on right now up here to try and sustain not only our economic prowess, but also the benefits that we have.

So I wanted to bring that up to you guys, and I hope that you go back and you start talking about it in your communities and with your representatives. Because, guys, this trajectory is not sustainable. I hate to be the guy that dampens the mood in here, but we need to have some serious conversations, because every meeting that I walk into or every meeting that I host in my office, it is another group usually, that represents a good cause, and guess what they need. More resources, more money. And what we are doing is not sustainable.

So I hope you guys take that back. God bless you all. Thank you for your service, and I appreciate the opportunity to come here and address you. Thank you.

[Applause.]

Chairman BOST. Senator Hassan.

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

Senator HASSAN. Thank you very much, Mr. Chair.

And Commander Seehafer, thank you so much for testifying here today as well as for your military service. I want to acknowledge former state commander and now current National Vice Commander Bill Roy from New Hampshire. Thank you for being here, sir. Thank you for your service [applause]. We are very proud of all of our Granite State veterans.

And I will just say that as I listened to your testimony, I was thinking my father, who was a World War II veteran, who survived the Bulge and often said to me, we don't always like each other as Americans, but we do have to love each other as Americans, and that is what you learn in this service. And so I thank you for reminding us of that unity of purpose that is so important.

Commander, I want to start with a question. It is really about the PACT Act. I know you have mentioned it. I know people here know about it. But last week, the VA announced new PACT Act healthcare eligibility for millions of veterans ahead of schedule. Now veterans who were exposed to toxins can go to the VA and enroll in healthcare, and they don't need to apply for VA benefits first. So I was really proud to help develop and pass the PACT Act with Members of this wonderful Committee on both sides of the Capitol. And I want to make sure that our veterans know about the care they are able to get under it.

So I am speaking out to New Hampshire veterans in particular today. I want to encourage any veteran who may have been exposed to toxins to contact the VA to see if you are now eligible to enroll in healthcare.

Commander, can you just discuss how important it is that eligible veterans go to the VA, enroll, and get the care and support that they have earned and they deserve?

Mr. SEEHAFFER. Thank you, Senator, for that question. And again, your passion and your tireless effort on this act. And also, Bill is a pretty good guy.

Senator HASSAN. Yes.

Mr. SEEHAFFER. But seriously on that, dealing with the VA, it is a great resource for us. This is the center of care, not just adequate care, but the best. And I just want to tell the brothers and sisters up here and really the whole family or whoever is listening, so far, I have went to 28 States in four countries, literally went around the world already. And I have been to VAs, veterans homes everywhere. But every time people have come to me, these are your constituents, they have said the care is top notch. I know there is little issues, and again, we will address them, but the care is top notch.

And you have such an ally right here. I mean, we are a nearly 3 million, 3 million family members here. That is a great resource. And we will continue to get the word out, this is the place to go.

Senator HASSAN. Thank you. And thank you, Mr. Chair, for letting me take this turn.

And also just thanks to the Legion for your work on the Buddy Check Week, and we are going to continue to work with you on that. Thank you.

Mr. SEEHAFFER. Thank you.

Chairman BOST. Thank you, Senator.
And now Representative Self.

**HON. KEITH SELF,
U.S. REPRESENTATIVE FROM TEXAS**

Mr. SELF. Thank you, Mr. Chairman.

It is good to see so many fellow veterans in the audience today. Thank you for your service, both during uniform and after. It is always an honor to sit next to my Navy SEAL brothers here. I am a Army Beret, and something has concerned me. If you have been following our markups in this Committee, you know that I am concerned about the only offset that this Committee has to use. We need your help on this because we have an offset that relies on extending the VA home loan fee that veterans pay. So, in effect, our offset is charging our veterans more for every program that we add. Every spending bill that we add, it charges our veterans. So veterans are paying for new veterans programs. It technically generates revenue that is supposedly offset, but it is not an offset. We don't cut a less noble program for the noble programs we have.

So, once again, I say veterans are paying for every new spending bill that this Committee authorizes and gets appropriated. How does, and, Commander, for you, how does the American Legion reconcile its support for this so-called offset with its mission to advocate for the well-being of all veterans to include those that are paying the additional home loan fee?

Mr. SEEHAFFER. Congressman, thank you for that thoughtful question. To answer that specifically, I want to call on our executive director.

Mr. NUNTAVONG. Thank you, Commander. And thank you for that question, Congressman.

We have a resolution. We are a resolution-based organization that we don't support any offsets. But what we would like to do is work with the Committee and staff and find out other ways and other means of finding funding for all these programs and services. We got to work together to figure this out because our veterans are in need. And the only way to do that is to provide adequate funding there.

Mr. SELF. So, did you listen to my colleague here, Mr. Crane? Okay. So you are not in support of any alternative offsets whatsoever? And it doesn't have to be in the VA. So don't think that a VA offset must come from VA. I would like to work with you to find offsets anywhere in the budget because I am not saying we need to have VA offsets, but I think we need to work together, to use your term, to find a better way to offset, because veterans' care is important to the entire Nation. So, I am not suggesting it must come out of the VA budget. Don't misunderstand me. But I think we need to start to find a way so that our veterans don't pay for every new veterans spending bill.

Thank you. And I yield back, Chairman.

Chairman BOST. Thank you. Representative Ramirez?

**HON. DELIA C. RAMIREZ,
U.S. REPRESENTATIVE FROM ILLINOIS**

Mrs. RAMIREZ. Thank you, Chairman.

I also want to start today by acknowledging the tremendous work and the significant contributions that Veterans Service Organizations have made and continue to make every single day. I don't think you hear it enough. I want to say thank you.

I also want to give a special thank you to the veterans that are representing Illinois and the American Legion. So a big round of applause for the Illinois folks here [applause]. Thank you for your service. I know the Chairman agrees with me, and for your commitment to the betterment and the lives of every single veteran here.

Folks, I want to shed a light on an issue that we don't really talk about here, but that is very close to my heart, particularly as we are talking about our veterans and the challenges as they are transitioning back into civilian life. My heart has been really struggling and thinking about the challenges to legal pathways to veterans who are threatened to be deported. I mean, think about it. After serving their country, giving their—willing to risk their life, to me it is unimaginable that they are still at risk of deportation, that they are still at risk of being separated from their own family as a veteran. So, Commander, I want to make sure I got it right, Seehafer?

Mr. SEEHAFFER. That is correct.

Mrs. RAMIREZ. Yes, yes. I want to ask you, what do you think is a solution to prevent veterans who have served our country from possible deportation?

Mr. SEEHAFFER. Congresswoman, again, thank you for all the advocacy that you do, and again, the passion. It troubles a lot of us as well, those that have served our country. Just for, again, a little more boots on the ground dealing with this, I am going to ask my executive director to respond. Okay?

Mrs. RAMIREZ. Thank you.

Mr. NUNTAVONG. Thank you, Commander. Thank you, Congresswoman.

We see this all the time. Veterans aren't educated about their citizen benefits when they join. They are not aware that they can apply for expedited citizenship. I think we need to take every opportunity to educate servicemembers about their responsibility to apply for the paperwork that needs to be done to help expedite, provide education, and make it part of the culture of joining, enlisting, being part of an organization to serve and honor the United States of America. We have to do a better job of helping those. Most of them don't know that that opportunity is there.

Mrs. RAMIREZ. Yes. And I hear from some of my constituents and wives who say, my husband is now in Mexico. He was a green card holder. His life is the United States. He feels American, and the challenges of even getting those benefits. So I would like to talk to you offline a little bit about the procedural process there and the challenges to that pathway. So thank you.

I yield back.

Chairman BOST. Representative Landsman.

**HON. GREG LANDSMAN,
U.S. REPRESENTATIVE FROM OHIO**

Mr. LANDSMAN. Thank you, Mr. Chair. And thank you all for being here and for your incredible service to the country.

To my friends from Ohio, anyone out there? [Applause.] There we go. Thank you. Welcome and thank you for your service.

I want to talk about employment and jobs and the work that you all and the VA and others, your partners do. Part of this just has to do with making sure that every single veteran has access to, you know, good jobs. But another piece of this is the benefit that our VA and VA partners provide in terms of employment services and how that helps to get folks into the VA world and network.

Commander, you talked a little bit about this in your testimony, and we have a piece of legislation that you all have supported. This is Employing Veterans to Feed America Act, which would direct the Secretary of Agriculture to create a pilot program on hiring veterans into positions related to agriculture, conservation, and nutrition. I think we will get it marked up and passed. My hope is that it will help to, you know, create another pathway for veterans in terms of good paying jobs. I was hoping that you all may talk about that and the bill, but also just a larger issue.

Mr. SEEHAFFER. Again, thank you, Congressman, for that.

You know, veterans' education and employment is very important and I would be remiss if I wouldn't ask my chairman, Jay Bowen, to direct that since he is patiently waiting here to speak. This is very important to us as well. This is where we talk about, you know, even prevention of what I was talking about.

Mr. LANDSMAN. Yes, right.

Mr. SEEHAFFER. But Jay.

Mr. BOWEN. Thank you, Commander. And thank you, Congressman, for the question.

Absolutely, we believe in this. You know, veterans, especially when they are on active duty, a lot of them are outdoorsmen and some of that is what drove them to go into the military.

Mr. LANDSMAN. Right.

Mr. BOWEN. So it is just a natural progression, a migration for them once they get out to seek those types of careers. So we certainly support that and would advocate for that.

Mr. LANDSMAN. Thank you. I appreciate it.

And just in general, other employment programs that you all would lift up, to me because it is so important in terms of just helping veterans and their families, but it is also a way to get them in and it does prevent all kinds of other things. Just the role of employment and education in general, just the programs that you all are working on.

Oh, my time is up. I am sorry. I will circle back, but I thank you all for your service.

Chair, I yield back.

Chairman BOST. And I want to say, if I can, thank you to the American Legion. Commander, thank you for giving us your views and the Legion's views here today.

And I also want to say thank you to the audience that obviously has come from every corner of this great Nation to be here today to be part of this. Thank you for your testimony and thank you for

what you do every day because we know your service organization, as large as it is, is reaching out and is the boots on the ground.

So we are going to excuse the first panel, but I need to explain something to you because you are a big group. Okay. If you would use that door so that we put up our second panel, we can come in this and it causes a smooth transition. Okay.

So thank you again. And we are going to have a brief recess while we switch. Thank you.

Mr. SEEHAFFER. Thank you, Chairman.

[Applause.]

[Recess.]

Chairman BOST. Well, we want to welcome our second panel, and we want to thank you for being here today. I know we have a lot of important organizations to hear from in this panel, so let's get right to it.

Today we are joined by Colonel Barry Lischinsky of the Jewish War Veterans, Ms. Rebecca Harrison Mullaney of the Tragedy Assisted Program for Survivors, Ms. Kathryn Monet of National Coalition of Homeless Veterans, Commander René Campos of the Military Officers Association of America, Mr. Michael McLaughlin of the National Association of County Veterans Service Officers, Mr. Melvin Sheldon, Jr. of the National Congress of American Indians, Mr. Jack McManus of the Vietnam Veterans of America, Major General Frank McGinn of the National Guard Association of the United States, and Mr. John Handzuk of the Fleet Reserve Association.

And again, welcome to all of you and all of your members in the audience as well. We want to thank you for what you do every day in support of our veterans and their families.

Colonel Lischinsky, you are now recognized for 5 minutes for your opening statement.

PANEL II

STATEMENT OF COL BARRY LISCHINSKY, USA (RET.), NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE USA

Mr. LISCHINSKY. Thank you, Mr. Chairman Tester, Chairman Bost, Ranking Members of Moran and Takano, Members of the House, the Senate Committee on Veterans' Affairs, and fellow veterans and friends and guests. I'm Colonel Barry Lischinsky. I'm the 92nd National Commander for Jewish War Veterans of the United States and I'm honored to be here today. My credentials are as follows.

I'm a career military member, started as an enlisted medic, combat medic, and cultivated as a brigade commander. My military service spans for over 34 years, with continued military service supporting operations and conflicts from the Vietnam War all the way to the Global War on Terrorism. I retired from the military and served as a senior Army instructor at two high schools in a JROTC program. In 2017, I was appointed by the Governor to be the superintendent of Chelsea Soldiers Home. The largest soldier's home and one of the first in our Nation.

And I tell you all this because those are my credentials. But my real credentials are the members of JWV, our auxiliary, Museum of National American Jewish Military History, and they are the credentials of JWV and I am honored to be part of that organization. In two days, we will have 128th anniversary serving as the oldest chartered active veteran service organization in the United States.

As veterans, we all fought to protect our freedom of right, freedom of religion. As the only Jewish service organization, JWV opposes in all forms of hatred, discrimination, and bigotry, but is especially outspoken on antisemitism. JWV condemns the Hamas territory attack against Israel and emphasizes the terrorist actions anywhere, whenever it happens.

Just as all veteran service organizations, our members are all volunteers and we serve the call proudly to serve with all military veterans, their families, and their survivors. This is a great honor for us to serve. As a veteran, once again, we fought to protect our rights and—excuse me. JWV stands with Israel, its military, its citizens, and call on all Americans to join us in the condemning anti-terrorism. The remaining hostages must be immediately released and reconstituted with their family. JWV is the leading effort and demonstrates solidarity unity from the larger veteran's community of the United States.

We secured the signature of 26 veteran service organizations and military service organizations that represent millions of current and former uniform service members and their families to stand with us against anti-terrorism. On November 3rd, the letter was sent to many of our members for their statements and JWV asked all Americans to be vigilant, to learn, educate, and follow JWV, and we ask our veteran services committee to join us as well. We feel that education is the key to reduce antisemitism actions and incidents in America and around the world. Whether it be professional development classes, ethics classes, compliance classes in the workplace, or just a fireside chat, JWV will assist any organization anywhere in that conflict.

We'd like to talk quickly about medical records. Last year I was privileged to stand before this group and I heard one of the members say that we're looking for a basic database that is a good data base to use. I would ask that you use the MEPS, Military Entrance Processing Station, the first entrance processing station for any of us joining the military to use their physical as the baseline for what you need for your medical records. I have not talked to the MEPS commander, but that MEPS physical is a professional done physical. It beats any physical in any civilian world. I would also say that if you really want to do some work with this, any individual being released from active duty, that they take a similar physical. It makes a lot of sense to do the physical on the way in and the physical on the way out from the same grouping, and you'll get a standardization for that. So we highly recommend that to happen.

In a conclusion of this—and I look to see that the clock is ticking. I want to leave you with one quick thought. Where can we be, that individuals on this panel can come before a distinguished group, as your Committee, talk freely, talk honestly, make recommendations,

have you listen, have you observe, have you ask us questions? Only in the United States this can happen. And we're very, very proud to come before you to do this. And we're very proud that you're sitting there representing all the veterans, all their families, all their caretakers, and all their survivors. And as part of JWV, we're honored to be here and we're here to assist all our veterans and this Committee with anything they do. Thank you very much for your time.

[The prepared statement of Mr. Lischinsky appears on page 81 of the Appendix.]

Chairman BOST. Thank you, and we are very proud to represent you [applause]. We really are. I think that goes this way for what all you do and everybody that is on this panel. So we would like to also recognize Ms. Rebecca Harrison Mullaney for 5 minutes.

STATEMENT OF REBECCA HARRISON MULLANEY, SURVIVING SPOUSE OF ARMY CAPTAIN IAN MORRISON, TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS

Ms. HARRISON MULLANEY. Thank you, Chairman Tester, Bost, Ranking Members Moran and Takano, and distinguished Committee members. I am grateful to be here today representing the Tragedy Assistance Program for Survivors and for the opportunity to share my story.

Twelve years ago, at the age of 24, my heart was full of ambition and hope for the future. I'd married an incredible man, Ian Morrison, an Apache pilot in the U.S. Army. His call sign, Captain America, spoke to his character. He served honorably and always did the right thing. He was kind and caring, artistic, and sarcastic. He was smart, majoring in systems engineering at West Point. He was a man of faith, and he loved me. We were happy and building a life that truly felt like a gift.

At 24, I was teaching on post at Fort Hood and pursuing a graduate degree in clinical counseling. Ian had come back to me safely after 10 months in Iraq but he couldn't sleep. We tried everything. He sought help six separate times through the proper military channels. The only assistance he received was a prescription for Ambien, a black box morning sleep aid. The morning of March 21, 2012, after his third night on Ambien, was a seemingly normal one. He came to my classroom, where he read to my students, something he did often. We had lunch together, and I gave him a big hug, never knowing it would be our last.

Ian died that night. I found him in our bedroom, clothed in his Army fatigues, having taken his own beautiful life. He'd died by suicide at the age of 26 and taken all our plans for the future with him. I will never recover from what I saw that night. My husband, Captain Ian Samuel Morrison, did not want to die. He wanted to live. Like so many of his brothers and sisters in arms, he came home from Iraq in need of help that he did not receive. He died at home from the mental wounds of war and not in a war zone. Therefore, I was not recognized as a Gold Star Spouse.

I am in strong support of the TAPS recommendation to legally create a broad and inclusive definition of what constitutes a Gold Star family. Specifically, that definition needs to be died while

serving or from a service-connected injury or illness. My own clinical work with surviving families over the past 10 years tells me that only good can come from equally honoring and recognizing the families of all veterans and service members who died as a result of their service, regardless of how they died or the geographical location.

I grieved Ian intensely. The man I'd lost and the future with him that would never be. I eventually found healing and advocating for service members, veterans, and their families, and following through with my goal to become a mental health care provider. I chose to become what Ian needed before his death and what I so desperately needed after his death.

Years later along this path, I met Brennan, an Army veteran himself. We shared a passion for supporting the military and veteran community. Being with Brennan brought light back into my life. Through my stories, he got to know Ian, and for the first time since my loss, I let myself feel vulnerable and find love again. After experiencing the sanctity and joy of marriage with Ian, I knew that this was something I didn't want to live the rest of my life without. Which is why Brennan and I chose to legally marry. In choosing to remarry, I surrendered all that I had left of Ian on paper and the benefits he had earned. Sixteen hundred per month in dependency and indemnity compensation, a portion of his retirement, health insurance, education benefits, military spouse hiring preference, the ability to use the VA home loan, and base access. I am grateful that base access and commissary and exchange privileges have since been restored.

The irony is that the only thing that I didn't lose is that I am and will forever be Ian's widow. Remarrying did not change that. If Brennan and I had waited until I was 55 to marry, as the law currently states to retain benefits, I would still be Ian's widow. But I would have delayed the life I have now. A beautiful second chance at happiness with a man who respected Ian and my loss so much that he sat at Ian's grave and asked his permission to marry me before proposing. Brennan and I have a young son, Harrison Samuel, named in honor of our hero, Ian Samuel. He will always be a part of our lives. No passage of time and no magical age of 55 could change that. People are not replaceable.

I personally want to thank Ranking Member Moran for introducing the Love Lives On Act, and I ask that Congress pass this critical legislation to keep our Nation's solemn promise to care for our Gold Star Spouses. Taking away a surviving spouse's benefits upon remarriage will never change the fact that they will always be the widow or widower of someone who honorably served our country and died due to that service.

In closing, we ask for your support strengthening DIC by passing the Caring for Survivors Act and ensuring CHAMPVA healthcare for young adult survivors until age 26.

The moral of my story is that the heart has many chambers. In one of mine, I hold my love for Ian, and in another, my love for Brennan. I believe you will find this to be true for every survivor. Thank you for letting me share my boys with you today. I welcome your questions.

[Applause.]

[The prepared statement of Ms. Harrison Mullaney appears on page 100 of the Appendix.]

Chairman BOST. Thank you. Now we would now like to recognize Ms. Kathryn Monet for 5 minutes for your opening statement.

STATEMENT OF KATHRYN MONET, CHIEF EXECUTIVE OFFICER, NATIONAL COALITION FOR HOMELESS VETERANS

Ms. MONET. Chairman Tester and Bost, Ranking Members Moran and Takano, and the Committee on Veterans' Affairs, thank you for the opportunity to join you today. NCHV appreciates your bipartisan leadership and continuing efforts to focus on the needs of veterans experiencing or at risk of homelessness.

There are many proposals that we support to enhance our ability to address veteran homelessness, but I will focus on NCHV's top priorities today. Priority number one is restoration of the pandemic era safety net. HUD recently released Point-in-Time Count data from January 2023, finding an increase of 7.4 percent in homeless veterans on any night. We all knew VA's emergency programs nationwide, emergency rent assistance programs, and eviction and foreclosure moratorium, would sunset. We learned these resources were critical to homelessness prevention and housing more veterans than in previous years. Yet a continually worsening housing affordability crisis offset recent accelerations in housing placements as and after these programs' sunset.

For several years, legislation that could have addressed the statutes limiting these VA authorities and offered additional resources to veterans facing housing instability has stalled unnecessarily before Congress. The best time to act upon legislation would have been before the public health emergency expired on May 11, 2023, but we're here today. So the second best time to act upon this legislation is now.

Delayed action here has resulted in veterans losing access to communication, transportation, safety, and survival necessities. The loss of hotel and motel rapid rehousing capacity, that gave providers time to place a veteran in more permanent housing without delays associated with locating them. And a 60 percent reduction in the per diem rate that providers can request from VA, leading some providers to cease serving veterans and other challenges. A handful of bills, including the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, would all provide VA and organizations nationwide with the funding and flexibility to provide adequate services to unhoused veterans. We urge you to enact this bill with the level of urgency that you would expect if you were unsheltered tonight looking for assistance.

Priority two is VA Medical Center staffing. NCHV is concerned about reports of unfilled positions related to homelessness at VA Medical Centers at a time when veteran homelessness is on the rise and communities are increasing efforts to criminalize homelessness. While Secretary McDonough has stated that recent hiring prioritization efforts should not be cause for concern, we have heard for over a month now, that VACO's prioritization initiatives continue to result in VAMC director's choosing to leave critical vacancies related to homeless operations unfilled, even those funded via special purpose dollars.

We've heard from providers across the country that veterans are unable to access HUD-VASH in a timely way, if at all. From month long waits for intakes, to hiring pauses that delay program enrollment, to the need for other community providers to support veterans in HUD-VASH when their local VA Medical Center is understaffed. That's not acceptable. We urge Congress to continue its oversight of these programs and VA staffing initiatives to ensure that specific guidance exempting special purpose staffing from hiring pauses can be issued expeditiously to VA Medical Centers.

Priority three is to increase HUD-VASH utilization. NCHV continues to support efforts to maximize the use of HUD-VASH vouchers, including by project basing, issuing grants, and/or contracts for case management, and appropriating sufficient funding for navigation services and incentives for landlords and PHAs. We support legislation that would address eligibility discrepancies, including the regulatory definition of income used by HUD and Treasury. This definition includes disability compensation, meaning that some homeless veterans with the most acute service-connected disability ratings are ineligible for HUD-VASH and/or to reside in affordable housing developed with LIHTC funds. We urge you to make mandatory tribal HUD-VASH appropriations on behalf of our collective commitment to targeted universalism across our system, and we also support efforts to provide much needed upstream homelessness prevention tools, as requested in the most recent Presidential budget request.

Our fourth priority is aging veterans. A growing population of aging veterans experiencing homelessness has challenged us to improve services and access. We recommend authorizing HUD-VASH with grant-making capacity to simplify our ability to offer enhanced and coordinated services and supports to elderly veterans utilizing vouchers. Their needs are much more complex than the average veteran and allowing grant-making capacity would enhance communities' ability to provide those services. We also urge congressional support for an enactment of legislation promoting the development of new subsidized housing specifically for low and no-income aging and disabled veterans, as well as prioritizing the adaptation of existing spaces across the housing continuum.

Lastly, we recommend that Congress allocate funding for staff liaison positions to coordinate efforts to serve aging veterans across all HPO programs. Our written testimony has a full list of authorizing and appropriations priorities that I'm happy to discuss further with you and/or your staff. Thank you for the opportunity to partner with you on our shared priority of ending veteran homelessness.

[The prepared statement of Ms. Monet appears on page 135 of the Appendix.]

Chairman BOST. Thank you. I would now like to recognize Commander Campos for 5 minutes for your opening statement.

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

Ms. CAMPOS. Chairman Bost and Ranking Member Takano, allow me to start by asking our MOAA representatives in the audience to rise so we can thank you for this opportunity to share our legislative priorities for veterans.

[Applause.]

So what's the one common theme that brings us together? We're all committed to preserving and protecting service earned health care and benefits for those that we serve. MOAA appreciates the Committees working collectively with VSOs and MSOs to improve the lives of our veterans. Our top priority is getting the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act package signed into law, which has many of our priorities, like caregiving.

VA has made progress in advancing caregiving services, but today's demand outpaces availability and it's still difficult for veterans and caregivers to access these services, including respite care. For example, a Vietnam veteran caregiver in VA's Caregiver Support Program told us, I was contacted by VA for an initial phone consult for respite care. I gave some dates for scheduling, but I received no further communication from VA. As a former medical administrator, this is frustrating and deflating personally and to caregivers generally.

MOAA and the Quality of Life Foundation have hosted roundtables to help Congress, VA, and decision-makers improve caregiving programs. Last fall, we held a roundtable on Federal and community respite care options and published a list of recommendations. We urge Congress to pass the Home and Community Based Services, Long Term Care, Caregiver Support Program, bills in our written statement, including the Elizabeth Dole Home Care Act and the Veteran Caregiver Re-education, Re-employment, and Retirement Act, and to hold hearings to consider our respite care roundtable recommendations.

As a 30-year Navy veteran, I want to personally thank VA for my health care. My initial experiences with the VA in and out of service is not always great, but I gave VA another chance and I hope other women do the same. VA is not perfect, but I see progress and I know the staff supports me and they love their job. As such, MOAA continues to advocate to eliminate healthcare disparities and advance research programs for women, minority, and underserved veterans. We urge Congress to establish a joint HVAC and SVAC task force to represent the interests of women, minority, underserved, and vulnerable veteran populations and pass the Servicemembers and Veterans Empowerment and Support Act to help MST survivors.

Today, VHA is a health system in transition undergoing more than two decades of persistent change and mission expansion. Health systems like VHA were vital during the pandemic and they continue to evolve since the crisis. But VA needs predictable funding to preserve its foundational mission. So we urge Congress to appropriate funding to stabilize and modernize VHA's workforce

and human and physical infrastructure. We know the PACT Act has made monumental strides for ill veterans, so implementation is imperative if we're going to see radical change.

MOAA and DAV collaborated on a report called "Ending the Wait for Toxic-Exposed Veterans," which provides an overview of the challenges in the presumptive process and presents recommendations for improvement. We found on average, toxic exposures do not receive presumptive condition status for over 30 years. That's because they were not conceded while in service. MOAA and DAV urge congressional members and staff to attend our report briefing in May, invitation is forthcoming, and implement our report recommendations.

Finally, MOAA recommends Congress establish GI Bill Parity for Reserve members to ensure every day in uniform counts for service. We also support the House and the Senate compromised version. The bill will incentivize active duty members to continue their service and the reserves.

Thank you for considering our priorities. Let's work together to get the veterans package and on the DoD side, the Star Act signed into law. Together, let's send a strong message, our country cares, and supports our all volunteer force in and out of uniform, which is one of the most important ways we can sustain a strong national defense. I look forward to your questions.

[Applause.]

[The prepared statement of Ms. Campos appears on page 148 of the Appendix.]

Chairman BOST. Thank you. Mr. McLaughlin, you are recognized for 5 minutes.

STATEMENT OF MICHAEL MCLAUGHLIN, LEGISLATIVE DIRECTOR, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS

Mr. McLAUGHLIN. Chairman Bost, Chairman Tester, Ranking Member Takano, and Ranking Member Moran, and distinguished Members of the Committees, on behalf of the National Association of County Veteran Service Officers, commonly referred to as NACVSO, I extend our gratitude for the opportunity to address this joint session. My name is Michael McLaughlin and I serve as a legislative director for NACVSO.

Our organization is a unique one in that all of our appointed leaders or elected leaders, as well as the majority of our membership, currently serve as VA accredited representatives working in the field, assisting veterans and their dependents, daily. It is my honor to share with you the issues that are important to our organization. Issues such as Federal support for coordination with local government VSOs.

Last year, I testified before this joint session on this critical issue of Federal support and coordination with Governmental Veteran Service Officers, or GVSOs. Since that testimony, little action has changed or been put into play supporting frontline GVSOs working at the State, county, tribal, and municipal levels. Unfortunately, there has been just about as much discussion on expanding paid services for veterans, as there has been neglecting the essential

partnerships between GVSOs, traditional veteran service organizations, and the Federal Government. Just as we would never expect our active duty military members to have to purchase their own ammunition to wage their fight, veterans should never be expected to purchase their own access to their own earned VA benefits.

GVSOs serve as frontline advocates in their communities, offering support that extends beyond disability claims. While we handle a significant workload of disability claims, our duties encompass a wide range of services.

Despite the invaluable role that GVSOs play supporting veterans and their families, there appears to remain misunderstandings regarding the scope of our responsibilities. Disability claims are just one aspect of the work we do. We also provide essential services to veterans that veterans need to thrive beyond their military service. We help coordinate their VA healthcare, whether that's at the VA or in the community. When they get a billing issue that arises from that care, we help them resolve it. When a veteran needs to access emergency care services in their community, they call their GVSO to ensure that VA is notified in a timely manner. When a veteran is placed in hospice in a local healthcare facility, the social workers call their local GVSO to help with enrollment at their bedside. When a veteran needs a two hour ride to a medical appointment, they call our offices. When a homeless veteran is identified after hours by local law enforcement or sheriff deputies, it is our offices they call to help secure a hotel when no shelters exist in rural United States. We are the ones whom the veterans attend school, church, and see at the grocery store. It is the GVSOs that get the call on their personal cell to be notified of yet another veteran in their community who lost their struggle with PTSD.

Disability claims are what we do, and we are good at them, but it doesn't stop there. GVSOs are not incentivized by profiting from a veteran's disability claim or their injury in military service. Instead, we are incentivized by improving the lives of those we live with and those that we serve in our local communities.

In recent years, historic legislation has expanded benefits and care for veterans with little consideration being given to the resources needed to provide access to those benefits. Initiatives such as the Veterans Appeals Modernization Act, the MISSION Act, the Blue Water Navy Vietnam Veterans Act, and the PACT Act have placed additional demands on GVSOs and VSOs without adequate local support. The COVID-19 pandemic also further highlighted the need for robust local assistance. We encourage and we commend the efforts by this Congress to support and collaborate with GVSOs. Efforts like Representative Levin's Commitment to Veteran Support and Outreach Act, which aims to make Federal grants available to GVSOs for the first time ever and would funnel resources to areas of the country with critical shortages of GVSOs, high rates of veteran suicide, and high rates of veterans crisis line referrals.

We further applaud efforts like Representative Luttrell's Veteran Benefits Improvement Act, which aims to strengthen upstream communication and review support between VA and GVSOs. Similarly, Representative Van Orden's TAP Promotion Act represents positive steps toward enhancing upstream cooperation between the

Federal Government and GVSOs and VSOs during military transitions.

Governmental Veteran Service Officers are a force multiplier. We should be creating a system where we empower them to generate efficiency within that system.

To use a metaphor, a forward operating base, or FOB, in a combat theater should seek to strengthen and support the fighting positions of the troops holding the line. This requires communication, sharing of intelligence, and resources to the local front. If the FOB fails to support the fighting positions, then the mission fails. Then we fail.

Chairman, Ranking Members, Members of this Committee, on behalf of NACVSO, thank you for your attention to these important issues. And I urge this Committee to consider the critical role GVSOs play in supporting veterans and their families. By investing in local assistance and fostering collaboration between the Federal Government and our local agencies, we can ensure that no veteran is left behind. Thank you.

[Applause.]

[The prepared statement of Mr. McLaughlin appears on page 173 of the Appendix.]

Chairman BOST. Thank you, Mr. McLaughlin. Mr. Sheldon, you are recognized for 5 minutes for your opening statement.

STATEMENT OF MELVIN SHELDON, JR., ALTERNATE VICE PRESIDENT-NORTHWEST REGION, NATIONAL CONGRESS OF AMERICAN INDIANS

Mr. SHELDON. Thank you very much, Mr. Chairman Bost and to Ranking Member Takano, thank you for the opportunity to share with you today, and to all the Members of the House and Senate Veterans' Committee, thank you. Thank you.

My name is Mel Sheldon. I am a Vietnam veteran. Also, I am an Agent Orange prostate cancer survivor. So far, so good. Thank you for the VA for helping me. Also, I've served on tribal council at Tulalip Tribes, a small little reservation north of Seattle, about 35 minutes. Just in case you're in the area, we have a small bed and breakfast there if you wanted to stay with us. Also, regionally, I serve as ATNI first vice president. We represent 57 tribes in the Northwest. Currently, also, I am the alternate delegate vice president for National Congress of American Indians. So I'm serving at three different levels and very honored to serve as veterans committee chairman for our regional committee there. National Congress of American Indians, as you may be aware, was founded 80 years ago and is the oldest, largest, and most representative American Indians and Alaska Natives. And we're so proud of all of those that we represent, men and women.

Native people have served 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. Despite this impressive record of service, oftentimes the lack of programs, services, and assistance that Native veterans receive upon returning home from serving is underwhelming and we are asking you all to help change

that. Getting the information out there, helping them step up to the plate, to take advantage of what the VA offers.

Today, while my written testimony touches on a number of subjects, I want to concentrate today on the quality of life for Native Americans in housing and suicide prevention. While housing is often thought of as an infrastructure problem challenge, the reality is it is being underhoused or homeless is really a health disparity. Despite the service they provide to our country, homelessness and housing insecurity remains a major concern for our Native veterans. At least one study found that Native veterans made up 19 percent of all the homeless veterans, in that study sample, making Native veterans homeless rate almost 10 times their representation in the general public. Another study indicated that Native American veterans living in poverty were twice as likely to be homeless, more than any other non-veteran Native American.

In the area of housing, the most important action that can be taken for Native American veterans is to reauthorize and make permanent the Native American Housing Assistance and Self Determination Act. Many of us know that by NAHASDA. NAHASDA has done a great job for us and has been successfully used by the tribes across the country, which then helps us focus on housing needs in our own communities. At Tulalip, we're almost 300 houses behind, so the need is there not only for our members, but our veterans as well.

But however, NAHASDA expired 10 years ago. Reauthorizing NAHASDA will help Native American veterans struggling with homelessness by improving the HUD Veterans Affairs Supportive Housing. HUD, that's V-A-S-H Program. Recognizing this critical need, earlier this year, the Senate, with strong bipartisan support, voted in favor of reauthorizing the NAHASDA. That vote in favor of reauthorization included support for veteran—support for 17 of the 19 members from the Senate Committee on Veterans' Affairs. So stepping up to the plate, and the House, I'm sure, is stepping up to the plate as well.

Before I close, I do want to turn also to the issue of suicide among Native veterans. I myself, through the years have experienced two of my close friends that decided to leave early and it hurt. It was devastating. The reality is American veterans and Alaskan Natives experience high rates of depression and psychological distress, which contributes to Native Americans having the highest suicide rate. While the Department of Veteran Affairs, VA, acknowledges this as a national crisis that affects all Americans and publishes reports, it continues to offer limited data. And that may be the key. If we can size up how big of a challenge it is, we can apply the appropriate measures to help the veterans that are considering that alternative.

So sitting before you and sharing, I am very grateful. There are more issues that we can always talk about. But anytime you're—when National Congress of American Indians has our conference, please come and see us and share. We'll share what we can to help all of the Indian culture. [Speaking in native language.] Thank you for allowing me to speak today.

[Applause.]

[The prepared statement of Mr. Sheldon appears on page 180 of the Appendix.]

Chairman BOST. Thank you, Mr. Sheldon. Mr. McManus, you are recognized for 5 minutes.

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

Mr. MCMANUS. Good morning. I want to thank you all [inaudible]. This is not the first time I will be presenting to the Joint Congressional Committee.

Chairman BOST. Mr. McManus, I think your microphone needs to be put on.

Mr. MCMANUS. Oh, good. We'll start over again.

Chairman BOST. That is so much better. There we go.

Mr. MCMANUS. Well, good morning and thank you all for the good work you do for the American people, and particularly for veterans and their families. This is not VVA, nor my first time presenting to the Joint Congressional Committee on Veterans' Affairs. We have been the senior vets on the Hill for a long time.

More importantly, you all know what we represent and you know what we stand for. We stand for American citizens first and for all generations of American veterans, not just our era of veterans. Our mission is to ensure the experiences of Vietnam veteran generation is never again repeated by our Nation. Just as you know about VVA, let it be said that we know all about you. We know that your hard work on this Committee is motivated by your love of this country, your real and honest concern for those who have chosen to wear the uniform in defense of this country. You are the congressional leaders who will assure that the spirit learned from our experiences will forever guide the conscience respect, and the way current and future veterans are valued and treated by our country.

We respectfully ask that you hear and pledge support for our current priorities in caring for our Nation's returned heroes.

Since our formation, VVA's top and most solemn priority has always been the accounting and recovery of the POW service members. And while I know this is outside the Committee, this has always been a driving force behind VVA. Today, the families of 1,577 Americans still listed as MIA from Southeast Asia wait patiently for answers regarding their unaccounted for loved ones. Timely and consistent funding of DPAA is an effective way for Congress to ensure that those families receive the fate clarifying information and closure that they deserve.

We urge you to honor the following return heroes from Vietnam by passing two pieces of legislation now on the floor. The first one is the naming of the VA Medical Center in West Palm Beach, Florida, in honor of Thomas H. Corey Act, that's bill H.R. 7333—maybe there's too many threes? Three threes. And the Donut Dollies Congressional Gold Medal Act, which is H.R. 3592. Some of you know that Tom Corey for many years on the Hill as he was our VVA national president. During the Tet Offensive, an enemy round in the neck left him paralyzed and a paraplegic. He was 100 percent disabled veteran and a Bronze Star recipient, and dedicated his entire life to his country and other veterans.

He was not only one who went above and beyond, there were others. There are 627 Donut Dollies that volunteered for the Red Cross during the Vietnam War to serve in the perilous frontline positions. Their service has long been ignored or belittled because they are women. They deserve the recognition of the Congressional Gold Medal.

I can personally say that I experienced exposure to Donut Dollies in Vietnam, and I can tell you that it was motivating and moving to me that these civilian women would come over there and risk everything just to bring us a little bit of morale boosting, donuts and cookies, and warm lemonade. It was great.

Several of our priorities this year are going to focus on the toxic wounds. High on that will be to compel the VA to execute the Fort McClellan epidemiological study required by the PACT Act to allow people in that area and around the country with 650,000 women veterans that served at Fort McClellan the right to participate and receive health care. We want to call for a pre-Gulf War burn pit use study and make sure that the generations that were affected by burn pits prior to the Gulf War are also recognized and eligible for veteran benefits.

We also come back for the second year asking to amend the Blue Water Navy Vietnam Veterans Act of 2019 to extend that 12-nautical-mile limitation. The intent of Congress in that act was to open the availability of care and benefits to the Navy Veterans that served offshore. I think the intent of Congress was noble, and I think it was right on target. From our perspective, what happened was when it got into the regulatory process and it conflicted with some previous public laws or Federal laws or statutes or whatever you want to call them, and that, in fact, muddied the water. And when it came out, it was actually worse than when we went in with it. Okay, so there was an arbitrary 12-mile, nautical-mile limitation. And if you look at the map, it is all over the place. And the intent was, let us cover that is 330,000 Navy Veterans that served in Tonkin Gulf and the South China Sea.

We want to maintain close congressional oversight on the implementation of the PACT Act, including a transparent review of the TEF dollars, how are they being and will be spent in the future. So, we are not holding a position on that until we hear what you come up with and your recommendations are.

We want to hold, and still want to hold a hearing on the oversight hearing on the Toxic Exposure Research Act, which called for an intergenerational research to investigate birth defects in descendants of veterans and to investigate that why that law has not been followed. We are still on that. I am going to be running out of time here quickly.

We also want to address the persistent challenge to access providers of healthcare in Puerto Rico by amending the Puerto Rican tax code to draw more healthcare workers into Puerto Rico to join in the VA healthcare system. As you know, if I were to go to work in a private hospital in San Juan and earning the same money as somebody in the VA system, my take home pay could be as much as 30 percent different because of the requirements on the civil service employees versus the requirements that are on the terri-

torial employees. So, we need to get that addressed to up that as a priority.

We also would like the VA to reinstate the use of physician assistance in mental health providers at the VA hospitals and clinics to address the historic difficulties with access to mental health care for veterans. Permitting PAs to practice in this space will allow for the dramatic expansion of access to mental health services for our Nation's veterans and begin to address the suicide crisis we are now facing. The enactment of the 48-hour VSO review period for disability claims, which is a regulatory process, but we might need help from Congress to get that reinstated.

Chairman BOST. Mr. McManus, we need to—we are about five—

Mr. MCMANUS. Okay.

Chairman BOST.—six minutes over on time.

Mr. MCMANUS. Okay. All right. We provided written testimony that covers the rest of our priorities. With that, I will end up and just thank you for your time and your attention, and—

Chairman BOST. Thank you.

Mr. MCMANUS [continuing]. Your continued support. Thank you. [Applause.]

[The prepared statement of Mr. McManus appears on page 186 of the Appendix.]

Chairman BOST. Thank you for your testimony. General McGinn, you are recognized for 5 minutes.

**STATEMENT OF MAJ. GEN. FRANK MCGINN (RET.), PRESIDENT,
NATIONAL GUARD ASSOCIATION OF THE UNITED STATES**

Mr. MCGINN. Thank you. Chairman Tester, Ranking Member Moran, Chairman Bost, Ranking Member Takano, other distinguished Members of the Senate and House Committees. On behalf of the National Guard Association of the United States, we thank you for this opportunity to come before you. Your Committees have dedicated significant time and effort toward policies which protect and defend those who protect and defend our Nation. Serving the military naturally comes with a level of hardship, but the system itself should never add to that challenge. We look forward to continuing our work with each of you to improve the quality of life for both those currently serving and retired.

Our main goal at NGAUS is parity. Parity in the structure of our force, parity in the acquisition and modernization of our equipment, and parity in the benefits our members receive. The operational use of the National Guard has grown exponentially since 9/11. We now make up 39 percent of the total Army and 30 percent of the total Air Force.

The weight of the National Guard polls in our national security plan is extraordinary, yet many Americans fail to understand the depth of our role as the primary combat reserve of our defense of the Nation. It is imperative that we change that narrative.

In my testimony, I will focus on three specific areas key to recruiting and retaining a National Guard force that remains prepared to protect our Nation. Increase parity for education benefits, improve transition assistance, and consistent access to medical cov-

erage. Regarding education benefit parity. When an individual joins the military, they invest in our national security. In return, as a token of our gratitude, we invest in their future through educational benefits. We are incredibly grateful for the work done by your Committees and staff to help elevate the need for parity and how reserve component accrues GI Bill benefits. While the Forever GI Bill and the FY18 NDAA made positive advancements to close that gap, there is still work to be done. Unlike the active component, guardsmen serve in a variety of statuses 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.

We are very pleased to see your two Committees introduce the Guard and Reserve GI Bill Parity Act of 2024. This would count all statuses, including weekend drills, annual training, and specific state active duty missions. This is an incredible step forward, and I know much work has been done and has gone into the Committee staff level. And NGAUS is extremely grateful and appreciative.

Our second area concerns the reserve component track for transition assistance. Retiring from the military is a significant life event. Transition Assistance Program was established to help prepare service members for the next chapter of life once they come off orders. However, guardsmen come on and off active duty orders multiple times, and each time, we are required to complete TAP as if we are ending our military career rather than returning to our regularly scheduled lives. Not only is this a waste of resources and time, but it creates a level of fatigue. By the time a guardsman actually needs TAP, many individuals have gone through the program four times or more. TAP is mandated to have three tracks. NGAUS asks that one of those tracks be rededicated and tailored to the reserve component. The National Guard and Reserve has unique needs when coming off active duty orders, and specific attention should be paid to the accrual and transition of benefits. It is my understanding these committees are considering language to address this issue and we ask for your full support.

Our third area of focus is Zero-Cost TRICARE and Dental. Readiness is our top priority. We must be always ready to protect, defend, and respond at a moment's notice. Guardsmen must maintain a constant level of readiness and proficiency. For the most part, the Department of Defense provides the tools to promote preparedness. Although we do not ask a soldier to purchase a Humvee or for an airman to purchase an F-16, yet for healthcare, the service member is required to purchase their own out of pocket. As a result, there are currently 130,000 reserve component members without healthcare, and we have units far below the 75 percent medical deployability goal set by DoD. In these current times, we cannot afford any percentage of our team to sit on the bench when it comes to a potential fight with China, Russia, or Iran. We will absolutely need every player out in the field. We respectfully ask you to fully support the Healthcare for Our Troops Act and the Dental Care for Our Troops Act, providing zero-cost TRICARE and dental coverage. This will dramatically increase readiness, recruiting, and retention.

However, the benefits extend far beyond the current force. A healthy guardsman is a healthy veteran. Preventative care through the service member's career reduces medical expenditures after re-

tiement. Consistent coverage would allow those within our ranks to establish healthy habits for routine upkeep, develop care plans for long-term health issues, and address mental health concerns as they arise. There is no better way to truly put our service members first. Again, I ask each of you for your support on Healthcare and Dental Care for Our Troops Acts.

In conclusion, thank you for inviting NGAUS to testify. Your efforts are critical to the well-being of the National Guard. I look forward to continuing our work together and appreciate the leadership from the members and the staff of this Committee and I welcome your questions. Thank you.

[Applause.]

[The prepared statement of Mr. McGinn appears on page 197 of the Appendix.]

Chairman BOST. Thank you, General. Mr. Handzuk, you have been recognized for 5 minutes.

Mr. HANDZUK. Chairman Tester, Ranking—

Chairman BOST. Microphone. Thank you.

Mr. HANDZUK. Sorry.

**STATEMENT OF JOHN S. HANDZUK, NATIONAL PRESIDENT,
FLEET RESERVE ASSOCIATION**

Mr. HANDZUK. Chairmans Tester and Bost, Ranking Members Moran and Takano, and other Members of the Committee. Good morning. I am John Handzuk, a retired Navy Command Master Chief, and I currently am the National President of the Fleet Reserve Association.

I am here today to express the concerns of our members of the oldest sea service association that has been around for nearly 100 years, and proud to tell you that on Veterans Day, November 11 of this year, we celebrate our centennial. As one of the leading supporters of the PACT Act that was enacted in the last session of Congress, FRA is grateful for its passage. It was a top priority of the association and that it be implemented effectively. Military service for our Nation requires service members to go places that may expose them to toxins and cause illness and diseases that may not be diagnosed for years or even decades after their service. The act was signed into law in August of 22, and we recognize the fact. Recently, VA proposed a rule to expand the locations and timeframes for which VA presumes exposure to Agent Orange and other herbicides. The FRA members welcome the recent VA proposed regulation that will implement a new presumption of exposure to locations where herbicides were tested, used, or stored outside of Vietnam.

My membership is shocked to hear that nearly a quarter million veterans may be at risk of being prescribed medicine they are allergic to or would interact poorly with their existing medications because of issues with the new VA electronic health record system. We are thankful to the VA Inspector General's efforts with the House Veterans' Affairs Committee, Technology Modernization Subcommittee, oversight to ID this problem, and we hope that it will be corrected soon.

The FRA supports legislation authorizing immediate payment of concurrent receipt of full military retired pay and veterans disability compensation for all those eligible. I heard earlier this morning, the Legion Commander state, that it was like a tax. If I am questioned, I will get into that further.

The membership of the association strongly believes reducing a retiree's retired pay because they are disabled is, in fact, an injustice. Therefore, we strongly support the Major Richard Star Act, sponsored by Chairman Tester and Representative Bilirakis, that expands concurrent receipt to include combat-related special compensation veterans who are medically retired with less than 20 years of service. And you may be aware, over two thirds of Congress co-sponsor this concurrent receipt legislation. We need to pass this bill.

Speaking of which, I have been in the FRA 41 years. It has been one of our priorities for as long as I have been a member of the FRA. And we still wait.

Aging veterans represent a segment of vulnerable individuals increasingly being targeted by bad actors preying upon their benefits that they have earned. This is why the FRA supports the GUARD VA Benefits Act that would reinstate penalties for charging veterans and survivors unauthorized fees related to claims for VA benefits. The National Association of Attorneys General dispatched a letter to congressional leaders last year on behalf of a bipartisan group of 44 state attorneys general urging passing of the GUARD Act.

Speaking about veteran suicide, and I get uncomfortable with this, but one suicide is one too many. The FRA is grateful to the VA for allowing any veteran experiencing suicidal crisis to get emergency care at no cost from either a VA or non-VA healthcare facility. And we are also appreciative that enrollment in a VA system is not required. Specifically, more than 32,000 veterans in acute suicidal crisis have received free emergency health care under the new lifesaving policy. But unfortunately, veterans still remain at an elevated risk.

We are pleased to know that veterans experiencing homelessness have declined by 11 percent since January 2020. In total, the estimated number of veterans experiencing homelessness in America has declined by 55 percent since 2010.

The majority of FRA members were opposed to burial restrictions—I am sorry I didn't pause enough there, for the in-ground burials at Arlington National Cemetery. More than 73 percent of FRA members surveyed last January support creating a second national cemetery, perhaps on the west coast, in lieu of additional restrictions on burials at Arlington National, and still be able to obtain the full military honors they rightfully earned. We support Expanding America's National Cemetery Act. It would authorize the DoD and the VA to transform an existing VA cemetery to maintain internment with full honors as Arlington National reaches capacity. We should not be forced to change their well-earned plans because of unnecessary administrative rules.

I appreciate this opportunity to testify on behalf of the Fleet Reserve Association, and I stand ready to answer your questions. Thank you.

[Applause.]

[The prepared statement of Mr. Handzuk appears on page 203 of the Appendix.]

Chairman BOST. Thank you. We are going to go to questions. I am going to recognize myself for 3 minutes. Mr. Lischinsky, the JWV wrote a letter to the Secretary condemning a VA Attorney's appalling and public antisemitism remarks about Israel hostages in November. Are you satisfied with the VA's response and how this incident had been handled?

Mr. LISCHINSKY. Thank you, Chairman. Thank you, Chairman Bost. In response to that, on the 29 January, we had a meeting with Secretary McDonough, and it was based on questions that was coming to the JWV membership. Some of our members were concerned, and they asked the question that how do I know that that employee did not handle my case, did not evaluate my case, didn't touch my case. And we brought that to the attention of Secretary McDonough, and he has assured us that there was no bias and no prejudice in her work.

I go back to what I said earlier, that education is the important factor. And I hear this throughout this panel, that education, no matter what the topic is, is very important. So JWV stands behind that. We will be glad to work with anybody that wants to deal with antisemitism, bigotry, and hate. And although I said earlier that we fought for freedom of speech, and we understand freedom of speech, and we value freedom of speech, but when freedom of speech is brought into the workforce and it has a connotation of antisemitism, bigotry, and hate, and your employees are affected by it, and our customers are affected by it, and our stakeholders affected by it, it is no longer freedom of speech. Thank you, sir, for asking that.

Chairman BOST. Commander Campos, I appreciate your support and helping us get Senator Elizabeth Dole veterans package over the line. What would the consequences of not passing this important legislation be?

Ms. CAMPOS. The consequences, sir, these are—of not providing resources to those that are actually taking care of veterans. This is a bipartisan package. There is absolutely no reason why it shouldn't move forward. Understand that there is no issues with funding and so on, but a lot of caregivers and veterans are counting on it. And each day and the services that these caregivers provide, there is no amount of money this country could pay for the services that they provide in the way that they provided. So, a lot of veterans, a lot of our members, a lot of the military coalition members, a lot of our colleagues here are waiting for this package to get across the line.

Chairman BOST. Thank you. Ranking Member Takano, you are recognized.

Mr. TAKANO. Mr. Chairman, I may go over slightly, sir, is that okay with you? Great. Ms. Monet, it is great to see you again. HUD-VASH Voucher utilization has long been an issue we, VA and HUD, have tried to address. What are some actions Congress can take to increase voucher utilization and get veterans in need into housing?

Ms. MONET. So, I think the most immediate action you can take is to really push VA to address this issue that they are having with their hiring caps and setting aside special purpose funding, but not actually filling those positions. I think that is very much low-hanging fruit. The funding is there. They gain nothing by leaving special purpose funding on the table, and veterans are harmed. I think there are other things that you can do to increase housing stock, to incentivize PHAs and landlords to take these vouchers. But I think the easiest thing to start with is to really work with your friends at 810 Vermont.

Mr. TAKANO. What about, are there other eligibility issues Congress needs to address to ensure that all veterans who need homeless services can access them?

Ms. MONET. Absolutely. I think that there are many restrictions based on discharge statuses that need to be addressed across all programs, particularly for HUD-VASH and the HPACT program. But with regard specifically to HUD-VASH, there are these issues around the counting of disability compensation as income that do actually leave the most vulnerable veterans out from accessing vouchers, and project-based vouchers in particular. And that is a really hard pill to swallow, because project-based settings are generally most optimized for the most vulnerable and most disabled veterans. So, it is just really hard to see them left out.

Mr. TAKANO. What about the issue about the benefits making some veterans ineligible for housing, is that also an issue we need to fix as well?

Ms. MONET. Absolutely.

Mr. TAKANO. That is a serious issue that the Mayor of Los Angeles is trying to deal with in terms of the eligibility cliff. Ironically, the housing we build for veterans, we can't put veterans in there because their disability benefits make them ineligible. So that seems to be contradictory. We are quickly approaching a year since the flexible authorities the VA utilized during the pandemic to address homelessness expired. How is the failure to get the Home Act signed into law affecting VA and community providers' ability to get veterans housed?

Ms. MONET. Well, there are some instances where the damage just has been done, right, where grantees have left programs and just are no longer operating services in their community. But there are other areas that could really make a difference, right. When you think about extending the Section 4201 assistance, I think back to the end of the public health emergency, and I think within the first six weeks of the end of the emergency, we were hearing that VA canceled something like 38,000 prescheduled transportation rides for veterans. And there were 10,000, I think over 10,000, they said, missed medical and mental health appointments across the country just because veterans couldn't access what they needed to. I think there was even one veteran they mentioned that passed away because they couldn't get to dialysis appointments. And, I mean, that is very basic and simple, and it sounds counter-intuitive, but resources like that really do make a difference for veterans who are struggling and have next to nothing.

Mr. TAKANO. So the expired authorities really have had tremendous dramatic impact?

Ms. MONET. Absolutely.

Mr. TAKANO. Thank you. Thank you for your testimony. Mr. Sheldon, I am glad to see that the National Congress of American Indians is here this morning, and that Tribal and Native voices are recognized in this hearing before our Committee. And welcome. I want to thank you for your detailed testimony regarding the barriers Native veterans faced when accessing VA services. A piece of your testimony that really struck me were the issues related to housing on Native lands. And I agree with you that being underhoused or homeless is a health disparity, and this is an issue we should address with urgency. So, underutilization of the VA Native American Direct Loan program seems to be a direct cause of housing insecurity that some Native Americans face—Native veterans face. How can VA improve this program to better reach and serve Native veterans in obtaining stable housing?

Mr. SHELDON. Thank you very much. I appreciate that question. As I was prepping for this testimony, I came upon the NADL program and what it does in housing and such, and so what it was is a new program. So how can we educate Indian country on the programs that are being offered? And to me, that is the cusp of the question. Working with NCAI, we can use that arm to let all of our Tribes across the Nation know programs, working better with our veterans.

Mr. TAKANO. So, you are saying better outreach. But have you seen any improvements to VA's outreach on Tribal lands regarding the NADL program, or could they do better?

Mr. SHELDON. Yes. Yes, absolutely. I think we had Veterans' Secretary out at New Orleans, Louisiana. And that type of outreach in person means a lot to us in Indian country, and we are able to better get the data and share it with other Tribes and veterans in Indian country.

Mr. SHELDON. Great. Well, thank you. My last line of questioning is to Mr. McManus. You spoke, Mr. McManus, about the importance of the PACT Act for veterans that you represent. But in your testimony, you also presented to us some cohorts that were left out of the PACT Act. In light of that, can you tell us the importance, you know, can you tell us what concerns you have about capping or sunseting the spending that we do on toxic exposure, on care and benefits for the toxic-exposed veterans? Given that we have maybe more cohorts to consider, including into the PACT Act.

Mr. MCMANUS. Let me start by saying that we believe that the PACT Act overall has been a tremendous success and one of the greatest pieces of veterans' legislation that has come out in the last half a century. So, like any piece of legislation, it is subject to debate even after it is enacted and signed into law. But it is also subject to regulatory interpretation and frequently intent of legislation, when it gets to regulatory interpretation, becomes different.

We think that one of the great things, basis and foundations of the PACT Act was the fact that we weren't going to have to go through a political quagmire every time we wanted to get into a new toxin or a new location where toxins were or whatever, and that the funding was there for the benefit of the veterans and whatever. We understand that that is up for discussion, and that hadn't been universal; and we will wait until we hear what your

recommendations are before we weigh in on that. But we think that really, the strength of that Toxic Exposure Fund Foundation is the foundation of that law, because it makes it carry on from one generation to another generation to another generation.

Mr. TAKANO. Well, specifically, the burden of proof has been moved away from the veteran, and the benefit of the doubt has been expanded to the veteran. But we also, in order to do that, we had to have a funding mechanism, and some are suggesting we should cap or diminish that funding. And I just want to make sure that you all had a chance to talk about the importance of the funding part of this.

Mr. MCMANUS. We hear pro and con on that, and we haven't heard anybody come up with any rational program that will continue to address the legislation of changing it. So, we are not in favor of changing it unless it is something that is reasonable.

Mr. TAKANO. I hear you. Well, thank you, Mr. McManus.

Mr. MCMANUS. Thank you.

Mr. TAKANO. I yield back, Mr. Chairman.

Chairman BOST. Mr. Levin, you are recognized for 3 minutes.

**HON. MIKE LEVIN,
U.S. REPRESENTATIVE FROM CALIFORNIA**

Mr. LEVIN. Thank you, Mr. Chairman. Ms. Monet, great to see you again. You mentioned that you have been working for three years to extend the flexibilities and GPD increases provided in Isakson and Roe. Homeless veterans have now been without needed resources for 10 months since the expiration of these authorities, and unfortunately, they are being held hostage in exchange for other policy concessions. My question is, is there any reason we shouldn't pass the provisions we agree on now rather than waiting until we have agreement on everything?

Ms. MONET. From my perspective, no. There are over 35,000 veterans homeless on any night, all waiting for you to act, and there are countless other provisions in the bill that a lot of the folks on this panel have discussed, and I do think that urgency is the utmost priority from my perspective.

Mr. LEVIN. Well, not surprisingly, I agree with you. I think we should pass what we agree on. And around here, we are not going to agree on everything, but we need to pass what we agree on right away. Ms. Mullaney, thank you for your support of the Guard and Reserve GI Bill Parity Act, which I reintroduced last week. Obviously, there will be a cost associated with it, and it will be competing for limited offsets with other proposals. But as our Committees work through the legislative process, can you tell us TAP's view on what Congress should address first when it comes to things like GI Bill parity, Chapter 35 sunset and full MHA for on-line classes?

Ms. HARRISON MULLANEY. Yes, thank you for the question. Guard and Reserve Parity and Chapter 35 sunset is TAP's top educational priority. We really believe that we should focus on getting everyone benefits before we start whittling through who should get increased. Those that currently have nothing have no opportunity to go to school. Congress, we encourage Congress to prioritize those before moving forward with the online MHA.

Mr. LEVIN. Thank you. Commander Campos and Major General McGinn, I appreciate your organizations' support for parity as well. Commander Campos, perhaps we will start with you. Can you speak about the importance of the legislation to your members and the urgency with which you think Congress should act on the proposal?

Ms. CAMPOS. Thank you for that question and for the support on this important bill. GI, you know, as I mentioned in my remarks, the Guard and Reserve Parity is an opportunity to encourage those that are leaving active duty to join the reserves. The GI Bill is a recruiting and retention tool, and so we can't afford as a country, when we have recruiting challenges in the active duty component as well as the reserve component, to have that talent lost. And so, we see that this is a National Defense issue, and we recognize, and should recognize it, as a country, that these are important contributions that these service members give and this benefit and what we need to modernize the all-volunteer force.

Mr. LEVIN. Thank you. And, Mr. Chairman, if I could just have another minute or so. General McGinn, if you have anything you would like to add.

Mr. MCGINN. Yes, thank you, sir, for the question. I would echo my colleagues' comments about recruiting and retention at a time when our country is really struggling with recruiting and retention. I think the GI Parity Act is one good way to entice and attract talent into our services, specifically our reserve force, and also to retain them. And to retain them. And so, as you know, the cost of growing a soldier or an airmen is expensive. The more we can increase our retention rates, then that is going to assist us. So that is a cost savings there just by retaining some of our soldiers and our airmen.

And secondly, as far as the parity piece, service and Title 32 status should not be treated any differently than service and Title 10 status. As I mentioned, a day of service is a day of service. So that the status of which you are in, I think, is certainly something that needs to be corrected.

But to back up onto my recruiting and retention, I think that is the key issue to our members, and I think that is something that we all see as a struggle these days.

Mr. LEVIN. Mr. Chairman, am I okay for one more minute? Colonel Lischinsky, in your testimony, you called for gender-specific care at all VA facilities and more providers with expertise in women's health. I was proud to support the Deborah Sampson Act, which included several provisions to improve care for women veterans at VA. That bill included a provision that authorized \$1 million annually through fiscal year '25 and additional funding for the Women Veterans Health Mini-Residency program.

Since its implementation in 2008, around 10,000 VA providers have participated in this program, which trains nurses and physicians working in primary care and emergency medicine on core women's health topics, including trauma-informed care, intimate partner violence, and menopause. I am currently working with my colleague and friend, Representative Buddy Carter of Georgia, on legislation to reauthorize this crucial funding and ensure the Women Veterans Health Mini-Residency program can continue to

train VA providers. Colonel Lischinsky, why is it so important that we train VA providers to provide gender-specific care?

Mr. LISCHINSKY. Thank you, Mr. Levin.

Mr. LEVIN. There you are.

Mr. LISCHINSKY. Thank you, Mr. Levin. You know, having served as a combat service support brigade commander, women were a big part of that organization. We have come a long way since the days before. I don't want to say old, but the days before, that we handed a female pilot a uniform, a male uniform, and we said to them, make it fit, it will work. Some of our healthcare systems are a little bit antiquated, and we are expecting that our female soldiers, airmen, marines throughout the whole service to make them fit in the world that I served in, we need to continue to have the Mini-Residency program. We thank you for the funding of that. And we also say that we should be taking best practices that are out in the civilian world for our female service members. We should be adapting them as well so they could have fit. They are entitled to the exact same health care system as a male is. So, I do want to say on behalf of the Jewish War Veterans of the United States and for all veteran organizations, thank you for supporting that, and thank you for continuing to support that.

Mr. LEVIN. Thank you, sir. Thanks, everybody, for your testimony, and I will yield back.

Chairman BOST. And I want to say thank you to everyone that was here. And I want to say I apologize for the lack of amount of members being here. It was a scheduling issue that occurred both in the Senate and in the House. Know that this Committee, both our Committee on the House side, and I am sure the Senate Committee, if Tester was here, he would say that as well. We are here to serve you. We thank you for the partnership that you provide with us to make sure that our veterans are being provided for. We know that there is other areas we have to expand on and work on. We also know that we are required to make sure that whatever we are doing, that the funding is coming from somewhere. It is a very big challenge. But I have told you in my opening, and I do mean that we are going to work every way possible to make sure that as many needs as we can are being provided for. And just making a promise to you and moving a bill that is not going to move on both sides of the aisle and not going to get signed by the President is just that. It is a nice show, but I am not here for a show. I am here to try to help our veterans. I told you off the beginning that it was personal to me, like it is to you. And I thank you all for being here, and I thank everyone for your testimony and everything you do every day. With that, we are going to adjourn this. And this concludes the joint hearing.

[Whereupon, at 12:55 p.m., the Joint Committees were adjourned.]

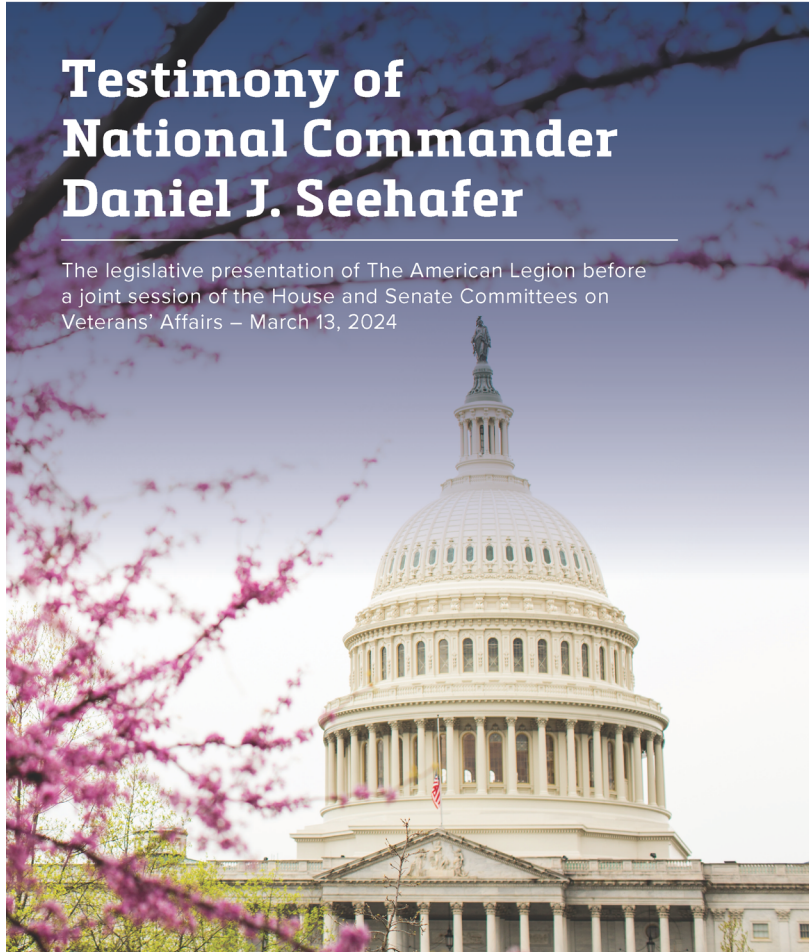
A P P E N D I X

Prepared Statements



Testimony of National Commander Daniel J. Seehafer

The legislative presentation of The American Legion before
a joint session of the House and Senate Committees on
Veterans' Affairs – March 13, 2024



legion.org/legislative

This Congress Can Be the One

When a veteran takes his or her own life, it is a national tragedy and a personal one. The loved ones left behind are often saddled with guilt, wondering if more could have been done. This is one of many reasons why The American Legion has made it our mission to Be the One to do everything possible to save veterans from making this horrific choice.

I call on the second session of the 118th Congress to also Be the One. As lawmakers, you have an opportunity to do so much for those who have served in uniform, those still serving and the families who share in their sacrifice.

This Congress can Be the One that passes the *PFC Joseph P. Dwyer Peer Support Program (H.R. 2768)* and the *VA Zero Suicide Demonstration Act (H.R. 1639)*, bills that would fund outreach and encourage proven mental wellness strategies such as Buddy Checks. This can be the Congress that expands research for, and access to, alternative treatments and emerging therapies.



Daniel J. Seehafer
The American Legion
National Commander

Congress can Be the One to ease the transition from military to civilian life through the use of technology. The *VET-TEC Authorization Act of 2023*, which already passed the House, would help veterans find employment, obtain degrees and open entrepreneurship opportunities.

You can protect veterans from being fleeced by predatory claims sharks, who illegally exploit veterans by charging exorbitant fees without any accreditation from the Department of Veterans Affairs. This Congress can send a message to National Guard and reservists that when it comes to GI Bill benefits, their daily service is valued equally as the service of their active-duty counterparts. A day should equal a day, regardless of who issued the orders.

Congress can pass the *Major Richard Star Act (H.R. 1282)* so disabled military retirees with VA ratings below 50% would no longer have to fund their disability compensation out of their own pensions. This can be the Congress to ensure that members of the U.S. Coast Guard will be paid without interruption in the event of a prolonged government shutdown.

In the past, legislators have stepped up for veterans. The 117th Congress passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act*, a game-changing law that still requires congressional oversight to ensure smooth implementation. Last October, VA conducted its first annual Buddy Check Week, a successful veteran outreach program that was the result of congressional action.

Veterans appreciate it when their fellow Americans thank them for their service. But veterans are also people of action. We know that Congress shares in The American Legion's desire to serve veterans as well as veterans have served this nation. We know that you can Be the One.

Daniel J. Seehafer
National Commander
The American Legion

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The Best Care for Our Nation's Veterans



US Air Force Photo by Hun Chastine Minoda

Mental Health & Suicide Prevention

Veteran suicide prevention remains the top priority for The American Legion and is the most serious issue facing America's veteran population. On average, veterans are twice as likely to die by suicide than the general population, with an estimated 18 veterans taking their lives every day.¹ Suicide is the second leading cause of death for veterans under age 45, with the most common method identified as firearms.² Reducing the veteran suicide rate is imperative to The American Legion, as exemplified through our programs, including our Be the One mission.

The American Legion's Be the One mission emphasizes peer support for veterans struggling with the loss of a team/community style support system and destigmatizes seeking mental health assistance. Peer support provides veterans with another sense of community with fellow veterans coping with similar issues. These efforts are led by our Buddy Check program, a peer-to-peer outreach program that allows veterans to have open and candid conversations with other veterans about their experiences. There has been tremendous grassroots success with our program, as veterans who otherwise did not know where to turn have now received assistance. The Department of Veterans Affairs (VA) has also developed its own National Buddy Check Week, underscoring how effective these peer-to-peer programs can be in preventing veteran suicide – but more must be done.³

Other important programs for veteran suicide prevention include the 988 Suicide & Crisis Lifeline and the Veterans Crisis Line, VA's mental health and wellness mobile applications, lethal-means safety training for VA staff and community providers, and increased staffing of Suicide Prevention Coordinators at VA Medical Centers. For veterans who reside in rural areas and face challenges accessing VA medical centers, community-based Vet Centers are invaluable resources for veterans and their families in need of assistance. These Vet Centers also offer mobile units, reducing veteran travel time to receive treatment. Expanding the Vet Centers program will support transitioning and rural veterans to access the resources they need.

¹ The Department of Veterans Affairs, "2023 National veteran suicide prevention annual report," Office of Mental Health and Suicide Prevention, November 2023, <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>.

² Ibid.

³ The Department of Veterans Affairs, "VA encourages all veterans and their families to participate in first inaugural National Buddy Check Week," October 13, 2023, <https://news.va.gov/press-room/va-encourages-all-veterans-and-their-families-to-participate-in-first-inaugural-national-buddy-check-week>.

KEY POINTS

- » According to the most recent data, Veterans Health Administration (VHA) users experiencing homelessness saw a 38.2% increase of suicide (112.9 per 100,000) in the year 2021, the highest increase observed between years 2001–2021. Furthermore, it was noted that VHA users facing homelessness had a 186.5% higher risk for suicide than VHA users who had no indications of veteran homelessness, demonstrating a significant link between veteran homelessness and suicide.⁴
- » Studies have shown that veteran peer-support providers are better able to empathize with struggling veterans in an accepting, adaptable, and calm manner, which leads to better outcomes in mental health support and suicide prevention.

WHAT CAN CONGRESS DO?

- » Pass *H.R. 1639-VA Zero Suicide Demonstration Project Act* to fund VA's suicide-prevention outreach budget and continue to invest in mental-health research.
- » Pass *H.R. 3722-Daniel J. Harvey, Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act* to provide more resources to veterans in transition, focusing on those who are at risk of facing financial hardships.
- » Support continued funding, implementation, and expansion of veteran mental health and suicide prevention services through the Veteran Crisis Line, Vet Centers, complementary and alternative medicine (CAM) therapies, and whole health programs.
- » Require VA, in coordination with the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD), to include cases of self-injury deaths (e.g. overdose, asphyxiation, accidental gunshot, drowning, suicide by law enforcement, or high-speed single-driver accident) in the suicide data report to ensure suicide rates are properly recorded.
- » Pass legislation focused on suicide prevention efforts for veterans in higher-risk classes, including homeless veterans, financially insecure veterans, and women veterans.

Safeguarding Veteran Benefits

In 1917, as the United States entered World War I, Congress established a new veterans' benefits system. This system included programs for disability compensation, insurance, and vocational rehabilitation.⁵ The rationale behind these programs was to make the veteran "whole," and to provide them with assistance that could help them navigate a successful life after military service. More often than not, the disability compensation a veteran receives is used to offset financial burdens caused by service-connected challenges.

Currently, there are unaccredited third parties that present themselves to veterans as legitimate claims service companies that assist veterans in obtaining their earned benefits. The price for assistance is often a portion of the veteran's monetary award, and this can range into the thousands of dollars. Additionally, these companies obtain personal health information needed to file a claim by asking the veteran for their electronic login information. The company then logs into the veteran's record and has access to all the information in the veteran's file. Once the company compiles the information, they ask the veteran to file the forms as themselves making it look as though the veteran prepared and filed his or her own claim. This is done in this manner because it is illegal, according to 38 C.F.R. § 14.629(b)(1), for any party to assist a veteran in the preparation, presentation, or prosecution of a VA claim unless the party is accredited through VA for such purposes.

⁴ The Department of Veterans Affairs, "2023 National veteran suicide prevention annual report," Office of Mental Health and Suicide Prevention, November 2023, <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>.

⁵ The Department of Veterans Affairs, 2023, "History Overview", accessed on November 23, 2023, <https://department.va.gov/history/history-overview>.

Unaccredited claims companies target veterans with fees as high as 600% of any future increase in their monthly VA benefits. This practice violates 38 U.S.C. § 5301(a)(3)(A), which prohibits fees based on future benefits compensation. These unaccredited companies operate outside the regulatory oversight of the VA's Office of General Counsel, leaving veterans susceptible to misleading practices.

The *Camp Lejeune Justice Act (CLJA) of 2021*, which was designed to allow legal action for veterans exposed to contaminated water at Camp Lejeune, N.C., has attracted predatory law firms seeking a share of the projected \$6 billion in payments over the next decade. Veterans, often unaware of the exclusive remedy clause, face potential offsets by benefits received through VA, Medicare, and Medicaid, leaving them with minimal compensation after legal fees are applied.

Beyond exploitative practices, The American Legion underscores the need to address concurrent receipt disparities affecting an estimated 42,000 military retirees with combat-related injuries. The Major Richard Star Act aims to repeal the offset deducting VA compensation from Department of Defense (DoD) retirement pay with a disability rating below 50%, allowing disabled veterans to concurrently receive both retirement pay and disability compensation.

Safeguarding veterans' benefits, especially for elderly veterans and those receiving Total Disability Individual Unemployability (TDIU), remains a priority. The American Legion opposes VA's proposed means-testing of Disability Compensation and potential termination of IU payments at the full retirement age for Social Security. The Legion remains steadfast in its commitment to protecting those veterans who have served our nation and earned continued benefits due to their service-connected disabilities.



KEY POINTS

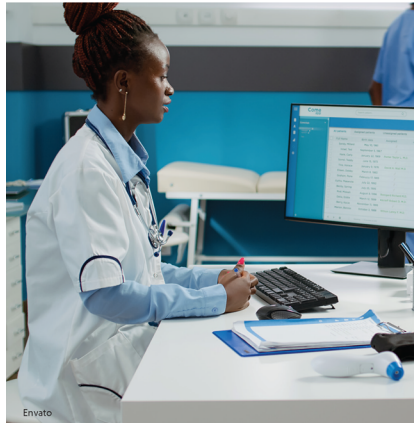
- » Unaccredited claims companies operate outside of compliance with VA regulations, remaining beyond the reach of penalties from the Office of General Counsel.
- » Unethical law firms, through aggressive ad campaigns, encourage veterans to file lawsuits against the federal government without adequately explaining fee structures, potentially depriving them of settlement money.
- » Retirement benefits and disability compensation are two separate benefits, provided for two different reasons and 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 *H.R. 1282-Major Richard Star Act*, which would provide total offset relief to veterans who retired from the military and earned VA disability benefits.
- » Pass legislation to restore criminal penalties for persons or companies violating VA rules regarding representing or charging veterans fees to file, prepare or prosecute initial VA claims without VA accreditation, and to fully fund VA staffing for the enforcement of these penalties.
- » Oppose legislation that would allow unaccredited parties to become legal representatives without completing the VA accreditation process.

The Future of VA

As VA implements the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022*, the focus must be on propelling the VA healthcare system into the future, guaranteeing veterans access to cutting-edge care and contemporary facilities that match or exceed civilian standards. This involves incorporating innovations like telehealth, executing the Electronic Health Record Modernization (EHRM) program, and establishing a user-friendly electronic scheduling system for VA and community care. Amid the transformative changes shaping the future of VA healthcare, the commitment to delivering high-quality and timely care to veterans must remain the priority.



Modernizing healthcare facilities is critical to the future of VA. While the inclusion of 31 new major VA medical illnesses in the PACT Act is a positive step, there is a pressing need for further facility modernization to provide veterans with top-notch healthcare.

A significant challenge in the modernization journey is the implementation of the EHRM program, which faced setbacks leading to a pause in April 2023. The Office of Inspector General's critical report in the summer of 2022 highlighted 148 incidents of veteran harm, including four deaths, attributable to health record system issues.⁶ Addressing these issues is paramount to meeting the requirement for a 99.7% system uptime, a standard comparable to civilian hospitals.⁷ Collaborative efforts between VA and Oracle are underway to resume the rollout in the summer of 2024, with a clear directive to prevent further harm to veterans.⁸

In 2022, the Veterans Benefits Administration (VBA) introduced the Automated Review Summary Document (ARSD) as part of the integration of artificial intelligence (AI) technology in disability claims processing.⁹ The American Legion stresses the importance of Congress' responsibility to oversee this technological advancement, ensuring responsible and ethical AI implementation to prevent biases and maintain transparency in decision-making for veterans' benefits. At the same time, we ask for Congress to continue funding the Toxic Exposure Fund (TEF) that supports innovative development like the ARSD.

The American Legion emphasizes the importance of maintaining adequate resourcing for TEF to efficiently address the long-term health consequences faced by veterans exposed to toxic substances during their service. By securing the necessary resources, we can affirm our commitment to supporting veterans affected by toxic exposures and uphold our responsibility to provide them with the care and assistance they deserve.

6 Orion Donovan Smith, "Senators Threaten Consequences after VA Confirms 4 Deaths Tied to Computer System Tested in Spokane," *Spokesman.com*, March 15, 2023, <https://www.spokesman.com/stories/2023/mar/15/senators-threaten-consequences-after-va-confirms-4>.

7 Heckman, Jory, "VA Expects Its Legacy EHR to Be 'around for a Long Time' as It Troubleshoots Replacement," *Federal News Network*, March 13, 2023, <https://federalnewsnetwork.com/veterans-affairs/2023/03/va-expects-its-legacy-ehr-to-be-around-for-a-long-time-as-it-troubleshoots-replacement>.

8 Nihal Krishnan, "VA, Oracle Cerner expect problem-ridden EHR rollout to resume by summer 2024," *Fedscoop*, September 13, 2023, <https://fedscoop.com/va-oracle-cerner-expect-problem-ridden-ehr-rollout-to-resume-by-summer-2024>.

9 Veterans Benefits Administration, Office of Communication, "Modernizing the Disability Claims Process," *VA News*, August 23, 2023, <https://news.va.gov/123338/modernizing-the-disability-claims-process>.

KEY POINTS

- » The Department of Veterans Affairs faces a crucial task of modernizing healthcare and implementing technologies, including the EHRM program and telehealth capabilities. Congressional oversight is necessary to resolve critical issues with EHRM.
- » Urgent infrastructure investments are required to elevate VA facilities to a standard comparable to civilian healthcare facilities.
- » Congress should oversee the implementation of AI tools for expediting VA disability claims and ensure sufficient funding for the Toxic Exposure Fund to support veterans and their families.

WHAT CAN CONGRESS DO?

- » Continue close oversight of the *VA Electronic Health Record Transparency Act of 2021* to ensure Congress is properly monitoring critical performance metrics once EHRM rollout resumes.
- » Fully fund TEF to invest in critical infrastructure upgrades to modernize and expand VA operations to meet the influx of PACT Act veterans, and fully fund VA infrastructure accounts.
- » Enforce accountability for deadlines, contracts, and IT system upgrades within VA, while maintaining transparency through publicly available information on patient wait times, facility performance, and staff vacancies for each VAMC.

Underrepresented Populations

Underrepresented veterans such as ethnic groups, women, and those living in rural areas represent about 29% of the total veteran population.¹⁰ While the overall veteran population is expected to shrink by 2050, underrepresented veterans are anticipated to increase to 43% of the total veteran community.¹¹ It is clear that underrepresented veterans are a growing demographic within the veteran community and require increased focus.

Underrepresented veterans suffer from disparities in healthcare, worse health outcomes, and unmet healthcare needs.¹² Native Americans serve in the military at a higher rate than any other ethnic group, but face distinct challenges, including high rates of substance abuse, depression, PTSD, diabetes, and chronic pain following transition.¹³ Separately, Black veterans are more likely to suffer from late-stage chronic kidney disease, colon and rectal cancer, diabetes, and stroke.¹⁴ The Department of Veterans Affairs (VA) must be cognizant of these disparities and how veteran health is impacted by gender, sexuality, race, religion, access to healthcare, socioeconomic status, etc.

Women veterans, currently around 870,000 enrolled in VA healthcare, represent the largest growing group among veterans, with projections indicating continued growth.¹⁵ This demographic's evolving needs have prompted a significant expansion in reproductive healthcare services. Despite playing a crucial role in Cultural Support Teams (CSTs), their combat-related contributions went unrecognized by VA, leading to a

¹⁰ The Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, https://www.va.gov/vetdata/veteran_population.asp.

¹¹ Ibid.

¹² The U.S. Department of Health and Human Services, "National healthcare quality and disparities report," December 2021, Agency for Healthcare Research and Quality, <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2021qdr.pdf>.

¹³ The Department of Veterans Affairs, "American Indian/Alaska Native Veterans Fact Sheet," Office of Health Equity, https://www.va.gov/HEALTHY/HEALTHY/docs/American_Indian_Heritage_Month_Fact_Sheet.pdf.

¹⁴ Peterson, Kim et al. "Mortality Disparities in Racial/Ethnic Minority Groups in the Veterans Health Administration: An Evidence Review and Map." *American Journal of Public Health* vol. 108,3 (2018): e1-e11. doi:10.2105/AJPH.2017.304246.

¹⁵ J. Katon, A. Rodriguez, E. Yano, et al., & E. Patton, "Research priorities for women veterans' reproductive health and healthcare within a learning healthcare system," *Women's Healthcare Issues*, January 24, 2023, <https://www.hsrp.research.va.gov/research/citations/PubBriefs/articles.cfm?RecordID=1215>.



U.S. Air Force photo by Churtime Minoda

lack of treatment and earned disability benefits.¹⁶ Legislative support, including *H.R. 1753-Jax Act*, aims to amend military records for these women veterans, acknowledging their courage under fire and facilitating a reassessment of their medical claims at VA.

There are approximately 435,000 veterans who identify as LGBTQIA+.¹⁷ This population reports having more health challenges, such as increased depression and anxiety, alcohol use disorder, and PTSD, than non-

LGBTQIA+ veterans. While progress has been made in VA, there are still concerns with trust and outreach, especially for those who were involuntarily separated under “Don’t Ask, Don’t Tell.”

Nearly 5 million veterans reside in rural communities that lack accessible VA facilities, telehealth technology, or broadband capacity. There is a rural staff shortage throughout the Veterans Health Administration (VHA), as the physician-to-patient ratio for rural communities is 1:2,500, posing “serious challenges to serve the nearly 3 million rural veterans enrolled in VHA healthcare” such as transportation and access to resources.¹⁸

KEY POINTS

- » Ensuring VA has culturally competent healthcare providers, inclusive facility policies, and educational campaigns on the needs of the underrepresented veteran community is essential in providing high-quality care.
- » Rural veterans struggle with a variety of barriers to accessing their earned VA benefits, including broadband limitations, community care referral problems, lack of reliable transportation, and healthcare staffing shortages.

WHAT CAN CONGRESS DO?

- » Pass *H.R. 984-Commitment to Veteran Support and Outreach Act* to expand outreach efforts to underserved veterans.
- » Pass *H.R. 1753-Jax Act* to recognize the combat service of women who served as part of Cultural Support Teams, which will open doors for VA medical treatment and disability compensation.
- » Support new service programs and modernization grant initiatives benefiting rural veterans.
- » Pass legislation that promotes the fair and equitable treatment of the LGBTQIA+ veteran community through training in patient-centered care.
- » The *VA Emergency Transportation Access Act (S. 2757 / H.R. 5530)* is a crucial proposal aimed at safeguarding veterans’ access to emergency transportation services. If enacted, this legislation would mandate that the Department of Veterans Affairs (VA) undertake a thorough review process before implementing any changes to reimbursement rates for ground and air ambulance services

¹⁶ Special Operations Association of America, “We are abandoning the women of Special Operations,” February 21, 2023, <https://soaa.org/cultural-support-teams>.

¹⁷ The Department of Veterans Affairs, “LGBT cultural competence and veteran homelessness,” Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Program, Office of Patient Care Services, 2018, Research Priorities for Women Veterans’ Reproductive Health – Publication Brief, https://www.va.gov/HOMELESS/nchav/docs/6m_Kauth_LGBTQ.pptx.

¹⁸ U.S. Congress, (House Committee on Veterans Affairs), Subcommittee on Technology Modernization & Subcommittee on Health, VA Telehealth During the COVID-19 Pandemic: Expansion and Impact, 116th Cong., 2nd see., 2020, <https://veterans.house.gov/calendar/eventsingle.aspx?EventID=5649>.

Caregivers & Survivors



DoD News photo by E.J. Hersom

Caregivers are crucial to the lives of veterans, devoting countless hours to the care of their veteran and giving up their own health and wellness. Support for these caregivers is critical, and efforts must be made to address their mental healthcare as they navigate challenges of caring for or losing their loved one. Many caregivers and survivors are at risk for distress, loneliness, and depressive symptoms. The threats of burnout, grief, and bereavement require the expansion of accessible mental health resources.

The Department of Veterans Affairs (VA) offers the Caregiver Support Program (CSP), which includes the Program of General Caregiver Support Services (PGCSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAF). These programs are effective at reducing stress on the Veterans Health Administration (VHA) system by allowing veterans who would otherwise be served with inpatient facilities to be cared for at home.

While veterans of all eras are eligible to apply for these programs, there is frustration involving the

strict eligibility requirements. Disabled veterans who can feed themselves even once a week are considered "able" under the current requirements and ineligible for either caregiver program.

For caregivers and veterans that reside in rural areas, especially those on native and tribal land, access to resources is challenging. VA must increase the use of alternative care, expanding access to home and community-based services which can offer respite for caregivers.

Many caregivers transition to survivors when their loved ones die. A survivor's Dependency and Indemnity Compensation (DIC) payment, which reduces to 43% of the basic rate of disability compensation for a 100% disabled veteran, currently lags other federal survivor programs, such as the Department of Justice whose DIC recipients receive 50% of the deceased employee's monthly pay.¹⁹ There is a lack of standardized definition for Gold Star families, causing confusion and disparity in eligibility, and the reverse incentive to heal by removing benefits from Gold Star spouses if they choose to remarry, forcing a decision between financial and emotional stability.

KEY POINTS

- » Caregivers are critical to the well-being of veterans and should have comprehensive support from VA, including access to mental healthcare.
- » The caregiver program is effective in reducing long-term care demand at VA facilities, but eligibility requirements and rural access remain a concern.
- » Survivor benefit payment rates differ between military and civilian federal employees and should be standardized.

¹⁹ The Department of Veterans Affairs, "Veterans' benefits: Dependency and indemnity compensation (DIC) for survivors," Congressional Research Service Report, February 13, 2015, Veterans' Benefits: Dependency and Indemnity Compensation (DIC) for Survivors (everycrsreport.com).

WHAT CAN CONGRESS DO?

- » Improve access to the Caregiver Support Program by reducing Activities of Daily Living requirements and disability rating eligibility requirements.
- » Pass *H.R. 104-TEAM Veteran Caregivers Act* to improve transition out of the CSP by requiring warm handoffs between caregivers when eligibility is lost or denied and extend benefits 90 days after loss of eligibility.
- » Pass *H.R. 2526-S.O.S. Veterans Caregivers Act* to clarify that veterans with service-connected illnesses are eligible for caregiver programs. Current language only lists service-connected injuries.
- » Pass *H.R. 3581-Caregiver Outreach and Program Enhancement (COPE) Act* to expand, improve, and coordinate mental health resources for caregivers.
- » Pass *S. 141-Elizabeth Dole Home Care Act* to expand access to rural communities, U.S. territories, and tribal areas, to expand home and community-based care, and require transition support for ineligible veterans and caregivers.
- » Pass *H.R. 1083-Caring for Survivors Act* to increase survivor benefits to the same level as civilian government employees.
- » Pass *H.R. 3651-Love Lives On Act of 2023* to clarify and solidify the debt our country owes to the surviving family of those who gave their lives.

Polytrauma

Polytrauma occurs when a veteran experiences injury to multiple body parts and organ systems simultaneously, such as blast-related events. Traumatic Brain Injury (TBI) is frequently associated with polytrauma in combination with other disabling injuries, such as amputation, burns, auditory and visual damage, spinal cord injury (SCI), and post-traumatic stress disorder (PTSD).²⁰ Polytraumas are complex morbidities of associated conditions that make diagnosis and treatment complex and difficult.

Traumatic Brain Injury. From 2000 to 2021, nearly 450,000 servicemembers were diagnosed with at least one TBI during their military service.²¹ TBI is associated with an increased risk of mental health issues, including substance use disorder (SUD), PTSD, anxiety, and depression, which can all be associated with suicide and accident-related mortality. The complex interplay between these multiple conditions has left many veterans undergoing treatment for TBI also reporting other unmet needs, including memory issues, controlling the physical symptoms of TBI, and managing emotions. Most concerning, veterans with a TBI and additional mental health conditions were found to die by suicide more than 20% faster than those without a TBI.²² Improving treatment and reducing the effects of TBI is key to veteran health, mental well-being and reducing the veteran suicide rate.

Spinal Cord Injury. SCI affects between 255,000 to 383,000 Americans, and servicemembers are 180% more likely to experience SCIs than Americans who aren't in the military.²³ The Department of Veterans Affairs (VA) provides

20 The Department of Veterans Affairs, "What is polytrauma?," Polytrauma/TBI system of care, accessed January 2023, <https://www.polytrauma.va.gov/understanding-tbi/definition-and-background.asp>.

21 Kathryn E. Bouskill, Carrie M. Farmer, Irineo Cabrereros, Jonathan H. Cantor, Natalie Erneckoff, Lynn Hu, Shira H. Fischer, Aaron Kofner, Lisa S. Meredith, Matthew L. Mizel, Aneesa Motala, Tepring Piquado, Zachary Predmore, and Rajeev Ramchand, "Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan" RAND Corporation, 2022, https://www.rand.org/pubs/research_reports/RR1205-1.html.

The Department of Veterans Affairs, "VA Research on Traumatic Brain Injury (TBI)," Office of Research & Development, February 16, 2022, <https://www.research.va.gov/topics/tbi.cfm>.

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23 National Spinal Cord Injury Statistical Center, "Traumatic spinal cord injury facts and figures at a glance," *Spinal Cord Injury Model System*, 2023, <https://www.nscisc.uab.edu/public/Facts%20and%20Figures%202023%20-%20Final.pdf>.

care to more than 27,000 veterans with SCI each year, making VA the largest SCI treatment system in the world.²⁴ A substantial number of veterans with SCI suffer from persistent neuropathic pain that is treated successfully with opioids, however this treatment can lead to complications like Opioid Use Disorder (OUD).²⁵ The opioid epidemic in the United States has led surgeons and physicians to consider alternatives for pre-surgical, post-surgical, and chronic pain management for patients.

Prosthetics. Servicemembers suffer traumatic and non-traumatic amputations at young ages, and often these young veterans are admitted to senior care facilities for long-term in-patient rehabilitation and prosthetic care.²⁶ These facilities do not have the programs and resources to care for the complex demands of polytrauma veterans. This can damage recovery and lead to reduced patient outcomes. Improved collaboration between VA primary healthcare, surgical and rehabilitation services, and prioritizing rehabilitation for amputees will improve recovery.



KEY POINTS

- » Between 2010 and 2019, drug overdose mortality in America increased by 333.4% for overdoses involving stimulants and by 93.4% for overdoses involving opioids.²⁷
- » Approximately one-third of people with SCI will experience persistent neuropathic pain following injury, and opioids are among the most effective treatments for neuropathic pain.²⁸
- » Approximately 85% of veterans with a limb amputation are under the age of 35, and often face other challenges such as mental health difficulties due to polytrauma and PTSD.²⁹

WHAT CAN CONGRESS DO?

- » Pass *H.R. 6353-Veterans Heroin Overdose Prevention Examination (HOPE) Act* to gain a clear understanding of the impact of opioid use on the veteran community.
- » Pass legislation to continue funding VA's initiatives for alternative and innovative treatments for veterans with polytrauma, prioritizing those suffering from neuropathic and chronic pain.
- » Pass legislation that supports VA in providing young veterans with SCI or prosthetics age-appropriate long-term services that are better-suited to provide both physical and mental care.

²⁴ The Department of Veterans Affairs, "VA research on spinal cord injury," Office of Research & Development, <https://www.research.va.gov/topics/sci.cfm>.

²⁵ Alex S. Bennett, Honoria Guarino, Peter C. Britton, Dan O'Brien-Mazza, Stephanie H. Cook, Franklin Taveras, Juan Cortez, & Luther Elliott, "U.S. Military veterans and the opioid overdose crisis: A review of risk factors and prevention efforts," *Annals of Medicine* 54, no. 1 (7 July 2022): 1826-1838, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363>.

²⁶ The Department of Veterans Affairs, "Long-term care following traumatic amputation," VA amputation System of Care, Accessed in January 2023: ASoC_Traumatic_Amputation_Fact_Sheet_Full_Version_Sec_508_09_2012.pdf (va.gov)

²⁷ Alex S. Bennett, Honoria Guarino, Peter C. Britton, Dan O'Brien-Mazza, Stephanie H. Cook, Franklin Taveras, Juan Cortez, & Luther Elliott, "U.S. Military veterans and the opioid overdose crisis: A review of risk factors and prevention efforts," *Annals of Medicine* 54, no. 1 (7 July 2022): 1826-1838, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363>.

²⁸ *Ibid.*

²⁹ Craig D. Murray, Heather Havlin, & Victoria Molyneux, "Considering the psychological experience of amputation and rehabilitation for military veterans: A systematic review and meta-synthesis of qualitative research," *Disability and Rehabilitation* (1 March 2023). <https://www.tandfonline.com/doi/full/10.1080/09638288.2023.2182915>.



Toxic Exposures

In August of 2022, the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* was signed into law by President Biden recognizing more than 20 presumptive conditions for veterans who experienced toxic exposure while on active duty. Furthermore, Title II of the PACT Act allowed new authorities and procedures for VA to determine new presumptive conditions. Currently, VA is assessing leukemia and multiple myeloma as presumptive service conditions. While the PACT Act is one of the most significant steps taken to provide benefits to veterans, The American Legion must be vigilant in monitoring disability claims backlogs and fraudulent bad actors, and advocate for expedited review of other potential presumptive conditions. PACT Act claims should be processed in a timely manner without impacting the quality of adjudication or the consistent, equitable distribution of benefits.

As of Dec. 30, 2023, VA received 1,276,797 new claims resulting from the PACT Act with a granting rate of 75.7%. The average time to complete a PACT Act related claim is 157.6 days, and only 43.4% of the claims are completed in less than four months. VA has made great strides in increasing staffing levels to manage the increased claims from the PACT Act and must continue to ensure that examiners are competently trained to fairly evaluate toxic exposures.

KEY POINTS

- » The PACT Act has led to unprecedented expansion of VA services to veterans who suffered toxic exposure in a multitude of theaters.
- » While VA is making great progress in processing the new claims, the backlog of unprocessed claims has increased to nearly 500,000 claims.
- » VA continues to increase staffing levels to keep up with the expansion of patients and work through the backlog.

WHAT CAN CONGRESS DO?

- » Continue oversight over the implementation of the PACT Act, especially execution of new Title II authorities.
- » Ensure VA reports quality, relevant data to Congress on PACT Act implementation.
- » Ensure VA has resources to process the increased number of claims coming from the PACT Act, including staffing, technology, and oversight.

Ensuring the Economic Well-Being of Veterans Returning to Civilian Life

GI Bill for Honorable Service

Most VA benefits require that the veteran have a discharge characterized by the military as “under honorable conditions.” However, to receive education assistance benefits, servicemembers must have an “honorable discharge.” If their discharge is “general under honorable conditions,” the GI Bill remains out of reach for these veterans.

General discharge eligibility of the GI Bill was debated on the Senate floor prior to the passage of the 1944 Servicemembers Readjustment Act, and the Senate voted to uphold the general discharge eligibility for the GI Bill. When the Montgomery GI Bill was passed, the eligibility for education benefits was restricted to only honorable discharges.

The American Legion does not believe there is a compelling reason to have deviated from the initial intent of the GI Bill being available for all characters of discharges, other than dishonorable. The administrative conditions that result in a general discharge do not negate the honorable service these members of the military 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 POINT

- » 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.

VA Home Loan Transferability to Veteran Families

Nearly 50% of non-homeowner millennials say the down payment is their primary obstacle in buying a home.³⁰ With the VA Home Loan Guaranty Program offering a no-down-payment option, transferability is a ready solution to overcome this obstacle for those from veteran and military families. Transferability could also 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.³¹

The 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 can provide, with honor and dignity, the economic necessities of life for themselves and their families.³² All veterans should have the privilege and equal opportunities 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. Indeed, 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 POINT

- » VA currently provides for the transfer of existing loans to eligible recipients. Transferability will expand eligibility to initiate loans to designated family members of the veteran, similar to transfer of VA education benefits.

WHAT CAN CONGRESS DO?

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



30 Caporal, Jack. "Millennial Home-Buying and Homeownership Statistics." The Motley Fool, November 8, 2023. <https://www.fool.com/the-ascent/research/millennial-homebuying>.

31 Reddy, Naveen Kumar. "A Guide to Managing a Multigenerational Home." MoneyGeek.com, October 29, 2023. <https://www.moneygeek.com/mortgage/resources/multigenerational-family-finances>.

32 VHA Office of Mental Health. "VA.Gov | Veterans Affairs," n.d. <https://www.va.gov/HOMELESS/featuredarticles/VAs-Implementation-of-Housing-First.asp>.



DOD Photo

Transition Assistance Program

Approximately 200,000 servicemembers separate from the military annually. As our nation continues to navigate through changes in the economic landscape and shifting national security environment, delivering effective transition assistance is essential to the servicemember's successful reintegration back into 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. Informing separating servicemembers about all the available VA resources will provide information on education and training programs, the GI Bill, and VA home loan guarantees, all of which enhances the chances of a veteran's success, and provides a hedge against unemployment and homelessness. Successful veterans contribute significantly to their communities and to the nation generally, and a robust Transition Assistance Program, attended by every separating servicemember, will increase the chances of success.

KEY POINTS

- » A December 2022 Government Accountability Office (GAO) report found that service branches and DoD's TAP policy office could make better use of performance data to improve servicemember participation and increase the benefit of the counseling and transition resources available.
- » The *FY2022 National Defense Authorization Act (NDAA)* authorizes grant funding to eligible organizations to provide supplemental TAP services, such as training opportunities for industry-recognized certifications and job placement assistance.

WHAT CAN CONGRESS DO?

- » Provide oversight to DoD and VA to ensure adequate and comprehensive implementation 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.

Improving Transition Assistance Accessibility and Portability

In addition to the Transition Assistance Program (TAP) curriculum, VA offers Military Life Cycle (MLC) modules that allow servicemembers and their families to access information about VA's services and benefits at any time during their military service. The informational sessions are comprised of 14 modules that address specific topics in-depth, including education benefits, the VA Home Loan Guaranty Program, and Community Integration Resources. VA's MLC modules offer a promising best practice for government agencies involved in TAP to provide micro-learning opportunities to servicemembers throughout their military service, increasing transition readiness outcomes well before TAP. However, VA reported that between Fiscal Year 2022 and 2023, only 30,191 participants viewed these modules. It is not enough for VA to design high-quality training material, there must also be a thorough communications plan designed to reach the intended audience.

Congress can modernize TAP delivery through the creation of a mobile application, which can serve as a valuable addition to the program's virtual offerings. The mobile application would comprise vital TAP resources and information, providing the military-connected community convenient access to important material, while allowing users to customize their career and transition plans. Additionally, the application should permit offline access, allowing military personnel deployed in areas with limited connectivity access to critical information and resources.

KEY POINTS

- » Currently, 70% of transitioning servicemembers do not begin TAP a year in advance of their anticipated separation or retirement because their unit is busy or their chain of command does not want to lose the member for the duration of the classes.
- » It is vital that transitioning servicemembers have easier access to TAP resources, to include access to local, state, and federal resources that ensure a successful transition from military to civilian life, using available technology.

WHAT CAN CONGRESS DO?

- » The American Legion urges Congress to direct all Federal Executive Branch Agencies involved in TAP to create a mobile transition application.



Veterans Preference Hiring

Veterans Preference Hiring provides eligible veterans with preference during the federal hiring process, based on their veteran status, over other candidates competing for the same jobs. Given their experiences, veterans deserve this benefit because they bring unique advantages to the federal workforce. This process is a win-win for the veteran and employer alike, 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, The American Legion opposes any proposed reduction to the Veterans Preference hiring process. Congress and the VA should reiterate support for the Veterans Preference Act of 1944 and ensure its application throughout the federal workforce environment.



U.S. Coast Guard photo

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.

WHAT CAN CONGRESS DO?

- » Oppose any legislation degrading current Veterans Preference Hiring, including proposals that limit it to 10 years after service.
- » Mandate federal and state agencies using new hiring authorities report annually to Congress on the employment levels and representation of veterans in their workforces, along with the number of veterans hired using these new authorities.
- » Include in that required report a catalog of all veteran recruiting and applicant sourcing activities to ensure the veteran community is aware of job opportunities, regardless of hiring authority, and any other activities demonstrating commitments to conducting outreach to veterans.
- » Require agencies develop best practices in administrative measures and resources that educate and train human resources professionals and hiring managers on the value of veterans and military spouses and facilitating the translation of military-to-civilian work experience.

Veteran Homelessness

The American Legion is committed to ending veteran homelessness and mitigating the contributing underlying conditions such as substance abuse disorders, untreated mental health issues, and unemployment and legal troubles. The reasons behind veteran homelessness are various and complex. As of 2023, 35,574 veterans were experiencing homelessness, demonstrating a 7% increase between 2022 and 2023.³³

³³ "Fact Sheet: 2023 Annual Homelessness Assessment Report Key Findings ..." Fact Sheet: 2023 Annual Homelessness Assessment Report Key Findings from the Point-in-Time Counts, December 1, 2023. https://www.hud.gov/sites/dfiles/PA/documents/Fact_Sheet_Summarized_Findings.pdf.

To reduce veteran homelessness further, we need policies and programs which offer support to at-risk and homeless veterans and their families through counseling, guidance in obtaining healthcare and benefits, financial help, job training and career fairs, and business development workshops. Some at-risk populations need additional support to mitigate dangerous or illegal situations, and outreach programs must build trust in VA's support.

KEY POINTS

- » Female veterans are the fastest-growing demographic in the U.S. homeless population and are at special risk of violence and human trafficking.

WHAT CAN CONGRESS DO?

- » Allocate additional funding to programming that combats veteran homelessness among women.
- » Provide a higher allocation of project-based HUD-Veterans Affairs Supportive Housing (VASH) vouchers for homeless veterans.
- » Ensure enhanced-use leasing specifically provides permanent benefits, resources, and services to the veterans' community.

GI Bill Parity for National Guard & Reserve Servicemembers

From protecting borders and capitals, to delivering aid and supporting local law enforcement, our National Guard and Reserve servicemembers have been increasingly called to unique missions on the home front, as well as augmenting and reinforcing missions abroad. Often, they are leaving their families and civilian employers for lengthy amounts of time. Yet despite all we ask of them, too often they are denied a cornerstone benefit for our nation's veterans: the GI Bill.

National Guard and Reserve servicemembers only accrue GI Bill benefits when called to active duty under federal orders.³⁴ When National Guard and Reserve servicemembers are activated under state orders or for reserve training duty, they do not accrue eligibility for GI Bill benefits.



DOD photo by John Oldham

A glaring example of this discrepancy occurred during the rush of activations at the onset the COVID-19 pandemic, before the declaration of national emergency was signed by President Biden. The wording of these activations and emergency declaration had no bearing on the actual duties the servicemembers performed. Those activated under the federal 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 on the U.S.-Mexico border received credit toward GI Bill eligibility, however the 120,000 activated to respond to protests throughout 2020 did not. We must discard this arbitrary classification of military service. Every day in uniform counts, and our National Guard and Reserve servicemembers deserve the same GI Bill eligibility as their active-component counterparts.

³⁴ Veterans Affairs. "How We Determine Your Percentage of Post-9/11 GI Bill Benefits | Veterans Affairs," February 7, 2023. <https://www.va.gov/resources/how-we-determine-your-percentage-of-post-911-gi-bill-benefits>.

KEY POINTS

- » All 50 states and U.S. territories activated servicemembers under 32 U.S.C. § 502(f), also known as Title 32 orders, to directly support the federal Public Health Emergency for COVID-19.
- » When Army Reserve servicemembers are ordered to professional development academies, they are activated under GI Bill-eligible 10 U.S.C. § 12301(d), also known as Title 10 orders. When National Guard servicemembers are ordered to the same professional development academies, they are activated under GI Bill-ineligible 32 U.S.C. § 502(f) orders.

WHAT CAN CONGRESS DO?

- » Pass legislation which would grant access to the GI Bill by counting every day that a servicemember is activated under Title 32 orders towards 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.

Support for the Armed Forces Retirement Home

In 1851, the Armed Forces Retirement Home (AFRH) began providing housing, residential care, and support services to thousands of former enlisted servicemembers, warrant officers, and limited duty officers of the U.S. Armed Services. Today, the AFRH operates two communities, comprised of a 272-acre community in Washington, D.C., and a 40-acre community in Gulfport, Miss., providing independent living, assisted living, and skilled nursing care to eligible veterans.³⁵ The AFRH is not affiliated with the VA, but is an agency of the Department of Defense (DoD).



DoD Photo

The AFRH is funded through resident fees, revenue sharing, and leasing agreements from building and property assets, as well as withholdings of 50 cents per month from active-duty servicemembers, and fines and forfeitures from active-duty personnel, transferred per 24 U.S.C. § 419 into the Armed Forces Retirement Home Trust Fund. Since 2015, AFRH has had to rely on transfers from the general fund of the U.S. Treasury to fund operations due to substantial declines in revenue. Despite general fund transfers in 2016 to 2023, and improvement in the trust fund balance, income and initiatives to generate additional revenue and cut costs are not yet sufficient to support operating expenses.³⁶

KEY POINTS

- » The Armed Forces Retirement Home is a DoD agency, and has no connection to VA.
- » Insufficient funding for the AFRH threatens to close and displace hundreds of veteran residents who count on AFRH for housing, medical care, and support services.

WHAT CAN CONGRESS DO?

- » Congress must enact legislation that will ensure funding and resources for the AFRH to maintain its continued operations and services to veterans.

³⁵ "Property Development | Armed Forces Retirement Home," n.d. <https://www.afrh.gov/aboutus/propertydevelopment>.

³⁶ "USAspending.Gov," n. d. https://www.usaspending.gov/federal_account/084-8522.



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.³⁷ Unfortunately, many federal agencies continue to underperform in meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSB). 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 on SDVOSBs in 2020.³⁸

Underachieving agencies must work diligently to increase their share of spending on SDVOSBs and end this discrepancy. However, challenges to veterans' preference in government contracting persists even among agencies that already rely heavily on veteran-owned small businesses. 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).³⁹ 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.

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 procurement requirements to the DLA's acquisition system, a non-Vets First compliant contracting vehicle.

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 *FY25 National Defense Authorization Act* to require the Department of Defense to adopt the Vets First procurement model.

37 Association of Procurement Technical Assistance Centers. "Veteran-Owned Small Business Contracting (VOSB & SDVOSB) | APTAC." APTAC - Association of Procurement Technical Assistance Centers, March 22, 2019. <https://www.aptac-us.org/veteran-owned-small-business-vosb-sdvosb-contracting>.

38 "National Commander Troiola's Testimony | Brochures & Publications | The American Legion," January 25, 2024. <https://www.legion.org/publications/226221/national-commander-troiolas-testimony>.

39 Office of Small And Disadvantaged Business Utilization. "VA.Gov | Veterans Affairs," n.d. <https://www.va.gov/osdbu/faqs/109461.asp>.

Maintain a Strong National Defense



American Legion Photo

Military Quality of Life

Taking care of our servicemembers and their families remains the highest priority in keeping a ready and agile force needed to defend our nation. Providing a high quality of life for military personnel is not only a moral imperative, but it also contributes to the operational effectiveness and ability to carry out missions successfully. Factors that contribute to quality of life include competitive pay and compensation, appropriate housing, quality healthcare, access to affordable childcare, spousal employment, education benefits, financial security, and equal opportunities for career development. Given the frequent risks and danger associated with serving in the military, a servicemember's welfare should never be compromised by the loss or degradation of services owed to them.

Access to timely mental healthcare is imperative in keeping a fit and healthy force. The rising number of suicides and suicidal ideations in our active and reserve forces are staggering and cannot be ignored. The Secretary of Defense's published findings from the Suicide Prevention and Response Independent Review Committee (SPRIRC) Report in 2022 highlights the correlation between degraded quality of life and behavioral health issues.⁴⁰ Among the ten dozen recommendations from the report, nearly half were quality-of-life-related solutions.⁴¹ It is clear that providing exemplary quality-of-life standards can reduce risks factors for behavioral health issues. Additionally, the passage of the Brandon Act last year sought to alleviate undue chain of command influence in a servicemember's ability to seek mental healthcare in an expedient manner and help reduce the stigma associated with seeking help. We implore the Department of Defense (DoD) to continue providing the necessary training and tools for its full implementation.

⁴⁰ United States, Department of Defense, Suicide Prevention and Response Independent Review Committee, Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention and Response Independent Review Committee, 2022, Washington, D.C.: US Government Printing Office, pp. 49.

⁴¹ Ibid. pp. 7-16

Military housing is a cornerstone of servicemembers' well-being. It is essential to address issues related to substandard living conditions, inadequate maintenance, and the need for increased oversight of both privatized military housing projects, and barracks facilities. Today, there are servicemembers housed in barracks facilities DOD-wide that are old enough to collect social security. Further, findings from a 2023 Government Accountability Office (GAO) report showed numerous dilapidated and crumbling barracks facilities across every branch of service.⁴² Among the highlights from the report were safety and security issues such as faulty fire-protection systems and exterior doors that do not lock, allowing anyone easy access to a servicemember's barracks room. The failure to provide safe, secure, and habitable housing to junior enlisted personnel is an abject failure that must be afforded the funds to be repaired or replaced.

Privatized military housing has been affected by the same issues plaguing military barracks across DoD installations. The lack of federal government oversight in the Military Housing Privatization Initiative created the perfect storm for neglect, misappropriation of funds, and in some cases, fraud by privatized military housing companies. While Congress has made some progress mediating between housing companies and DoD officials, the need for Congress to intervene has increasingly become the norm and not the exception. Tenants' rights must remain safeguarded, and allow for dispute resolution in a timely manner, without the need for Congress to intervene.

With the rising costs of childcare nationwide, military families are still feeling a pinch in their budgets. Limited availability and high costs for childcare have in some cases taken spouses out of the workforce to care for their children fulltime. Affordable childcare options must be expanded, and financial assistance should be prioritized for junior enlisted families.

KEY POINTS

- » The correlation between degraded quality of life and behavioral health issues cannot be overlooked. Providing the best quality of life standards for servicemembers can reduce risk factors for behavioral health issues.
- » Barracks facilities DoD-wide are in desperate need of repair following the multitude of issues ranging from mold, mildew, safety and security concerns, electrical and plumbing issues. Military family housing shares many of the same issues, and tenants' rights must be safeguarded.
- » Lack of childcare options and rising costs leave military families struggling to afford daycare.
- » Poor quality of life for troops negatively impacts recruitment and retention.

WHAT CAN CONGRESS DO?

- » Pass *H.R. 2537-BAH Restoration Act*, a bill that would restore BAH payments to covering 100% of housing costs – up from the currently mandated 95%.
- » Recognize the importance military quality of life plays in an individuals' mental and physical well-being.
- » Increase funding for building new and renovating existing military barracks and family housing and safeguard tenants' rights of those who reside in privatized family housing.
- » Pass legislation that would expand financial assistance to servicemembers for childcare, increase access through new agreements with private and public childcare facilities and grant military construction authority for building new child-development centers.
- » Continue to fully fund and retain quality-of-life programs including, military commissaries and exchanges, MWR programs, educational benefits, spouse employment programs, career development programs, and housing improvements.

42 Government Accountability Office. (2023) *Military Housing Strengthened Oversight Needed to Make and Sustain Improvements to Living Conditions* (GAO Publication No. 23-107038). Washington, D.C.: US Government Printing Office.

Access to Healthcare for Overseas Military and Families

The lack of healthcare services overseas adversely affects forward-based servicemembers and their families. Military Treatment Facilities (MTFs) outside the continental United States (OCONUS) have been plagued with personnel staffing shortages, the inability to provide dependable specialized and emergency care, and most lack significant resources to provide appropriate mental health services⁴³. Additionally, the realignment of medical services under the Defense Health Agency has yet to rectify persistent problems involving access for Status of Forces Agreement (SoFA) personnel (military members and their families) to overseas host-nation medical networks⁴⁴. Collectively, these issues have contributed to a lack of confidence in military leadership, reduced readiness, and, in several cases, were associated with the loss of life.

The realignment of healthcare resources under the Defense Health Agency (DHA) aimed to improve DoD personnel's access to medical care. DHA's lack of authority to control critical medical resources, including uniformed personnel assignments, has compounded the impact of a shortage of healthcare professionals, especially mental health specialists. To complicate matters, military services retain control over personnel staffing assignments and struggle to balance filling operational billets with positions at stateside and overseas medical facilities. Collectively, these issues have resulted in limited healthcare options being available for SoFA personnel stationed at overseas bases. As a result, it is not uncommon for mental health patients from bases in Japan to return to stateside locations to seek appropriate care⁴⁵, a process that typically involves escort personnel and costly logistical arrangements.

The lack of emergency and specialized care, coupled with systemic differences in the approach to emergency medicine, has led to dire outcomes, including the deaths of American service members and family members. Among these was a 7-year-old child in Japan who died after delays in finding a hospital that would admit her for a traumatic brain injury⁴⁶. Another person was denied emergency medical care at 10 different hospitals before succumbing to injuries. These tragic incidents underscore significant issues with medical access arrangements for care between host nations and U.S. military authorities that must be addressed immediately.

Addressing these healthcare challenges is essential for the physical and psychological well-being of military personnel performing critical missions overseas. There is an immediate need to revise how TRICARE and foreign nation healthcare systems, including mental health services, must be enhanced to better provide for the health and safety of SoFA personnel overseas. Problems associated with the overseas healthcare network impacts the desire for military families to be stationed overseas and frequently results in service members executing unaccompanied orders, contributing to family separations and increased stress for military families.

43 Raths, David. "Inspector General Highlights Staffing Shortages in Military Health System." Healthcare Innovation. Last modified December 7, 2023. <https://www.hcinnovationgroup.com/policy-value-based-care/staffing-professional-development/news/53080101/inspector-general-highlights-staffing-shortages-in-military-health-system>.

44 Agee, Kelly, and Hana Kusumoto. "DOD Failed to Apprise Japanese Medical Providers About a Potential Wave of US Patients." Stars and Stripes. Last modified January 30, 2023. https://www.stripes.com/theaters/asia_pacific/2023-01-30/japan-dod-civilian-military-medical-care-8934571.html.

45 Government Accounting Agency. Defense Health Care: DOD Should Reevaluate Market Structure for Military Medical Treatment Facility Management. United States Government Accountability Agency, 2023. https://www.gao.gov/products/gao23105441?utm_campaign=usgao_email&utm_content=topic_natldefense&utm_medium=email&utm_source=govdelivery

46 Kime, Patricia. "Denied Care, Deaths in Japan Result from Lack of Emergency Medical Services for American Personnel." Military.com. Last modified January 5, 2024. <https://www.military.com/daily-news/2024/01/04/denied-care-deaths-japan-result-lack-of-emergency-medical-services-american-personnel.html>.



DOD Photo by Marcy Sanchez

KEY POINTS

- » The availability of specialized and emergency healthcare services at Military Treatment Facilities (MTFs) in foreign locations is often limited.
- » Overseas military healthcare facilities do not meet the unique psychological needs of servicemembers and their families.
- » The Defense Health Agency (DHA) structure and existing authorities have created complex problems involving personnel shortages as military service branches have been unable to keep pace with stateside and overseas medical staff requirements.

WHAT CAN CONGRESS DO?

- » Direct a comprehensive review of overseas Military Treatment Facilities (MTFs) staffing and capabilities and considered providing DHA oversight of uniformed medical personnel assignments.
- » Direct a review of Status of Forces Agreements and other formal arrangements with host nations that address access to healthcare for personnel stationed abroad.
- » Direct a comprehensive review of DHA's effectiveness as currently structured.

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 worldwide is equally vital. The U.S. Coast Guard provides law enforcement, port security, and maritime and coastal safety while too often operating outdated equipment and vessels.

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. A previous government shutdown 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 the Coast Guard's mission is essential to national security, and its personnel should never go without pay. The Coast Guard also needs significant modernization to keep pace with today's emerging threats to the nation.

KEY POINTS

- » The U.S. Coast Guard is the only branch of the Armed Forces that does not fall under DoD. During federal government shutdowns, Coast Guard personnel are more vulnerable 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 most extensive 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 more than 50 years old and require parts that are 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 *H.R. 2693-Pay Our Coast Guard Parity Act of 2023*. Though it has been more than five years since members of the Coast Guard had their pay interrupted, legislation to ensure that members are paid on time during future shutdowns has seen little movement in Congress.

Build National Pride and Advance Patriotism

Amend & Update the U.S. Flag Code



American Legion Photo

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 Legion's 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 create one standard set of guidelines relating to the flag from the many traditions and variations rampant in the country at that time. President Warren G. Harding even addressed the attendees. A second National Flag Conference

was held in June 1924. After both conferences, The American Legion printed and distributed the results nationwide.

Congress made the U.S. Flag Code public law in 1942. Amended several times in the decades since its adoption, the U.S. Flag Code establishes advisory rules for the care, display and respect of the American flag. However, the law does not provide any criminal or civil penalties for violating any of its provisions. Minor changes have been made, but Congress has never made comprehensive changes to the code.

The American Legion believes our flag, which predates our Constitution, says "America," more than any other symbol. America is a tapestry of diverse people, and the flag represents the values, traditions and aspirations that bind us together as a nation. It stands above the fray of day-to-day politics and differences of opinion. It unites us in times of national crisis. Therefore, The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple accepted patriotic customs and practices pertaining to its display and use. These changes include additional times and occasions where the flag should be displayed at half-staff, how other flags should be flown when accompanying the U.S. flag and allowing for a flag patch to be worn on the uniforms of military personnel, first responders and members of patriotic organizations.

KEY POINTS

- » The United States Flag Code, Title 4, United States Code, Chapter 1, Subsections 1-10, is a codification of existing rules and customs pertaining to the display and use of the flag of the United States of America.
- » Practices and customs have been modified over the years regarding certain display procedures.
- » The Flag Code needs to reflect current, accepted patriotic practices.

WHAT CAN CONGRESS DO?

- » The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple customs and practices pertaining to the display and use of the flag of the United States of America.
- » Reintroduce and pass legislation, such as *H.R.4212-Flag Code Modernization Act of 2021*, which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices.
- » The American Legion urges Congress to pass *S. J. Res. 34*.

Contacts

LEGISLATIVE AFFAIRS

Legislative Division

Email: legislativedivision@legion.org

Phone: (202) 263-2986

HEALTH CARE, BENEFITS, CLAIMS, MORTUARY AFFAIRS

Veterans Affairs & Rehabilitation Division

Email: VA&RDivision@legion.org

Phone: (202) 263-5759

EMPLOYMENT, EDUCATION, HOMELESSNESS PREVENTION, VA HOME LOANS

Veterans Employment & Education Division

Email: VeteransEmploymentandEducation@legion.org

Phone: (202) 263-5771

MILITARY, NATIONAL DEFENSE, ILLEGAL IMMIGRATION

National Security Division

Email: nationalsecuritydivision@legion.org

Phone: (202) 263-5765

FLAG PROTECTION, PATRIOTISM, CITIZENSHIP, NATURALIZATION, BOYS STATE/BOYS NATION, SCHOLARSHIPS, YOUTH PROGRAMS

Americanism Division

Email: americanism@legion.org

Phone: (317) 630-1203

Locations

AMERICAN LEGION INDIANAPOLIS HEADQUARTERS OFFICE

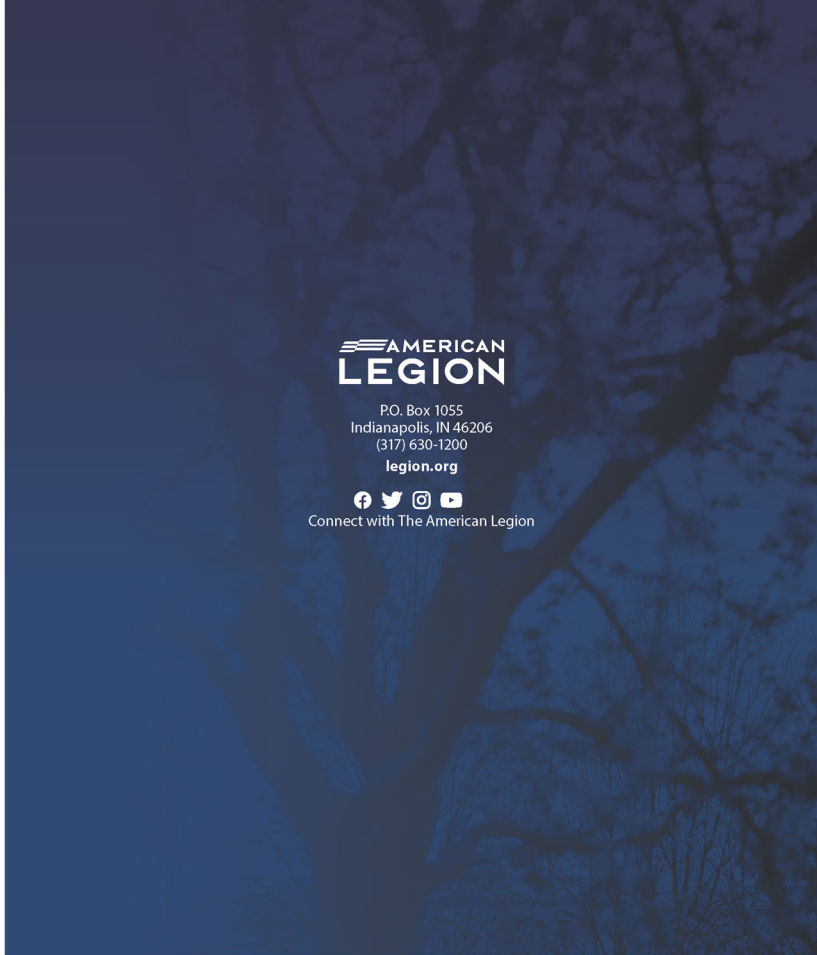
700 N. Pennsylvania St.
P.O. Box 1055 Indianapolis, IN 46206
Phone: (317) 630-1200

AMERICAN LEGION WASHINGTON D.C. HEADQUARTERS OFFICE

1608 K St. N.W.
Washington, DC 20006
Phone: (202) 861-2700

JOHN H. GEIGER OPERATIONS CENTER

5745 Lee Road
Indianapolis, IN 46216
Phone: (317) 860-3100




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**Statement of
Jewish War Veterans of the USA
2024 Legislative Priorities
Before the Joint House and Senate
Veterans Affairs Committees
March 13, 2024**



Presented by
**Colonel Barry Lischinsky USA, Ret.
National Commander 2023-2024**



Chairman Tester and Chairman Bost, Ranking Members Moran and Takano, Members of the House and Senate Committees on Veterans' Affairs, fellow veterans, and friends, I am Colonel Barry Lischinsky, USA, Retired and the 92nd National Commander of the Jewish War Veterans of the U.S.A. (JWV).

My service started as an enlisted combat medic and I achieved the rank of a Colonel, responsible for the command and control of a combat service support brigade size element. I retired from the military having completed fourteen years as a traditional Guardsman and an additional twenty years of active federal service. My military service spans more than thirty-four years of continuous service, supporting operations and conflicts from the Vietnam War, Gulf War through Iraq, Afghanistan, and the Global War on Terrorism.


Jewish War Veterans of the U.S.A. (JWV) was founded in 1896 and was Congressionally chartered August 21, 1984. JWV advocates for all veterans regardless of their religion, heritage or period of service.

JWV is the longest serving Veterans Service Organization (VSO) in the country and will celebrate its 128th anniversary in two days on March 15, 2024. JWV supports the military and veterans by participating in Veterans Day and Memorial Day events and by volunteering at Department of Defense military bases and Department of Veterans Affairs locations (medical facilities, regional offices, and cemeteries) across the country. We mentor the next generation of military leaders through Junior Reserve Officer Training Corps (JROTC) and Scouting programs, grants and scholarships, Jewish Warrior Weekend, the Kiddush Cup, and Mitzvah projects. JWV's mission message is strong and clear: fighting for military and veterans benefits and services; advocating on their behalf with Congressional officials, Executive Branch departments and the White House; and continuing to combat antisemitism, bigotry and hate wherever and whenever it appears.

Special Focus on Hatred, Bigotry, and Antisemitism

As the only Jewish VSO, JWV opposes all forms of hatred, discrimination and bigotry but is especially outspoken on antisemitism. JWV officials participate in roundtables and express JWV's strong position against antisemitism by calling out University officials and Amazon officials on events and merchandise. JWV is also proud of our advocacy for William Shemin and Tibor Rubin to receive the Medal of Honor after they originally faced antisemitism and were denied nominations.

The world changed on the morning of October 7, 2023, when Hamas terrorists attacked Israel and its citizens by launching a heinous, unprovoked, and vicious surprise attack on Israel, killing over 1,200 innocent civilians, and wounding many more Israeli civilian men, women, and children. In my statement published after sundown October 7, 2023, "JWV condemns the assault against Israel and emphasizes that terrorist actions anywhere are never justified. JWV supports Israel, offers condolences to all who lost loved ones, offers prayers for the wounded and all who have been kidnapped by Hamas."



JWV stands with Israel, its military, and its citizens and calls on our members and all Americans to join us in condemning this terrorist attack. The remaining hostages must be immediately released and reconstituted with their families.

JWV urges Senators and U.S. Representatives to stand with Israel and in support of humanitarian and military funding. JWV is leading this effort to demonstrate solidarity and unity from the larger veteran and military community in the United States. We are proud to have led the effort of securing the signatures of 26 veterans service organizations and military service organizations representing millions of current and former uniformed service members, veterans, and their families to stand against terrorism and with our brothers and sisters in the Israeli Defense Forces. The November 3, 2023, letter is included as part of our official written statement ([Attachment A](#)).

As instances of antisemitism continue to rise across the country, JWV asks all Americans to be vigilant, learn, and educate our fellow citizens. JWV is doing its part by coalition building with organizations like Foundation to Combat Antisemitism (#BlueSquare) and Combating Antisemitism Movement across the Nation. We are partnering with StandWithUs to address antisemitism at colleges and universities.

JWV also supports the National Strategy for Countering Antisemitism and its four pillars: 1) Increasing awareness and understanding of antisemitism, including the threat to America, and broaden appreciation of Jewish American Heritage; 2) Improving safety and security for Jewish communities; 3) Reversing the normalization of antisemitism and counter antisemitic discrimination; and 4) Building cross-community solidarity and collective action to counter hate.

We commend House Veteran Affairs Committee Members Representatives Mariannette Miller-Meeks and Juan Ciscomani for their work in addressing hate and bigotry. In December 2023, the bipartisan *Commission to Study Acts of Antisemitism in the United States Act* was introduced to address the rise in antisemitic violence and attacks on our Jewish communities. JWV urges you to cosponsor this important bipartisan legislation.

Descriptions of JWV actions are highlighted in the two-page summary of our efforts and are included in our official written statement ([Attachment B](#)). JWV asks all Americans, including Senators and Representatives to be vigilant, learn, and educate our fellow citizens.

JWV asks House Veterans Affairs Committee (HVAC) and Senate Veterans Affairs Committee (SVAC) members to join with us in combating hatred, bigotry, and antisemitism targeted at veterans and military service members. JWV stands ready to be a resource for you and your staffs in helping to educate Americans. We feel that education is the key to reducing antisemitic actions and incidents in America and around the world.



JWV Priorities for the Second Session of the 118th Congress

Supporting America's Veterans, Service Members, Their Families, Caregivers, and Survivors

JWV works to support veterans and service members, and believes that obligation extends to their families, including caregivers and survivors. JWV is and continues to be at the forefront as a voice for not only those of the Jewish faith but for all veterans. On August 10, 2022, the landmark PACT Act was signed into law leading to the largest expansion of benefits to address toxic exposures. JWV worked with Congress to connect veterans and their families to much-needed resources for education, housing, and health care. As we look to the second session 118th Congress, JWV honors all those who are wearing or have worn the uniform of the United States.

Before I address our priorities, I want to thank Chairmen Tester and Bost, Ranking Members, Moran and Takano, and all committee members for working on the bipartisan "Veterans Package." The legislation includes provisions of the *Elizabeth Dole Home Care Act*, the *Housing Opportunities Made for Everyone (HOME) Act 2023*, *Electronic Health Records Reset Act*, and provides for full funding of VET-TEC programs, making improvements to the GI Bill and modernizing USERRA. JWV recognizes and appreciates the efforts of all committee staff members in negotiating and bringing the package to the House and Senate floor soon. JWV will urge our members to contact their respective representatives and senators to support its passage.

JWV continues to support our veteran and military community by advocating for the following list of priorities.

Delivering Timely, High-quality Benefits and Services

JWV is pleased the Department of Veterans Affairs (VA) is delivering more benefits and health care, faster to more veterans than ever before. In 2023, the Veterans Benefits Administration (VBA) processed a record of 1.98 million veteran claims. JWV will continue to hold VA accountable and urge them to continue to be innovative and provide timely service to all veterans.

JWV will continue engaging with VA in the implementation of the *Veterans Appeals Improvement and Modernization Act of 2017 (P.L. 115-55)* to improve the claims and appeals process. JWV urges Congress to: 1) have VA support investment in software and hardware upgrades for claims management; 2) have VA continue to hire and train officials to meet the expected surge in claims due to the PACT Act; 3) have VA assure that the processing of non-PACT Act claims are not delayed; and 4) assure that VA must prevent non-accredited and unlicensed individuals from taking fees for representing veterans' claims.

Addressing Toxic Exposures and Burn Pits

JWV, like many VSOs, made toxic exposure, burn pits and the PACT Act a top priority. While the legislation was life-changing for so many veterans, more needs to be done. JWV commends VA for screening more than 5 million veterans for toxic exposure and completing claims in approximately 160 days. Congress must continue to provide the resources, including hiring individuals to adjudicate claims and funding upgrades to VBA Information Technology (IT) systems, and ensure Veterans Health Administration (VHA) officials have the clinical resources, equipment, and space to treat all veterans. JWV remains committed to holding VA accountable in implementing the PACT Act. JWV supports that Congress and VA adequately fund and manage the Toxic Exposure Fund (TEF) as outlined in Section 103.

JWV applauds VA for expanding toxic exposure benefits to additional veterans on March 5 to include veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror, or any other combat zone after 9/11 will be eligible to enroll directly in VA health care without first applying for VA benefits. Additionally, Veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll. JWV urges all veterans to enroll now based on this new eligibility.

Suicide Prevention and Mental Health -- Reducing Veteran Suicide

Mental health and suicide prevention remain a top priority for JWV as the suicide rate among veterans is nearly double when compared to civilians with women vets more than double that of female civilians. In addition, the suicide rate for active duty service members is at an all-time high, with the U.S. Marine Corps having the highest rate of all branches in 2022. Veterans and service members must have increased access to mental health services as well as availability to alternative and community-based treatments. JWV urges Congress to fully fund VA's suicide prevention and mental health budget, including extending free emergency health care for all in crisis or in risk of crisis. The transition from active military to civilian is difficult and the time when individuals are often at higher risk. Education and awareness is paramount and must be integral to any prevention action plan.

Actions are needed to expand research into core causes, risk factors, and protective factors for service members, veterans, families, caregivers, and survivors. JWV urges Congress to: 1) expand government and non-government funding around service members, veterans, families, caregivers, and survivors suicide rates, their possible causes, and the most significant risk and protective factors for each of these populations; 2) ensure that both VA and Department of Defense (DoD) release the underlying raw data from their annual suicide reports (properly redacted to protect individual privacy); 3) ensure DoD resumes reporting veteran combat deployment data to VA and to resume reporting on combat deployment data for suicides; and 4) explore the expansion of alternative therapies including complimentary treatment modalities such as highly trained service animals, outdoor and sports-related programs, and other innovative treatments.

In addition, JWV supports the *Veterans' Informed Consent Act* that improves veterans' understanding of the risks associated with certain pharmaceuticals to address persistent high rates of veteran suicides. Specifically, this bill requires that veterans provide written informed

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consent for Black Box medications included in the VA formulary. Black Box medications are required by the U.S. Food and Drug Administration to carry special warnings for medications that have a high potential for serious safety risks. Often, these warnings communicate potentially rare but dangerous side effects, or they may be used to indicate important instructions for the safe use of the drug.

Many of the Black Box medications are prescribed to veterans, and suicidal ideation is commonly one of their primary side effects. VHA Handbook states: "Veterans must be informed of the side effects of and the treatment options for medications and treatments they are prescribed." The *Veterans' Informed Consent Act* improves the education that veterans receive about certain risks associated with Black Box medications by requiring that all veterans provide written informed consent that they understand the risks associated with these drugs.

JWV continues to promote the 988 Veterans Crisis Line since it went live in July 2022 to provide veterans and their loved ones an easy number to remember for veterans in crisis. VA and DoD must continue to educate veterans, service members and their families on suicide prevention. More must be done, as even one suicide is one too many.

Expanding Services for Veterans and Caregivers

More than 5.5 million caregivers provide support to our nation's wounded, ill, and injured servicemembers and veterans, many of whom require close care and supervision. Ensuring caregivers receive the support, training, and compensation they deserve is a critical priority for JWV. JWV will continue to work with Congress and VA to ensure that all veterans and their caregivers are fairly evaluated to enter the program and that those in the program receive the proper periodic clinical review.

VA implemented its final expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras on October 1, 2022. VA also announced it was extending the time that legacy participants and their family caregivers within the PCAFC would remain eligible for the program. This included all services, supports and benefits for another three full years, until September 30, 2025. VA and Congress must resolve eligibility and system issues immediately and acknowledge that the current rules on eligibility make it far too difficult for caregivers to enter and remain in the program.

JWV urges VA and Congress to: 1) Provide accredited VSOs, representing veterans, access to complete records of veterans seeking assistance so that they can be properly represented; 2) Address the long-standing systemic problems related to eligibility as well as administer eligibility, reassessment and appeals in a consistent, transparent and equitable manner across the enterprise; 3) remove the annual reassessment requirement of a veteran's qualifying activities of daily living (ADL) if the disability is unlikely to improve; 4) identify and implement program improvements either through policy, regulatory, or legislative means; and 5) remove the regulatory requirement for a 70% disability rating to be eligible for this program. JWV looks forward to working with VA and Congress to implement these important changes.

Major Richard Star Act

Thank you, Chairman Jon Tester and Senator Larry Crapo and Representatives Gus Bilirakis and Raul Ruiz, for your leadership in the House and Senate on concurrent receipt. JWW supports legislation for the immediate payment of concurrent receipt of full military retired pay and veterans' disability compensation for disabled retirees. Specifically, JWW is seeking the enactment of the *Major Richard Star Act* (H.R. 1282/S. 344) that authorizes concurrent receipt of retired pay and VA disability compensation, to include Combat Related Special Compensation (CRSC) beneficiaries who are medically retired with less than 20 years of service (Chapter 61). This legislation has strong support, with 327 cosponsors in the House and 72 cosponsors in the Senate. Reduced retirement pay for all injured in combat and forced to medically retire communicates an awful message to our service members and their families in our all-volunteer force.

JWW urges all Senators and Representatives to please include *Star Act* language in the FY2025 NDAA base text. Now is the time to end the unfair pay offset faced by almost 45,000 combat-injured veterans to receive full DoD retirement pay and VA disability pay.

Supporting Women Veterans

According to VA, women are the fastest growing group of veterans who use VA services. JWW is committed to addressing the specialized health care needs of our women veterans including increasing cancer screenings, improving mental health care and access, addressing infertility, and reducing intimate partner violence. JWW supports the provisions of the Deborah Sampson Act and remains committed to improving maternal health, and ensuring that all women feel welcome and receive equitable treatment and care.


Women veterans transitioning out of uniform face unique challenges because of their experiences in service or other barriers. VA expects women health care enrollees to grow from the current 10% to as high as 19% by 2025. While VA has recognized weakness in its data, VA has not implemented corrective actions to address them. VA must expand its efforts to remove barriers to ensure all veterans receive the same care, services, and benefits they earned through their service.

JWW urges Congress to: 1) provide gender specific care at all VA facilities and increase the number of providers with expertise in women's health; 2) recognize the unique mental health needs of women veterans and work to reduce the suicide rate and substance dependency; and 3) eliminate harassment and inappropriate comments from male veterans so that women veterans feel welcome, safe, and do not delay getting needed care.

Protecting Service Member and Veteran Education Benefits

For too long, service members and veterans have been targeted by predatory marketing practices from for-profit educational institutions. In October, the Department of Education (ED) closed the 90/10 loophole in the *Higher Education Act* that allowed for-profit colleges to aggressively recruit veterans and service members. JWW has long advocated for this important change and will continue to hold the ED accountable in implementing the law.

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Veterans who attend fraudulent or low-quality schools rightly wonder why VA would approve schools known for producing poor outcomes or that are under a law enforcement cloud. VA should implement stronger standards for what schools are allowed access to the GI Bill to protect students and taxpayers alike.

- Require minimum standards for GI Bill programs including adequate administrative capability to administer veterans' benefits, screening of a school's financial stability, and ensure that programs are not overcharging VA and that VA tuition funds are spent on veterans' education.
- Restore veterans' education benefits in cases of fraud, authorizing VA to restore GI Bill eligibility comparable to traditional students using ED funds, and seek to recoup funds from schools in cases of fraud.
- Improve the GI Bill comparison tool with updated metrics, a "Risk Index," comprehensive displays of government actions against schools, all VA-received student complaints, closure satisfaction markers; and avoid "Yelp"-style reviews due to FTC concerns.
- JWW urges Congress to conduct rigorous oversight of VA, ensuring the Department seeks the maximum enforcement of civil and criminal penalties, in coordination with the Department of Justice, for institutions that defraud veterans.

Ending Veteran Homelessness

More Veterans needed homeless assistance resources than the existing capacity could help. JWW commends VA for housing more than 40,000 veterans and exceeding their goal of 38,000 in the last year. These veterans were provided safe and stable environments they deserve. Despite these efforts, Veteran homelessness still increased by 7.4%. As a member of the National Coalition on Homeless Veterans, JWW continues to support efforts to permanently reduce homelessness by housing veterans. We urge VA and Congress to remain committed to reducing homelessness among veterans. JWW is pleased that the "Veterans Package" includes the HOME Act.

Fixing VA's Electronic Health Record System

JWW remains concerned that VA continues to experience issues with deploying its electronic health record system. The combination of cost overruns and lack of proper training for clinicians and staff jeopardizes patients' safety. Patients' safety must be paramount, and VA must improve training for its staff and hold the current vendor, Oracle, accountable for the system's failures. JWW insists VA learn from and take corrective actions to prevent system failures as deployments are set to resume shortly.

The upcoming deployments in Columbus, Ohio, and the James Lovell complex in Chicago, Illinois, will be closely monitored. JWW urges Congress to hold VA accountable and ensure patient safety is maintained during any future deployments.

Arlington National Cemetery Pending Eligibility Changes

JWV continues to advocate for a long-term legislative solution to preserve burial with full military honors for countless elderly and women veterans who could lose that earned benefit.

JWV's National Executive Director, Ken Greenberg Co-Chairs the Retired Affairs Committee of The Military Coalition (TMC). TMC representing 5.5 million members strongly supports H.R. 1413, *The Expanding America's National Cemetery Act*. The Act seeks to transform an existing national cemetery and sustain equivalent military honors provided at Arlington National Cemetery (ANC) as it reaches capacity. A summary statement is below.

Expanding America's National Cemetery Act H.R.1413: A proposal for eligibility reduction at ANC is approaching the final steps of the federal rule making process. Congressional action is required to protect the burial benefit with full military honors. The FY 2019 *National Defense Authorization Act (NDAA)* required the DoD to develop a plan for ANC to continue operations "well into the future." This resulted in the DoD proposal for a reduction in eligibility to extend ANC operations 150 years. The proposed reduction would render countless veterans, retirees, and nearly all female veteran's ineligible.

The bipartisan *Expanding America's National Cemetery Act* would authorize the transformation of an existing VA-run national cemetery into the "next ANC" that can afford equivalent honors as ANC reaches capacity. ANC will not run out of room for another 42 years, affording time to develop a longer-term solution. A gradual transition to the "next ANC" over the next 40 years will allow our nation to continue to honor families for lifetimes of service and sacrifice.

Despite its Southern Expansion, and eligibility restrictions designed to extend the life of the cemetery, ANC eventually will run out of room. Changing the rules is a cost-cutting measure that comes on the backs of military retirees and others whose final plans included burial at a national cemetery. It's also shortsighted, because a long-term solution involving the transformation of an existing VA national cemetery is cost-sensitive and establishes efficiencies by relying on existing VA expertise.

Survivor Benefits Love Lives On Act

JWV joins with others in the military survivor community, to thank Senators Rafael Warnock and Jerry Moran for their leadership on the *Love Lives On Act*. The proposed legislation is the first comprehensive approach to allowing eligible military surviving spouses to retain survivor benefits upon remarriage prior to age 55.

The *Love Lives On Act* will ensure surviving military spouses retain eligibility for survivor benefits from the DoD and the VA, if they remarry before age 55. It also removes archaic and punitive language regarding 'holding oneself out to be married.' This is an unjust situation that must be rectified. This restriction is imposed on military surviving families but not on the surviving families of first responders. For example, most U.S. surviving spouses of fallen firefighters and law enforcement officers are allowed to remarry before age 55 and maintain survivor pensions and benefits. Our nation's fallen military heroes deserve no less.

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JWV fully supports the *Love Lives On Act* to honor and strengthen our Nation's Gold Star Families. We look forward to working with Senators Warnock and Moran to pass this important legislation.

Pay Our Coast Guard Parity Act of 2023

The U.S. Coast Guard carries out vital national security missions and are funded by appropriations from the Department of Homeland Security. As a result, Coast Guard personnel are more likely to experience pay interruptions during a government shutdown. The threat of a shutdown brings unnecessary hardship on these men, women, and their families.

JWV urges Congress to pass H.R. 2693, *Pay Our Coast Guard Parity Act*, legislation that would guarantee Coast Guard personnel are paid during a government shutdown.

VA Final Rule Cuts Emergency Medical Air Transportation Reimbursement Rates Putting Veterans at Risk


JWV has led the fight in the VSO community on VA's proposed rule (RIN 2900-AP89, Change in Rates VA Pays for Special Modes of Transportation) that cuts the VA reimbursement rate for emergency air medical services to below the costs of the services themselves. As published, it would put more than 2.7 million rural veterans in our country who are enrolled in the VHA, and 4.8 million rural veterans overall, at risk of losing life-saving emergency air transportation.

When VA published the final rule on February 16, 2023, they made no changes but did delay the effective date to February 16, 2024. The final rule would cause emergency air medical bases around the country to shut their doors, halting services to veterans. In November 2023 VA announced a further delay in the effective date to February 16, 2025 due to tremendous pressure from Congress and the VSO community. We appreciate this delay but remain concerned about the continued misunderstanding by the VA of how many Veterans receive emergency air medical care to and from non-VA facilities.

JWV is pleased that the FY24 MILCON/VA Appropriations Act included language confirming: *the Departments actions to postpone the final effective date for reimbursement rates for ground and air ambulance services. Before modifying these rates in accordance with the new timeline, the Department is directed to communicate directly with service providers to fully understand the impact of the proposed rule change on veterans. Further, the Department should identify staff dedicated to facilitating contracting with providers of these services at fair and appropriate reimbursement rates, to include providing technical assistance on the contracting process, and to provide support for entities who are beginning the contracting process for the first time. The agreement directs the Department to report back to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this Act on the feedback received from industry stakeholders and its plan for ensuring zero harm to veterans.*

JWV also strongly supports S. 1803 and H.R. 5530, *the Veterans Emergency Transportation Access Act*. This legislation is a commonsense bi-partisan approach that, if

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passed, would require the VA to conduct a rigorous review process and consult with stakeholders in a meaningful way before proceeding with any reimbursement changes. We encourage Congress to pass this legislation to ensure Veterans have access to lifesaving air and ground ambulance transport.

JWV applauds HVAC and SVAC leadership for their support in getting this included in the appropriations act. JWV looks forward to working together to hold VA accountable and seek alternative workable solutions before the final rule becomes effective on February 16, 2025.

Policy – National Standards of Practice for Eye Care Health Care Professionals

One reason JWV is so concerned about the future of veterans' surgical eye care is that in September 2022, VA modified its Community Care "Standardized Episode of Care (SEOC): Eye Care Comprehensive" guideline by removing language that has provided that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." By removing this sentence, VA is implicitly authorizing optometrists to perform ophthalmic surgery on veterans they refer under the Community Care program in the few states where permitted by state licensure laws.

JWV understands that VA removed this language without any opportunity for the public or veteran community to comment. We are extremely concerned that this important patient safeguard was removed and poses an increased risk to veterans requiring surgical eye care. Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because VA maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery to ophthalmologists, medical or osteopathic doctors who specialize in eye and vision care, in VA medical facilities.

This policy is consistent with the standard of medical care in most states. It also ensures that there is a system-wide quality standard for surgical eye care and that all veterans have access to the eye care provider with the appropriate education, training and professional experience needed to perform their eye surgery.

JWV remains concerned that VA wants to adopt a national standard of practice that could allow optometrists to perform surgery on the eyes of veterans, even though optometrists do not have the necessary level of medical education or surgical training to be a surgeon. While JWV acknowledges that optometrists play a very critical role in delivering quality eye health care for our nation's veterans, we strongly believe that optometrists should not be allowed to perform eye surgery on veterans because they do not possess the requisite training or medical degree.

JWV urges VA to immediately reinstate the language back into the SEOC: "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." JWV remains ready to work with VA as well as HVAC and SVAC officials as VA seeks to establish national standards of practice roles for optometry and ophthalmology within the VA health system.



National Museum of American Jewish Military History (NMAJMH)

Do you know about our museum located in our Headquarters' Building? JWV's leadership recognized the need to bring the stories of Jewish servicemen and women to the public because if Jews do not tell our stories, nor share our message, who will?

To that end, the National Museum of American Jewish Military History (located near Dupont Circle) was chartered in 1958. The museum is dedicated to recognizing, preserving, and commemorating the service, heroism, and sacrifices of Jewish men and women who have fought in war and contributed to the peace and freedom of America. The Hall of Heroes, which highlights the 18 Jewish Medal of Honor Recipients, is an exhibit that should not be missed.

We urge you to tour our museum. I am sure you will be surprised to learn about the long and extensive U.S. military history of members of the Jewish faith.

Conclusion

JWV has a long history in advocating for a strong national defense and fair recognition and compensation for veterans, service members, and their families. We are proud to share and work with Members of Congress and our colleagues at other VSOs. There is strength in numbers and working together we can continue to assure that all veterans, service members and their family members receive the benefits earned and deserved.

We thank you for the opportunity to present our legislative and policy priorities to the House and Senate Veterans Affairs Committees today. JWV also appreciates the ability to have open dialogue with all of the members of both committees as well as the support of the hard-working committee staff on both sides of the aisle.

God Bless the United States of America and God Bless all the brave men and women in uniform who have served and continue to serve this great nation.

No Government Funding

For the record, the Jewish War Veterans of the USA, does not receive any grants or contracts from the federal government.

JWV 2024 National Commander's Testimony

National Commander Barry Lischinsky (2023 – 2024)




Colonel Barry Lischinsky began his military career in December 1969, as an enlisted combat field medic. Upon graduation from Massachusetts Military Academy in June 1974, he was appointed as Second Lieutenant in the Massachusetts Army National Guard, holding both federal and state commissions. In September 1999, Colonel Lischinsky was appointed to the position of Director of Personnel responsible for coordinating, administering, and advising on all personnel policies, plans and programs affecting the more than 8,000 soldiers. In May 2002, he assumed the responsibilities of Commander, 79th Troop Command. Responsible for command and control for over 2,000 soldiers assigned to six combat service support career fields. Organizations under his command consisted of Aviation, Finance, Maintenance, Medical, Quartermaster, and Transportation. In support of the Global War on

Freedom, Operation Enduring Freedom and Operation Iraqi Terrorism, Colonel Lischinsky was responsible for the readiness posture and deployment of over 850 soldiers within his command. Deployments included several U.S. military bases, as well as various geographical locations situated in the Middle East. The colonel relinquished command in July 2004. In November 2004, Colonel Lischinsky retired from the military having completed fourteen years as a traditional Guardsmen and an additional twenty years of active federal service. Colonel Lischinsky's military service spans over a total of thirty-four years of continuous military service.

In September 2007, Colonel Lischinsky served as a Senior Army Instructor, Junior Reserve Officer Training Corps (JROTC) in Boston, Massachusetts. Here he would instill in high school students the core values of citizenship, leadership, service to the community, personal responsibility, and a sense of accomplishment. In February 2015, he assumed the duty position of Deputy Superintendent at the Soldiers' Home in Chelsea, Massachusetts. The Soldiers' Home in Chelsea provided long term care and independent living with programs and services for over 350 Veterans. On February 1, 2016, Barry was appointed Acting Superintendent of the Chelsea Home. Barry retired from state service in March 2017.

Since his retirement from both federal and state service, Barry continues to be committed to our military veterans. He has held numerous command and staff positions at all levels within the Jewish War Veterans to include Commander, North Shore Post 220 (2009-2013) and Commander, Department of Massachusetts (2013-2015). Barry served as the National Chairman for Membership (2017-2022). He was appointed National Chief of Staff of the Jewish War Veterans of the United States of America (2019-2020). He was appointed to the Board of Directors for the National Museum of American Jewish Military History (2020). Barry was elected to the position of National Vice Commander (2022-2023). During the 128th Annual National Convention in Jacksonville, Florida Barry was elected to the position of National Commander for the Jewish War Veterans of the United States of America (2023-2024). Colonel

JWV 2024 National Commander's Testimony



(Retired) Barry Lischinsky is a life member of the Jewish War Veterans of the United States of America, the National Museum of American Jewish Military History, and the Disabled American Veterans.

Education

Barry's civilian education includes: Bachelor of Science and Management Degree from Northeastern University. Master of Science in Management Degree from Lesley College. Certificate of Special Studies in Administration and Management from Harvard University. His military education includes: Command and General Staff College. Defense Strategy Course, United States Army War College. National Security Course, National Defense University. Brigade Pre Command Course, Fort Leavenworth.

Awards and Decorations

Colonel Lischinsky's military awards and decorations include: the Legion of Merit. Meritorious Service Medal. Army Commendation Medal. National Defense Service Medal. Global War on Terrorism Service Medal. Numerous other federal and state awards.





Jewish War Veterans
of the United States of America

Founded in 1896

1811 R Street, NW
Washington, DC 20009

Email: jwv@jwv.org, ned@jwv.org

(202) 265-6280

www.jwv.org

***JWV is A Jewish Voice for Veterans and
a Veteran's Voice for Jews***

Attachment A - JVV National Commander Lischinsky's Testimony - March 13, 2024

VSOs and MSOs URGE SOLIDARITY AND UNITY FOR ISRAEL

November 3, 2023

The Honorable Chuck Schumer
Majority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Mitch McConnell
Republican Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Johnson
Speaker
United States House of Representatives
2134 Rayburn House Office Building
Washington, DC 20510

The Honorable Hakeem Jeffries
Democratic Leader
United States House of Representatives
2433 Rayburn House Office Building
Washington, DC 20510

Dear Majority Leader Schumer, Republican Leader McConnell, Speaker Johnson, and Democratic Leader Jeffries:

The undersigned Veteran Service Organizations (VSOs) and Military Service Organizations (MSOs) representing more than six million current and former uniformed service members, veterans, their families, caregivers, and survivors urge you to stand with Israel and in support of humanitarian and military funding. The Jewish War Veterans of the U.S.A. (JVV) is leading this effort to demonstrate solidarity and unity from the larger veteran and military community in the United States. Now more than ever, we must stand against terrorism and the atrocities committed by Hamas and with our brothers and sisters in the Israeli Defense Forces.

The October 7, 2023, terrorist attacks by Hamas, an Iranian proxy, were unprovoked and vicious, killing and maiming many Israeli civilian men, women, and children. Reports from the Middle East share barbaric atrocities including innocents being beheaded, whole families randomly being executed, women being raped, and people being kidnapped and held hostage for future trade-offs. Hamas, like ISIS, is a terrorist organization and terrorist activities are never justified. The United States must continue to fight for democracy and stand against terrorism wherever and whenever it occurs.

We believe that a strong national defense against terrorism is necessary to protect democracy. As such, the undersigned VSOs and MSOs urge you to stand with Israel and move swiftly to pass proposed emergency aid to Israel.

Thank you for all you do for service members and veterans, as leaders in Congress. We also commend your support for Israel at this critical time.

Sincerely,



COL Barry Lischinsky, USA, Ret.
National Commander
Jewish War Veterans of the USA



Kenneth Greenberg
National Executive Director
Jewish War Veterans of the USA

List of signing organizations
American Defenders of Bataan and Corregidor Memorial Society
American G.I. Forum
American Retirees Association
American's Warriors Partnership
Association of the United States Navy
Blinded Veterans Association
Blue Star Families
Fleet Reserve Association
Iraq and Afghanistan Veterans of America
Jewish War Veterans of the USA
Korean War Veterans Association
Marine Corps League
Marine Corps Reserve Association
Military Order of the Purple Heart
Military Order of the World Wars
Military-Veterans Advocacy
National Defense Committee
Non Commissioned Officers Association
Operation First Response
Sea Service Family, Foundation
Tragedy Assistance Program for Survivors
USCG Chief Petty Officers Association
Veterans of Foreign Wars
Vets4Vet Leadership
Wounded Paw Project

SPECIAL FOCUS ON ANTISEMITISM

September 2023

By Ken Greenberg, National Executive Director

JWV is in a unique position to have a special focus on antisemitism. JWV opposes all forms of discrimination and bigotry but is especially outspoken on antisemitism. During 2023, JWV leadership participated in numerous roundtables and called out individuals for hate speech and antisemitism. JWV will continue to be a strong voice to combat antisemitism wherever and whenever it occurs.

As the only Jewish VSO, we issued statements condemning antisemitic events and speeches at the University of Pennsylvania "Palestine Writes Literature Festival," the City University of New York law school graduation, the Goyim Defense League hate flyers on Long Island and remarks by a Member of Congress in Chicago. As instances of antisemitism across the country increase, JWV asks all Americans to be vigilant, learn, and educate our fellow citizens. JWV's full statements are provided in this article.

JWV Calls on University of Pennsylvania Leadership to Prevent Hate Speech on Campus September 20th, 2023

The Jewish War Veterans of the United States of America (JWV) remains deeply concerned that the Palestine Writes Literature Festival will be held on campus September 22-24, 2023. The festival coincides with the Jewish High Holiday of Yom Kippur, the Day of Atonement, and takes place next to the location that Jewish students will be holding high holiday worship services. JWV National Commander retired US Army Colonel Barry Lischinsky stated, "University leadership should be sensitive to the needs of Jewish students and faculty and not provide a venue or platform for hate speech of any kind on campus." Lischinsky made clear, "The University must be responsive to its students and increase security around Jewish activities and move the festival to a different location, preferably off campus grounds."

JWV urges alumni and others to write University President M. Elizabeth Magill to disapprove of the "Palestine Writes Literature Festival" and to prevent the University from providing space to those that promote hate speech, bigotry, and antisemitic remarks and events on campus. Lischinsky reiterated that "JWV will continue to stand against hatred, bigotry, and combating antisemitism wherever and whenever it occurs."

Background

Most "Palestine Writes Literature Festival" speakers have little to do with celebrating Palestinian literature or promoting the culture of Palestinian writers and artists. Guest speakers have published antisemitic statements in the past which conflict with the University of Pennsylvania's antisemitism policy. Speakers have previously given anti-Jewish speeches which are clearly "hate speech" and are again in violation of the university policy and the U.S. Constitution related to freedom of speech.

Members and patrons of the Jewish War Veterans and others have fought, and many have given the ultimate sacrifice, to preserve the rights covered by the U.S. Constitution. While there is nothing illegal about the University of Pennsylvania event itself, the event speakers' anti-Jewish hate remarks should not be allowed on campus.

Antisemitism Curricula in California Schools

JWV signs and stands in support of the coalition letter the AMCHA Initiative wrote to the California Legislative Jewish Caucus asking for their help in preventing the implementation of widespread antisemitic curricula in California high schools.

JWV Denounces Antisemitic Remarks by Representative Jayapal July 17th, 2023

The Jewish War Veterans of the USA (JWV) expressed outrage at the remarks of U.S. Representative Pramila Jayapal (WA) given on Saturday in Chicago stating that Israel is a "racist state."

JWV National Commander Colonel Nelson L. Mellitz, USAF (Retired) denounced the comments of Congresswoman Jayapal (WA) as "insensitive, hurtful, and just wrong." As antisemitism is on the rise, remarks like hers only fuel the fires of hate and bigotry. "JWV continues to stand in support of Israel as we have since its rebirth as well as vehemently oppose antisemitism, wherever and whenever it occurs, as we have since our founding in 1896," said Mellitz.

JWV Calls on New York Law Enforcement to Fully Prosecute Individuals Responsible for Goyim Defense League Hate Flyers June 19th, 2023

"Flyers recently distributed by the Goyim Defense League in Nassau County, New York are extremely antisemitic and filled with hate. They are despicable and threats to any Americans must be dealt with swiftly," said Colonel Nelson L. Mellitz, USAF, retired, National Commander of the Jewish War Veterans of the USA (JWV).

The flyer singles out current and former Jewish Members of Congress and contains a weapon in the upper left corner with a Star of David placed on the foreheads of elected officials from several states. Mellitz "implores New York law enforcement officials to fully prosecute the individuals responsible for the flyers." Law enforcement confirmed the flyer was found at a Jewish house of worship and at several residences in the Plainview, NY area.

JWV Condemns CUNY Law School Speaker's Comments and Calls on CUNY Leadership to Denounce Antisemitic Remarks June 4th, 2023

Jewish War Veterans National Commander Colonel Nelson L. Mellitz, USAF, Retired, expressed outrage at the hate filled graduation speech delivered at the City University of New York (CUNY) Law School graduation by Fatima Mohammed.

Jewish men and women have served in the U.S. military in greater numbers than their percentage of the total population, since the founding of our great republic to preserve the right of free speech. The Fatima Mohammed anti-Jewish hateful graduation speech is a direct attack against what we have fought so hard to preserve for almost 250 years. "Her comments are extreme, inflammatory, filled with anger and have no place in any setting in the United States," said Mellitz.

JWV calls on CUNY and the law school leadership to take immediate action to denounce her antisemitic remarks and assure that students are not provided a forum to promote hatred and antisemitism in the future.

Coalition Building

JWV is strengthening our efforts by partnering with organizations like Combating Antisemitism Movement (CAM), the Foundation to Combat Antisemitism (FCAS). They are more commonly known as Stand Up to Jewish

Hate or #BlueSquare. We have carried our message to Congress and asked Members to join us in combating antisemitism targeted at veterans and military servicemembers. We partnered with CAM and six Jewish Community Organizations for a forum with ten Members of Congress on Capitol Hill. We are working with FCAS to expand outreach to include Jewish Federations and JCCs across the county. We connected with StandWithUs, to take our efforts to combat antisemitism on college campuses. JWV is a resource in helping to educate Americans. Education is the key to reducing antisemitic actions and incidents in America and around the world.

STAND UP TO JEWISH HATE
standuptojewishhate.org/

National Strategy to Counter Antisemitism

In a High Holidays call with American Jewish leaders before Rosh Hashanah, President Joe Biden reaffirmed his commitment to "condemn and combat antisemitism at every turn" and said his administration had "started aggressively implementing" the National Strategy to Counter Antisemitism it unveiled in May of this year. VA's representative is Under Secretary for Benefits Joshua Jacobs and he continues to consult with JWV leadership for issues related to the veteran and military community.

At our Convention in Jacksonville, Karen Barall Associate VP of the Jewish Federation of North America briefed JWV on the National Strategy. She highlighted four pillars of the document that focused on:

1. Increase awareness and understanding of antisemitism, including its threat to America, and broaden appreciation of Jewish American heritage.
2. Improve safety and security for Jewish communities.
3. Reverse the normalization of antisemitism and counter antisemitic discrimination.
4. Build cross-community solidarity and collective action to counter hate.

Chet Edwards Speaks Out on Jacksonville Shooting

"JWV is uniquely powerful and an important voice in the fight against antisemitism in our country. Thank you for being that voice. America is a better country today because of your voice and we will be a better country tomorrow. As we are here in Jacksonville, I would be remiss not to say what we all know. What happened here three days ago was an unspeakable, unconscionable, tragic assault, not just on African Americans in Jacksonville. It was an assault upon our country, the very soul of our country, very heart of our country. I think it's also important for all Americans to understand that that young terrorist, that the killer had etched Nazi swastikas on his A-15. I think that is a message that needs to go out across this country. Let me also add that as a lifelong Methodist and the son-in-law of a Baptist minister, I feel a responsibility to be a partner with you in the fight against bigotry and antisemitism. All Americans of all faiths and backgrounds must join in the fight against antisemitism because antisemitism diminishes our country and what you were willing to give your life for. So, when I leave this convention today, I will double my effort to be a voice with you against antisemitism." August 29th, 2023

SPECIAL FOCUS ON ANTISEMITISM

Updated December 2023

By Ken Greenberg, National Executive Director

JVV is in a unique position to have a special focus on antisemitism. JVV opposes all forms of discrimination and bigotry but is especially outspoken on antisemitism. During 2023, JVV leadership participated in numerous roundtables and called out individuals for hate speech and antisemitism. JVV will continue to be a strong voice to combat antisemitism wherever and whenever it occurs.

As the only Jewish VSO, we've previously issued statements condemning antisemitic events and speeches. As instances of antisemitism across the country increase, especially following the terrorist attacks of October 7, JVV has continued to remain dedicated to the cause issuing a statement to Amazon regarding antisemitic product sales. JVV continues to remain active in the fight against antisemitism, monitoring and reporting on instances of antisemitism across the nation. These instances and JVV updates regarding them can be found in the information below. JVV direct action is marked blue and awareness is marked yellow.

JVV asks all Americans to be vigilant, learn, and educate our fellow citizens.

House Congressional Hearing on Campus Antisemitism

On December 5, 2023, the House Committee on Education & the Workforce heard from three university presidents regarding the rise in antisemitism on college campuses. JVV has continued to monitor the widespread instances of antisemitism on college campuses. Details related to actions of University of Pennsylvania, Harvard and MIT are below.

University of Pennsylvania's President and Chair Resign

In September 2023, JVV wrote to University of Pennsylvania's President Elizabeth Magill and Chair Scott Bok regarding Palestine Writes Literature Festival. Following the Congressional Hearing, University of Pennsylvania's President, Elizabeth Magill, and Chair, Scott Bok, submitted their resignation on Saturday, December 9, 2023. Julie Platt, the chair of the Jewish Federations of North America, was named the interim chair of the board of trustees of the University of Pennsylvania.

Harvard President Retains Support Following the Congressional Hearing

More than 500 Harvard faculty members supported University President Claudine Gay in a letter to the school's board Sunday, following intense blowback from a congressional hearing about the rise in antisemitism on campus, where Gay failed to clearly state whether calls for the genocide of Jews violated the Ivy League school's rules.

New York Governor Releases Letter Condemning Antisemitism

JVV commends Governor Kathleen Hochul of New York on her strong statement on antisemitism. JVV urges its members to contact their Governors and ask them to make similar statements against antisemitism in their states and educational institutions.

JVV, Auxiliary, and Museum Leaders Call on Amazon to Remove Items Expressing Hatred

November 6th, 2023

Dear Mr. Jassy:

The Jewish War Veterans of the United States of America, (JVV), National Ladies Auxiliary (JWWA) and the National Museum of American Jewish Military History (NMAJMH) write to express concern on the critical issue of terrorism, hatred, bigotry, and antisemitism. Now more than ever, Americans must demonstrate solidarity and unity in standing against all kinds of expression of hatred. Officials from government, corporations, universities, nonprofits, and individual citizens are leading the effort.

We call on Amazon and its leadership to recognize a product that is offensive to many in your customer base and in the world. JVV, JWWA, and NMAJMH urge Amazon to stop selling and distributing offensive merchandise, including apparel, stickers and items on your website and commercial platform. The merchandise contains the phrase "From the River to the Sea Palestine Will be Free" and its meaning calls for the destruction of Israel and annihilation and elimination of the Jewish people. The attached is a sample from your website.

While we recognize the First Amendment provides for freedom of speech, terrorism and hatred are never justified. The slogan appeals to hatred, incites violence and bigotry and is deeply offensive across the global community. This is especially true since the terrorist attacks by Hamas on October 7, showing atrocities of innocents being beheaded, whole families randomly being executed, women being raped, and people being kidnapped and held hostage. All entities and individuals have a responsibility to prevent and not facilitate hatred and violence.

JVV, JWWA and NMAJMH have a long and extensive history of combatting antisemitism, hatred, and bigotry, advocating for America's veterans, service members, their families, caregivers, and survivors since 1896 and supporting Israel. We urge Amazon to join us in combatting hatred and bigotry, advocating for veterans and service members, and supporting Israel, the lone democracy in the region.

Thank you for your attention and consideration. We look forward to working and partnering with you in the future.

Questions should be directed to our National Executive Director, Mr. Ken Greenberg by email at (kgreenberg@jvv.org) or 202 265 6280, extension 406. Sincerely,

COL Barry Lischinsky, USA, Ret.

JVV National Commander (2023-2024)

Shirley Zak

JWWA National President

Elaine Bernstein

NMAJMH President

Attached image of sample product shirt



Veterans Affairs Lawyer Under Fire for Mocking Israelis

November 2023

JVV was alerted of behavior of a VA employee in the Office of General Counsel that was posted on Instagram and have been circulated in the Jewish press.

Shakeba Morrad, the employee in question, serves as an appellate attorney at Office of General Counsel for U.S. On November 12, 2023, Morrad posted a video on Instagram where she can be seen mocking Israelis pleading for the return of their citizens being held hostage by Hamas. The video was later deleted.

A Veterans Affairs spokesman confirmed to the *Free Beacon* that the agency is investigating the incident and that it does not tolerate antisemitism.

"We are aware of this incident, are investigating the matter, and will take any appropriate action," said Terrence Hayes, the department's press secretary. "There is no place at VA for antisemitism or any expression of bigotry or hatred."

JVV Suspends Use of X (Formerly Twitter) Following Antisemitic Remarks

November 2023

JVV recently suspended use of the social media platform, X, formerly known as *Twitter*. This comes after X's owner, Elon Musk, gained notoriety for public antisemitic comments.

On November 15, 2023, Musk agreed with a tweet that said, "Jewish communities have been pushing the exact kind of dialectical hatred against whites that they claim to want people to stop using against them" stating that the user was telling the "actual truth." His response to this antisemitic tweet continues his ongoing support for the Great Replacement conspiracy theory, as well as providing implicit support for Nazism.

Coalition Building

JVV is strengthening our efforts by partnering with organizations like the Jewish National Fund, Anti-Defamation League, Hadassah, Hillel, as well local JCCs and Synagogues by reaching out and expanding our message of combating antisemitism, sharing the legacy of Jews in military service, and telling the stories of 18 Jewish Medal of Honor recipients.

We also partner with VA and DOD officials on Holocaust Remembrance Day and Jewish American Heritage Month programs to educate their employees and constituencies and conduct programs at our Museum highlighting the service of Jewish veterans and service members.

JVV is a resource in helping to educate Americans. Education is the key to reducing antisemitic actions and incidents in America and around the world and in preserving the legacy of Jews in the military.



**STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE AND HOUSE OF REPRESENTATIVES**

**JOINT HOUSE AND SENATE
VETERANS SERVICE ORGANIZATION LEGISLATIVE PRESENTATION**

**PRESENTED BY
REBECCA HARRISON MULLANEY**

MARCH 13, 2024

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2023 alone, 9,611 newly bereaved military and veteran survivors connected to TAPS for care and services, the most in our 30-year history. This is an average of 26 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2023, 34 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 30 percent were grieving the death of a military loved one to suicide; and only 3 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other more newly bereaved survivors by working and volunteering for TAPS.

Chairmen Tester and Bost, Ranking Members Moran and Takano, and distinguished members of the Senate and House Committees on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DOD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military and veteran loved one.

TAPS President and Founder Bonnie Carroll served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors*, where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

LOVE LIVES ON ACT OF 2023 (H.R.3651, S.1266)

TAPS is honored to work with members of this committee to pass one of our top legislative priorities, the ***Love Lives On Act of 2023 (S.1266, H.R.3651)***. This comprehensive legislation will allow surviving spouses to retain their benefits following remarriage before the age of 55. TAPS is grateful to Senators Jerry Moran (R-KS) and Raphael Warnock (D-GA), and Representatives Dean Phillips (D-MN-3) and Richard Hudson (R-NC-9) for introducing this important legislation in the 118th Congress.

We ask Congress to:

- Remove the age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to maintain access to education benefits under the Fry Scholarship and Dependents Education Assistance (DEA).
- Allow remarried surviving spouses to retain Commissary and Exchange benefits (*Passed in Fiscal Year 2024 National Defense Authorization Act*).
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to death, divorce, or annulment.
- Remove the "Hold Themselves Out to Be Married" clause from 38 USC, Section 101, paragraph 3.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives with the financial security given as a result of their loved ones' service and sacrifice. They often have children who they must raise alone. Many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact their family, especially those with children. Many choose to cohabitate instead of legally remarrying.

The long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is leading efforts to pass the ***Love Lives On Act of 2023***, which is supported by over 40 veteran and military organizations. TAPS spearheaded a letter of support from these partner organizations that has been shared with every member of this committee.

Military spouses are among the most unemployed and underemployed population in the United States. Due to frequent military moves, absence due to frequent deployments of the service member, and expensive childcare, military spouses face high barriers to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's retirement pay. These barriers to employment continue when a military spouse becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay from their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE benefits are not restored. If a surviving spouse was previously eligible for CHAMPVA, that benefit can be restored. TAPS is not asking for surviving spouses to maintain TRICARE upon remarriage, only that we provide parity with other federal programs and allow it to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on the military surviving family, but not others who put their lives on the line to protect and defend. For example, in 30 states, including Texas¹, Virginia², and Louisiana³, first responders' survivors may legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, their divorced spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Additionally, when a surviving spouse remarries before the age of 55, they are legally required to notify the VA to discontinue Dependency and Indemnity Compensation (DIC). The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is most often not the case. Numerous surviving spouses experience delays ranging from six to 18 months, with some cases taking up to 42 months of constant effort to terminate their benefits. They often encounter the need to make multiple calls, resend paperwork repeatedly, and are frequently informed that their file hasn't been reviewed even six months after submission.

¹ <https://www.firehero.org/resources/family-resources/benefits/local/tx/>

² <https://www.firehero.org/resources/family-resources/benefits/local/va/>

³ <https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf>

As these survivors continue to receive payments, they subsequently receive debt letters demanding the immediate repayment of benefits, often with added interest. This places an undue burden and emotional distress on surviving spouses who followed the required procedures. The challenge is exacerbated by the fact that many surviving spouses, often with minor children, are unaware of the specific portions of the payments they are supposed to retain, and which portions should cease. Additionally, they may lack the financial resources to repay the VA promptly. This is a waste of VA resources, and allowing our surviving spouses to maintain benefits upon remarriage would eliminate these unnecessary challenges.

According to the Department of Veterans Affairs (VA), there are approximately 465,000 surviving spouses receiving Dependency and Indemnity Compensation (DIC). Less than 30,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than five percent of surviving spouses under the age of 55 have chosen to remarry due to these penalties.

The federal government has allowed surviving spouses to maintain benefits upon remarriage over the age of 55 or 57 for decades. There is no specific reason for the age of 55, it is just the age Congress decided they could live with, but it sets the precedent that surviving spouses can and should be able to remarry and retain survivor benefits without waiting 20-plus years. Most choose to cohabitate until age 55, so all this law does is discourage legal marriages and prevent our young surviving children from having a mother or father figure legally in their lives.

Additionally, not only can a surviving spouse not legally remarry without losing survivor benefits, but there is also a clause in statute that states surviving spouses cannot "hold oneself out to be married" (38 U.S. Code § 101 Paragraph 3). Originally, this referred to common law marriages, but in practice, it means that if anyone could view your new significant other as your "spouse" you could lose your benefits. If someone addresses a Christmas card to Mr. & Mrs. "*Smith*" as opposed to Mr. "*Smith*" and Mrs. "*Johnson*", that is holding oneself out. If a survivor refers to their new partner as their spouse to simplify explaining the relationship, that is holding oneself out. If your neighbors presume you are married, that is holding oneself out. Anyone can turn in a survivor for "holding oneself out", just because they do not like them. The VA is legally required to investigate them and suspend their benefits during the investigation. While the VA does not actively go out and search for these cases, they have to investigate when someone submits a tip. This leads to our surviving spouses constantly living in fear of being turned in, even when they have not remarried.

With recruiting and retention at an all-time low in the military, every time we do not keep our promises to our military, veterans, and their families, we are discouraging our

younger generations from serving. When an 18 year old enlists in the military, they sign a check for up to and including their life. They also know that if something happens to them, our government will take care of their family. Period. There are no conditions, they are promised that their family will be taken care of for the rest of their lives. The current law breaks that promise. Our military, Members of Congress, and administration frequently remind survivors that the death of their loved one “is a debt that can never be repaid,” but ending survivor benefits upon remarriage is saying “that debt is paid in full.” Just because a surviving spouse remarries does not mean they stop grieving. A piece of paper will never change whether they are a widow or widower; it just means they are also someone else’s spouse.

Remarriage should not impact a surviving spouse’s ability to pay bills. They should not have to choose between another chance at love, a stable home life for their children, and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice. Regardless of their marital status, surviving spouses should not be penalized for finding love in the future. All they are asking for is to choose how they move forward to pick up the broken pieces of their lives.

TAPS appreciates the House and Senate Armed Services Committee including section V in the Fiscal Year 2024 National Defense Authorization Act, and we are optimistic this committee will pass sections II and VII in The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act soon.

The following personal testimonials from surviving spouses help highlight these important issues.

Gina Kincaide Piland, Surviving Spouse of Lt Col John Kincaide U.S. Air Force

“On November 21, 2019, my husband of 20 years, Lt Col John (Matt) Kincaide, lost his life in a military aviation training mishap at Vance Air Force Base. Through his (our) 20 years of service, I followed him from base to base — Texas to California to Nevada back to California then Iowa, and finally “home” to Oklahoma — raising our two amazing sons, keeping the home fires burning, and praying he would come home safely. The day after my Matt died, I sat down with a representative from Vance AFB and received my benefits briefing. That day I learned about the benefits I would collect due to Matt’s death. I also learned that most of the benefits would never expire — assuming I remained unmarried until the age of 55. I remember thinking that wouldn’t be a problem. I couldn’t see past the grief and despair of the fresh loss to consider that someday in the future I might meet someone who could make my life — and my sons’ lives — beautiful again. And yet, that’s exactly where I find myself today.

“In March of 2022, I met Cally, a man who helped me see the beauty of life again. He allowed space for the legacy of my late husband. Cally and I struggled with how to move forward together, knowing the severe financial repercussions we would face upon marrying. Because we are both Christians who are dedicated to having God at the center of our relationship, and because we believe marriage is a holy covenant that we want to model for our combined six children, Cally and I made the choice to accept the financial penalty and were married on December 31, 2023. I am no longer eligible to receive DIC or the SBP that my late husband invested in to provide for our needs.

“For the 20 years my late husband served, our sons have been my priority. Matt and I always had the belief that one parent should be wholly available to our kids at all times, and in the years of deployments, workups, and training. I sacrificed my career goals to support him and to raise our two amazing sons. And now, as a result of his death, I find myself at 50 years old starting over again — not just in a relationship, but also in a career.

“In spite of our tremendous loss, under current law, the U.S. government, the Department of Defense, and Veterans Affairs will be free and clear of any responsibility to the family of the late Lt Col John (Matt) Kincade when our youngest son turns 22.”

Kellie Hazlett, Surviving Spouse of Capt Mark Nickles U.S. Marine Corps

“My husband, a United States Marine Corps F-18 pilot, died in a training accident while deployed to Japan in 1997, on my 30th birthday. He is still considered Missing in Action because they were never able to recover his remains. I had to move out of our home in San Diego within six weeks of his death because I could not afford to maintain the payments on our rental without his paycheck, so I moved back home to be a caregiver to my mother. I could no longer continue my career in the medical field due to the trauma of losing my husband and having to start over.

“Eventually I met my now husband, Steve, but I hesitated to remarry as I was dependent on the financial benefits that helped offset my own lost income as a military and surviving spouse. Mark and I never had the chance to start a family, and it was important to me that when Steve and I did, that we were legally married. We now have three beautiful children.

“I was recently diagnosed with a long term illness, and my treatments are not covered by insurance as they are viewed as experimental. Restoring my survivor benefits, that Mark and I paid into, would go a long way in helping offset the very expensive costs of my treatments. As I am 57 years old, I could divorce Steve, reinstate my benefits and remarry him the next day because of the arbitrary remarriage age of 55. This is something that I have seriously considered, due to the unfair penalty.”

Linda Ambard Rickard, Surviving Spouse of MAJ Phil Ambard, U.S. Army

"I became a widow just before my 50th birthday when my husband of 23 years, Major Phil Ambard, was killed in Kabul, Afghanistan, in a mass shooting that left eight airmen and one civilian dead. For over two decades, we had moved every two to four years. While I had multiple master's degrees and a teaching license, I never progressed beyond probation/provisional status at my jobs because we were never in any one place long enough. I never got too attached to a home, people, or a job because everything was so temporary. When I became a widow, I didn't know where to move. I hadn't lived back home in Idaho since 1979. I was too old to go live with my mom and dad, and too young to live with my children, four of whom were in the military. It took me years to get my feet on the ground.

"I didn't date for many years because I just couldn't. At 57, I met the man who would become my husband. I married him just after my 60th birthday. While I maintain my survivor benefits and survivor social security, due to my age, I had to give up TRICARE even though I now qualify for CHAMPVA. It is ridiculous that younger widows/widowers lose everything with remarriage; there is a big difference with the magic age of 55."

Tonya Syers, Surviving Spouse of W4 Lowell Syers II, U.S. Army

"My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from UGA and be commissioned into the USAR. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from exposure to the burn pits while deployed. By the end of July, it took his life.

"Eventually, I met a gentleman named James 'Jay' Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.

"The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died,

like most, too early due to military service. We would gladly trade our benefits to have our spouse back. Unfortunately, we do not have that option."

HONOR ALL GOLD STAR FAMILIES

TAPS is working with Congress to:

- Use inclusive language for legislation and establish a standard, legal definition of a Gold Star Family, which includes "died while serving or from a service-connected injury or illness."

As the national provider of compassionate care and resources for all those grieving the death of a military loved one, TAPS appreciates the use of inclusive language in all legislation referencing Gold Star Families as families of military service members who "died while serving or from a service-connected injury or illness." The VA does not distinguish by cause or geography of death. There is no differentiation of military headstones, the folding of the flag, playing of taps, or distribution of government benefits based on the geography or circumstances of a service member's death, whether they died in combat, by accident, an illness related to their service, or by suicide. A service member's death is honored and remembered based on their life and service.

While there is no legal definition of Gold Star Family anywhere in statute, there are over 30 references to Gold Star Families varying from "killed by hostile action" to "died in the line of duty" to the preferred definition, "died while serving or from a service-connected injury or illness." Congress should establish a definition to ensure all future legislation and programs are consistent, and that all Gold Star Families are honored equally.

The failure to have a legal, consistent definition will continue to cause challenges for lawmakers when writing legislation impacting Gold Star Families as well. As TAPS has seen many times, Members of Congress introduce bills and make assumptions regarding the definition — which DOD and VA cannot implement, as it is not something they can track — or use language that is too narrow and unintentionally exclude survivors that we must then go back and fix. Having a consistent, legal definition would ensure any future legislative proposals improve benefits for all surviving families. A great example of inconsistent language is the Iraq and Afghanistan Service Grant, which is administered by the Department of Education. Because there is no definition, the Department created its own definition, "Died from service related to Iraq and Afghanistan", but it is a definition that is not trackable by the Department of Defense and Department of Veterans Affairs, so most surviving children, who would be eligible, were not because there was no way to get them to prove eligibility.

Gold Star Wives of America (GSW) and American Gold Star Mothers, Inc. are both Congressionally Chartered Nonprofit Organizations and use the same broad, inclusive language to define Gold Star for their membership criteria. The current GSW President is not a combat loss survivor, and First Lady, Dr. Jill Biden is eligible to join American Gold Star Mothers, Inc. based on her son, Beau Biden's death being service-connected.

EXAMPLES OF EXISTING DEFINITIONS:

Gold Star Wives of America Inc. (1945) – “Died while serving on active duty or from a service-connected disability”

American Gold Star Mothers (1928) – “Became missing in action, died while on active duty, or as a result of such service”

Gold Star Families Remembrance Week (2016) – “Died while serving or from a service-connected injury or illness”

Gold Star Children's Day (2021) – “Children of fallen service members”

Gold Star Spouses Day (2010) – “Died while serving on active duty or from a service-connected disability”

Gold Star Mothers Day (1936) – “Losing a son or daughter who served in the Armed Forces”

Gold Star Family Fellowship (2023) – “Died while serving or from a service-connected injury or illness”

Gold Star Lapel Button (1947) – “Engaged in action against a U.S. enemy OR engaged in military operations involving conflict with an opposing foreign force OR serving with friendly foreign forces engaged in an armed conflict in which the U.S. is not a belligerent party against an opposing armed forces OR an international terrorist attack against the U.S. or a foreign nation friendly to the U.S., recognized as an attack by the Secretary of the Military Department concerned OR military operations while serving outside the U.S. (including the commonwealths, territories, and possessions of the U.S.), as part of a peacekeeping force” during set dates of conflicts”

Next of Kin Pin (1973) – “Died while serving on Active Duty in the Armed Forces or while assigned to an Army Reserve or Army National Guard unit in a drill status”

Not only does this impact federal programs, but state programs for survivors as well. Most states offer a Gold Star license plate and education benefits for survivors, and many also offer property tax and income tax waivers. The failure to create a federal

definition has led to states creating inconsistent definitions for these programs. The Gold Star license plates are often a point of pride for our survivors, yet each state's complicated eligibility criteria can be incredibly hurtful to our families. These plates serve as a visible tribute to the service and sacrifice of military loved ones, yet they lack consistency in eligibility due to the fact there is no legal definition of Gold Star Family.

California – “Qualified family members whose relatives lost their life in the line of duty while serving in the Armed Forces of the United States”

Illinois – “Any Illinois resident who is a surviving widow or widower, parent or sibling(s) of a person who served in the U.S. Armed Forces and lost his or her life while serving during peacetime or war”

Montana – “Qualified family members of members of the Armed Forces of the United States who lost their lives: 1. While engaged in an action against an enemy of the United States; 2. While engaged in military operations involving conflict with an opposing foreign force; or 3. While serving with friendly foreign forces engaged in an armed conflict in which the United States is not a belligerent party against an opposing armed force”

Kansas – “Be the mother of a service member killed on active duty”

The following testimonials from surviving family members highlight the importance of recognizing *all* Gold Star Families who have lost a loved one to military service:

Krista Simpson Anderson, Surviving Spouse of SSG Michael Simpson, U.S. Army

“On 1 May 2013, I stood bedside in my husband’s hospital room at Landstuhl Military Medical Center and listened to the neurologist say to me, “Mrs. Simpson, I am sorry to say that your husband, SSG Michael Harrison Simpson, is brain dead.” Mike had deployed with Charlie Company, 4th Battalion, 1st Special Forces Group (Airborne) on 6 April 2013. Less than a month later, while coming back from a mission with his Operational Detachment Alpha (ODA) he rolled over a pressure plate Improvised Explosive Device (IED) holding 40 pounds of explosives.

“I believe as we move forward and evolve as a nation it is our responsibility to evolve in our thinking. Long gone are the days when our service members only died in combat. Each and every day they take risks as they train for our nation’s wars. Each day they suffer as they bring those wars home with them, in their mind, body and soul. Each service member vows to protect our great nation and when they have given their all, let us protect their dignity and that of their family by honoring them all equally.”

Kelly Griffith Shaul, Surviving Sister of Maj Samuel Griffith, U.S. Marine Corps

"My brother, Marine Major Samuel Griffith, was the officer in charge of his detachment from the 4TH Air Naval Gunfire Liaison Company when he was killed in action in Nimroz Province, Afghanistan, on December 14, 2011. A born leader, Sam trained his Marines to know each other's roles in order to enhance the team's readiness and lethality. On the morning of December 14, Sam recognized that one of his Marines had taken heavy fire the night prior and decided to take his place in the field while the young Marine stayed at Sam's post. While supporting a Helicopter Assault Force mission, Sam's patrol was pinned down, and Sam knowingly exposed himself to identify the origin of enemy fire, saving the lives of his fellow Marines and the Afghan and British forces serving alongside them.

"Many would call Sam's death heroic. I believe his life and service were heroic. That split second of his death and where he died do not define the story of his service or heroism. For years after his death, I spent every Sunday afternoon sitting at Sam's gravesite in Section 60 at Arlington National Cemetery. I was struck by the uniformity of the headstones. They are not delineated by the manner or geography of death. Veterans who died years after serving our great Nation now hold a final resting place among those who died on active duty.

"Sam disliked being singled out for serving. When thanked for his service, he simply said he was just 'doing his job.' He believed the service members to his left and right were equally as valuable in serving the mission. Whether a service member dies in combat, in a training accident while readying for battle, of a service-connected illness years after taking off the uniform, or by suicide from post-traumatic stress or other wounds they brought home from war, their service was no more or less honorable than Sam's. They all raised their right hand and took the same oath. They signed their name on the dotted line. All while knowing the associated risks.

"Gold Star terminology, without a clear, inclusive definition of all military deaths, creates a hierarchy of the families left behind. It does an injustice to the memory of who my brother was at his core – the way he lived and served our Nation. Anyone who served and died should be honored equally, and the term 'Gold Star' should recognize the legacy of service the surviving family continues to carry on."

Colleen Evans, Surviving Spouse of CW2 Mark Evans Jr., U.S. Army

"Service men and women don't choose where they're stationed, they don't choose when or where they deploy, and they definitely don't choose where they die. My husband, Mark, was a Blackhawk pilot in the Army. His job was dangerous regardless of where he was doing it, and his sacrifice is just as important and honorable as any other military

death. Mark happened to die in the U.S. while preparing to redeploy to Iraq. He was wearing the same uniform he had worn during a deployment just eight months earlier.

"We prepare our pilots and soldiers to know what to do in battle, and the preparation to fight for one's country is dangerous. Some of our service members die overseas and some die stateside, doing the same job. Location doesn't make his service and death less worthy of honor than someone that dies doing the exact same thing overseas."

Ashlynn Haycock-Lohmann, Surviving Daughter of SFC Jeffrey Haycock, U.S. Army, U.S. Army National Guard

"My father served 16 years in the Army and Army National Guard. My parents did not get a honeymoon because my father was activated for the Rodney King riots two days after their wedding. He missed most of my siblings' and my birthdays due to deployments and trainings. My father died while training to deploy in 2002, weeks before he was supposed to deploy to the Middle East.

"By not using inclusive language when referencing "Gold Star," Congress is saying that his 16 years of service do not matter, only the moment of death and where that death occurred. His service was just as honorable as those who died in a combat zone, and he deserves to be honored equally to all other fallen service men and women. We, as Gold Star Families, do not choose when, where, or how our loved ones die, and it does not change the fact that we are all grieving someone who signed a blank check to this country up to and including their own life."

MaryAnne Kerr, Surviving Spouse of GySgt Cory Kerr, U.S. Marine Corps

"My husband, Corey, was an infantryman in the U.S. Marine Corps and proudly served his country for nearly 19 years. He fought in three wars and was a Purple Heart recipient. His life ended tragically by suicide on June 11, 2022, two days after his 37th birthday. My husband received an honorable military funeral, and we were given the 'Next of Kin' lapel pins.

"To make matters worse, I am fueled with anger and disgust that we are not considered a 'Gold Star' family because my husband did not die in a combat zone. My husband may not have died in those wars physically, but he died there psychologically. He lived the rest of his life with guilt, pain, and sorrow. I am not asking to receive a 'Gold Star' lapel pin but rather the title 'Gold Star Family.' Give my husband the honor he deserves and allow his family to live with the comfort of knowing his sacrifice and service to his great nation is recognized and respected."

Kathy Maiorana, Surviving Spouse of TSgt Mark Maiorana, U.S. Air Force

"I was once asked by another widow, while we looked at a memorial for the fallen, why I was so upset. When I told her it was because my husband's name will never be on a memorial, she responded, 'Well, he shouldn't be.'

"I've been a suicide widow for 18 years. During those 18 years, I cannot count how many times my family, including my four children, have been left out of different memorials or events because of the way my husband died. Suicide has been seen as a stigma amongst veterans and their families for as long as I have been part of military life. Suicide has made not only my husband invisible in the eyes of military families, but also deemed his family's suffering as less than others who have also lost. In the eyes of many, it doesn't matter how long or to what extent someone has served, but simply how they died. Even though my husband's life ended a certain way, that does not make his contributions to this country any less."

Melissa Perritt, Surviving Spouse of William Barron, U.S. Air Force, Ret.

"I lost my husband of 19.5 years, William Barron, on March 13, 2010, from service-connected lung cancer. My husband served on active duty for 20 years. He lost his battle with cancer 20 months after he retired.

"We desperately needed support and resources to assist us as we learned how to move forward without him. We found TAPS, Wounded Warrior Project, and Children of Fallen Patriots the most helpful and supportive for us. Unfortunately, other organizations told us that we did not 'qualify' to be a 'Gold Star Family' because he did not die while serving on active duty. Hearing this felt like a gut punch. My husband gave ALL in the service of our country, but we were treated as if we were 'second class' surviving family members.

"My husband's wounds from the deployments may not have been visible from the outside, and it certainly did not make the evening news when he died, but they were absolutely as deadly as what takes the life of someone killed in combat. I believe that military members and veterans who die from a service-connected illness deserve to have their surviving family members receive the same honor and support as those who die in combat. Every military member and veteran's life lost has the same value. Every surviving family member is walking through deep grief and has to learn how to go on without their loved one. Not including service-connected illness deaths as 'Gold Star' sends a strong message to those surviving family members: 'Your loved one's life was not as valuable.'"

CARING FOR SURVIVORS ACT OF 2023 (S.414, H.R.1083)

TAPS remains committed to improving Dependency and Indemnity Compensation (DIC) and providing equity with other federal benefits. We continue to work with Congress to:

- Pass the ***Caring for Survivors Act of 2023***.
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran.
- Reduce the timeframe a veteran needs to be rated totally disabled from 10 to five years, allowing more survivors to become eligible for DIC benefits.

More than 465,000 survivors receive DIC from the VA. DIC is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of service members whose death was in the line of duty or resulted from a service-related injury or illness.

The current monthly DIC rate for eligible surviving spouses is \$1,612.75 (Dec. 1, 2023), which has only increased due to Cost-of-Living Adjustments (COLA). TAPS is working to raise DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran; ensure the DIC base rate is increased equally; and protect added monthly amounts, like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported increasing DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senate Veterans' Affairs Committee Chairman Jon Tester (D-MT), Senator John Boozman (R-AR), Congresswoman Jahana Hayes (D-CT-5), and Congressman Brian Fitzpatrick (R-PA-1) for introducing the ***Caring for Survivors Act of 2023 (S.414, H.R.1083)***.

Passing this important legislation in the 118th Congress is a top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families.

The following statements from survivors demonstrate that stringent limitations on DIC payments have financial and widespread impacts on housing, transportation, utilities, clothing, food, medical care, recreation, and employment for surviving families:

Katie Hubbard, Surviving Spouse of CSM James Hubbard, Jr., U.S. Army

“Due to his status at the time of my husband’s death, the only financial benefit we are eligible for is DIC. CSM James W. Hubbard, Jr. died May 21, 2009, while in treatment

for leukemia caused by the burn pits in Iraq. Having your income cut by more than 60 percent while trying to navigate funeral costs, bills that aren't stopping, and unexpected ambulance and ER charges nearly took me out too.

"My mental health was not conducive to returning to the workplace quickly after being his caregiver and dealing with the unexpected loss, yet I had to figure out something to make up the income or lose our home too. My future, my best friend, and my normal were gone. While a 12 percent increase doesn't seem like much, any widow living paycheck to paycheck can tell you it is. The military is a federal entity, yet their survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouse and themselves are cared for and not forgotten."

MaryAnne Kerr, Surviving Spouse of GySgt Cory Kerr, U.S. Marine Corps

"The money that I receive from DIC has allowed me to stay at home to care for my children full-time. However, an increase will be very beneficial due to my new role as the sole provider for my children. The loss of my husband and children's father has been very hard on our family and especially on my daughter. She is not only dealing with the loss of her father but the trauma she endured while he was battling with the effects of combat trauma. There have been incidents at school where she had to be picked up and could not return until cleared by her therapist.

"An increase in DIC will be greatly appreciated and allow us to continue to heal from the trauma and death of our loved one, free from financial burden."

Sadie Clardy, Surviving Spouse of TSgt Michael Clardy, U.S. Air Force

"Five years ago, my husband died suddenly, leaving me to raise four children — ages 11 and under — on my own. My earning potential is severely limited, due to the years I dedicated to supporting my husband's career, and also the logistics of maintaining a job as a single mother of four. These last few years, especially, have been financially draining with supply-chain issues, inflation, and, more personally, the loss of a vehicle due to an uninsured driver.

"It is time to increase DIC, to come to parity with federal death benefits. It is time to give families of the fallen some breathing room. A DIC increase for our family would mean paying back savings, music lessons, school supplies, and cooking omelets for my children with carefree abandon. Moreover, putting us more on the level with other survivor groups is the right thing to do."

Jackie Ferguson, Surviving Spouse of SGT James Ferguson, U.S. Army

"I completed my degree before my husband joined the Army. It was a blessing I finished. We moved several times before he passed, but I found it very difficult to obtain a position using my degree. It seemed no one was interested in hiring me because we would be moving constantly. In order to work in my field, I drove every day from Fort Sill, Oklahoma, to Oklahoma City, which is over an hour each way. I think that raising the DIC to 55 percent would help me offset the earning potential I have lost due to unemployment and underemployment during my husband's service."

Harry McNally, Surviving Spouse of SGT Shanna Golden, U.S. Army

"Increasing the amount of DIC to levels identical to other federal survivor benefits should have been done decades ago. As it stands, the implication is that the death of a veteran or service member is worth less than the death of other federal employees."

Barclay Murphy, Surviving Spouse of MAJ Edward Murphy, U.S. Army

"When my son turned 18 and went to college, a significant amount of income was lost while expenses remained constant — if not higher — due to inflation. I had planned for the income loss; I even sold my house and downsized. I raised two kids solo for almost 18 years. As an empty nester, I thought I'd have enough money for just me, but it has been tough even after the Widow's Tax repeal and cutting out so much."

Melissa Evinger, Surviving Spouse of Sgt Barry Evinger, U.S. Marine Corps

"As a widow and mother of three children, the weight I carry on my shoulders is substantial and often paralyzing as I strategize how to take care of my children. As a Texas public school teacher, my income will never be substantial. I do receive DIC, however, this does not come close to what my husband received in disability compensation. Because of this, I have to supplement my income by working as a tutor before and after school. This all amounts to time I have to be away from my children just to ensure we can afford a basic lifestyle."

"My husband, children, and I have paid a huge price for our country. As the nation asked my husband to help defend its interests, I now ask for your help in return. I respectfully ask you to consider the possibility of increasing the amount of DIC for the widows and children of the fallen."

GOLD STAR FAMILY EDUCATION PARITY ACT (H.R.7549)

TAPS requests Congress:

- Pass the **Gold Star Family Education Parity Act (H.R. 7549)** to sunset Chapter 35 and expand the Fry Scholarship to families not previously eligible non-active-duty survivors, pre-9/11 survivors, and families of 100 percent disabled.
- Pass the **Fry Scholarship Enhancement Act of 2023 (S.350)** to expand eligibility for those who die in the 120-day Release from Active Duty (REFRAD) period to the Fry Scholarship, which is the second phase in expanding eligibility to all Chapter 35 recipients.

Chapter 35 is an outdated education benefit provided by the VA. It has been around since the Korean War (1952) and has not had any major improvements since then. The Forever GI Bill increased education benefits by \$200 per month; however, that remains nearly half of the amount paid by the Montgomery GI Bill, and far less than the Post-9/11 GI Bill and Fry Scholarship.

TAPS recommends sunsetting Chapter 35 and moving all qualified recipients to Chapter 33, even if it is on a lower scale, such as 80 percent as opposed to 100 percent of the benefit. Benefits under the Survivors' and Dependents' Educational Assistance (DEA) program are significantly lower than the Post-9/11 GI Bill, Fry Scholarship, and Montgomery GI Bill. Those using DEA are dependents of a 100 percent disabled veteran, those who died of a service-connected death, and those who died before 9/11, all of which are populations that traditionally received less benefits than their active-duty, Post-9/11 counterparts.

While VA has made major improvements with the Digital GI Bill toward automation for Chapter 33 benefits, they are still utilizing COBOL to process Chapter 35. COBOL is a program from 1959 and is not widely utilized anymore because it is so ancient. VA has made no move to upgrade this system, which causes more processing errors and delays than any other GI Bill program.

Sunsetting Chapter 35 would simplify the VA approval process and ensure that all survivors are receiving adequate educational benefits. The following personal testimonials from surviving families help highlight these education benefit issues.

Monica Jaikaran, Surviving Spouse of MA1 Dameshvar Jaikaran, U.S. Navy

"Due to the manner of my husband's death, we did not each receive the FRY scholarship. My son attends a private Catholic university, so his tuition and fees were covered for four semesters. Unfortunately, both of us had to take out school loans to

cover his fourth year of university. Since he attends university in the most expensive city in the United States, the Chapter 35 benefit is not enough to cover his monthly food expenses. It has been a huge struggle financially with my son. We currently owe a \$1700 bill for the fall semester, because he increased his food plan mid-semester, but it was not included in my original budget, so we are left scrambling to pay for it at the end of the semester.”

Melissa Evinger, Surviving Spouse of Sgt Barry “Bear” Evinger, U.S. Marine Corps

“My husband, Bear, was injured while serving on active duty as a United States Marine — he was medically retired from his severe injuries and unfortunately died later from those injuries. While our family is eligible for Chapter 35 benefits, we are not eligible for the Fry Scholarship because he was injured on active duty, medically retired, then died as a result of those injuries.

“As a military widow and public school teacher, the reality of my child receiving a quality university education is less than ideal. As my child is currently looking at colleges, I have a sense of panic and sadness knowing that once again we will be faced with disappointment and difficult choices. The financial consideration of public versus private schools, housing and dorm costs, work-study to help pay for school, and so much more are devastating. The reality is Chapter 35 is helpful, but the cost of education is high. Chapter 35 alone is minimal and barely covers basic educational and housing costs. I beg you to consider increasing the eligibility of the Fry Scholarship to all Chapter 35 eligible survivors. Our children’s futures are in your hands.”

Susan Williams, Surviving Spouse of Maj Thomas M. Williams, Jr., U.S. Air Force, Ret.

“My husband, Tom, started experiencing symptoms of cardiomyopathy after retiring, while transitioning to the VA medical system. His death was deemed service-connected, so we are eligible for Chapter 35 and DEA. He was 138 days post-service when he passed. The difference between the Fry Scholarship and DEA is substantial. My daughter attends Savannah College of Art and Design (SCAD) and has a quarterly tuition of \$13,365, three quarters a year totals \$40,095. This total does not include food and housing, which is another \$5,400 a quarter, totaling \$16,200. The DEA/Chapter 35 only pays a prorated amount of roughly \$10,000 a year. This causes her to take the max student loans and parent PLUS loans, upwards of \$46,000 each year.

“If we qualified for Fry, we likely would not have to take any loans, as SCAD is a Yellow Ribbon school. However, we are both going into debt instead. Our suffering was no less than someone who died on active duty. Maybe it was even more so since we had to

watch him suffer through his illness, knowing that he was going to die. The lasting impact of physically watching someone die has scarred my children for life. They deal with the consequences every day. It is a slap in the face that their father's death is not recognized for full education benefits."

Renee Monczynski, Surviving Spouse of PO2 Matthew Monczynski, U.S. Navy

"The difference for my daughter between Chapter 35 and Fry for the next two years is the constant worry of how we are going to pay for each semester. Waiting to see if she has enough scholarships to cover all expenses and scrambling for loans to cover the rest. Every time we fill out an application, we are reminded that the Navy and our country don't care about Matt's sacrifice because it was in June 2001. He died on the wrong day for our country to care. That care is reserved for those who served and died after 9/11.

"We were dual active. We were both willing and did serve our country. But according to a document his sacrifice is not worth a college education for our daughter. Nor is my 70 percent VA-rated disability. So, I'm not broken enough, and he died on the wrong day for anyone to care about our sacrifices."

ENSURE IMPLEMENTATION OF THE PACT ACT FOR TOXIC-EXPOSED VETERANS AND SURVIVORS

TAPS will continue to work with Congress and the Department of Veterans Affairs to:

- Ensure proper implementation of the **PACT Act** for veterans and survivors.
- Improve outreach, messaging, and education to surviving families who may be eligible for **PACT Act**-related benefits and health care.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts to pass the bipartisan **Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (H.R.3967)**.

The PACT Act was signed into law by President Biden on August 10, 2022, and is the most significant expansion of benefits and services for veterans in more than 30 years. This historic law ensures veterans of multiple generations who were exposed to burn pits, toxins, and airborne hazards while deployed are eligible to apply for immediate, lifelong access to VA health care and benefits for their families, caregivers, and survivors.

The passage of the PACT Act is a victory, but the work does not stop. Each year, more survivors whose loved ones died due to toxic exposure-linked illness connect with TAPS for grief support and help navigating their benefits. Of the survivors seeking our care in 2023, 34 percent were grieving the death of a military loved one due to illness, including toxic exposures. TAPS remains committed to promoting a better-shared understanding of illnesses that may result from exposure to toxins and ensuring survivors of illness loss receive the benefits they deserve.

TAPS is working with the VA to encourage toxic-exposed veterans and survivors to file a claim for PACT-related benefits or apply for VA health care. The VA began accepting veteran and survivor PACT-related claims on August 10, 2022, and began processing claims on January 1, 2023. To date, the VA has received a total of 1,438,169 PACT-related claims from veterans and survivors (08/10/2022-02/24/2024).⁴

The VA estimates there are 382,000 potential survivors who may be eligible for PACT-related benefits:

- 146,000 potential DIC claims based on previously denied deceased veterans' claims
- 236,000 potential DIC claims based on previously denied survivors' claims

As of February 10, 2024, the total number of survivor PACT-related claims that have been submitted to the VA is 23,878; of those, 16,759 have been completed and 8,628 have been approved.⁵

TAPS renewed our Memorandum of Agreement (MOA) with the VA and is partnering with them to continue to help identify, educate, and encourage survivors who lost their loved ones as a result of toxic exposure to submit PACT-related claims. The VA has conducted extensive outreach and messaging campaigns across the country to reach both veterans and survivors. The number of veterans applying for PACT-related benefits is well over one million (1,414,291 as of 02/24/2024),⁶ but the number of survivors applying for PACT-related benefits still remains lower than expected, considering the potential survivor number of 382,000. The VA has sent letters to 285,000 of these survivors urging them to resubmit a claim for potential benefits.

⁴ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-28-030124_FINAL_508.pdf

⁵ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-28-030124_FINAL_508.pdf

⁶ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-28-030124_FINAL_508.pdf

During a meeting with the VA late last year, we were informed that the VA does not track cause of death, therefore the 382,000 potentially impacted survivors includes all manners of death, including those who died of old age, by suicide, or in car accidents, not just those filing claims related to toxic exposure. This helps to explain why after extensive outreach by the VA and organizations like TAPS, more survivors have not applied for PACT-related benefits. Unfortunately, the potential survivor numbers have also informed the Congressional Budget Office's (CBO) scoring of current survivor legislation, such as the Love Lives On Act and Caring for Survivors Act, almost doubling the cost and creating exorbitant scores, making it difficult to find funding.

TAPS remains committed to working with Congress and the VA to ensure toxic-exposed veterans and their survivors receive life-saving health care and their earned benefits.

OFFICE OF SURVIVOR ASSISTANCE

TAPS appreciates Congressman Juan Ciscomani (AZ-06) and House Veterans' Affairs Committee Chairman Mike Bost (IL-12) many expressions of strong support for the community of military and veteran survivors, the most recent being their introduction of the ***Prioritizing Veterans' Survivors Act (H.R. 7100)***, which would return the Office of Survivor Assistance (OSA) organizationally to its previous location within the Office of the VA Secretary.

OSA was established in 2008 in recognition of the sacred obligation the nation has to the survivors of military service members and veterans. Its director was to serve as a principal advisor to the VA Secretary on policies impacting military service members' and veterans' survivors, and to serve as a resource for surviving family members regarding the benefits, care, and memorial services provided across the entire Department.

Unfortunately, this office has been relocated several times over the past 15 years - moved from within the Office of the Secretary under the Chief of Staff to the Veteran Experience Office; then to the Veterans Benefits Administration where it was placed in the Office of Outreach, Transition and Economic Development; and then recently moved under the Pension and Fiduciary Service in June of 2023. These moves have made it very difficult for survivors to understand its role, find needed information on resources, and access all the Department's support with reliable consistency.

While the Department of Defense (DOD) is able to use existing contact information to reach out to grieving families in the event of the death of an active-duty service member to ensure that they have access to the comprehensive support provided by both the DOD and the VA, the VA lacks a similar proactive capability. Prior to the death of their veteran, family members are generally not known to the VA because they are not

receiving benefits or services. Thus, following a veteran's death, the burden falls on grieving families to identify, interpret, apply for and comply with, the complex eligibility requirements and siloed administration of benefits, care and memorial services across one of the largest agencies in the government. Despite the best intentions of Congress and the VA leadership and employees, the multiple ongoing navigation challenges survivors must manage across their survivor journey too often becomes confusing, frustrating and unmanageable, and many fail to even access the much needed assistance available to them.

For example, surviving spouses are expected to find and use the same entry points for information as veterans. Regrettably, survivors tell us that calls to the general helpline can result in inaccurate information, and some have even been told that they are ineligible for benefits during their initial call. Survivors share this experience with one another, and the unfortunate result is that they become less willing to turn to the VA for assistance. This is harmful to both the survivor and undermines trust in the VA among the community it serves. Although survivors represent only one percent of those receiving VA services, it is essential that all VA staff who they may come in contact with have the same willing spirit of customer service that the Department's motto expresses so clearly.

From the perspective of the community, the VA's **Office of Survivor Assistance (OSA)** would be the logical entry point or "front door" to access VA assistance, but far too many survivors don't even know it exists. It falls on organizations like TAPS to inform them of all the VA resources they may be eligible for and to reach out to OSA on their behalf.

The frequent moves of OSA and its minimal staffing appear to the survivor community to reflect a less than full understanding of the comprehensive nature of their needs and willingness to support their access to the full range of care, benefits, and memorial services that they so desperately need at a most difficult time in their lives.

In its current placement within Pension and Fiduciary Services, the Department is operating OSA as if the only benefits survivors receive are related to compensation. Currently, OSA staff only have access to DIC and Pension records, therefore they are unable to assist with many issues survivors face, to include burial benefits, education benefits, CHAMPVA, Survivors Group Life Insurance, home loans, or additional programs and benefits survivors are eligible to receive enterprise wide, to include the new VHA Survivors Assistance and Memorial Support (SAMS) program. OSA appears not to have the authority and full range of case management coordination processes in place to ensure that they can help survivors access all of the care and memorial services available in other administrations within the VA.

With more than 465,000 survivors currently eligible for DIC, OSA staffing should be significantly increased to better serve surviving families. OSA should be the official entry point into VA for survivors, with the authority, bandwidth, expertise, and access needed to answer any and all challenges that survivors face regarding VA benefits and services. There should also be a dedicated survivor helpline within the Veterans Call Center to provide access to trained agents with the knowledge to address survivor issues. We applaud VA for implementing an education-specific helpline for survivors in 2019, which has been a huge success.

The limited awareness among survivors regarding OSA highlights the need for VA to more effectively communicate and promote this essential survivor program. TAPS strongly believes that OSA should be elevated to the Office of the Secretary or the Office of the Under Secretary for Benefits and granted the necessary authority and access to all programs and services survivors are eligible to receive.

TAPS looks forward to working with Congress and the VA to ensure that the organizational placement, staffing and department-wide connectivity is in place to enable OSA to serve as the "front door" for the Department and the advocate for the increasing number of surviving veteran families seeking access to all VA benefits, care, and memorial services.

Melissa Alex, Surviving Spouse of SSGT Eugene Alex, U.S. Army

"The Office of Survivor Assistance was established in 2008 to serve as an outreach regarding benefits and services for our families. I didn't know for years that they existed. I found out only because I am a service provider with the Michigan National Guard, not because they reached out to me and my children personally!"

Sadie Clardy, Surviving Spouse of TSgt Michael Clardy, U.S. Air Force

"My husband passed in 2017 and I had never heard of OSA until learning about them from TAPS. I had to Google the Office of Survivor Assistance to find out about their services. Without that search, I would not be able to tell you anything about OSA, not even who they're affiliated with. I'm still a little hazy as to what role they may be able to play in supporting me and my children."

EXPAND MENTAL HEALTH SERVICES AND SUICIDE PRE/POSTVENTION

In 2023, TAPS will continue to work with Congress to:

- Prioritize mental health as essential to the overall wellness and readiness for veterans, service members, families, caregivers, and survivors, and advance collaborative suicide prevention and postvention efforts to help save lives.

For more than a decade, TAPS has been on the front lines of suicide postvention efforts to support military families grieving deaths by suicide and using gained knowledge to save countless lives through suicide prevention efforts. The TAPS Suicide Postvention team developed a research-informed, best-practice **TAPS Postvention Model™** for suicide-loss survivors, decreasing the risk of additional suicides and promoting healing.

TAPS has supported over 25,000 individuals whose military and veteran loved ones died by suicide. In 2023, 30 percent of those coming to TAPS for care each day were grieving a death resulting from suicide and a life that included military service. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to prioritize mental health care as an essential element to overall wellness and readiness.

TAPS families grieving a military loved one who died by suicide often cope with symptoms of trauma and complicated grief, putting them at increased risk for suicide, post-traumatic stress, and other mental health concerns due to the traumatic nature of their loss. It is imperative that we not wait until a crisis occurs among these survivors or let the long-term impact of unsupported grief on the youngest survivors lead to lifelong challenges and suffering.

Leading research and TAPS' extensive experience has validated that these risks can be significantly reduced for survivors of all ages with early and relevant social connections that demonstrate respect, offer understanding, and increase their sense of belonging and social connection — especially when paired with customized assistance to meet the challenges of legal, financial, benefits, and care needs.

Knowing how to reduce risk and support survivors, TAPS works closely with agencies and organizations across the country to not only welcome their referred survivors, but to help build their capacity by providing information and training on loss, including suicide loss.

TAPS also works with the VA Vet Centers, which provide services to family members of veterans and service members for military-related issues. Vet Centers also offer bereavement counseling for families who experience an active-duty death, as well as family members of Reservists and National Guard. TAPS provides support and care regardless of duty status, especially when related to Guard and Reserve forces who experience PTS that results in suicide.

TAPS supported the *Expanding the Families of Veterans Access to Mental Health Services Act* (S.2817, H.R.5029) in the 117th Congress, which expands Vet Center counseling and mental health services to surviving families of veteran suicide. We thank

Congress for including this critical bill within the *Support The Resiliency of Our Nation's Great (STRONG) Veterans Act of 2022* (H.R.6411), which passed within the *Consolidated Appropriations Act of 2023* (H.R.2617) and was signed into law.

TAPS strongly believes that expanding Vet Center usage eligibility to survivors of veteran suicide will save lives by helping stabilize issues of concern; decrease these survivors' risks for suicide, post-traumatic stress, depression, anxiety, and other mental health conditions; and set them on a journey toward healing.

Marcia Tomlinson, Surviving Mother of A1C Patrick Tomlinson, U.S. Air Force

"What saved me was a late-night call I finally made to TAPS and admitting I needed help. It was the dark of winter, and I was alone with even darker thoughts. My life was in danger. That soothing voice on the phone assured me she could and would arrange for me to go ASAP to the local Vet Center for specific Bereavement Counseling for military-loss survivors. A few hours later, I was called by a Vet Center counselor and saw him every week as he slowly, and with great care, helped me thaw the iceberg encasing my heart.

"This specialized military-bereavement counseling through the Vet Center saved my life. I had been plummeting downwards into an unemotional abyss, which could so easily have ended with me taking my own life. Ten years later, I am thriving. Without those two intensive years of Vet Center bereavement counseling, I do not know if I would have survived to arrive where I am now."

RAISE AWARENESS OF OPIOID DEPENDENCE AND FENTANYL-RELATED DEATHS

TAPS will continue to work with Congress, the VA, and the Department of Defense to:

- Raise awareness of the growing rate of opioid dependence and fentanyl-related deaths among veterans, service members, and their families.
- Include family members of veterans and service members in best practice opioid treatment plans, recognizing that opioid dependence is a family disease, wherein the entire family system needs to find a path to recovery.
- Urge implementation of the *Mainstream Addiction Treatment (MAT) ACT* (S.445, H.R.1384), included in the *Consolidated Appropriations Act for 2023* (H.R.2617), and signed into law on Dec. 29, 2022.

TAPS has become increasingly alarmed by the growing rate of opioid dependence and opioid-related deaths among veterans, service members, and their families. According

to a study published on July 6, 2022, and funded by the National Institute on Drug Abuse (NIDA), "U.S. military veterans have been heavily impacted by the opioid overdose crisis, with drug overdose mortality rates increasing by 53% overall from 2010-2019." The study also found that drug overdose mortality among veterans increased by **93 percent for opioid overdoses** and **333 percent for stimulant overdoses**.⁷

At the request of Congress, the Department of Defense (DOD) released data confirming that **fentanyl was involved in 52 percent of overdose cases in the military between 2017 and 2021**. Fatal fentanyl overdoses more than doubled during that span, from 36 percent of overdoses in 2017 to 88 percent in 2021.⁸ Synthetic opioids, to include fentanyl, are highly addictive and 50 times stronger than heroin and 100 times stronger than morphine, according to the Centers for Disease Control and Prevention (CDC).⁹

During the State of the Union Address last year on Feb. 7, 2023, President Biden stated that "Fentanyl is killing more than 70,000 Americans a year."¹⁰ To address this growing epidemic, the administration launched a major surge to stop fentanyl production, sale, and trafficking, and improve drug detection.

TAPS has heard from a growing number of veteran and military families who have lost their loved ones to opioid-related overdose to include fentanyl.

Rhonda Canales and H. Paul Canales, JD, Surviving Mother and Father of SSG Cameron A. Canales, U.S. Army

"Our son, Cameron, was born on December 3, 1986, and died on February 23, 2022, at his home in Fort Benning, Georgia. At the time of his death, he was on active duty and in the process of transitioning out of the Army after 12 years of service. The military performed an autopsy at my request, and the results indicated multiple drugs in his system at the time of his death, including fentanyl.

"Our son was a staff sergeant and a sniper instructor when he was assigned to Fort Benning in the fall of 2019. Prior to this assignment, he had served our country for 10 years, including two tours in Afghanistan. Following these deployments, he was diagnosed with PTSD, depression, and insomnia, along with a range of issues related to those returning from war zones. Cameron was a whole individual when he entered the

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/>

⁸ https://www.markey.senate.gov/imo/media/doc/dod_response_to_senator_markey_colleagues_september_2022_letterpdf.pdf

⁹ <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

¹⁰ <https://www.whitehouse.gov/briefing-room/speeches-remarks/2023/02/07/remarks-of-president-joe-biden-state-of-the-union-address-as-prepared-for-delivery/>

Army and was broken mentally at the age of 35. His situation surely was exacerbated by the events surrounding the COVID-19 Pandemic of 2020. The forced isolation from that time kept him from receiving the help he needed from the Army, when he most needed it. In the short period of one year, he was demoted from staff sergeant to private first class (PFC).

"What group of officers could fail to see that he was in crisis? Who allowed this downward spiral to continue? My son's death was a result of his leadership failing to intervene with the correct medical tools to save his life. As a non-commissioned officer in Afghanistan, he took care of his men. Who was looking out for him? As parents, we knew little of his troubles. We did not know he had been demoted. We knew something was wrong when he started telling us about his upcoming Medical Evaluation Board and discipline hearing. He died within a week following that hearing."

Gail Simmons, Surviving Mother of PFC Ryan Simmons, U.S. Army

"I lost my only child, my son Ryan Simmons, to suicide on August 12, 2012. Ryan had returned from serving in Operation Iraqi Freedom just two years prior. As a member of the Army Reserves, Ryan was an Engineer Bridge Crew member with the 739th and was deployed to Iraq in 2009. His MRAP was hit with an improvised explosive device in April 2010, which caused a traumatic brain injury for which he later received a Purple Heart. He returned later that year, and despite his physical wounds being healed, Ryan battled severe depression, suicidal ideation, PTSD, and opioid addiction.

"This led to us all fighting alone to help save Ryan's life, but I believe it was more than he could bear. Despite the efforts of everyone who loved him, we lost him to suicide when he was only 22 years old. The military's support over those two years felt completely inadequate, particularly in regard to the opioid challenge that Ryan and now so many of our troops still face today.

"I don't want another family or service member to ever feel the way we did, and that is why I am passionate about suicide prevention and addiction recovery. I feel we need a more structured program that supports returning to civilian life that includes mental health assessments, access to proactive counseling resources, as well as proven addiction and recovery programs. I also want to eliminate the shame surrounding mental health and addiction struggles, which I believe will require military and political leaders talking openly about the issues, along with paths to recovery. Finally, I urge the military to assess and rapidly adopt the best practices from the medical community regarding Opioid Use Disorder treatment — specifically, those outlined in the recently passed Mainstream Addiction Treatment (MAT) ACT. This act aims to improve accessibility to medication-assisted treatment for those struggling with this issue.

"In closing, Ryan was a beautiful young man with a huge heart and an infectious smile. He always did his best to help care for those in need. Right now, he'd want us to do better. We must do better."

Don Lipstein, Surviving Father of MA2 Joshua Lipstein, U.S. Navy

"Everyday families like mine continue to be torn apart by the U.S. opioid epidemic, and many Americans are not even aware of the level it's happening. Twelve years ago, my oldest son, Joshua, who was serving on active duty in the Navy, died by suicide after struggling with opioid abuse for far too long.

"To my knowledge, there have been no positive changes to address this critical issue since his death. In over a decade of working with families who've tragically lost a loved one to suicide as well as overdoses, I have yet to hear of progress toward improving life-saving outcomes. I've taken personal and professional steps to do what I can as an individual to get on the other side of this tragic issue by dedicating my life's work in the field of recovery. In fact, family recovery is part of the solution that not many are talking about. Any treatment plan of action aligned with best practices should understand that this is a family disease wherein the entire family needs to find a path to recovery.

"Some recommendations would include: Eliminate incarceration for drug use and instead offer treatment options for recovery; for drug use-related crimes, mandate in-patient rehabilitation treatment programs; and consider restructuring former correctional facilities into government-managed treatment centers.

"Whether a family has been personally affected or not, this is our entire country's stumbling block. If we are not able to recognize what is happening, then we are simply remaining part of the problem. I believe it is time to find solutions and begin to make the treatment of this disease effective enough to prevent future losses."

CHAMPVA CHILDREN'S CARE PROTECTION ACT (S.1119, H.R 2414)

TAPS is working with Congress to:

- Pass the **CHAMPVA Children's Care Protection Act** in the 118th Congress to ensure surviving families with young adults have access to affordable health care and mental health benefits.

The **Affordable Care Act (ACA)**, signed into law in 2010, allows young adults to remain on their parent's health care plans until age 26 without a premium increase. This rule applies to all plans in the individual market and to all employer plans. However, it does not extend to veteran families with young adults under the Civilian Health and Medical Program for the Department of Veterans Affairs (CHAMPVA). Young adults using

CHAMPVA are currently no longer eligible for coverage when they turn 18, or 23 if they are a full-time student.

TAPS is actively working to expand CHAMPVA coverage for eligible surviving children up to age 26. We strongly support the **CHAMPVA Children's Care Protection Act (S.1119, H.R.2414)** introduced in the 118th Congress by Senator Sherrod Brown (D-OH) and 10 original co-sponsors to include Senate Veterans Affairs' Chairman Jon Tester (D-MT), and by Congresswoman Julia Brownley (D-CA-26). TAPS greatly appreciates Senator Brown and Congresswoman Brownley for reintroducing this important legislation, endorsed by 43 veteran and military organizations and stakeholders to include TAPS, along with our colleagues in The Military Coalition (TMC), representing 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans — and their families.

Allowing young adults to remain eligible for medical care under CHAMPVA until their 26th birthday will bring the program in line with private insurance plans and the Department of Defense TRICARE Program. Those eligible would include adult children under the age of 26 of veterans:

- Who have died from service-connected disabilities
- Were rated permanently and totally disabled for service-connected disabilities
- Were totally disabled from a service-connected disability at the time of their death

Although not under the Veterans' Affairs Committee purview, TAPS is also working to pass the **Health Care Fairness for Military Families Act of 2023 (S.956, H.R.1045)**, which would allow TRICARE young adults to remain on their parent's policy up to age 26 without a premium increase. This legislation, combined with the **CHAMPVA Children's Care Protection Act**, will ensure our surviving military and veteran families have affordable access to critical health care and mental health benefits.

Surviving families, who have lost their loved ones as a result of military service, are often at higher risk and in need of behavioral and mental health care. Children of surviving families are highly susceptible to mental health issues and trauma due to multiple deployments, frequent moves, or the loss of a parent. Gaps in healthcare deprive these young adults of proper mental health services and support systems. CHAMPVA, which offers mental health care support is essential to the overall well-being of our surviving families.

Unfortunately, young adult survivors who do not pursue a college education, attend part-time, graduate early, or take a gap year lose their CHAMPVA benefits or feel the pressure to attend college full-time to avoid high premiums, all while navigating grief. Many young adult survivors were also impacted by the COVID-19 pandemic and have

found it difficult to find full-time employment in a challenging job market. These young adults and their families cannot afford expensive out-of-pocket health care costs and should not be uninsured as we transition from a health care crisis. Surviving families with young adults should be provided the same affordable access to health care and mental health care as civilian families under the protection of the *Affordable Care Act*.

TAPS wholeheartedly agrees with Congresswoman Brownley's statement that *"It is unacceptable that the children of those who sacrificed the most for our country do not have the same health care protections provided to other families under the Affordable Care Act."*

TAPS will continue to work with Members of Congress and fellow VSOs to pass the ***CHAMPVA Children's Care Protection Act*** within the 118th Congress. Surviving families of our nation's veterans deserve nothing less.

Marlene Vargas, Surviving Spouse of Sgt Germany Vargas Silvestre, U.S. Marine Corps

"My husband, Germany Vargas Silvestre, was in the Marine Corps for 13 years. My daughter was 1 year old when he died from acute myeloid leukemia, an illness he developed from exposure to burn pits. Having CHAMPVA has been helpful, but I worry because the years have passed by so fast, and soon enough, my daughter will start high school.

If surviving children with TRICARE can keep their coverage until 26, so should surviving children with CHAMPVA. Our circumstances are different, but also the same. These are children of the fallen; they did not ask to be in this position. The least we can do to honor their parents is provide affordable health care."

Sgt. David Glover, U.S. Army (Ret.)

"On July 9th, 2023, my 19 year old daughter was riding in the backseat of a vehicle when it was struck by a drunk driver. She sustained catastrophic head and spinal injuries that required an emergency back surgery and two facial reconstruction surgeries. She spent 16 days in the hospital with half of that time in an intensive care unit. With her jaws wired shut she left the hospital having to now plan her recovery process, instead of her upcoming semester at UNR. Cognitive therapy, physical therapy, dental, orthodontics, plastic surgery, neurology; those are some of her new required courses. But she is a strong young woman with a positive outlook, ready to play the hand she was so unfairly dealt.

"If her only insurance was CHAMPVA, it would be at this point where her coverage would end as she is no longer a full-time student. Without coverage, at 19, she would face a lifetime of medical debt, a lifetime of debilitating injury, and a lifetime of missed opportunity. Thankfully she is covered under other insurance and will not have to carry this extreme financial burden; she can focus on healing and returning to her classes at UNR in the fall of 2024. But what about the families that do not have insurance options? CHAMPVA would fail them.

"Our military families are strong and resilient, facing hardships head-on. While on active duty, we have the full support of the Department of Defense; however, upon leaving active service we face new challenges and lose some of our health care security. When it comes to health care, we don't ask for more than what the current standards are; we just ask to be equal. It is with a humble heart that I ask this Committee to consider the CHAMPVA Children's Care Protection Act. Thank you."

GUARD VA BENEFITS ACT (H.R. 1139, S.740)

The **GUARD VA Benefits Act** would reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing VA benefits claim. This enforcement mechanism was previously removed in 2006, leaving the VA Office of the General Counsel (OGC) constrained in its oversight over groups that operate outside of accreditation. Currently, the OGC can only apply administrative penalties to accredited individuals and refer matters relating to non-accredited individuals to federal or state enforcement agencies. By reinstating criminal penalties, OGC will be able to exercise jurisdiction over unaccredited individuals and hold them accountable for predatory behavior.

Since the passage of the PACT Act, the VA and numerous VSOs have noticed an influx of advertisements and solicitations from predatory claims consultants. With the VA estimating that up to 382,000 potential survivors may be eligible for PACT Act benefits, increased regulatory oversight is crucial to ensuring that these survivors receive adequate care and representation throughout the VA benefits claim process.

Historically, surviving spouses have had a large target on their backs from predatory actors, and claim sharks are no different. TAPS wants to ensure that surviving spouses applying for benefits from the VA are not taken advantage of by predatory actors when there are so many free and low-cost options available.

Although veterans are considered a vulnerable population to predatory actors, we believe that surviving spouses are as well. When a disabled veteran dies, surviving spouses lose more than half of their financial benefits and are provided limited support in figuring out how to file for benefits as a surviving spouse. If you call the VA, they will

give you the form number for DIC or tell you to contact a VSO for assistance in filing a claim. If you Google how to “file a DIC claim as a widow”, the first response takes you to the VA’s website. Seven of the next nine results are paid sponsorships and claim sharks. The 10th response takes you to the Disabled American Veterans — the first true VSO result available.

We fully acknowledge that there are changes that need to be made to accreditation to allow reputable actors into the space. TAPS is not an accredited VSO because the rules stipulate that you must help the veteran community as a whole. Since our mission is solely focused on surviving families, we are not the best equipped to serve veterans, but we are well-equipped to serve survivors. In 2023 alone, our TAPS Casework team assisted almost 1,500 survivors on benefit claims. We would welcome the opportunity to be accredited to help make the process easier for surviving families and **have never and would never charge for our services.**

TAPS strongly supports the **GUARD VA Benefits Act** because it will help deter predatory behavior and ensure that veterans and survivors receive their full earned benefits at no additional cost.

CONCLUSION

TAPS thanks the leadership of the Senate and House Committee on Veterans’ Affairs, their distinguished members, and professional staff for holding this Joint Session of Congress to hear the legislative priorities of veteran and military service organizations. TAPS is honored to testify on behalf of the thousands of surviving military and veteran surviving families we serve.

Rebecca Mullaney is the Gold Star Spouse of United States Army Captain Ian Morrison, who died by suicide on March 21, 2012. She previously worked for The Tragedy Assistance Program for Survivors (TAPS) where she managed media messaging and communications for military suicide loss survivors.

Rebecca Mullaney is a therapist, public speaker and mental health advocate. She owns and operates Stable Ground Counseling, a private psychotherapy practice in North Carolina focused on trauma recovery utilizing equine assisted psychotherapy. Additionally, she provides mental wellness consulting to the Elizabeth Dole Foundation and helps to shape the wellness offerings for military caregivers.

Rebecca has consulted for several VSOs to include Team Red White and Blue, Give an Hour, and Team Rubicon. Rebecca's drive for supporting military families stemmed from her time as an elementary school teacher and later school counselor supporting military children on Fort Hood, and more personally from her experience as a surviving military spouse.

She has had the distinct honor of focusing much of her professional life on advancing mental health and wellness supports for America's military members, veterans and their families, and feels encouraged by the progress made. Rebecca has been featured in multiple publications to include TIME Magazine, NBC News, and the Army Times, and frequently visits Capitol Hill to advocate on military issues. She has earned a bachelors (BSIS) degree in Elementary Education from Stephen F. Austin State University, a Master of Arts in School Psychology and Counseling from Mary Hardin-Baylor University, and an Educational Specialty (Ed.S) in Clinical Mental Health Counseling from The George Washington University.



Testimony of the

NATIONAL COALITION
for **HOMELESS VETERANS**

United States Senate & House of Representatives
Committees on Veterans' Affairs

"Legislative Presentation of The National Coalition for
Homeless Veterans"

March 13, 2024

Chairmen Tester & Bost, Ranking Members Moran & Takano, and distinguished Members of the 118th Congress' Joint Committees on Veterans' Affairs:

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state, and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid, and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year.

We are committed to working with our network and partners across the country to end homelessness among veterans. We thank you for your leadership and continuing efforts to focus on the needs of veterans experiencing or at-risk of homelessness, as Congress put forth COVID relief legislation in the *Coronavirus Aid, Relief, and Economic Security Act* or CARES Act, P.L. 116-136 and in Public Law 116-315, *the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Isakson/Roe)*. Critical authorities in Isakson/Roe allowed organizations across the country to keep veterans safe, decompress shelter spaces, ramp up rapid rehousing capacity, and focus on individualized housing options in hotels and motels. These bipartisan policies made dramatic impacts resulting in homeless veteran decreases of over 11% from 2021 to 2022, as the authorities Congress granted were implemented and outreach was performed nationwide.

HUD recently released 2023 Point-in-Time Count data that showed an increase of 7.4% in the veteran population experiencing homelessness. This increase from any perspective is unacceptable, as it was both foreseeable and preventable. We all knew the emergency programs had hard set sunset dates and that eviction moratoria were time limited, so they were utilized to house more veterans than in prior years. However, a continually worsening housing affordability crisis where mortgage rates and rents have skyrocketed, and the fraying of the COVID-era social safety net offset the acceleration in housing placements. While these increases are cause for alarm, we urge that both Congress and VA consider these numbers are from before the sunset of the public health emergency and the end of Isakson/Roe Section 4201 authorities, and the end of the administration's eviction prohibition moratoria. Service providers have interpreted the lack of action by Congress as a display of the branch's overall intent toward these programs and have themselves begun divesting their programs of these grants. For several years legislation that could have addressed the statutes limiting these authorities, and offered additional resources to veterans facing housing instability, has stalled unnecessarily before Congress. The best time to act upon legislation would have been before the COVID Public Health Emergency (PHE) expired on May 11, 2023, but the second-best time to act upon this legislation is now.

Despite these gaps, NCHV remains determined. Preceding the PHE veteran homelessness decreased by 54% between 2010 and 2023. The PHE impacted veterans in unprecedented ways

by increasing housing and financial instability when the PHE was lifted. Several provisions in the *Isakson/Roe* bill were tied to the PHE. With the passage of P.L. 116-315, VA had new authority to improve services across the board by providing communication, transportation, safety, and survival necessities. NCHV, VA, providers and Congress all identified the same specific program adaptations that should be kept as best practices. These enhancements should be restored at very minimal expense, for example, the *Section 4201* spending flexibility for Supportive Service for Veterans and Families (SSVF) grantees was deemed essential by VA stating, "We cannot end veteran Homelessness without these authorities." The ability to rapidly rehouse veterans into active hotels and motels to enable VA time to place a veteran in more permanent housing has become a model that needs to be restored. VA should also allow service providers to continue to decongregate and renovate essential transitional housing capacity via capital grants. NCHV's 2024 authorizing and FY 25 appropriations recommendations are included in this testimony as appendices A & B.

As the largest health care system in the country, VA has been in a unique position leading the way for the country in testing, treatment access, and outcomes during emergencies. The sunset of the PHE caused pervasive uncertainty among organizations serving veterans. During the emergency, transitional housing providers were finally able to request reimbursement from VA for closer to the actual cost of sheltering a veteran. When the PHE ended, this rate was cut by over 60 percent. VA has testified before these committees that lack of action has already impacted the number of providers willing to participate in programs. In the 118th congress we again have Chairman Tester's legislation S. 1436, the *Critical Health Access Resource and Grant Extensions Act of 2023* (CHARGE Act of 2023) championing these provisions. Additional vehicles for this critical language have taken shape in the House as H.R. 491 the Return Home to Housing Act, H.R. 645 Healthy Foundations for Homeless Veterans Act, and most recently H.R. 3848 the *Housing our Military Veterans Effectively Act of 2023* (Home Act).

The National Coalition for Homeless Veterans (NCHV), and over 60 organizations urged both chambers 3 years ago to support, S. 2172, the *Building Solutions for Veterans Experiencing Homelessness Act of 2021*. NCHV has stood in staunch support of every bill and proposal that has attempted to address either access to GPD reimbursement or reinstatement of flexible authorities since they registered as best practices back in 2021. The multiple pieces of legislation before the committees would restore direly needed program improvements conceptualized in CARES and made possible in *Isakson/Roe*. With a legislative fix languishing, additional VA grantees will be forced to prioritize safety measures at a financial loss, reducing services, or discontinuing essential shelter and treatment program operations altogether. The Charge Act S.1436, its companions in the House H.R. 491 and H.R. 645, H.R. 3848 the HOME Act, and the negotiated language included in the "Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act," would all provide organizations nationwide with the funding and flexibility to provide adequate services to unhoused veterans. Every veteran deserves access to safe shelter and housing, whether they are currently experiencing homelessness or are facing housing-cost burdens that put them at risk of homelessness.

We have a renewed opportunity to return to reducing veteran homelessness nationwide, even with the impacts of PHE and Eviction Moratoria sunsets yet to be fully realized. In addition to reauthorizing several homeless veteran programs expiring September 30th, 2024, there are other substantive proposals that can enhance our ability to address veteran homelessness.

Remove HPO Program Caps

While Congress' Appropriating Committees have appropriately awarded additional funding to worthy homeless veteran programs, certain authorizing caps limit the full use of available medical services funds. Grant caps were waived during the PHE but have returned as of this past May. The caps limit how much of the appropriated funds can go to direct reimbursement for veterans and services. Both the SSVF and GPD programs have these authorizing caps. NCHV recommends their removal and replacement with "as such sums" as both programs must already justify their expenses for award and reimbursement. The caps are currently only serving to limit the number of serviceable veterans and not the cost of the program, which will create even more pervasive issues starting this year.

Aging Veterans

With over 10 million veterans over the age of 55, the United States will see the 65+ population of veterans more than double by 2041. Experiencing prolonged homelessness also ages people by 10-20 years prematurely. These dramatic increases of aging veterans, and rural veteran population issues have become an important intersection in the discussion of improving services, access, and information dissemination for some of the most remote and inaccessible veterans. We must look at how programs communicate and interact with each other to ensure veterans are able to access services and supports they need.

NCHV recommends authorizing HUD-VASH with grant-making capability, to allow homeless service providers a less complex way of offering enhanced and coordinated medical, case management, transportation, and other services, particularly to elderly veterans utilizing these vouchers. NCHV supports continued investment in expanding program capabilities for this fastest growing homeless sub-population. NCHV urges Congressional support for and enactment of legislation promoting development of new subsidized housing specifically for low or no-income aging and disabled veterans, as well as prioritizing the adaptation of existing spaces across the housing continuum. Further, NCHV recommends the creation and funding for staff liaison positions to coordinate efforts to serve aging veterans across all HPO programs.

Increase HUD-VASH utilization

HUD-VASH is a targeted collaboration between the U.S. Department of Housing and Urban Development (HUD) and VA for veterans experiencing homelessness who have the greatest need for case management and supportive services to maintain permanent housing. The program supports over 80,000 active leases and has housed over 180,000 Veterans and their families since FY 2012. However, the program is unable to fully lease all 111,000 housing choice vouchers Congress has appropriated for several reasons, including case management hiring deficits, lack of affordable housing stock and the project-basing of vouchers. The program can be enhanced both through VA program eligibility adjustments, and by HUD and Treasury

adjusting their regulatory definition of income for veterans with disabilities. The veterans who need assistance the most, with the most acute disability cases, are being excluded from benefits due to their disability income. NCHV supports legislation including the *End Veteran Homelessness Act of 2024* and the draft *HPO Eligibility* bill that would finally remediate homeless veteran program eligibility discrepancies plaguing the system. NCHV also supports efforts to provide much needed upstream homeless prevention tools as requested by the Biden Harris administration in their FY 24 Presidential Budget Request.

HUD-VASH, and Tribal HUD-VASH appropriations should be made mandatory on behalf of our collective commitment to veterans and to spur additional affordable housing development. Also Increased access to Geriatric and Extended Care (GEC) services for veterans experiencing homelessness. NCHV is concerned that recent budget caps imposed by the Fiscal Responsibility Act (FRA) might result in VAMC Directors choosing to leave critical vacancies unfilled. We have started to hear from providers across the country that veterans they serve are unable to access HUD-VASH in a timely way if at all. Some are waiting months for intakes, some are being told that the VAMC is no longer taking HUD-VASH referrals, and other communities have been told the VAMC will not place vouchers there due to an inability to hire case managers. NCHV urges continued oversight of HUD-VASH and Tribal HUD-VASH to minimize impacts to VAMCs around the county. NCHV recommends promoting housing navigation staff as exemplified with HUD-VASH Enhanced Project-Based Vouchers and the hiring of additional staff at 18 facilities to enhance services at PBV sites. New home-based care models can be achieved through adaptation of programming and service provision at system point of entry such as emergency shelters, Stand Downs, and transitional housing.

Emergency & Recovery

Presented with a good number of issues at the pandemic's outset, VA and its grantees rose to the challenge. VA must continue to address veteran homelessness while anticipating increases in program scale coupled with lack of sufficient statutory relief. From report language intent, SSVF inclusion and passage of the Section 9103 of the *William M. Thornberry National Defense Authorization Act for FY 2021* (P.L. 116-283), VA has also begun program eligibility expansions for veterans with other-than-honorable (OTH) discharges. While under 9 percent of veteran discharges statuses are not Honorable, approximately 15 percent of the veterans experiencing homelessness have Under or OTH, and in some urban communities that percentage rises as high as 30 percent. The Health Care for Homeless Veterans (HCHV) program currently does not serve veterans with an "other than honorable" discharge status. Due to the importance of this program, we request that Congress expand its eligibility criteria to include veterans with OTH discharges, and Guard and Reserve members who may not have been federally-activated.

We encourage collaborative Federal efforts to identify ways to efficiently serve veterans experiencing homelessness. NCHV continues to support efforts to appropriate case management funding for VA to fully utilize HUD-VASH vouchers. Some communities purchased hotels and motels for conversion during the PHE. Additional capital funding to renovate recently acquired or dilapidated facilities, paired with project-based vouchers for operating funds could be a

mechanism to increase the availability of affordable housing more rapidly than traditional affordable housing development timelines allow. The last Housing Choice project-based voucher competition to spur development was a decade ago in 2014. There is absolutely no reason any veterans with HUD-VASH vouchers in hand should remain homeless if we can utilize all tools at our disposal to incentivize the development and/or identification of additional affordable housing stock on their behalf.

Moratoria & Foreclosures

NCHV anticipates that we have not seen the full extent of the impact of the PHE, the end of Eviction and Foreclosure Moratoria, and the sunset of Emergency Rent Assistance (ERA) funding in the 2023 PIT count data. Providers have been reporting growing wait lists for assistance in real time. The sunset of the eviction moratoria and ERA programs nationally have left veterans and others without a critical layer of protection against housing instability. NCHV supports any more toward the creation of a permanent, nationwide ERA program to prevent evictions.

Furthermore, Veterans and servicemembers with VA home loans who faced financial difficulties during the COVID-19 pandemic used forbearance to pause their mortgage payments without penalty and remain in their homes. The *Veterans Housing Stability Act of 2024*, S. 3728, would reestablish a partial claim program to help veterans and servicemembers using the VA home loan exit forbearance and get back on track with their payments and keep their homes.

Employment

Re-Employment and re-integration efforts will continue to be crucial to stability of the impacted veterans through an expanded Homeless Veteran Reintegration Program (HVRP) as it attempts to reach every veteran. Recent congressional mandates to expand HVRP to every state have fallen short due to lack of qualified entities applying. Grantees must be informed of their program awards with sufficient time to staff up, maintain staff, or transfer care of veterans and inform staff of layoffs if their grant was not re-awarded. HVRP has also suffered, for multiple years, shortfalls in their federal administration account which provides for full-time employee hires. NCHV recommends additional FTE funding earmarked for HVRP, or statutory authority to use unspent program funds on HVRP-specific FTE hires.

In Summation

Thank you for the opportunity to submit this testimony and for your continued interest in ending veteran homelessness. It is a privilege to work with all of you to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed. We are experiencing increasing numbers of veterans experiencing and at-risk of homelessness need continued safe housing now more than ever. We thank you for your attention as we work collectively to lessen the impact that rising rents and lack of access to affordable housing have on veterans experiencing or at-risk of homelessness.

Appendix A

Funding Recommendations for Fiscal Year 2025

NCHV estimates a total increase of \$175 million for homeless veteran programs in FY 2025, with the need spread across several major VA accounts listed, additionally of note were needed increases for the Veterans Justice Programs and Legal Services Grantees. Programs External to VA require a complimentary increase of \$175 million across DOL and HUD accounts. Primary non-VA programs include \$52.5 million for additional HUD-VASH incremental vouchers part of an overall \$100 million for HUD to provide new HUD-VASH voucher utilization capabilities to expand access to permanent housing to a wider swath of veterans. \$75 million for DOL's HVRP program and an additional 12 million for DOL-VETS Federal Admin account, earmarked for HVRP FTEs. The remaining VA program calculations are made based on the current 2024 VA program spending rates while we continue operating under a FY 23 Continuing Resolution. NCHV recommends continued support above current funding levels to ensure that sufficient support for housing unstable veterans is available, even as other Federal, State, and Local emergency related supports for the general population are expended.

VA

Health Care for Homeless Veterans Program (HCHV) - \$25 million increase and reauthorization for temporary housing for homeless vets to reduce social distancing, targeted outreach efforts in communities actively criminalizing homeless, and surveillance of homeless encampments.

Supportive Services for Veteran Families (SSVF) \$25 million increase to \$800 million, removal of grant cap, and reauthorization to provide flexible assistance targeted at keeping vulnerable vets in safe situations, addressing rental and other eligible arrears, and continued implementation of the shallow subsidies expansion. In 2023 alone the program helped 115,834 Veterans and their families be housed or were prevented from becoming homeless, getting veterans and their dependents off the street finding them more permanent housing. This program's capacity must be maintained, cementing gains made in veteran homelessness during the PHE. NCHV recommends making the SSVF program permanent to increase grantee confidence and to align with other HPO programs.

Restore \$44 million to the Grant and Per Diem Program (GPD) to \$350 million, for removal of grant and reimbursement rate caps & Special Needs reauthorization to maintain system capacity and allow for additional facility renovations. This funding would also allow for additional rounds of capital grants that are needed to extend the capabilities of service providers begun during the PHE.

\$35 million increase for the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Case Management Program for VA to provide additional VA or community contracted case managers. To increase the quality of services and increase

voucher utilization and decrease case manager loads, increasing hard to fill location-based and specialty hiring incentives, as well as retention and rapport building capabilities.

HUD

\$100 million for HUD-VASH incremental funding to increase the capacity of communities to move veterans from motel/hotel placements into permanent housing.

- i. \$40 million for HUD to provide 4,500 new Project Based Vouchers, that are not counted against PHA utilization rates and caps on project-basing of vouchers.
- ii. \$52.5 million for HUD to provide for new incremental vouchers and additional Public Housing Authority incentives, to mirror the incentives offered with HUD's Emergency Housing Vouchers.
- iii. 7.5 million for Tribal HUD-VASH

DOL

\$7.5 million increase to \$75 million for DOL's Homeless Veteran Reintegration Program (HVRP) aimed at expanding available assistance for at-risk veterans due to job loss. The program intends to continue expanding access nationwide and include spouses and dependents. HUD Data indicates positive effects on program metrics for programs paired with HVRP grants as there are savings in administrative costs between programs with a single grantee.

NCHV appreciates every dollar Congress has allocated to ending veteran homelessness and we also recognize the need to fund these obvious program improvements for the next year and beyond. Our collective mission is to not only reduce, but end veteran homelessness finally.

Appendix B**Supported Legislation****S. 1436** - Critical Health Access Resource and Grant Extensions Act of 2023 (CHARGE Act)

NCHV **fully supports** the CHARGE Act of 2023. This critical legislation makes necessary program adjustments to better accommodate homeless veterans with difficulties accessing services, as requested by *both* VA and service providers. This duly considered and carefully crafted language would again allow VA transportation, communication and purchasing authorities providing veterans access to care, communication with case management, and stable housing supports. The bill would also adjust access to reimbursement for transitional housing providers with veterans actively in their care. Emphasizing continuous improvement, the bill includes an assessment of remaining barriers to securing permanent housing and longer-term program reporting to refine veteran housing outcomes. NCHV urges the Senate's consideration and passage of this legislation's more comprehensive language without delay.

H.R. 491 - Return Home to Housing Act

NCHV **supports** this legislation that resumes Grant and Per Diem (GPD) Program reimbursement rate flexibility at 200% the state home domiciliary rate of \$59.69, or \$119.38 a night for shelter, food, security, staff, and provision of all supportive services. Funding for this program goes directly to veteran services as it is reimbursed for supports already provided to a veteran in need of housing. This bill is a House companion of the GPD language included in the Senate's Charge Act.

H.R. 645 - Healthy Foundations for Homeless Veterans Act

NCHV **supports** this legislation which restores lapsed VA communications, transportation, and spending authorities. VA will once again be able to get veterans to and from their medical appointments back to their housing, facilities, or unsheltered locations rather than letting veterans navigate major thoroughfares at high risk to themselves and or days of travel by foot in both rural and urban settings without mass transportation. The legislation has the added benefit of drastically reducing missed VA medical appointments or case management losing contact with unsheltered veterans. This bill is a House companion of the flexible VA authority language included in the Senate's Charge Act.

H.R. 3848 - Housing our Military Veterans Effectively Act of 2023 (Home Act) (Passed House)

NCHV **supports** this legislation. The bill would adjust the cap on reimbursement for transitionally housing veterans at 133% of the state home domiciliary rate. There would also be a waiver available for up to 50% of the providers for up to 200% of the state home domiciliary rate. More simply the rate would go from \$68.64 to just over \$79.38 for the next three years.

This bill, like S. 1436 in the Senate, also includes language restoring the lost SSVF spending authorities but only for a one-year extension.

H.R. 2525 - Health Care for Homeless Veterans Act

NCHV **supports** this legislation. The bill extends the HCHV program through 2029 and provides that under the HCHV program, *a veteran* means a person who served in the active military, naval, air, or space service and was discharged or released from service, excluding those who received a dishonorable discharge or were discharged or dismissed under a general court-martial.

S. 3728 - Veterans Housing Stability Act of 2024

NCHV **supports** this legislation. Veteran mortgage delinquencies were not forgiven during the PHE but were placed in forbearance. The PHE lapsed and those bills came due or refinanced into much higher rates. While VA is working to provide release valve without statutory relief from Congress, options are severely limited for veteran borrowers who took on high interest loans. This bill would halt veteran foreclosures through a partial claim program.

HR 3900 - To establish certain rights for spouses of members of the uniformed services

NCHV **supports** granting employment and reemployment rights to spouses of service members, which helps them maintain income through the curveballs of military life (deployments, moves, and mobilizations) thrown at military families. Dual incomes are seen as a protective factor for military families when service members are in transition.

H.R. 6225 - Expanding Home Loans for Guard and Reservists Act

NCHV **supports** expansion of grants eligibility for the VA Home Loan program to Reserve component service members who serve 30 consecutive days of active duty for training that is not basic training. This effectively allows Guard/Reservists to become eligible for the VA Home Loan program as they are in their military occupation specialty training after basic training.

HR 5416 - Ensuring Veterans' Smooth Transition Act

NCHV supports automatically enrolling transitioning service members into VA healthcare to ease the transition process and ensure continuity of care considering that service members are allowed to opt-out.

Veteran Package - Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act

NCHV **supports** the inclusion of language from the Senate's CHARGE Act and the House's Home Act in any final legislation. Final bill text has yet to be released and CBO scores have only

recently been received by the joint committees. The VSO community has been heavily invested in the passage of this package of veteran supports and priorities from the outset of the 118th Congress and NCHV urges consideration without further delay.

HUD-VASH Update - End Veteran Homelessness Act of 2024

NCHV **supports** this legislation which would carefully shift the onus of case management from the veteran to VA. The bill would allow VA to extend HUD-VASH voucher access beyond the chronically homeless and the most acutely disabled, to all *homeless* veterans and those *at risk* of homelessness, or that are already participating in other rental assistance programs. The language carefully maintains priorities for the original sub-populations to maintain veteran access to case management. The bill would increase access to, and utilization of HUD-VASH vouchers. NCHV urges swift consideration of this legislation along with additional incremental funding in 2025 to cover these intended expansions.

Draft Bill - *Homeless Eligibility*

NCHV **supports** this language which Would standardize eligibility for VA homeless programs and would add veterans of the Military's Reserve Components as eligible for homeless services. Programs have naturally evolved and expanded independently in different Congresses, causing a patchwork of eligibility regulations and rules for accessing support. This language could ameliorate several cross program and even departmental statutory and regulatory eligibility incongruities causing artificial barriers to access for veterans in need.

Draft Bill - *HOMELSS_PROGRAMS.xml* – Guard/Reserve VA Homelessness Program Eligibility

NCHV **supports** this legislation which fixes issues that have arisen between homeless programs for the Guard and Reserve components when eligibility was expanded for veterans with Other Than Honorable discharge statuses.

Draft Bill - *Veteran Rental Assistance Guarantee*

NCHV **supports** this language which would guarantee all veterans a one-time upstream rental assistance of up to \$4,000 for first and month's rent, back rent, landlord incentives, or lease-up fees, paired with a longer-term housing voucher. The language was intended to realize the Biden-Harris Administration's 2024 Budget Request of a multi-billion-dollar upstream homeless prevention proposal for homeless veterans and those at risk of homelessness. The language also prohibits discrimination against the source of the funds while also barring veteran disability from being included in eligibility calculations.

Draft Bill - *BNA_vets.xml* - Basic Need Allowance/Hunger bill

NCHV **supports** the provision for basic needs if service members are receiving the Basic Need Allowance the month before transition, the Services will continue to pay it to service members/veterans the 6 months after transition.

Draft Bill - *PORTCA_167_xml* - Setting the Table for Transition Act of 2023

NCHV **supports** granting SNAP eligibility for all service members for 100 days post transition to reduce food insecurity in transitioning veterans.

Kathryn Monet is the Chief Executive Officer of the National Coalition for Homeless Veterans. In this role, she focuses on the execution of NCHV's strategic policy and technical assistance agenda, and on expanding NCHV's strategic partnerships to more effectively end veteran homelessness. Kathryn has spent over a decade in the public and nonprofit sector working to address housing instability and homelessness among veterans. Prior to joining NCHV, she was with the National Alliance to End Homelessness focusing on the promotion of data-driven, evidence-based interventions to end homelessness, particularly among veterans. Kathryn also was involved in veteran homelessness in a legislative capacity during her time at the Senate Committee on Veterans' Affairs. She earned a Masters of Public Administration from Villanova University and a Bachelor of Science in Diplomacy and International Relations from Seton Hall University. Kathryn currently serves on the VA Advisory Committee for Homeless Veterans, the US Vets DC Advisory Council, the Board of Directors for the National Low Income Housing Coalition, and the Board of Governors for the National Housing Conference.



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS HEALTH CARE and BENEFITS

2nd SESSION of the 118th CONGRESS

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

March 13, 2024

Presented by

CDR René A. Campos, USN-Ret

Senior Director, Government Relations

EXECUTIVE SUMMARY

MOAA appreciates the Senate and House Veterans' Affairs Committees' (SVAC and HVAC) recognition of the value of these joint hearings and the opportunities they present for veterans and military service organizations (VSOs/MSOs) to work collaboratively with members to improve the lives of our nation's servicemembers, retirees, and veterans, as well as their families, caregivers, and survivors. How we support and care for our all-volunteer force, both during and after service, holds meaningful influence over recruiting and retention, and ultimately our national security.

The first session of the 118th Congress was disappointing for MOAA members and the veteran community, with fewer than 30 bills becoming law — the lowest number in decades¹ — and no full-year spending package for the Department of Veterans Affairs (VA). Six months into fiscal year (FY) 2024, there have been numerous hearings and a growing backlog of bills awaiting floor time, but little clarity as to what veterans' legislation actually will become law this year. MOAA and other veterans organizations worked nonstop to keep pressure on lawmakers and will continue to press this year to ensure important bills don't languish.

While MOAA's priorities for veterans have remained consistent throughout the 118th Congress, our immediate goal is ensuring the 2023 end-of-year veterans' package, now called the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, becomes law early this year. MOAA urges the committees to finish their negotiations on the package, which includes many of our priorities listed below, then focus on its enactment so they can move on to other important legislation.

MOAA 2024 LEGISLATIVE PRIORITIES

Veterans Health Care

- **Goal:** To compel Congress and the VA to accelerate delivery of caregiving and whole health care services, and to modernize the Veterans Health Administration (VHA) workforce and facility infrastructure to improve veterans' access to high quality care.
- **Legislation:**
 - *Expanding Veterans' Options for Long Term Care Act*² — Allows the VA to carry out a pilot program to provide assisted living services to eligible veterans.
 - *Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act (Elizabeth Dole Home Care Act)*³ — Improves VA home and community-based services for veterans and support to family caregivers.
 - *Veteran Caregiver Application and Appeals Reform (CARE) Act*⁴ — Modifies the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to improve

¹ *Capitol Hill stunner: 2023 led to fewest laws in decades:* <https://www.axios.com/2023/12/19/118-congress-bills-least-unproductive-chart>.

² S. 495 / H.R. 1815: <https://www.congress.gov/bill/118th-congress/senate-bill/495>.

³ S. 141 / H.R. 542: <https://www.congress.gov/bill/118th-congress/senate-bill/141>.

⁴ S. 1792 / H.R. 4518: <https://www.congress.gov/bill/118th-congress/senate-bill/1792>.

transparency and access to services for caregivers of veterans, and aid in navigating VHA health care programs and services.

- *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (S. 3885) — Studies the feasibility of creating a pathway for caregivers to contribute to their own Social Security and personal retirement accounts, and provides employment benefits, transition assistance, and extends CHAMPVA health care coverage for primary caregivers.
- *Improving Whole Health for Veterans with Chronic Conditions Act*⁵ — Improves health care services (including dental care) for veterans with diabetes and heart disease.
- *CHAMPVA Children's Care Protection Act*⁶ — Expands VA health care coverage to age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for the Department of Defense's (DoD) TRICARE program.
- *Servicemembers and Veterans Empowerment and Support Act*⁷ — Expands health care and benefits for survivors of military sexual trauma.

Veterans Benefits

- **Goal:** To support a Veterans Benefits Administration (VBA) that is effective and transparent for veterans, their families, and survivors.
- **Legislation:**
 - *Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act*⁸ — Imposes criminal penalties on those who seek to collect unreasonable and unauthorized fees for assisting with service-connected disability claims.
 - *TAP Promotion Act*⁹ — Requires VSO involvement with the Transition Assistance Program.
 - *Major Richard Star Act*¹⁰ — Provides concurrent receipt of retired pay and VA disability for those injured in combat and forced to retire before 20 years of service.
 - *Caring for Survivors Act*¹¹ — Improves and expands eligibility for Dependency and Indemnity Compensation (DIC) to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.

⁵ S. 1954 / H.R. 4150: <https://www.congress.gov/bill/118th-congress/senate-bill/1954>.

⁶ S. 1119 / H.R. 2414: <https://www.congress.gov/bill/118th-congress/senate-bill/1119>.

⁷ S. 1028 / H.R. 2441: <https://www.congress.gov/bill/118th-congress/senate-bill/1028>.

⁸ S. 740 / H.R. 1139: <https://www.congress.gov/bill/118th-congress/senate-bill/740>.

⁹ S. 2888 / H.R. 3933: <https://www.congress.gov/bill/118th-congress/senate-bill/2888>.

¹⁰ S. 344: <https://www.congress.gov/bill/118th-congress/senate-bill/344>.

¹¹ S. 414 / H.R. 1083: <https://www.congress.gov/bill/118th-congress/senate-bill/414>.

- *Love Lives On Act*¹² — Reverses penalties faced by surviving military spouses who remarry prior to age 55.
- *Respect for Grieving Military Families Act*¹³ — Prevents the Defense Finance and Accounting Service (DFAS) from immediately recouping any overpayment of benefits from grieving survivors at the time of their loved one's death and instead gives them the ability to repay the benefits over a 12-month period.

CHAIRMEN TESTER and BOST and RANKING MEMBERS MORAN and TAKANO, on behalf of the Military Officers Association of America (MOAA), our more than 360,000 members thank you for the opportunity to present testimony on our major legislative priorities for veterans' health care and benefits. MOAA is committed to working with the committees and the Department of Veterans Affairs (VA) to ensure those who serve and have served receive the health care and benefits they earned through their service.

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

VETERANS HEALTH CARE PRIORITIES

VA HEALTH CARE SYSTEM IN TRANSITION

The Veterans Health Administration (VHA) has undergone more than two decades of persistent change and mission expansion since the September 11, 2001, attacks and the announcement of the Global War on Terrorism military campaign. These wars and other crises, including the COVID-19 pandemic, elicited an outcry of congressional and community support, along with actions aimed at improving health care access and modernizing the delivery of health care services through the VA.

The VA remains a health care system in transition — struggling to modernize and implement enacted legislation Congress has expanded the scope of its health care system by creating new programs, increasing benefits and services, and authorizing additional funding at a growth rate of over 5% annually.

Veterans and their families rely on VHA's vital care and services. VA medical centers and outpatient clinics represent the largest integrated health care system in the country, providing a range of services

¹² S. 1266 / H.R. 3651: <https://www.congress.gov/bill/118th-congress/senate-bill/1266>.

¹³ S. 1588 / H.R. 3232: <https://www.congress.gov/bill/118th-congress/senate-bill/1588>.

to more than 9 million enrolled veterans. The VA estimates 13 million veterans (of an estimated total population of 17 million) are eligible to receive VA care¹⁴; however, only a little over 6 million receive care via the VHA, either because they use other health insurance or they do not need or want VHA services¹⁵.

The VHA does not operate in isolation. It is an integral partner in delivering essential health care throughout the United States. Few Americans fully understand the VA's important contributions to our nation's health system. It has four statutory missions¹⁶ — to deliver health care; conduct research¹⁷; train and educate health professionals¹⁸; and respond to war, terrorism, national emergencies, and national disasters¹⁹.

The VA health care system remains just as relevant today as any time in history to MOAA's membership, our veteran and military communities, and the nation. Health care systems like the VHA were vital during the COVID-19 pandemic and continue to change and evolve since the crisis.

MOAA commends Congress and VA Secretary Denis McDonough and his leadership team for their transparency and partnership with our organization and other stakeholder groups to make the necessary improvements to strengthen and sustain a viable VHA health system for veterans today and the years ahead. However, collectively we recognize there is more work to be done to gain the trust and confidence of veterans.

Texas Reserve Retiree-Veteran's experience using VA health care:

“VA has a world-class pharmacy system — I get my medication delivered to my home without a hitch. The communication and patient advocacy process — not so good. We have 15 patient advocates in my VA medical center and only one phone number. I don't see any standardization and accountability in how care is delivered. There is also a void between receiving care in the VA emergency room and getting follow-on care.”

¹⁴ 2022 Survey of Veteran Enrollees Health and Use of Health Care Findings Report: <https://www.va.gov/VHASTRATEGY/SOE2022/VASOE-FindingsReport-Final.pdf>.

¹⁵ CRS Introduction to Veterans Health Care: <https://crsreports.congress.gov/product/pdf/IF/IF10555>.

¹⁶ VHA Partnerships Bridge Gaps for Veterans: <https://www.va.gov/HEALTHPARTNERSHIPS/docs/22NewsletterVol06Issue03.pdf>.

¹⁷ VA Office of Research and Development: https://www.research.va.gov/for_veterans/default.cfm.

¹⁸ VA Office of Academic Affiliations: <https://www.va.gov/oaaf/>.

¹⁹ VA's Fourth Mission: https://www.va.gov/VHAEMERGENCYMANAGEMENT/docs/4TH-MISSION_FAQs_508.pdf.

VA AND COMMUNITY CAREGIVING SERVICES

Home- and Community-Based Services (HCBS) and Long-Term Care (LTC)

Experts and veterans' advocates testifying at a June 7, 2023, hearing before the Senate Committee on Veterans' Affairs²⁰ discussed the need to improve LTC and supportive services for veterans as the nation undergoes a historic population shift.

MOAA has advocated for years to expand veterans' access to HCBS and LTC services. The need for expansion is even greater today as the VA experiences exponential growth in this population. Veterans over age 65 represent a greater portion of the VA patient population than in other health care systems. The VA expects about 80% of veterans will need long-term support services as they age.

The VA operates 134 VA community living centers providing 24-hour skilled nursing care, along with other supportive services provided via community nursing home contracts. Veterans also receive nursing home care at 164 state veterans homes in all 50 states and Puerto Rico.

The VA has shifted focus in recent years from facility-based care (like nursing home care) and community living centers to providing care in veterans' homes, as 90% of Americans would prefer aging in place. Home health aide services, adult day programs, home respite care, assisted living, and other HCBS allow older adults and disabled veterans to live more independently.

About 412,000 veterans received HCBS care in FY 2022, costing the VA \$3.9 billion. The department acknowledges veterans are happier receiving care at home, and allowing them to do so saves taxpayer dollars. While the veteran population is expected to decrease by 8% from FY 2019 to FY 2035, the number of veterans enrolled in VA health care age 85 and older will rise by 73%. Women veterans in this age group will increase by 127% during this period. The VA obligated \$7.3 billion for nursing home care in FY 2022 but estimates it will spend more than \$15 billion a year in the next decade²¹.

²⁰ **An Abiding Commitment to Those Who Served: Examining Veterans' Access to Long Term Care:**
<https://www.veterans.senate.gov/2023/6/an-abiding-commitment-to-those-who-served-examining-veterans-access-to-long-term-care>.

²¹ **VA Statement at a Jan. 26, 2024 SVAC Field Hearing on Long-Term Care for Veterans in Maine:**
<https://www.veterans.senate.gov/services/files/84CA575-EBE1-453A-BE38-01C2A4A56A59>.

The VA cannot address this trend alone: Support from Congress, other federal agencies like the Centers for Medicare and Medicaid Services (CMS), and state and local partners will be required to meet the needs of veterans.

The VA has implemented a plan to accelerate HCBS and LTC programs, but implementation efforts continue to lag demand and access remains significantly limited at medical centers across the country.

A RAND Corporation study²² supported recent Government Accountability Office (GAO) findings citing several key challenges facing the VA in meeting this demand:

- National health care workforce shortages of geriatricians and palliative care providers and direct care workers.
- Geographic alignment of care, particularly for the 2.8 million veterans living in rural areas where access to services is often limited.
- Appropriate LTC care services for veterans with specialty care needs such as dementia, behavioral health, and ventilator support.
- Budgetary pressures at VA medical centers, which can limit access to HCBS.

These critical life-saving services will continue to be a top priority for MOAA, and we urge the same for Congress.

Caregiver Support

MOAA also recognizes the critical role of caregivers. We were an early supporter of legislation to establish the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC)²³ for post-9/11 veterans, as well as expansion and improvements to caregiver benefits and programs for veterans of all eras.

The PCAFC is a unique program focused on supporting veteran caregivers. The VA is the only health system in the country that provides comprehensive, wraparound services for caregivers of eligible veterans, to include a monthly stipend; education, financial and legal assistance; health insurance; beneficiary travel; peer support; and other resources to aid the family caregiver in caring for their loved one.

Congress directed the VA to expand the program in the 2018 [MISSION Act](#). Implementation problems and high denial rates or discharges have prevented the full rollout of the program since its launch on Oct. 1, 2020.

The VA has worked diligently with veteran stakeholder groups the last two years in reviewing and seeking solutions for improving the program to meet the intent of lawmakers' vision of the MISSION Act. MOAA commends the VA and especially the work that has been done under the leadership of Dr. Colleen Richardson, the Caregiver Support Program (CSP) executive director. The entire CSP team is

²² 2023 RAND Corporation Home and Community-Based Services Veterans' Issues in Focus: <https://www.rand.org/pubs/perspectives/PEA1363-9.html>.

²³ PCAFC: https://www.caregiver.va.gov/support/support_benefits.asp.

collaborative, transparent, and exceptionally dedicated to their work; they genuinely care about getting this program right for veterans and their family caregivers. In 2023, the CSP office enhanced respite services and established respite liaisons, expanded mental health resources, and established legal and financial services, among other improvements to support caregivers. The VHA recognizes its work has only begun in improving the caregiver and veteran experience and in realigning services to support this vulnerable population. MOAA will continue to be a strong partner in these essential changes.

Washington State Vietnam Veteran Caregiver's experience accessing respite care:

"I am a member of the Veterans Comprehensive Caregiver Program for my husband who I've been taking care of since 2011. I'm honored to be his rock! I was contacted in January 2023 by the caregiver support team for an initial phone consult for respite care. It was nice to be considered so I gave some dates for scheduling. I was informed I'd receive a call to set up the appointment but received no further communication from VA. As a former medical administrator, I admit, this is frustrating and deflating, not only for me personally but for caregivers in general."

There are growing concerns among members in Congress and some stakeholder groups about the unintended consequences of the stipend provided to veteran caregivers in PCAFC. As written, the stipend is considered unearned income, which makes caregivers ineligible to make contributions to Social Security and personal retirement accounts. In fact, there is no earned income in most veteran households — the caregiver stipend, VA disability compensation, Social Security and Supplemental Security Income Disability Programs, and Combat-Related Special Compensation are all considered unearned income — therefore, caregivers are not able to contribute to their retirement or Social Security. MOAA thanks the Quality of Life Foundation (QoLF) for bringing this issue to the attention of Congress.

MOAA joins with the QoLF in urging Congress to pass legislation to study the feasibility of creating a pathway for caregivers to contribute to their own Social Security and personal retirement accounts as provided in the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* legislation (S. 3885). Additionally, the bill would provide employment benefits, transition assistance, and extend CHAMPVA health care coverage from 90 to 180 days to eligible caregivers designated as primary providers of personal care upon the death of their veteran or removal from PCAFC.

QoLF Caregivers' personal experiences with income insecurity:

A 22-year-old South Dakota caregiver was in her first year of teaching when her husband suffered a severe traumatic brain injury, blinding him and leaving him in need of 24-hour-a-day care. She left her job to care for him; now 40, she's never been able to return to the workplace. She has no Social Security and no retirement. Because her husband was also young, there is little spousal Social Security benefit for her because his Social Security earnings stopped in 2006.

Another caregiver in Georgia, after being enrolled in PCAFC, contributed to her pre-existing retirement account that she had set up while she was working prior to becoming a caregiver. She was trying to be responsible. At the end of the year, she was hit with a tax penalty for making an illegal contribution to a retirement account, then hit with an early withdrawal fee when she was forced to withdraw the money she was not allowed to contribute in the first place.

MOAA-QoLF Roundtable on the Caregiver and Veteran Experience with Respite Care

On Oct. 24, 2023, MOAA and the QoLF hosted a roundtable²⁴ discussion with governmental and non-governmental leaders and experts to assess federal and community respite care options for caregivers and veterans. The roundtable resulted in a list of the top unmet needs and actionable solutions agencies and individuals could use in their respective areas of influence to improve respite care programs and services for our nation's caregivers and veterans:

Unmet Needs

- Trust and confidence in the VHA.
- Limited access options in rural areas.
- Outreach, education, and training gaps.
- VHA program eligibility and access challenges.
- Limited VHA respite care funding.
- Respite care provider shortages and provider accountability problems.
- Financial challenges and out-of-pocket expenses for caregivers and veterans.
- Limited understanding of respite care program usage.
- Caregiving and child care responsibilities.
- Synchronization of benefits and services among federal and community programs.

Actionable Solutions (address the above unmet needs and others highlighted in the roundtable summary paper)

- Create a "Pathway to Advocacy" through legislation like the *Veteran Caregiver Application and Appeals Reform (CARE) Act* so VSOs and nonprofit organizations are able to assist and advocate for veterans and caregivers within the VHA.
- Develop and implement a program of Federal Respite Care Liaisons (FRCL) to assist caregivers with navigating all programs available for respite care within federal agencies and across the government.

²⁴ MOAA - *Respite Care, Other Support Services are Lifelines for Caregivers and Veterans*: <https://www.moaa.org/content/publications-and-media/news-articles/2024-news-articles/advocacy/respite-care-other-support-services-are-lifelines-for-caregivers-and-veterans/>

- Educate caregivers, providers, and the public on what respite care is, what options are available, and where/how to find respite.
- Expand options and personnel to provide respite care.
- Make respite programs easier to identify and use by developing integrated systems that help facilitate collaboration, cooperation, and communication between agencies.
- Create better accountability practices for providers.
- Enhance peer support for caregivers seeking respite.
- Study caregiver usage of respite care services across federal agencies and in the community.

QoLF Pennsylvania Caregivers' experiences with obtaining skilled nursing respite:

In both cases, the caregivers had been in PCAFC but had been unable to obtain respite care for over two years. One caregiver had been a registered nurse before her husband was injured. Navigating the VA to obtain this care was daunting and impossible. It took the VA headquarters' PCAFC leadership, the respite care agency, and the QoLF to get the necessary care in place for these veterans.

MOAA and the QoLF will continue to work closely with Congress, the VA, and stakeholders on respite care, PCAFC, and other caregiving program improvements through roundtables and other forums that will encourage collaboration, cooperation, and communication.

MOAA Recommends:

- The VA and Congress collaborate to fully fund and accelerate the expansion of HCBS, LTC, and caregiver support programs including PCAFC to meet current and future needs of veterans, their caregivers, and families.
- Congress passes the following legislation:
 - *Expanding Veterans' Options for Long Term Care Act* (S. 495/H.R. 1815) — Allows the VA to carry out a pilot program to provide assisted living services to eligible veterans.
 - *Elizabeth Dole Home Care Act* (S. 141/H.R. 542) — Improves VA home and community-based services for veterans and support to family caregivers.
 - *Veteran Caregiver Application and Appeals Reform (CARE) Act* (S. 1792/H.R. 4518) — Modifies the PCAFC to improve transparency and access to services for caregivers of veterans, and provide assistance in navigating VA health care programs and services.
 - *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (S. 3885) — Studies the feasibility of creating a pathway for caregivers to contribute to their own Social Security and personal retirement accounts, and provides employment benefits, transition assistance, and extends CHAMPVA health care coverage for primary caregivers.
- Congress holds hearings to consider legislation to address some of the issues from the MOAA-QoLF Caregiver and Veteran Experience with Respite Care Roundtable, such as:

- Develop and implement a program of FRCLs to assist caregivers with navigating all programs available for respite care within federal agencies and across the government.
- Conduct a study on caregiver usage of respite care services across federal agencies and in the community.

VETERANS WHOLE HEALTH

The VHA established the Whole Health initiative in 2018. The new approach to care focuses on supporting the veteran's health and well-being by providing a personalized health plan based on values, needs, and goals important to the individual.

The initiative provides complementary and integrative health services as part of the VA medical package, such as acupuncture, mindfulness, tai chi, yoga, and massage therapy, among other examples. Research shows veterans who engage in the Whole Health program have a threefold reduction in opioid use; are better able to manage pain; are more successful at weight loss; and hold overall better engagement and outlook on life, according to the VA²⁵. These services are available at all VA medical facilities, although MOAA members and veterans report varying degrees of availability.

MOAA also believes dental health is just as important as mental health and should be part of VA's medical package of health care. The VA only provides dental care to a small fraction of veterans enrolled in its health care system — those with a service-connected disability rated at 100%; veterans with a service-connected dental condition; former prisoners of war; and homeless veterans.

It is widely understood that poor dental hygiene is directly linked to other chronic health care conditions, such as cardiovascular disease, upper respiratory disease, dementia, and diabetes. More than half (56%) of veterans reported active and treated tooth decay compared with 37% of nonveterans, according to a December 2021 white paper from the American Institute of Dental Public Health and the CareQuest Institute for Oral Health²⁶ citing findings from a National Health and Nutrition Examination Survey. Nearly 24% of veterans live in rural areas, where access to dental care can be challenging.

MOAA concurs with the white paper's recommendations that an integrated and whole-person approach to preventing and managing veterans' oral health is needed. This approach aligns squarely with VA's Whole Health initiative and its vision for complementary and integrated health — this should include fully integrating medical and dental care.

²⁵ VA Whole Health for Veterans: <https://www.va.gov/wholehealth/>.

²⁶ *White Paper Veteran Oral Health, Expanding Access and Equity*: https://www.carequest.org/system/files/CareQuest_Institute_Veteran-Oral-Health.pdf.

We would like the committees to consider legislation expanding dental care services to more veterans. Additionally, MOAA believes the VA needs to promote its Dental Insurance Program (VADIP)²⁷ more aggressively. VADIP coverage is provided through Delta Dental and MetLife networks. It is an important alternative, yet it remains widely unknown to veterans who are not eligible for VA dental care but are enrolled in the VHA, or those family members/survivors enrolled in the Civilian Health and Medical Program of VA (CHAMPVA). MOAA encourages the Congress to provide VA the funding it needs to market VADIP to all eligible veterans and CHAMPVA enrollees.

MOAA also urges Congress to pass health care coverage for adult children whose veteran parents are disabled or who have died from a service-connected disability. The *Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Children's Care Protection Act* has been a priority for MOAA, The Military Coalition, and other veterans groups for well over a decade. Enactment of this bill would align CHAMPVA coverage more closely with other employer-sponsored health care plans, including the TRICARE Young Adult program²⁸. The move would also provide peace of mind and financial relief to veterans and their families.

MOAA South Dakota Veteran Family Member's experience accessing rural care:

"Services available for my husband at the VA medical center in Sioux Falls, over 100 miles away from home, are spotty at best, and the local community clinic isn't always able to help us with his care. VA doesn't make it easy for veterans to get care, so my husband has just given up and would rather pay out of pocket than get care at the VA."

MOAA Recommends Congress:

- Ensures VA uniformly implements the Whole Health initiative, including the wide range of associated services and programs.
- Passes the following legislation:
 - *Improving Whole Health for Veterans with Chronic Conditions Act* (S. 1954/H.R. 4150) — Improves health care services for veterans with diabetes and heart disease, including dental care. MOAA encourages Congress to consider expanding eligibility so more veterans have access to dental care.
 - *CHAMPVA Children's Care Protection Act* (S. 1119/H.R. 2414) — Expands VA health care coverage until age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for DoD's TRICARE program.

²⁷ VADIP: <https://www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance/>.

²⁸ TRICARE Young Adult: <https://tricare.military/>.

WOMEN, MINORITY, AND UNDERSERVED VETERANS

The VA celebrated its 100th anniversary of delivering health care to women veterans on Sept. 14, 2023. The history of women serving in America's wars²⁹ reflects an enduring bravery ingrained in the very fabric of our country.

More than 2 million women veterans live in the U.S. today, making up the fastest-growing segment of the veteran population. More than 755,000 have enrolled in the VHA.

MOAA and other veterans groups have pressed for decades to further improve women's health care, benefits, and services. While the VA has improved services in fertility, newborn care, maternity care, child care, sexual assault and trauma, and homelessness, the department recognizes there is more to do. As the population of women serving in uniform continues to grow, the VA and Congress must target the necessary resources and services to meet demand.

This growing group is a diverse one: 43% of the women who accessed VA health services in FY 2020 belonged to a racial minority, according to the VA³⁰. "Although little is known about women veterans' experience of menopause and menopause-related care, almost half of women veteran VA users are in midlife, with prevalent risk factors for disruptive menopause symptoms and a high rate of medical and mental health comorbidities," according to an ongoing VA study³¹. Study findings also indicate racial and ethnic differences in how the department manages these symptoms.

MOAA continues to work closely with the department and Congress to eliminate disparities in health care delivery and advance research programs for women, minority, and underserved veterans. Expanding access and services is key to ensuring equitable delivery of health and benefit services among all veteran populations.

MOAA thanks the HVAC's Women Veteran Task Force for hosting a series of roundtables in 2023 and engaging organizations like MOAA in discussions focused on benefits, health, underemployment, safety, and security. The committee's report identified barriers women experience in accessing earned benefits, health care, and other services and provided solutions for improvement. It points to the need for more outreach, targeted communication with patients and providers, better tracking of care, documentation of care and records exchange, and addressing fragmented care when using multiple health care systems.

Additionally, the VA, like many health care systems, struggles to collect quality data on race, ethnicity, and gender. Barriers to care and disparities in the delivery of care were particularly

²⁹ **100 Years of Women's Health Care at VA:** <https://www.youtube.com/watch?v=e7PBMYTbk4>.

³⁰ **Women Veterans In Focus Fact Sheet:** <https://www.womenshealth.va.gov/WOMENSHEALTH/docs/VHA-WomensHealth-Focus-Infographic-2022-v02.pdf>.

³¹ **VA Women's Health Research, Improving Healthcare for Women Veterans: Addressing Menopause and Mental Health:** <https://hsrd.research.va.gov/publications/inprogress/sept22/default.cfm?InProgressMenu=sept22-2>.

evident during the pandemic for women, minority, and underserved populations, including those receiving VA health care. The VA must take more aggressive action to prioritize data collection across the enterprise to improve health care and patient outcomes for veterans.

MOAA is grateful to our partners at Disabled American Veterans (DAV) for continuing their series on the women veterans journey. The *2014 Women Veterans: Long Journey Home*, *2018's Women Veterans: The Journey Ahead*, and the recently released *Women Veterans: The Journey to Mental Wellness* reports³² are the culmination of significant research and expertise that bears serious review and action by VA and Congress.

MOAA Maryland Veteran's experience with VA staff and health care services:

"My initial experience with the VA during active duty and post-service was not a good one. I am so glad I gave VA another chance, and I hope other women veterans do the same. While the VA is not perfect, I can see progress when I go to a VA medical appointment. I know the nurses, doctors, medical staff, and employees that support the system — support me. My Primary Care Nurse is really great, so helpful, accessible, and compassionate — she loves her work!"

MOAA recommends:

- The VA eliminates health disparities in medical care and research programs for women, minority, and underserved veterans, and expand access and services to ensure equitable delivery of health and benefit services among all veteran populations.
- The VA accelerates initiatives to assure all veterans are valued, respected, and recognized for their service and contributions.
- Congress establishes an official joint HVAC/SVAC task force to represent the interest of women, minority, underserved, and vulnerable populations.
- Congress passes the *Servicemembers and Veterans Empowerment and Support Act* (S. 1028/H.R. 2441) — Expands health care and benefits for survivors of military sexual trauma.

VHA WORKFORCE AND INFRASTRUCTURE

Things looked bleak during the pandemic across U.S. health care systems, and the VA was no exception to the mounting pressures in providing patient care. The VHA had to alter delivery of services to veterans who relied on care through its 140 hospital and outpatient centers.

The VHA shifted the delivery of many types of care from in-person to telehealth to limit face-to-face interactions, according to a September 2023 VA inspector general report³³. Elective and

³² DAV Women Veterans Reports: <https://www.dav.org/get-help-now/veteran-topics-resources/women-veterans/>.

³³ Review of Personnel Shortages in Federal Health Care Programs During the COVID-19 Pandemic: <https://www.oversight.gov/sites/default/files/oig-reports/PRAC/healthcare-staffing-shortages-report.pdf>.

outpatient care requirements decreased as hospitalizations increased, but staff challenges remained. Burnout, turnover and recruitment problems which surfaced during the pandemic exacerbated personnel shortages from before the crisis.

The report identified 22 occupations defined as “severe occupational shortage” areas (difficult-to-fill positions) at 20% of the medical facilities surveyed. Psychiatry, practical nursing, psychology, primary care, and medical technologists were the top five clinical shortage areas. Nonclinical occupational shortages included custodial workers, medical support assistants, police, general engineers, and food service workers.

The report listed these reasons as most frequently cited for the shortages in the top five clinical and nonclinical occupations:

- Lack of qualified applicants
- Noncompetitive compensation
- Staff turnover
- Recruitment challenges
- Geographical recruitment challenges

MOAA has been encouraged by VA’s prioritization of its hiring and staffing practices. “The Veterans Health Administration hired 61,000 new employees in fiscal 2023,” said Dr. Shereef Elnahal, VA’s undersecretary for health, “outpacing its goal by 17% and giving it a workforce of more than 400,000 for the first time. It grew its workforce by more than 7%, its fastest rate in 15 years³⁴.”

The increase was a result of focused and proactive hiring and staffing practices. The VHA also saw a decline in employee turnover and retirement rates.

Like other health care systems, the VHA still has problems hiring in some occupational areas. In FY 2024, the system will target hiring mental health and primary care professionals. Elnahal has indicated the VHA needs 5,000 more mental health staff to more fully screen for mental health conditions and suicide ideation and provide treatment.

The department has a difficult time competing with the private sector in recruiting and retaining mental health and other specialty providers and medical professionals. As such, the VA is asking for new hiring authorities in the bipartisan bill, the *VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (CAREERS) Act*³⁵. The bill would allow the department to exclusively use a market pay component and give it more flexibility in setting pay

³⁴ **VA attributes record-breaking year to massive increases in hiring:** <https://www.govexec.com/workforce/2023/11/va-attributes-record-breaking-year-massive-increases-hiring/391791/#~:text=The%20Veterans%20Health%20Administration%20hired%2061%2C000%20new%20employees,of%20more%20than%20400%2C000%20for%20the%20first%20time>

³⁵ **S. 10:** <https://www.congress.gov/bills/118th-congress/senate-bill/10/>

without adjustments for longevity and base pay, among other actions to be more in line with the private sector, according to the VA³⁶.

The VA also is working to standardize its hiring process across the enterprise and expand its human resource workforce. Like the VHA's patient-centered or veteran-centric model, the VA hopes to create a candidate-care model that puts individuals and employees at the center of its human resource system.

But like veterans, VA employees want their medical facilities to be modern and well-equipped, where the highest quality of care is delivered. Yet the VA must modernize its infrastructure if it is going to meet the needs of its employees and veterans in the coming years. The median VHA facility is nearly 60 years old, per the VA, compared to 8.5 years for a private sector hospital. Nearly 7 in 10 VA hospitals (69%) are over 50 years old³⁷. As of FY 2021, VA estimates for addressing infrastructure needs could reach \$76 billion, according to a GAO report³⁸.

The VA needs to be more transparent in sharing information with internal and external stakeholders in its approach to infrastructure modernization and realignment, according to the GAO report. Improved communication and transparency with critical stakeholders such as Congress will be essential in VA's modernization efforts.

MOAA Recommends Congress:

- Appropriates funding to stabilize and modernize VHA's workforce and human resource support systems, and facility infrastructure, to meet current and future needs of veterans and VA staff.
- Works with the VA to preserve VHA's foundational missions and services. The department trains over 120,000 medical professionals across 40 disciplines — including pharmacists, social workers, physician assistants, and nurse practitioners — and about 70% of physicians and 60% of psychologists have received their training in a VA medical facility. Veterans, VA employees, and our country rely on the VHA to support our nation's health infrastructure.
- Holds hearings on provisions in the *VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (CARE) Act* (S. 10) and similar legislation; negotiate a path forward to provide the VA with the authorities it needs to be competitive in the marketplace.
- Ensures the VA focuses on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports³⁹, and ensuring legislation is fully implemented as intended by law.

³⁶ **SVAC Hearing, Strengthening Methods of Recruiting and Retention for VA's Workforce:** <https://www.veterans.senate.gov/2023/3/strengthening-methods-of-recruitment-and-retention-for-va-s-workforce>.

³⁷ **MOAA - What Does the VA Facility Realignment Plan Mean for Veterans' Health Care?:** <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/what-does-the-va-facility-realignment-plan-mean-for-veterans-health-care/>.

³⁸ **VA Health Care, Improved Data, Planning, and Communication Needed for Infrastructure Modernization and Realignment:** <https://www.gao.gov/products/gao-23-106001>.

³⁹ **Veterans Affairs, Addressing Longstanding Management Challenges Requires Sustained Leadership:** <https://www.gao.gov/products/gao-23-106636>.

OTHER MOAA VETERANS HEALTH CARE ISSUES OF INTEREST

VA Appropriations: Congress and the VA must ensure VHA's foundational missions and services are preserved through predictable funding. MOAA urges Congress to secure annual appropriations for the VA to execute at the start of each fiscal year and end the use of stopgap measures preventing the department from implementing its congressional mandates.

MOAA values our partnership with The Independent Budget (IB) veteran service organizations (IBVSOs — Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars) and their expertise in formulating recommendations. We urge Congress to give their 2024 report⁴⁰ due consideration throughout the appropriations process.

Oversight and Accountability: VHA health care transformation requires continuous oversight and accountability by both the department and Congress. Each has a responsibility in ensuring health care legislation is fully implemented as intended by law. Additionally, MOAA encourages Congress to conduct more joint oversight hearings with the Armed Services Committees on transition, mental health and suicide prevention, electronic health record modernization, community care, and other issues impacting and linking the uniformed services and veteran communities.

As both a VSO and MSO, MOAA has expertise that can be valuable in helping Congress solve issues bridging the VA and DoD health and benefits systems.

Health Care Program Issues and Legislation Monitoring:

- *Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act*⁴¹ — Expansion of VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances.
- *Deborah Sampson Act*⁴² — Implementation of health care, readjustment assistance, legal, and supportive programs and services for women veterans.
- John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act⁴³ — Expansion of veterans access to VHA and community care and caregiver support programs.
- *Commander John Scott Hammon Veterans Mental Health Care Improvement Act*⁴⁴ — Access to care and program improvements to VA mental health services and suicide prevention programs.
- Implementation of VA's Electronic Health Record Modernization (EHRM) project.

⁴⁰ **The Independent Budget: Fiscal Year 2025 and 2026 for the Department of Veterans Affairs:** [Independent-Budget-2024_FINAL-DIGITAL.pdf](#).

⁴¹ **Public Law 117-168, 117th Congress:** <https://www.congress.gov/117/plaws/publ168/PLAW-117publ168.pdf>.

⁴² **Public Law 116-315, 116th Congress:** <https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf>.

⁴³ **Public Law 115-182, 115th Congress:** <https://www.congress.gov/bills/115th-congress/senate-bill/2372/text>.

⁴⁴ **Public Law 116-171, 116th Congress:** <https://www.congress.gov/116/plaws/publ171/PLAW-116publ171.pdf>.

- VHA appointment wait times and scheduling challenges.

VETERANS BENEFITS PRIORITIES

TOXIC EXPOSURES

While the PACT Act made monumental strides for ill veterans, full implementation remains imperative to achieve real change. MOAA persists in addressing unresolved gaps and future-proofing the system — bridging DoD and VA benefits and health systems to avoid another generational crisis. Our duty continues beyond this victory; we cannot rest until every worthy provision meets its full, tangible impact for all affected.

PACT Act Implementation

Following the passage of the PACT Act, the VA has been committed to open and transparent communication with the veterans' community as the department continues to develop new processes brought on by this momentous legislation.

MOAA is closely monitoring how the VA promulgates regulations for the processes to examine future conditions, review pertinent research, and make decisions for new presumptive conditions related to toxic exposures. These regulations will set a standard for how veterans exposed to toxins are treated going forward. We applaud VA's outreach efforts to help veterans become aware of the expansion of care and benefits, and we urge Congress to help the department with the infrastructure, workforce, and funding to support enterprise-wide efforts to meet the needs of veterans.

Forthcoming MOAA and DAV Toxic Exposures Report

MOAA and DAV collaborated on a report detailing reformations and continued improvements to the presumptive process for toxic-exposed veterans following the passage of the PACT Act to prevent such neglect to these veterans from ever happening again. While the PACT Act was historic for veterans of all generations, there is still work to be done.

Our report, "*Ending the Wait for Toxic-Exposed Veterans*," will provide an overview of the many challenges and hurdles prevalent in the presumptive process for toxic exposures and will present recommendations for advancement in this space. Our goal with this report is to change

how our nation responds to toxic exposures so veterans never again need to face delays like those solved in the PACT Act.

Our findings showed that on average, toxic exposures do not receive presumptive condition status for over three decades, a timeframe which stems from the failure to concede these in-service events when they happened. This leads to long delays in acknowledging exposures, inconsistencies in which conditions are conceded and studied, and an incomplete and lagging process for creating presumptives.

The report will be released in May; invitations will be sent out to brief you, your staff, and fellow veterans groups on what we see as the path ahead for toxic exposures. By taking the concrete steps in MOAA and DAV’s report, our nation can radically alter how we respond to toxic exposures and eliminate the need for costly bills that keep veterans waiting longer than they should for their benefits.

MOAA Recommends Congress:

- Continues monitoring PACT Act implementation.
- Attends the MOAA-DAV “Ending the Wait for Toxic-Exposed Veterans” report briefing to learn more about improvements needed to the presumptive process for toxic exposures.
- Works with MOAA and DAV’s legislative teams to implement the report’s recommendations.

RESERVE COMPONENT

Reserve component recruiting has fallen short of annual goals over half the time in the past eight years, with only the Marine Corps Reserve consistently meeting 100% of targets⁴⁵. The Air Reserve reached established objectives during five of these years, trailed by the Air National Guard (four years), Army National Guard and Navy Reserve (both twice), and Army Reserve (once). Cumulatively, readiness remains hampered by persistent recruitment shortfalls across most of these crucial reserve forces.

Fiscal Year	Army NG % of Goal	Army Reserve % of Goal	Navy Reserve % of Goal	USMC Reserve % of Goal	Air NG % of Goal	Air Reserve % of Goal
2023	94.9%	63.6%	75.6%	103.9%	60.6%	68.1%
2022	64.6%	60.8%	74.4%	104.7%	68.8%	71.58%
2021	80.7%	73.6%	87.6%	105.0%	104.1%	104.6%
2020	90.1%	86.2%	97.0%	101.1%	103.4%	98.4%
2019	100.2%	98.1%	90.8%	100.0%	112.0%	135.7%
2018	78.1%	72.6%	94.4%	100.0%	91.7%	136.2%
2017	85.7%	92.2%	100.5%	100.0%	97.1%	140.7%
2016	105.2%	101.1%	100.3%	100.8%	105.9%	131.3%

⁴⁵ Office of the Under Secretary of Personnel and Readiness, Recruiting and Retention Press Releases: <https://prhome.defense.gov/M-RA/Inside-M-RA/MPP/PR/>.

June 30, 2023, marked the 50-year anniversary of the all-volunteer force, yet the reserve component recruitment shows significant readiness challenges. There are several ways the committee can help provide much-needed support to these servicemembers.

Reserve Component Specific Transition Assistance Program (TAP)

MOAA recognizes reserve component servicemembers are in a much different situation than those leaving active duty. Many of the current requirements are unnecessary for transitioning Guard and Reserve members, who would benefit from training focused on their unique needs. Similar to the active component, a tiered system could be created that provides the essential information for those returning to their pre-deployment jobs.

USMCR JAG officer's experience returning from an activation:

"Reservists have inherently different career paths than their active duty counterparts and have to engage in a complicated balancing act to ensure they can maintain both civilian and military career progression. For many reservists like myself, blindly requiring TAP when that takes time away that I needed to be spending back at my civilian job which was put on hold while I was on reserve duty was far more harm than good. Each reservists' needs should be what dictates the TAP requirements, not a 'one-size-fits-all' approach."

When we are seeking to improve the quality of life for our troops, removing unnecessary barriers is just as important as fixing everyday problems. Tailoring a unique TAP experience for the reserve component will help both these servicemembers and the wider DoD.

GI Bill Parity

Despite serving and sacrificing alongside active duty counterparts, Guard and Reserve troops face undue restrictions earning the education benefits their service warrants. MOAA supports GI Bill parity for Guard and Reserve members and the principle that every day of service should count toward earned education and other benefits. We urge reform that grants fair treatment for our reserve component troops. We need to bolster the benefits of the reserve component to attract new talent. This will also incentivize those in the active component to join the reserves instead of making a clean break after service.

Improve SCRA Protections and Access

A recent report suggests few Guard and Reserve members use the interest rate reductions benefit allowed under the Servicemembers Civil Relief Act (SCRA)⁴⁶. Servicemembers forfeited an estimated \$100 million in unused benefits from 2007 to 2018. The process financial institutions use to access these SCRA protections puts a burden on troops when they mobilize. MOAA wants

⁴⁶ CFPB, *Protecting Those Who Protect Us: Evidence of activated Guard and Reserve servicemembers' usage of credit protections under the Servicemembers Civil Relief Act (2022)*; <https://www.consumerfinance.gov/data-research/research-reports/evidence-of-servicemembers-usage-of-credit-protections-under-scra/>.

financial institutions to regularly check on reserve component status changes; proactive checks will give all eligible troops their SCRA benefits automatically. If we make it easier for those being called to serve, our servicemembers can focus on their duty instead of dealing with financial institutions' bureaucracy.

MOAA Recommends Congress:

- Creates a reserve component TAP class to address their unique transition challenges.
- Establishes GI Bill Parity for reserve component members to ensure every day in uniform counts for service.
- Removes red tape for servicemembers accessing SCRA benefits.

VETERAN REINTEGRATION

MSO/VSO Integration in TAP

Seamless transition to civilian life hinges on financial stability for veterans, especially those with service-connected disabilities. The Benefits Delivery at Discharge (BDD) program crucially expedites access to VA care and compensation prior to separation. However, omitting VSOs from this process risks incomplete or delayed claims. Given the importance of these benefits for transitioning troops, Congress must mandate VSO inclusion in TAP. Early coordination shown to streamline approvals merits formal integration into law. No servicemember should navigate this vital juncture without an advocate's guidance to secure everything their service warrants.

Ban Predatory Claims Companies

Despite substantial progress expanding VA benefits through the PACT Act and expedited disability benefits through initiatives like BDD and Solid Start programs, too many veterans remain vulnerable to exploitation by predatory actors styling themselves as advocates. While accredited VSOs operate ethically within established legal guidelines, a murky ecosystem enables unscrupulous entities to manipulate search algorithms and dupe transitioning servicemembers or veterans seeking help. These so-called "claims sharks" prioritize profits over people, charging unnecessary or exorbitant fees to file claims through improper channels. Veterans deserve better. If organizations genuinely aim to assist, they must conform to existing accredited structures, train staff to VA standards, and legally commit to serving in each veteran's best interest. MOAA urges Congress to eliminate gray areas allowing these groups to thrive. Real change means closing the loopholes that facilitate financial fraud targeting America's veterans.

MOAA endorses the *GUARD VA Benefits Act*, which mandates accredited certification for any organization aiding disability claims – blocking claims sharks from financially exploiting those

who served. Congress must take immediate action to stop the harm being inflicted upon veterans by claims sharks acting illegally to siphon away their earned benefits without fear of reprisal.

Improve the GI Bill Comparison Tool

The GI Bill comparison tool offers vital support for veterans as they seek to understand their education benefits and plan their next steps. We must build on the success of this tool and expand the data it offers to ensure students are making the best decisions for their education.

We recommend Congress improve the GI Bill comparison tool with updated metrics to help support those going back to school. We believe these updates should include: a “Risk Index” of the school’s financial wellbeing; a comprehensive display of government actions against schools; all VA-received student complaints; and closure satisfaction markers. It also should avoid “Yelp-style” reviews due to Federal Trade Commission (FTC) concerns⁴⁷. MOAA also supports adding student outcomes and financial information for all eligible institutions. We recommend Congress adopt a combination of the *Transparency for Student Veterans Act of 2023*⁴⁸ and the *Student Veterans Transparency and Protection Act*⁴⁹.

Restoration of Benefits

When a student is using their GI Bill benefits to advance their education, fraud and other harmful actions by their school should not deprive them of that opportunity. MOAA supports restoring veterans’ education benefits in cases of fraud, authorizing the VA to restore GI Bill eligibility comparable to traditional students using Department of Education funds, and to recoup funds from schools in cases of fraud.

Support Combat-Injured Veterans

There is a population of heroes who do not receive much of a choice in how they transition from service – they must leave their chosen profession in a hazy cloud, with reduced physical and/or mental capacity, due to a combat-related injury. These combat-injured (and often seriously disabled) veterans are subject to an unfair where their retirement pay is reduced for every dollar of VA disability received.

The *Major Richard Star Act* fixes this inequity. MOAA, along with our fellow MSOs and VSOs across The Military Coalition, remain committed to supporting our combat-injured veterans and urge the joint committee members to work with colleagues in the Armed Services Committees to correct this offset.

MOAA Recommends Congress:

⁴⁷ *FTC to Explore Rulemaking to Combat Fake Reviews and Other Deceptive Endorsements*: <https://www.ftc.gov/news-events/news/press-releases/2022/10/ftc-explore-rulemaking-combat-fake-reviews-other-deceptive-endorsements>.

⁴⁸ *H.R. 5956*: <https://www.congress.gov/bills/118/congress/house-bill/5956>.

⁴⁹ *S. 1309*: <https://www.congress.gov/bills/118/congress/senate-bill/1309>.

- Pass the:
 - *TAP Promotion Act* (H.R. 3933/S. 2888) — Requires VSO involvement with the TAP process.
 - *Governing Unaccredited Representatives Defrauding VA Benefits Act (GUARD VA Benefits Act)* (H.R. 1139/S. 740) — Imposes criminal penalties on those who seek to collect unreasonable and unauthorized fees for assisting with service-connected disability claims.
 - *Major Richard Star Act* (H.R. 1282/S. 344) — Provides concurrent receipt of retired pay and VA disability for those injured in combat and forced to retire before reaching 20 years of service.
- Improve the GI Bill comparison tool and authorize the VA to restore GI Bill benefits in instances of fraud.

CREATE PARITY FOR OUR SURVIVORS

The VA's Dependency and Indemnity Compensation (DIC) for surviving families whose veteran dies of a service-related illness or injury lags behind equivalent federal program payouts for survivors. The *Caring for Survivors Act* elevates support for these survivors by increasing DIC amounts from the current rate of 43% to 55% (of 100% disabled veteran compensation). Additionally, the legislation lowers the 10-year requirement for a veteran to have a 100% disability rating to five years to award full DIC benefits in the event of a non-service-connected death. The bill implements a graduated scale, with partial compensation after five years rising annually until reaching full eligibility at 10 years. These changes ensure parity, fairness, and financial security for surviving military spouses.

MOAA also supports two other survivor bills: the *Love Lives On Act*, which allows a surviving spouse to retain the Survivor Benefit Plan and DIC at any age, regardless of whether they remarry; and the *Respect for Grieving Military Families Act*, which stops the Defense Finance and Accounting Service (DFAS) from recouping retirement benefits from surviving spouses of military retirees while they are still in mourning, allowing them repay benefits over a 12-month period or authorizing DoD to forgive the payment.

MOAA Recommends Congress Passes the:

- *Caring for Survivors Act* (S. 414/H.R. 1083) — Improves and expands eligibility for Dependency and Indemnity Compensation (DIC) to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.
- *Love Lives On Act* (S. 1266/H.R. 3651) — Reverses penalties faced by surviving military spouses who remarry prior to age 55.
- *Respect for Grieving Military Families Act* (S. 1588/H.R. 3232) — Prevents DFAS from immediately recouping any overpayment of benefits from grieving survivors at the time of their loved one's death and gives them the ability to repay the benefits over a 12-month period.

CONCLUSION

Thank you for considering our priorities. MOAA implores the committees to turn full attention to the passage and enactment of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*.

MOAA looks forward to working closely with you on passing the backlog of critical legislation that meets the needs of our military and veteran communities. It is imperative our servicemembers, retirees and veterans, as well as their caregivers and surviving family members, remain a priority for Congress, and lawmakers are not deterred in that mission. How our country cares and supports our all-volunteer force in and out of uniform is one of the most important ways we sustain a strong national defense.

BIOGRAPHY

CDR René Campos, CDR, USN (Ret)
Senior Director Government Relations
Military Officers Association of America

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

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

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

**NATIONAL ASSOCIATION OF
COUNTY VETERANS SERVICE OFFICERS**



Joint Hearing of the House and Senate Veterans' Affairs Committees

Hearing on Pending Legislation

March 13, 2024

Presented by

Mr. Michael McLaughlin

Legislative Director, National Association of County Veterans Service Officers

CVSO Blue Earth County, Minnesota

Chairman Bost, Chairman Tester, Ranking Member Takano, Ranking Member Moran, and distinguished members of the committees, on behalf of the National Association of County Veteran Service Officers, commonly referred to as NACVSO, I extend our gratitude for the opportunity to address this Joint session. My name is Michael McLaughlin and, as the Legislative Director for NACVSO, I am honored to speak before you today.

NACVSO is a unique organization in that all our elected or appointed leaders, as well as our majority of our members, are currently serving as VA accredited representatives-- in the field-- assisting veterans and their dependents, daily. Once again, it is my honor to share with you the issues that are important to NACVSO.

“Federal Support and Coordination with Local Governmental VSOs”

Last year, I testified before this Joint session on the critical issue of federal support and coordination with local Governmental Veterans Service Officers (GVSOs). Since that testimony little has changed in terms of supporting frontline GVSOs working at the State, County, Tribal, and Municipal levels. Unfortunately, there has been more discussion on expanding paid services for veterans, neglecting the essential partnerships between GVSOs, traditional Veterans Service Organizations, and the federal government. Just as we would never expect our active-duty military to have to purchase their own ammunition, veterans should not be expected to purchase their own access to their EARNED VA benefits.

GVSOs serve as the frontline advocates in their communities, offering support that extends beyond disability claims. While we handle a significant workload representing disability claims, our duties encompass a wide range of services.

Despite the invaluable role GVSOs play in supporting veterans, there appears to remain misunderstandings regarding the scope of our responsibilities. Disability claims are just one aspect of our work; we also provide essential services that veterans need to thrive beyond their military service. We help coordinate care, whether at VA or in the community and then help them resolve billing issues that can arise from that care. When a veteran must access emergency services through the community, it is us that they call to help notify VA. When a veteran is placed on hospice by private health care facility, social workers call us to come to their bedside for enrollment help. When a veteran needs a 2-hour ride to an appointment, it is us they call. When a homeless veteran is identified after hours on Friday night, we get the call to get help secure a hotel when no shelters exist. We are the ones with whom our veterans attend church, school, and see at the grocery store. It is the GVSO who gets the call on their personal cell to find out that, yet another veteran has lost the battle in their struggle with PTSD.

Disability claims are what we do, and we are good at them, but it doesn't stop there. GVSOs are not incentivized by profiting from a veterans claim, we are incentivized by improving the lives of those we serve in our local communities.

In recent years, historic legislation has expanded benefits and care for veterans with little consideration being given to the resources needed to provide access to these benefits at the local level. Initiatives such as the Veterans Appeals and Modernization Act, the MISSION Act, Blue Water Navy Vietnam Veterans Act, and PACT Act have placed additional demands on GVSOs without adequate support. The COVID-19 pandemic further highlighted the need for robust local assistance for veterans. We encourage and commend efforts by Congress to support and collaborate with GVSOs. Efforts like Representative Levin's Commitment to Veterans Support and Outreach Act, which aims to make grants available to GVSOs for the first time and would provide federal resources to

communities in underserved regions that suffer from critical shortages of GVSOs, high rates of suicide, and high rates of crisis line referrals.

We further applaud efforts such as Representative Luttrell's Veterans Benefits Improvement Act, which aims to strengthen upstream communication and review support between VA and GVSOs. Similarly, Representative Van Orden's TAP Promotion Act represents positive steps towards enhancing cooperation between the federal government and GVSOs/VSOs during military transitions.

Governmental Veteran Service Officers are a force multiplier. We should be creating a system where we empower them to generate efficiency within the system.

To use a metaphor, a forward operating base in a combat theater should seek to strengthen and support the fighting positions of the troops in the field holding the line. This requires communication, sharing of intelligence and supportive resources. If the FOB fails to support the fighting positions, then the mission fails.

Chairmen, Ranking Members, and members of the committees, on behalf of NACVSO thank you for your attention to these important issues. I urge this committee to consider the critical role GVSOs play in supporting veterans and their families. By investing in local assistance and fostering collaboration between federal and local agencies, we can ensure that no veteran is left behind. I look forward to our continued work together to better serve our nation's veterans. Thank you.

Michael McLaughlin is the Legislative Director for the National Association of County Veteran Service Officers (NACVSO) and serves as the County Veterans Service Officer for Blue Earth County, Minnesota, assisting veterans and their dependents in accessing their benefits. Michael grew up in Mankato, Minnesota, and is the son of Theresa and Tom McLaughlin. His father is a Vietnam veteran who served as an infantryman with 2nd Battalion, 5th Marines before being severely wounded by enemy gunfire during the Tet Offensive. After high school Michael enlisted in the Marine Corps as an infantryman serving with 1st Battalion, 1st Marines, deploying in 2004 and again in 2006 supporting Operation Iraqi Freedom. Michael and his wife Megan were married in 2006 and returned to Mankato the following year where Michael attended Minnesota State University. After he completed his bachelor's degree, Michael worked in the private mining sector in southern Minnesota. In order to work with his fellow veterans, he switched careers in 2013, accepting a position with Minnesota Assistance Council for Veterans (VA SSVF provider) as the sole homeless veterans outreach worker for the lower 37 Counties in Minnesota. In 2016, he began work in his current position as a County Veterans Service Officer. Michael was also appointed the VA Secretary's Rural Health Advisory Committee in 2016, serving until 2022. He was the recipient of the 2017 Minnesota Humanities Center Veteran on the Rise award. That same year, Michael accepted his current appointment to Legislative Director for NACVSO. In 2023, Michael was recognized by his peers across the country and received both the NACVSO's Distinguished CVSO and President's Award. He currently serves on the Mankato City Council representing Ward 1. Michael and Megan reside in Mankato, with their three children, Carly, Marcus, and Erin.



National Association of County Veterans Service Officers (NACVSO)
 660 North Capitol St. NW Suite 400 Washington, DC 20001
www.nacvso.org

NACVSO Priorities for the 118th Congress

Improve support for County and Governmental VSOs:

Governmental veterans service offices (GVSOs) at the State, County, Tribal and Municipal levels are on the frontline of assisting veterans who have “borne the battle”. County Veterans Service Officers (CVSO) and their local equivalent carry a significant workload for the federal government when it comes to implementing VA policies and programs. That workload includes but is not limited to filing of disability claims, advocacy, healthcare, community care, educational benefits, death benefits, and much more. Currently, the federal government provides no fiscal support to CVSOs or local equivalents to carry out these duties. CVSO offices are often one of the lowest funded in county government with no unified funding mechanism to bolster efforts. Across the nation, CVSOs face disparities in staffing, technology, education and training, and outreach due to the sole reliance on local sources.

NACVSO encourages members of Congress to support Commitment to Veteran Support and Outreach Act (CVSO Act)

The CVSO Act would:

- Provide funding for CVSOs or their local equivalent (GVSOs) to carry out programs/services to improve outreach and assistance to veterans and eligible dependents.
- Funding may be used to hire new or additional CVSO/GVSOs, provide training for existing staff, or stand-up new offices in underserved regions to serve veterans more effectively.
- Support would aid in implementation of recent historical legislation creating unfunded mandates for CVSO/GVSOs.
 - PACT Act
 - Blue Water Navy Vietnam Veterans Act
 - MISSION Act

NACVSO encourages members of Congress to pass Governing Unaccredited Representatives Defrauding VA Benefits Act (GUARD VA Benefits Act)

- This Act would reimpose criminal penalties for soliciting or charging unauthorized fees with respect to claims representation before the Department of Veterans Affairs.
- Passage would dissuade bad actors from preying on an already vulnerable veteran and dependent populations.
- No veteran or eligible family member should ever pay for services during the initial claim process.

“A Veterans Service Organization, Focused on Your Benefits”



Improve benefit processes and VA oversight:

CVSOs/GVSOs account for the largest workforce of VA Accredited Representatives in the Nation and understand the bottlenecks and challenges within the VA benefit application process and areas that need modernization.

NACVSO encourages Congress/VA to take the following actions:

- Enhanced VBA systems access to CVSOs/GVSOs based on Government-to-Government partnership similar that of DOJ or HHS in relation to Police and Human Services
- Intergovernmental liaisons for CVSOs/GVSOs (like Congressional liaisons) at the VHA Medical Centers and/or VBA Regional Offices **(H.R. 1530)**
- Require VA contractors to communicate with the veteran’s representative for disability exams **(H.R. 1530)**.
- Make all VA Disability Questionnaires (DBQ) public **(H.R. 1530)**.
 - Currently the Audiology and others are not publicly available.
- Increase oversight/overhaul of Appeals Modernization (AMA).
 - All too often initially denied claims get put in a perpetual “appeals cycle”.
 - Cut out the practice of End Product Code “EP Code” manipulation to make claim adjudication seem shorter than it really is.
- Improve VA employee feedback and make it transparent to VSO when a Duty to Assist error is made (DTA).
 - A DTA is an error that is committed by VA staff through no fault of the veteran claimant.
 - When a DTA is discovered commonly at the Higher-level Review, it is not sent back to the VA employee who made the DTA to correct but sent to the National Work Queue to be corrected by another VA employee.
- Re-instate pre-decision review authority (historical 48-hr review) for claims representatives.
 - Helps to reduce the volume of Supplemental or Higher-Level Reviews.
 - Mitigates the possibility of a DTA before it happens.

Improve Access to Care:**NACVSO encourages VA to take the following actions:**

- Reduce barriers to enrollment with automatic health care enrollment at discharge.
- Cover costs of emergency care for veterans 60 days following their VHA enrollment regardless of if they have been seen by a VHA provider **(H.R. 815)**.
- Create online CHAMPVA enrollment/tracking for 100% disabled veterans’ dependents **(H.R. 426)**





**Senate and House Committees on Veterans' Affairs
March 13, 2024**

**Melvin Sheldon, Jr.
Alternate Vice-President—Northwest Region,
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.

It is an honor to be with you today. My name is Melvin Sheldon, Jr., and I am a veteran as well as a Councilmember for my Tribal Nation—the Tulalip Tribes located in Washington State. I am here today because I also serve as an Alternate Regional Vice President for the National Congress of American Indians or NCAI. NCAI, as you may be aware, was founded 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 have even served in several wars 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 underwhelming and we are asking you all to help change that.

Today, I want to talk to utilize this time to focus on three issues that are priorities for NCAI and that hugely impact the quality of life of Native Veterans—Housing, Health Care, and Suicide Prevention.

Native Veterans and Housing

While housing is often thought of as an infrastructure problem, the reality is that being underhoused or homeless is a health disparity. This means that housing issues produce a real and quantifiable difference in the likelihood of individuals being impacted by disease, injury, and violence, just to name a few.

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. 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.” 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.

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.

In the area of housing, the most important action that can be taken for Native Veterans 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 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.

Earlier this year, the Senate—with strong bipartisan support—voted in favor of reauthorizing NAHASDA. That vote in favor of reauthorization included support from 17 of the 19 members of the Senate Committee on Veterans Affairs and we are truly grateful to everyone for that support. But of course, there is more work to be done, and NCAI is calling upon both chambers to reauthorize NAHASDA and give Tribal Nations the tools to properly care for the Native veterans who return home after service.

In addition to the housing programs administered by HUD, the Native American Direct Loan (NADL) program at the Department of Veterans Affairs (VA) requires important programmatic changes in order to effectively serve its intended demographic. The NADL program is a home loan program authorized by 38 U.S.C. § 3761 to provide direct loans to Native veterans living on trust lands. The loans are available to purchase, construct, or improve homes to be occupied as veteran

residences, or to refinance a loan previously made under this program to lower the interest rate. However, a study conducted in 2019 by the South Dakota Native Homeownership Coalition found that 75 percent of Native veterans interested in purchasing a home reported having no understanding or minimal understanding of the NADL program.¹ About 62 percent of those respondents were not even aware that the NADL program existed.² The VA lacks adequate staff and resources to provide the required level of technical assistance to help qualified Native veterans to fully access this VA benefit.

According to a Government Accountability Office (GAO) report released in April 2022, the VA Department originated only 89 NADL loans to veterans in the contiguous United States, 91 loans in Hawaii, and none in Alaska. This represents loans to less than 1 percent of the estimated potentially eligible population of 64,000–70,000 veterans in these areas. The VA needs 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.

By providing the appropriate authority to access a budget-neutral source of funding, the Secretary can follow the practice of other federal loan programs to partner with and compensate third parties to provide homebuyer education, loan packaging, and other home buyer readiness services. In addition, by setting aside \$5 million of existing program allocation, the VA can pilot a relending program that would allow Native CDFIs, which are more familiar with Native communities and the mortgage lending process on tribal trust lands, to deploy this much needed mortgage capital to qualified Native veteran homebuyers.

Finally,, NCAI wants to highlight a recommendation from the Department of Veterans Affairs Advisory Committee on Tribal and Indian Affairs (TAC) 1st Annual Report. In that report, the TAC recommends that: “Veterans Health Administration Homeless Programs Office amend its Strategic Plan to target a 5% increase in Stand Downs located on tribal lands, rural communities, Native Hawaiian communities, and in urban areas with a high population of American Indians and Alaska Natives.”³ NCAI supports, in principle an increase the amount of Stand Downs located on tribal lands, rural communities, and in urban areas with a high population of American Indians and Alaska Natives.

Native Veterans and Health Care

¹ South Dakota Native Homeownership Coalition, Veterans Housing Needs and Homeownership Study, Pg. 37, 2019, https://sdnativehomeownershipcoalition.org/site/wp-content/uploads/2014/12/SDNHC_vets_report_061319.pdf.

² *Id.*

³ Available at: <https://department.va.gov/wp-content/uploads/2023/04/report-annual-va-tribal-and-indian-affairs-advisory-committee-20230104.pdf>

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.

In previous hearings before this Joint Committee, NCAI has noted that 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.

While improving IHS funding and services remains critical, another mechanism to improving the health care of Native veterans is to improve cultural competency of the health services Native veterans receive. Again, citing the VA TAC's recommendations, NCAI also supports that VHA and IHS partner with Tribal Nations "to develop a cultural awareness training curriculum" and "that attendance at such training should be required and included as an element in federal officials' performance rating plan."⁴

The reality is that there is a continued 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.

Native Veterans and Data

Finally, I want to turn to the issue of suicide—particularly among Native veterans. The devastating reality is that 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 Affairs (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."

⁴ *Id.*

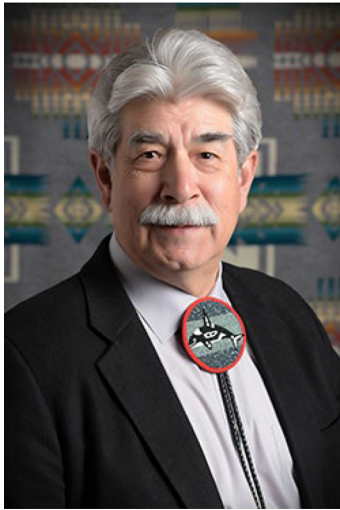
I want to be clear: There needs to be a comprehensive strategy developed and implemented to reduce the suicide rate of veterans, in general, and of Native veterans specifically—but such a plan can only be effective if we are able to accurately capture meaningful data specific to AI/AN veteran suicide. Without quality data, the likelihood of developing effective policy and initiatives to generate improved outcomes is low.

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. And once again, the VA TAC report can serve as an excellent starting point. The VA TAC calls for “[e]nhanced reporting of data on Veteran suicides that occur on tribal lands and data on American Indian and Alaska Native Veteran suicides that occur in urban areas/off-reservation” in order “to identify where targeted and tailored intervention, prevention, and education efforts should be concentrated for the greatest efficacy.”⁵ The TAC called on this data collection to begin six months ago and, if that is not yet happening, NCAI strongly encourages that its collection start as soon as possible. We owe it to our veterans to find ways to connect with them and allocate resources to prevent any more of our brothers and sisters from taking their own lives after they come home.

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.

⁵ *Id.*

Melvin Sheldon, Jr.**Alternate Vice President--Northwest Region,
National Congress of American Indians**

Melvin Sheldon, Jr. currently serves as the National Congress of American Indians' (NCAI) Alternate Vice President for the Northwest Region and is part of the NCAI Executive Committee.

Additionally, Vice President Sheldon has served on the Tulalip Tribes Board of Directors for over fifteen years, six of those as chairman. He also currently serves on the Services Committee. Along with his fellow Tulalip board members, Sheldon has helped to lead economic development efforts at Tulalip, including the construction of the Tulalip Resort Casino – one of the largest employers in Snohomish County – and the first-ever federally chartered tribal city in the United States, Quil Ceda Village.

Under his and the board's leadership, the Tulalip Tribes have initiated major transportation and infrastructure projects and built a strong police department and tribal court. They have completed important environmental restoration projects and created strong partnerships with other community leaders and organizations.

An active and engaged leader in Snohomish County, Sheldon has served in many capacities, including on the boards of Providence Hospital Foundation, Economic Alliance of Snohomish County, Citizens Committee for Marysville Schools, and the Boy and Girls Club of Snohomish County. He has also served as a vice-president in the Affiliated Tribes of Northwest Indians, an association representing nearly 50 tribes.

Previously, he worked as a commercial fisherman in Puget Sound and Bristol Bay, Alaska. After high school graduation, he immediately enlisted in the U.S Army serving a tour of duty in Vietnam as a helicopter pilot. Sheldon graduated from the University of Washington with a Bachelor of Arts in Political Science.

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 13, 2024

Chairmen Tester and Bost, Ranking Members Takano and Moran, and distinguished members of your respective committees. It is my pleasure to appear before you to present the highlights of our legislative agenda and policy issues for the remainder of the 118th Congress.

Vietnam Veterans of America is a national Veterans Service Organization chartered by the United States Congress as a non-profit organization to promote the well-being of American Vietnam veterans and to promote social welfare in the United States by encouraging the growth, development, readjustment, self-respect, confidence, and the usefulness of Vietnam veterans and veterans of other eras.

VVA is committed to speaking truth to power, acting openly and honestly in its affairs, and demanding truth, effectiveness, and accountability from the government. As demonstrated by the following agenda, VVA stands by its motto:

Never Again Will One Generation of Veterans Abandon Another.

Accounting and Recovery

Fund the Defense POW/MIA Accounting Agency (DPAA)

VVA demands continued funding and logistical support for the DPAA to provide for the fullest possible accounting and recovery of servicemembers of the Vietnam War. We must not forget the prisoners of war and those who went missing in action. Since VVA's formation, the accounting and recovery of POW/MIA servicemembers have remained our top priority.

The DPAA investigates potential crash and burial sites and aids in the recovery and identification of remains in Southeast Asia and other conflict locations. To do so, it must engage in extensive research, conduct interviews, and collaborate with numerous nonprofit organizations and foreign governments.¹

There are still 1,577 unaccounted-for American servicemembers from the Vietnam War and funding delays impact the ability of the DPAA to bring our brothers-in-arms home to rest.² Full funding and empowerment of the DPAA is the most effective way for Congress to ensure that the families of the unaccounted-for receive the closure that they deserve.

¹ *Fiscal Year 2024 Budget Estimates*, DEFENSE POW/MIA ACCOUNTING AGENCY (March 2023).

² [*Past Conflicts*](#), DEFENSE POW/MIA ACCOUNTING AGENCY (Feb. 9, 2023).

Acknowledging Champions

Pass H.R. 7333, Renaming the VA Medical Center in West Palm Beach, Florida in Honor of Thomas H. Corey

Mr. Corey was committed to serving our nation. Drafted into service in 1967, he served as a combat infantryman and squad leader with the 1st Cavalry Division. As a result of his service in the Army, Mr. Corey received the Bronze Star with Valor, two Purple Hearts, the Air Medal, an Army Commendation Medal, a Presidential Unit Citation, a Valorous Unit Citation, the Republic of Vietnam Gallantry Cross, and the Combat Infantry Badge. He was medically retired from the army in 1968 after being paralyzed by an enemy round during an assault during the Tet Offensive.

Despite his disability, Mr. Corey continued to serve our nation by tirelessly advocating for his fellow veterans, committing decades to his work with Vietnam Veterans of America. Naming the West Palm Beach VA facility would be a fitting, local acknowledgment of his contributions to our nation and our community of veterans.

Pass H.R. 3592 – The Donut Dollies Congressional Gold Medal Act

1,120 women volunteered to serve with the Red Cross during the Vietnam War and 627 of those women worked as Donut Dollies. They were members of the Supplemental Recreation Activities Overseas (SRAO) program.³ Providing critical morale boosts to soldiers, Dollies traveled by helicopter to forward operating positions.⁴ This perilous, volunteer service resulted in three deaths – three Dollies did not make it home from Vietnam.⁵ In recognition of their service to our nation, members of the Donut Dollies should be awarded the Congressional Gold Medal.

³ See H.R. 3592, 118th Cong. (May 22, 2023).

⁴ See generally, Sue Behrens, *The SRAO Story* (1986).

⁵ Dick Conoboy, *Donut Dollies in Vietnam – Three Did Not Come Home Alive*, NORTHWEST CITIZEN (May 22, 2023).

Addressing the Effects of Toxic Exposure**Compel the VA to Conduct the Research Mandated in the *Toxic Exposure Research Act***

For several decades, VVA has pushed for the government to recognize the impact of Agent Orange and other toxins not only on veterans but on their descendants. With help from Congress, the *Toxic Exposure Research Act (TERA)* was enacted to conduct research for this purpose.⁶ By establishing the intergenerational impact of toxic exposure, the families of our nation's servicemembers would be positioned to make critical informed personal and healthcare decisions.

Unfortunately for them, the VA simply refuses to comply with Congressional will. While Congress has done its part to advance the interests of toxic-exposed veterans with the passage of the PACT Act, the new bill does not specifically address intergenerational impact, and so the descendants of veterans, particularly those from the Vietnam war, continue to suffer. For this reason, we urge Congress to compel the VA to conduct the research that is already owed per *TERA*.

Revise the *Blue Water Navy (BWN) Act* and Investigate Broadscale Dioxin Exposure

Congress must amend the *Blue Water Navy Vietnam Veterans Act of 2019* (PL 116-23) to include servicemembers who served aboard vessels that supported the war effort but were excluded from coverage.⁷ Congress must also investigate heightened dioxin exposure due to Navy water distillation methods.

The *Blue Water Navy Vietnam Veterans Act* established a presumption of Agent Orange exposure for veterans who served offshore in the territorial waters of Vietnam between January 9, 1962, and May 7, 1975. Unfortunately, the act imposed a rough twelve-nautical mile limit for presumed exposure. The result was the denial of presumption for the tens of thousands of sailors who served aboard nearly two dozen aircraft carriers.⁸

⁶ Pub. L. 114-315 §§ 631-34 (2016).

⁷ Pub. L. 116-23 (2019).

⁸ [Carrier Deployments During the Vietnam Conflict](#), NAVY DEPT. LIBRARY (last visited Feb. 20, 2024).

Dioxin does not respect arbitrary lines in the sea, and can be found in most bodies of water.⁹ Before the advent of reverse osmosis systems following the Vietnam War, U.S. military vessels used multi-stage flash (MSF distillation) for water purification.¹⁰ While this water purification method is effective at removing larger masses from potable water, condensers increase the toxicity of drinking water by increasing the concentration of dioxins and adjacent pollutants.¹¹ Exposure amounts for sailors were estimated to be 2 to 3 magnitudes higher because of distiller use.¹² It should be noted that these toxic effects were seen using systems comparable to the reverse osmosis systems used by the Navy after the Vietnam War – systems that were supposed to be more effective at removing contaminants, but that failed to purge dioxin and other toxins. Generations of sailors and Marines were presumably at risk of exposure. Congress is therefore obliged to compel the DoD and VA to properly investigate dioxin exposure due to these faulty water purification methods.

Conduct Research on Pre-Gulf War Burn Pit Use and Include Those Veterans for Healthcare Eligibility Due to Toxic Exposure

Burn pit exposure is not a scenario unique to the Gulf War and Global War on Terror. Service members have been instructed to burn their waste for centuries. For this reason, the exclusion of veterans who served in locations outside of the Middle East and West Asia or before the Gulf War was a misstep when Congress passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act*.¹³

Monitor PACT Act Implementation and the Toxic Exposure Fund (TEF)

TEF dollars must be spent conducting research that will inform the public of any former or current risks of military service, providing healthcare access for affected veterans, and instructing the Department of Defense on methods of minimizing toxic

⁹ See, Booth, et al., [Global Deposition of Airborne Toxin](#), 75 MARINE POLLUTION BULLETIN (1-2), pg. 182-86 (Oct. 15, 2021); see also, [Persistent Organic Pollutants: A Global Issue, A Global Response](#), Env. Protection Agency (last visited Feb. 20, 2024) (for satellite imagery of persistent organic pollution being transported worldwide).

¹⁰ [BLUE WATER NAVY VIETNAM VETERANS AND AGENT ORANGE EXPOSURE](#), NATL. ACAD. PRESS (2011), at 104.

¹¹ Natl. Res. Cent. For Env. Toxicology (ENTOX), [Examination of the Potential Exposure of Royal Australian Navy \(RAN\) Personnel to Polychlorinated Dibenzodioxins and Polychlorinated Dibenzofurans via Drinking Water](#), DEPT. OF VET. AFFAIRS., Australia (2002).

¹² Id.

¹³ Pub. L. 117-168 (2022).

exposure in future conflicts. To date, the VA has not made an adequate effort to provide transparency on how these funds are or will be spent, and while VVA is opposed to spending caps on toxic exposure research, it would welcome congressional oversight on spending to ensure that money is being spent in a way that will benefit veterans and their families.

Compel VA to Conduct an Epidemiological Study on Fort McClellan and Other Exposure Sites, and Inform Veterans About the Risks and Their Rights

Congress must ensure that the VA executes the Fort McClellan epidemiological study required by the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* and ensure that veterans and others impacted by toxic exposure at Fort McClellan are informed about their right to participate and receive healthcare.¹⁴

While conditions on the ground have significantly improved since remediation efforts began, veterans who served at Fort McClellan were exposed to a variety of toxins, ranging from lead and PCBs to radiological and chemical warfare agents. Exposure risk for these elements lasted over six decades, from the 1930s until the base realignment and closure in the late 1990s. Nearly half a million troops passed through Fort McClellan during this period, and it was the home of the MP Corps, Chemical Corps, and Women's Army Auxiliary Corps.

Unfortunately for our nation's veterans, this issue extends beyond Fort McClellan. As noted in a recent VA proposed rule, there are multiple identified sites where Agent Orange and pesticides were tested, used, and stored. These locations, domestic and abroad, are listed by the DoD's Armed Forces Pest Management Board (AFPMB), which is tasked with maintaining the list. The AFPMB accepts submissions to the list from members of the public to further the list's development, but there is no mechanism to ensure that additional sites will be listed. Moreover, despite the VA indicating that it may expand presumptions of exposure to locations on the AFPMB list, there is no guarantee that it will do so, or that it will do so for locations that are added in the future. Congress must make regular inquiries about toxic exposures on domestic and overseas installations, so that veterans and their families can mitigate the harm caused by their toxic exposure.

¹⁴ Pub. L. 117-168 (2022).

Improving Access to Earned Benefits**Pass H.R. 1282/S.344 – *The Major Richard Star Act***

If enacted, the *Star Act* would allow combat-disabled military retirees to receive full retirement pay and disability benefits simultaneously; under current law, these payments are offset against each other. This bill, which enjoys wide bipartisan support, was placed on the House union calendar last year for consideration but has yet to be scheduled for a vote. There are 326 co-sponsors in the House and 71 in the Senate. That no action is being taken on this bill is entirely unacceptable. Congress cannot take credit merely for endorsing veterans benefits, it must act to provide them.

Pass Legislation Reinstating the 48-Hour Review Period for Disability Claims

Historically, Veterans Service Organizations (VSOs) have played a significant role in aiding veterans applying for disability benefits by reviewing their claims before the issuance of a final decision. These reviews were conducted within the 48 hours preceding the issuance of these decisions. During the review, VSOs would identify and address errors, omissions, and missing evidence. Unfortunately for our community, the Department of Veterans Affairs removed this review process and instated the Claims Accuracy Review (CAR) program.

The CAR program suffers from several limitations. Its narrow criteria fail to capture the breadth of potential issues identified during the previous 48-hour review process. Moreover, it duplicates the existing claims appeal process, creating unnecessary delays and redundancy.

Veterans remain disproportionately impacted by human error in VA claims processing. Data indicates that approximately 50% of claims are initially denied, with a staggering 80% containing errors at the Board of Veterans Appeals stage – errors that could have been identified during the previously available VSO review.¹⁵

Reinstatement would allow Veterans Service Officers (VSOs) to dispute erroneous conclusions and point to errors, improving claims outcomes for veterans and reducing the need for participation in the appellate process. VVA continues to work with a congressional office to introduce legislation to be passed this year.

¹⁵ BD OF VETS' APPEALS, [Decision Wait Times](#), DEPT OF VETS' AFFAIRS (last visited Feb. 16, 2024).

Enact Legislation Prohibiting the Reduction of VA Disability Compensation for Incarcerated Veterans

Veterans involved with the justice system who are otherwise eligible for VA benefits served their country with distinction, and incarceration should not be used as a justification for diminishing earned benefits. Congress must enact legislation prohibiting the reduction of VA disability compensation for these veterans, placing any balance above 10% into an escrow account until a veteran's release date.

Under current regulations,¹⁶ benefits for these veterans are capped at 10%, leaving them with inadequate financial resources upon release. The natural consequence of this is an increased risk of poverty, homelessness, and recidivism for veterans and their families.¹⁷ By holding justice-involved veterans' money in escrow, we can reduce instability and help them return as productive members of society once they have served their time.

Improving Opportunities for Healthcare**Enter a Reciprocity Agreement with the Republic of Korea for Implementation of the *Korean American VALOR Act***

Approximately 3,000 Republic of Korea veterans of the Vietnam War are awaiting access to healthcare. We fought alongside them, shoulder-to-shoulder for the same cause. There is no justification for not affording them access to healthcare through our VA healthcare system.

The *Korean American VALOR Act*¹⁸ was passed last year to provide healthcare access for these veterans. Instead of simply qualifying them for care based on their service, Congress conditioned access to care on the establishment of a reciprocity agreement for care compensation from the South Korean government.

To date, no one at the VA can tell us who is responsible for entering an agreement with the South Korean government, and there has been no apparent attempt by an executive agency or Congress to do so. As explained to us by a VA representative,

¹⁶ 38 CFR § 3.665 - Incarcerated beneficiaries and fugitive felons—compensation.

¹⁷ Hall, Harger, and Stansel, *Economic Freedom and Recidivism: Evidence From U.S. States* (2014), at 4 (The most frequently committed crimes among recidivists are financially motivated).

¹⁸ Pub. L. 118-20 (2023).

it would be “inappropriate” to recommend that Korean American Vietnam veterans attempt to apply to enroll in VA healthcare.

Congress must act to ensure that a reciprocity agreement is entered into immediately so that these veterans can get the healthcare they rightly deserve.

Amend the Tax Code for Puerto Rico to Draw More Healthcare Workers

Access to healthcare in rural areas is a persistent challenge for our nation’s veterans. Veterans residing in Puerto Rico are no exception. A chronic issue for the Commonwealth is the shortage of employees within the Puerto Rico VA healthcare system. It is difficult to motivate individuals to move from their homes to other areas, and we often must turn to financial incentives to achieve the outcomes we desire.

Residents of Puerto Rico are generally exempt from individual federal income tax.¹⁹ Unfortunately for veterans, federal employees are not exempt.²⁰ Adjusting the Internal Revenue Code will fix this arbitrary tax disparity and provide an incentive for skilled professionals to move to Puerto Rico to deliver critically needed care. As the veteran population continues to age – 63.9% of veterans in Puerto Rico are aged 65 or older - the need for healthcare workers will continue to increase. Congress must act to eliminate this barrier to care.

Order the VA to Reinstitute the Use of Physician Assistants as Mental Health Treatment Providers at VA Hospitals and Clinics

Access to mental healthcare has historically been a struggle for veterans. The VA is the largest centralized provider of these services, operating over 1,500 facilities where it provides mental health services to roughly 2 million veterans.²¹ The level of service, however, is grossly inadequate; an August 2023 OIG survey found that more than 75% of the VA’s hospital networks and associated clinics reported severe shortages of mental health providers.²² Permitting PAs to practice in this space will allow for the dramatic expansion of access to mental health services for our nation’s veterans.

¹⁹ 26 U.S.C. § 933 - Income from sources within Puerto Rico.

²⁰ Id.

²¹ Kathleen McGrory and Neil Bedi, [How the VA Fails Veterans on Mental Health](#), ProPublica (Jan. 9, 2024).

²² Office of Inspector General, [OIG Determination of Veterans Health Administration’s Severe Occupational Staffing Shortages: Fiscal Year 2023](#), Dept. of Vets’ Affairs (Aug. 22, 2023).

VIETNAM VETERANS OF AMERICA
Funding Statement
March 13, 2024

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:
Interim Director for Government Affairs
Vietnam Veterans of America
(301) 585-4000 extension 122

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 for six and one-half years 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.

**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 13, 2024

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 thank you for this opportunity to come before you today. Your committees have dedicated significant time and energy toward substantial policies which protect and defend those who protect and defend our nation. We thank you for your continued efforts in support of the military and veteran community. Serving in the military will naturally come with some level of hardship, but the system itself should never add to that challenge. We look forward to continuing our work with each of you to implement the necessary policies to improve the quality of life for the National Guard, both currently serving and retired.

Our main goal at NGAUS is parity. Parity in the structure of our force, parity in the acquisition and modernization of our equipment, and parity in the benefits our members receive. The operational use of the National Guard has grown exponentially since 9/11. We now make up 39 percent of the total Army force and 30 percent of the total Air force. Our units deploy on a rotational basis similar to most of the Active Component, once every 2 to 3 years, in addition to

the frequent response to emergency, security, and disaster needs within the states. The weight the National Guard pulls in our National Security Plan is extraordinary. Yet, we continue to face the misconception that the National Guard is somehow a lesser component. While I know I am preaching to the choir in this room, many still fail to understand the depth of the National Guard's role in the defense of our nation. It is imperative we change that narrative and acknowledge Guardsmen and their families for their service to our country.

In my testimony today, 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: increased parity for education benefits, improved transition assistance, and consistent access to medical coverage.

Education Benefit Parity

When an individual joins the military, they invest in our national security. In return, as a small token of our gratitude, we invest in their future through education benefits. The GI bill has been the most transformational policy in American history. It greatly increased college and vocational school attendance and has provided generations of servicemembers with the education they otherwise may not have had the means to pursue. For the past several Congresses, your committees and staff have helped elevate the need for parity in how the Reserve Component accrues GI Bill benefits. Both the Forever GI Bill and the FY18 NDAA made positive advancements to close that gap and we applaud each of you for those wins. While Guardsmen and Reservists are now eligible for tuition assistance and Post 9/11 GI Bill benefits, there is still more work to be done.

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.

We are very pleased to see your two committees introduce the **Guard and Reserve GI Bill Parity Act of 2024**. Every day in service should be counted, regardless of duty status, including weekend drills, annual training, and specific state active duty missions. This is an incredible step forward and we strongly encourage you to pass this bill in the 118th Congress. I know so much work has gone into this at the committee staff level and NGAUS is extremely grateful and appreciative. It is steadfast work such as this that makes for success.

Reserve Component Track for Transition Assistance

Throughout the last century, many programs have been implemented to ensure servicemembers have a smooth transition from military life to civilian life. Retiring from the military is a significant life event. This I know. The Transition Assistance Program was established to help prepare servicemembers for the next chapter of life once they come off orders. However, those in the National Guard come on and off Active-Duty orders multiple times throughout their careers. It is our very nature to move frequently from Title 10 to Title 32 service. And each time we come off a span of Active Duty, Title 10, we are required to complete the Transition Assistance Program as if we are ending our military service altogether rather than, more often than not, returning to our previous regular civilian employment.

Not only is this a waste of resources and time, but it creates a level of callous fatigue. It becomes a check-the-box activity. By the time a Guardsman actually needs TAP, at the end of their National Guard service, they have become immune and numb to the available resources. By

the end of a career in the Reserve Component, many individuals have gone through the TAP program 4 times or more.

The Transition Assistance Program is currently mandated to have three tracks. NGAUS asks that one of those tracks be rededicated and tailored to the Reserve Component. The National Guard and Reserve have unique needs when coming off Active orders and specific attention should be paid to the accrual and transition of benefits; how to choose a health provider, how to report health concerns related to their time on orders, and other benefits such as education, VA, and retirement. It is my understanding these committees are currently considering language to address this issue and we ask for your full support.

Zero-cost TRICARE and Dental

Readiness is our biggest concern and top priority when it comes to the National Guard. We must be ready to protect, defend, and respond at a moment's notice. In order to be "Always Ready," Guardsmen must maintain a perpetual state of readiness and a high level of skill proficiency. For the most part, the Department of Defense provides the individual tools to promote preparedness. We do not ask a Soldier to purchase a HMMWV or for an Airman to purchase an F-16. We do not require them to go to the range on their own dime, or even for enlisted to purchase their own uniforms. Yet for healthcare, the one thing that ensures they are physically able to deploy, the servicemember is required to purchase their own, out of pocket.

As a result, we currently have 130,000 Reserve Component members serving our country in uniform without any healthcare at all. As such, we have units with medical deployability rates far below the 75 percent goal set by DOD. With the state of current events around the world, we

cannot afford any percentage of our team to sit the bench. When it comes to a potential fight with Russia, China, or Iran, we will need absolutely every player out on the field. All components.

We ask you to fully support the **Healthcare for our Troops Act** (HR 4221) and the **Dental for our Troops Act** (HR 4220/S 2046). Healthcare and dental are critical for a ready reserve force, hands down. Affording zero-cost TRICARE and dental coverage will dramatically increase readiness, recruiting, and retention. However, the benefits extend far beyond the current force. A healthy Guardsman is a healthy Veteran. Preventive care throughout a servicemember's career reduces medical expenditures after retirement. Consistent coverage would allow those within our ranks to establish healthy habits for routine upkeep, develop care plans for long-term health issues, and address mental health concerns as they arise. There is no better way to truly put our servicemembers first. The fact that we have men and women serving this nation who do not have medical coverage is unthinkable and we need to do better. Again, I ask for each of your support on the **Healthcare and Dental for Our Troops Acts**.

Conclusion:

Again, thank you for inviting NGAUS to testify before your committee and share our policy priorities. 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 staff in advocating for the men and women of our National Guard.

Major General Francis M. McGinn (Ret.)
NGAUS President
president@ngaus.org 202-408-5894

Retired Major General Francis M. McGinn succeeded retired Brigadier General Robinson J. Roy Robinson as president of the National Guard Association of United States on Jan. 2, 2024.

General McGinn 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 more than 45,000 current and former National Guard officers across 54 states, territories, and the District of Columbia.

He was elected NGAUS president by the association's board of directors in November 2023. He had previously served on the board for 15 consecutive years.

General McGinn has four decades in uniform, all of it as a traditional, part-time member of the Massachusetts Army National Guard. For much of the time, he juggled his military duties with the demands of full-time positions in civilian law enforcement. This includes 30 years in the Massachusetts State Police and two years as commander of the Metropolitan Washington Airports Authority Police Department's Ronald Reagan Washington National Airport Station.

He began his military career in 1981 as an enlisted Soldier, earning his commission as second lieutenant through the Massachusetts State Officer Candidate School in 1984. His final assignment was as mobilization assistant to the director of the Defense Intelligence Agency in Washington, D.C. He retired in 2021.

Other career highlights include serving as Deputy Commander-Army National Guard at the U.S. Army Cyber Center of Excellence at Fort Gordon, Georgia, and Assistant Division Commander-Support of the 42nd Infantry Division. He deployed to Iraq with the 42nd Infantry Division from 2004 to 2005, serving as garrison commander of Forward Operating Base Speicher in Tikrit, Iraq.

General McGinn holds a bachelor's degree in criminal justice from the University of Massachusetts-Boston and a master's degree in criminal justice from Anna Maria College. He has completed numerous schools as part of his military education, including the U.S. Army War College, the General and Flag Officer Homeland Security Executive Seminar at Harvard University, and the National Security Studies Management Course at Syracuse University.

The general holds several military decorations, including the Defense Superior Service Medal, the Legion of Merit (with one Bronze Oak Leaf cluster), the Bronze Star Medal, the Meritorious Service Medal (with four Bronze Oak Leaf clusters), and several Massachusetts National Guard awards.



Statement of the

Fleet Reserve Association

on its

2024 Legislative Goals

Presented to the

U.S. House of Representatives and

United States Senate

Veterans' Affairs Committees

By

FRA National President

John Handzuk

March 13, 2024

The FRA

“Heading to 100 Years”

The Fleet Reserve Association (FRA) is the oldest and largest organization serving 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 on November 11, 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 service, 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 2025 VA Budget

This written testimony was submitted before the scheduled March 11 submission of the the Administration's budget request for FY 2025. 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. The new Toxic Exposure Fund, created by the PACT Act, will significantly impact VA's budget and appropriations process. Also, the aging veterans population also increases the need to improve access to VA-provided long-term services and supports. With so much uncertainty, the Administration and Congress must work together with the VSO community to ensure those who served have timely access to their earned benefits.

Toxic Exposure

It is a top priority of the Association that the PACT Act be implemented effectively. 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.

The Association is thankful that the VA recently announced that all veterans who were exposed to toxins and other hazards while serving in the military – at home or abroad – will be eligible to enroll directly in VA health care beginning March 5, 2024. This means that all veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror, or any other combat zone after 9/11 will be eligible to enroll directly in VA health care without first applying for VA benefits. Additionally, veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll. This expansion of VA health care eliminates the phased-in approach called for by the PACT Act – meaning that millions of veterans are becoming eligible for

VA health care up to eight years earlier than written into law. This is a critical step forward because veterans who are enrolled in VA health care are proven to have better health outcomes than non-enrolled veterans, and VA hospitals have dramatically outperformed non-VA hospitals in overall quality ratings and patient satisfaction ratings. Additionally, VA health care is often more affordable than non-VA health care for Veterans.

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. Before the enactment of the PACT Act, only 25 percent of toxic exposure claims from burn pits were approved. Now the VA claims that 78.6 percent of burn pit claims are approved. 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.

Since the PACT Act became law on August 10, 2022, more than 500,000 veterans have enrolled in VA health care. The most recent data available indicates that more than one million toxic-exposed veterans and survivors have filed for PACT Act claims, more than 600,000 veteran and survivor claims have been approved, and more than five million veterans have been screened for toxic exposure under this law.

As authorized by the Comprehensive Veterans' Toxic Exposure Act (PACT Act), September 30, 2023, marked the end of the one-year special enrollment period for post-9/11 combat veterans who left active duty between September 11, 2001, and October 1, 2013. September 2023 was one of the largest months ever for the Department of Veterans Affairs (VA) healthcare enrollments, with overall enrollments reaching 48,763. This number is nearly double the enrollment numbers for September 2022 and represents the second-highest month of enrollments in VA's history.

The PACT Act allows all patients visiting VA healthcare facilities to undergo toxic exposure screenings to detect signs of illness and inform veterans that they may qualify for new benefits. The five-minute screening includes a series of simple questions regarding veterans' time in service, potential exposure to toxic substances, and current health status. Veterans will undergo the screening during

their initial visit but will not repeat the questions during follow-up appointments. Officials plan to conduct the screening for every patient once every five years.

On average, it takes 154.3 days to complete a PACT Act claim. The FRA wants the VA to have no disability claims pending for over 125 days, and all claims should have an accuracy rate of 98 percent or higher. However, only 46.8 percent of PACT Act-related claims are being completed in 125 days or less.

There have also been concerns regarding their misguided use of the critical skill incentive (CSI) authority in the Comprehensive Veterans' Toxic Exposure Law (PACT Act). In a letter addressed to VA Secretary Denis McDonough, the leaders of these committees expressed their disappointment with the VA's misuse of the CSI authority. They stated, "Contrary to congressional intent, incentives were used to boost the pay of senior executives at VA rather than enhancing staffing for critical shortage positions requiring highly skilled individuals."

To ensure that the VA could effectively handle the increased demand for care and benefits from the PACT Act included provisions to strengthen the VA's workforce capacity. This included the CSI authority, which was designed to improve staffing for positions that demand critical or high-demand skills essential for the day-to-day operations at the VA. These positions include human resources specialists, information technology professionals, police officers, and housekeepers, which have faced hiring shortages for years. In a recent expenditure review, the VA discovered that \$9.7 million of these incentives had been misallocated to certain career senior executives working at VA headquarters, without ensuring that the payments aligned with the criteria outlined in the PACT Act authority.

Disability Claims Backlog

The Association was concerned about the discovery that tens of thousands of veteran disability cases were lost for months or years in the VA's claims systems due to software glitches. In August 2023, VA leaders announced they had found approximately 32,000 veterans disability claims delayed. Some claims date back years due to technical flaws in the department's VA.gov filing systems. Two weeks later, officials acknowledged 57,000 more delayed claims involving veterans trying to add dependents to their accounts. The lost claims were discussed at a House Veterans' Affairs Subcommittee on Technology, hearing.

In all of the cases, VA officials pledged to backdate veterans' pay as soon as possible. But the mistakes may have delayed potentially thousands of dollars in monthly payouts to individuals suffering from military-related illnesses or injuries. VA officials at the hearing noted that the errors represent a small fraction of the more than seven million cases filed since early 2018, but he also acknowledged that any mistake that causes financial harm to veterans is unacceptable. VA officials said that their work will include better oversight systems to ensure that similar problems in the future are quickly caught, preventing problems from compounding over months or years.

The 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 17, 2024, there are more than 377,600 pending claims that have been pending 125 days or more, and the VA is currently experiencing an 86 percent accuracy rating based on a 12-month average. Last year's testimony (based on February 11, 2023, data), there were nearly 195,000 pending claims that have been pending 125 days or more, and the VA had a 95 percent accuracy rating based on a 12-month average. "The total caseload in FY 2023 was nearly 40 percent higher than the previous year.¹" The increase in the volume of claims has increased the backlog and accuracy has declined with the wave of new claims generated from the PACT Act.

EHR Flawed Medication Records

At a recent House Veterans Affairs Committee Technology Modernization Subcommittee hearing, it was disclosed that 250,000 veterans may be at risk of being prescribed medicine they are allergic to or that would interact poorly with their existing medications because of issues with the VA new electronic health records system. A VA official testifying at the hearing emphasized that the VA has not found any instances of patients being harmed by drug interactions specifically caused by the data issues. The flawed medication records are the most recent concerns with the implementation of the Oracle Cerner Millennium system, which has been concerning enough that the VA delayed adapting it at any more sites while it works to fix the network.

¹ Marine Corps Times. Feb. 2024, page 48, Leo Shane

It was explained at the hearing that the problem is the way the Oracle system inputs data into a medical records database known as the Health Data Repository that stores information about patients' medications and allergies. When patients are prescribed new medications, a provider will check against the information in the database to ensure there are no allergies or drug interactions. But because of an error in the way the Oracle system codes data sent to the database, incorrect information appears when the database is checked using Vista, the old electronic health records system.

That means if a veteran visits one of the five medical centers that use the Oracle system, their medication history could be wrong if they later seek care at a facility that still uses the Vista system. About 250,000 veterans were affected by the issue as of September, according to data provided by the Veterans Health Administration. The inspector general's office has not "seen evidence that VA has sufficiently notified legacy electronic health record providers about this issue and the mitigations to safely care for these new EHR site patients."

At the hearing it was noted that this program that has been deployed in just five sites in the Pacific Northwest and Ohio, as reports of patient safety issues resulting from system glitches have increased. Amid pressure from lawmakers to pump the brakes on the electronic health records modernization program, the VA announced in April 2023 it was holding off on implementing the new system at any more sites while officials work on fixes. The complete overhaul of the VA medical records system was originally estimated to cost \$10 billion over 10 years. However, a more recent independent estimate predicts \$33-36 billion over 13 years. The FRA welcomes Congressional oversight of the VA technology program that will ensure improvements to the system. The Electronic Health Record Modernization (EHRM) is an essential element in modernization of the VA healthcare system and there is a tremendous opportunity with the two departments using the same electronic health records.

Suicide and Mental Health

The FRA supports improvements and monitors the implementation of VA and DoD suicide prevention programs to reduce the rate of suicide among veterans and active-duty service members. The Association is grateful to the Department of Veterans Affairs (VA) for 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. Specifically, more than 32,000 veterans in acute suicidal crisis have received free emergency health care under the new life-saving VA policy.

Approximately 17 veterans, on average, commit suicide every single day. One death alone from suicide is one too many. But it is an ongoing problem and the loss of just one veteran has a profound ripple effect on their fellow veterans, their families, and their communities.

The VA “2023 National Veteran Suicide Prevention Annual Report” provides new information regarding suicide mortality among veterans and non-veteran U.S. adults, from 2001 through 2021. In 2021, 6,392 veterans died by suicide, an increase of 114 suicides from 2020. When looking at increases in rates from 2020 to 2021, the age- and sex-adjusted suicide rate among veterans increased by 11.6 percent, while the age- and sex-adjusted suicide rate among non-Veteran U.S. adults increased by 4.5 percent. Unfortunately, veterans still remain at elevated risk for suicide.

It should be noted that the VA is implementing a 10-year Suicide Prevention Strategy Plan started in 2018 that includes funding local suicide prevention programs. 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.

The Association supports the “Not Just a Number Act” (S. 928/H.R. 4157) sponsored by Sens. Jon Tester (Mt.), John Boozman (Ark.) and Reps. Gerald Connelly (Va.) and Nancy Mace (SC) respectively. This legislation would require the VA to examine veterans’ benefits usage in their annual suicide prevention report, in order to evaluate the relationship between VA benefits and suicide outcomes. This legislation would also have the VA analyze which VA benefits have the greatest impact on preventing suicide and require the agency to issue recommendations for expansion of those benefits to help combat veteran suicides.

Currently, VA only analyzes how many veterans who die by suicide had recent interactions with VA through medical or mental health appointments. Acknowledging suicide prevention goes beyond just mental health practices, the legislation would have the VA also look at veterans’ use of disability

compensation, education and employment benefits, home loans and foreclosure assistance, and housing assistance programs.

The FRA also 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.

Protecting Veterans from Prescription Drug Abuse

In 2017, the Department of Health and Human Services declared opioid deaths a public health emergency. At the time, studies indicated veterans were twice as likely to die from accidental opioid overdoses. To combat this, Congress included a provision in the VA MISSION Act of 2018 to ensure non-VA providers were informed of VA best practices and evidence-based guidelines when prescribing opioids under VA's Opioid Safety Initiative (OSI). Congress also required third-party administrators responsible for contracting with VA community care providers to check their state's prescription drug monitoring program to mitigate prescription drug abuse and overdose by veterans using VA community care.

However, a September 26, 2023, report from the VA Office of Inspector General (OIG) found the third-party administrators failed to provide adequate oversight of whether Veterans Community Care Network health care providers were completing and certifying VA's OSI training module. The OIG also found that approximately 14,700 of 18,200 non-VA providers in the Community Care Network who prescribed opioids to veterans in fiscal year 2021 had not completed VA's OSI training module and did not certify their mandated review of VA's guidelines. An additional VA OIG report found a similar lapse in oversight resulted in patients being overprescribed opioids from both VA and Community Care Network providers—increasing veterans' risk of sedation and overdose.

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*.

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 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.

The FRA is supporting the "Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act" (H.R. 1139, S. 740). The bills would reinstate penalties for charging veterans and survivors unauthorized fees related to claims for VA benefits. The National Association of Attorneys General dispatched a letter to Congressional leaders last year on behalf of a bipartisan group of 44 state attorneys general urging the passage of the GUARD Act.

Unaccredited claims representatives are not subject to the VA standards. They strategically advertise their services to avoid regulatory oversight and, as a result, may engage in predatory and unethical practices that target veterans and rob them of their VA benefits. Federal laws and regulations prohibit anyone from assisting a veteran in the preparation, presentation, or prosecution of a VA benefit claim, or charging a fee for this assistance, without accreditation from VA's Office of General Counsel. However, VA and other federal agencies are limited in their ability to enforce existing law because explicit criminal penalties were stripped from statute nearly two decades ago. This has contributed to the proliferation of unaccredited claims representatives in recent years. This legislation will discourage companies from operating outside the bounds of federal law and will give VA and other agencies an additional tool to protect veteran claimants from predatory practices.

Long Term Care for Aging Veterans

The FRA is supporting the "Elizabeth Dole Home Care Act" (HR 542) that recently passed the House (414-5) require the VA to establish agreements with outside providers to furnish medical and social services to veterans who are not in VA nursing homes. The bill would also require the VA to improve in-home assistance and support for caregivers of veterans and raise the limit on expenses for nursing home care provided outside of VA facilities. In addition, the bill would require the VA to conduct several studies related to medical and health services for elderly veterans and report on those topics. Long term care is one of the biggest challenges facing our aging population and their families – and our veteran population is no exception. In fact, almost half of VA's patient population is over 65.

Challenges for Reserve Component VA Disability Claims

A recent Government Accountability Office (GAO) report (GAO-24-105400), in which the Fleet Reserve Association actively participated, notes that changes are needed to address unique challenges Reserve Component members face when filing for veterans' disability benefits with the Department of Veterans Affairs (VA). Members of the National Guard and the Reserves can claim VA disability benefits. But they may struggle to prove that disabilities are service-related when they only serve part-time, making it harder for them to access benefits.

The report notes that although the Department of Defense (DoD) and VA have guidance about disability benefits for reservists, it does not cover the importance of documenting how health conditions are related to time on duty. Also, gaps in VA data make it difficult to verify these claims. GAO recommended that DOD and VA improve their guidance and data sharing to help those who served in the reserves with this issue, and more.

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” (H.R. 1413) 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. A December 2023/January 2024 survey of FRA veterans indicates that 66 percent rate VA burial benefits as “Very Important”.

VA 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 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 FRA supports the House passed “Caregiver Outreach and Program Enhancement Act” (COPE-H.R. 3581). This bill will create a VA grant program that would help veteran caregivers seek the mental health care they need without fear of reducing access for veterans or concerns about the stigma of mental health.

In addition, the "Elizabeth Dole Home Care Act" (HR 542) that recently passed the House (414-5) would among its other provisions require the VA to improve in-home assistance and support for caregivers of veterans and raise the limit on expenses for nursing home care provided outside of VA facilities. FRA hopes that the Senate Veterans Affairs Committee will approve these bills and send them to the full Senate for further consideration.

Survivor Issues

The Association recognizes the sacrifices Survivors have endured and works to eliminate survivor benefit inequities. The FRA works to improve and protect existing survivor benefits issued by the Department of Defense (DoD) and the VA.

The FRA supports making the Dependency and Indemnity Compensation (DIC) benefits equal to other federal survivor benefits and is supporting the “Caring for Survivors Act” (H.R. 1083/S. 414). Currently, DIC is approximately 43 percent of

a 100 percent disabled retiree's compensation. Survivors of federal civilian workers have their annuity set at 55 percent of their Disabled Retiree's Compensation. FRA supports raising DIC payments to 55 percent of VA Disability Compensation for a 100 percent disabled veteran. Moreover, when compensation is increased the law should ensure that DIC eligible survivors under the old system receive an equal increase.

Increase DIC payable to survivors of catastrophically disabled veterans to match other Federal survivor benefit plans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. These spouses perform full-time duty which precludes them from working towards retirement or Social Security benefits in their own right. When the veteran dies, the surviving spouse's income is reduced to the same Dependency and Indemnity Compensation (DIC) payment that other surviving spouses of veterans receive, whose death was service connected. The percentage of replacement income can be as little as 15 percent. The income replacement of other federal survivor benefit plans is close to 50 percent of the benefit upon which they are based. Congress should provide for survivors of catastrophically disabled veterans on a similar basis.

At the request of the FRA Senators John Cornyn (Tex.) and Elizabeth Warren (Mass.) and Representatives John Garamendi (Calif.) and Mark Amodei (NV) introduced the "Respect for Grieving Military Families Act" (H.R. 3232/S.1588), which would stop the Department of Defense from clawing back deceased military retirees benefits while their families are still in mourning.

Surviving spouses who are unaware that the Defense Finance and Accounting Services (DFAS) should be notified immediately on the death of the military retiree are surprised to learn of this requirement. Those who had joint bank accounts, in which retirement payments were made electronically, gave little if any thought that DFAS could swoop down and recoup any overpayments of retirement pay from such accounts. This action could easily clear the account of any funds remaining whether they were retirement payments or money from other sources. Instead of withdrawing the payment all at once the bill would allow a gradual repayment over 12 months and gives the Secretary of Defense the option to forgive the over payment.

Servicemembers Civil Relief Act

The 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. The Association wants to make mandatory arbitration agreements in financial contracts unenforceable. The FRA supports the “Improving SCRA Benefit Utilization Act” (H.R.6920) that would improve awareness and modernize an interest rate reduction benefit currently underutilized by active-duty military servicemembers.

Under SCRA, active duty servicemembers are entitled to a reduced interest rate on loans they took out before military service. In December 2022, the CFPB did a first-of-its-kind analysis that quantified whether service members were receiving their interest rate reductions on certain loans and made recommendations for financial institutions to increase the use of SCRA reductions. However, recent research on the credit card market suggests that many credit card companies have not adopted simple fixes that could help ensure that servicemembers get interest rate relief.

The CFPB 2022 analysis estimated that fewer than 10 percent of eligible auto loans and 6 percent of personal loans to activated members of the National Guard and Reserves were receiving interest rate reductions, resulting in nearly \$10 million a year in estimated lost savings. This report covered only auto and installment loans, but there is ample evidence to suggest that servicemembers face hurdles in other areas, like credit cards and mortgages. The report recommended that companies apply SCRA interest rate reductions for all accounts held at an institution if a service member invokes protections for a single account.

VA Homelessness Program

The VA and other government agencies should enhance and invest in efforts to ensure that veteran’s homelessness is rare, brief, and nonrecurring. The FRA supports the House passed (408-10) “Housing our Military Veterans Effectively Act” (HOME Act-H.R. 3848) sponsored by Rep. Lori Chavez-DeRemer (OR) to help lift veterans out of homelessness. The HOME Act would increase the per diem rate the Department of Veterans Affairs (VA) pays nonprofit organizations that assist veterans with short-term transitional housing, such as the Salvation Army. The per diem rate would also continue to adjust for inflation every year. The

HOME Act also creates a stipend that veterans experiencing homelessness can use to purchase necessities such as food, shelter, clothing, and hygiene items; transportation services; or communications equipment such as smartphones so the veterans can maintain contact with health care providers, prospective landlords, and family members.

In an effort to help homeless veterans and their families find permanent housing, The Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA) awarded \$14 million in HUD-VA Supportive Housing (HUD-VASH) vouchers to 66 Public Housing Agencies (PHAs) across the country for over 1,400 vouchers.

The HUD-VASH program provides housing and an array of supportive services to veterans experiencing homelessness by combining rental assistance from HUD with case management and clinical services provided by the U.S. Department of Veterans Affairs. Through this program, HUD and VA's mission is to end homelessness by assisting veterans and their families in obtaining permanent and sustainable housing with access to high-quality health care and supportive services, and to ensure that homelessness is otherwise prevented.

Thanks to the joint efforts of HUD, VA, and the United States Interagency Council on Homelessness (USICH), the number of veterans experiencing homelessness has fallen by 4 percent since early 2020, and by 52 percent since 2010. Additionally, VA and HUD partnered to permanently house more than 46,000 homeless veterans, surpassing the calendar year goal by 22.5 percent.

Currently, there are over 110,000 HUD-VASH vouchers being administered by over 700 PHAs. Since 2008 HUD has issued new HUD-VASH vouchers every year. Additionally, over 81,000 of those total vouchers are actively under lease by HUD-VASH veterans, with many additional veterans having been issued vouchers and currently searching for housing to lease.

Pause in Foreclosures on VA Home Loans

The FRA supports the VA suspension of foreclosures on VA-backed loans, extending pandemic protections for veterans facing mortgage payment difficulties. The VA contacted mortgage services to pause VA foreclosures and extend the COVID-19 Refund Modification program until May 31, 2024, ensuring veterans can remain in their homes.

This decision follows a November 11, 2023, report by National Public Radio revealing the risk of veterans losing homes after the VA ended the Partial Claim Payment program. Veterans using the mortgage forbearance program during the pandemic faced bills for missed payments, risking large sums or refinancing at higher rates. Approximately 6,000 VA homeowners are in foreclosure, and another 34,000 are delinquent. The VA calls for mortgage servicers to pause foreclosures and collaborates on workable home retention solutions for veterans.

The extension of the COVID-19 Refund Modification program enables veterans to obtain zero-interest, deferred-payment loans from the VA, covering missed payments and modifying existing VA-guaranteed loans for an affordable monthly payment structure. The VA is establishing a VA Servicing Purchase program to purchase defaulted VA loans, modify them, and include them in the VA's direct loan portfolio.

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.

John S. Handzuk

FRA National President John S. Handzuk was elected National President in September 2023. He joined the Fleet Reserve Association in March of 1980. Throughout his 41 years of membership, he has served in various leadership positions at the local, regional and national level.

John Handzuk grew up and attended school in North Tonawanda, NY, studying to become a machinist. At graduation, he learned he had been selected for a draft deferred tool and die maker apprenticeship. He had to decline as he had already enlisted in the Navy's deferred enlistment program.

During his twenty-four years of service in the Navy, he served on seven ships, overseas tours in Japan and Vietnam, and trained recruits for three years in Orlando, FL.

Handzuk was able to pursue his chosen trade as a machinist manufacturing parts for and overhauling valves, pumps and other mechanical equipment. Additionally, he designed and built several special tools and jigs. In June of 1980, he qualified as an Enlisted Surface Warfare Specialist. In early 1983, while training recruits, he qualified as a Master Training Specialist.

As his career progressed, Handzuk went from working in machine shops to supervising and mentoring machinists. In July 1986, he was promoted to Master Chief Machinery Repairman (E-9). In 1988, he was selected to become a Command Master Chief. He served in this capacity on his last two ships before retiring in August 1990.

Upon retirement, he had a second career first as an over the road commercial truck driver and ultimately became personnel director for a trucking company.

An avid wood worker, Handzuk makes wooden toys for young children and donates them to charitable organizations.

Statements for the Record

STATEMENT FOR THE RECORD

CONGRESSWOMAN DELIA C. RAMIREZ

JOINT HEARING: Legislative Presentation of Veterans of Foreign Wars of the United States
& Multi VSOs: PVA, WWP, NASDVA, MRC, BSF, IAVA, BVA, SWAN, SVA, AMVETS

HEARING DATE: March 6, 2024

Thank you to the Chairmen and Ranking Members for holding today's hearing. I also want to thank our witnesses for joining us today.

I want to start today by acknowledging the tremendous work and the significant contributions veterans service organizations (VSOs) have made and continue to make.

Over the past year, I have had the honor of meeting with several VSOs during my time as a Member of Congress. VSOs do critical work directly supporting veterans and engage collaboratively with the Members of this committee to ensure that veterans have a successful transition into civilian life.

Thank you for your work and a special thank you to the veterans representing Illinois and the VFW—thank you for your service and your commitment to the betterment of the lives of every veteran in the country.

As you know, prior to coming to congress I spent over 20 years in the non-profit sector providing housing assistance and other social services support to my community, including veterans. It is imperative that we continue to advocate for and advance solutions that keep veterans sheltered and housed and that we keep supporting our veterans experiencing homelessness.

I want to pivot and take some time to talk about education. Education is and has been a door opener for so many of us, including student veterans. We also know that getting into a college or university is just the first step. Finding housing, being able to eat, and for many of our student veterans who have families, securing childcare are critical needs. As Members of this Committee we must continue to advocate for solutions that prioritize ALL needs of our veterans and that includes parity in education and funding child care.

Additionally, a successful transition into civilian life for our student veterans must include safeguards against bad actors who seek to defraud veterans for their benefits. That is why this Congress, I introduced H.R. 1767, the Student Benefit Restoration Act, which would establish an across the board process for student veterans to have their GI Bill education benefits restored in qualifying instances, such as when a student veteran has been defrauded by an educational institution. I want to thank SVA for their partnership on this legislative effort. Protecting our veterans from exploitation is incredibly important to me and it is vital that we keep the drum beating on this issue.

Lastly, as one of the few women and women of color sitting on the Veterans' Affairs committee, I want to bring attention to issues that are impacting our servicewomen. The VA has made significant strides to improve women's health care over the last several years, but I think we can agree there is still more work that needs to be done. We must continue to address disparities in health care and collect demographic data including race/ethnicity and gender so that EVERY veteran receives the care they need.

Thank you.



American Defenders of Bataan and Corregidor Memorial Society

3156 Myers Lane - Makanda, Illinois 62958 - JanThompson@gmail.com

**STATEMENT FOR THE RECORD
to the
Senate Veterans' Affairs Committee and House Veterans' Affairs Committee
Joint Hearing**

To Receive Legislative Presentations of Veterans Service Organizations

**By
Jan Thompson
President
American Defenders of Bataan and Corregidor Memorial Society**

13 March 2024

***AMERICAN DEFENDERS OF THE PACIFIC
TIME FOR A CONGRESSIONAL GOLD MEDAL
&
MEMORIALS IN JAPAN***

Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Senate and House Veterans Affairs Committees, thank you for allowing us to describe how Congress can meet the concerns of veterans of World War II in the Pacific.

The American Defenders of Bataan and Corregidor (ADBC) was founded in January 1946 at the Fort Devens, Massachusetts hospital by former POWs of Imperial Japan. The ADBC represented the men and women of the U.S. Armed Forces in the Pacific who participated in the early resistance to, and defensive battles against, the armed forces of Imperial Japan from December 8, 1941 to June 9, 1942. Nearly all the survivors endured four years of merciless imprisonment by Imperial Japan throughout the Empire.

Our Memorial Society now represents their families and descendants, as well as scholars, researchers, and archivists. Our goal is to preserve the history of the American POW experience in the Pacific and to teach future generations of the POWs' sacrifice, courage, determination, and faith—the essence of the American spirit.

Background

The common perception of an American POW of Imperial Japan is as a casualty of the infamous Bataan Death March 82 years ago next month. The fall of the Bataan Peninsula in the Philippines and the start of the March, April 9, 1942, is National Former POW Recognition Day and is recognized with a Presidential Proclamation.

In fact, Americans—Marines, sailors, and merchant marines in China and Japan—became POWs of Imperial Japan starting with the first day of the War on December 8, 1941. Over the following months, Americans unprepared for war in outposts throughout the Pacific were surrendered *en masse* often after furious, unaided battles—Wake Island, Guam, Java, Sunda Strait, Luzon, Corregidor, Mindanao, Kiska, Attu—against the invading Japanese.

As POWs, the Americans were subject to torture, abuse, starvation, and neglect. Significantly, they were used as slave laborers for Japan's military and private industry. The men toiled on the Thai-Burma Death Railway; built airfields with their bare hands—such as at what is now the Antonio Bautista Air Base on Palawan, Philippines; died constructing military projects such as the Soto Dam in Nagasaki Prefecture; and slaved in Japanese corporate mines, mills, and factories. For example, Nippon Steel, which is now attempting to purchase U.S. Steel, used more than 6,000 American and Allied POWs as forced labor with ten percent dying in the process.

I testify today to encourage a greater effort to remember and to advocate for these American men and women who gave their all under desperate conditions and who demonstrated determination and resourcefulness against a ruthless enemy. And all this against the backdrop of a long-decided U.S. and British policy to prioritize the war in Europe. The result was that thousands of these soldiers, sailors, Marines, and airmen became POWs of Japan and suffered some of the War's worst consequences. One-third did not return home.

Our asks

To ensure that the sacrifices and unique history of our fighting men and women in the Pacific during 1941 and 1942 are not forgotten I ask Congress to:

- 1. Award the Congressional Gold Medal collectively to the American defenders of Bataan and Corregidor, as defined in U.S. Senator Martin Heinrich's and Representative Teresa Leger Fernandez's forthcoming bill.** This group represents every U.S. state, territory, tribe, and military service. It is the most diverse World War II Congressional Gold Medal cohort.
- 2. Call on Nippon Steel and other Japanese companies to acknowledge their history of using American and Allied POWs as slave laborers** and to establish an educational foundation to support research and learning about the POW experience in Imperial Japan. Respect for the sacrifices of American veterans should be fundamental to Nippon Steel's acquisition of a U.S. company. It is the only way that trust can be established.
- 3. Ask the Government of Japan, to create two central government-funded memorials in Japan, as none exist, to the Allied POWs of WWII.** One would be in Tokyo and the other at

the Port of Moji on Kyushu, Japan where most of the “hellships”—floating dungeons where POWs were denied air, space, light, sanitation, water, and food—first arrived in Japan to unload their sick and dying human cargo. Currently, the only monuments at Moji are to Japanese war horses, Japanese soldiers, and bananas.

4. Instruct the U.S. Department of State to prepare a report for Congress on the history and funding of the 2010-2023 “Japan/POW Friendship Program.” The report should include (i) how other Allied POW reconciliation programs initiated by the Government of Japan in 1995 compare both in funding and programming with the one for the Americans; (ii) how the U.S. program compares with its “kakehashi” people exchange programs in the United States funded by the Government of Japan starting in 2015; and (iii) a breakdown of the budgets of these various exchange programs and the types and ages of participants.

5. Ask the Government of Japan to reestablish and institutionalize the “Japan/POW Friendship Program.” Inaugurated in 2010 as a reconciliation visit to Japan for former U.S. POWs and family members, it was modeled after ones initiated in 1995 for British, Dutch, and Australian POWs. Japan ended the visitation program for Americans in 2023. Instead of stopping reconciliation efforts, Japan should transform the American POW program into a permanent educational, remembrance, and exchange initiative that encompasses history, justice, and democratic resilience.

6. Ask the Government of Japan to publish in Japanese, English and other Allied languages on the website of the Foreign Ministry of Japan the 2009 Cabinet Decision making a formal apology to all the prisoners of war of Japan and the text of Ambassador Ichiro Fujisaki’s May 30, 2009 speech to the final convention of the ADPC offering an apology to the POWs.

7. Ask the Government of Japan to honor its 2015 written promise to include the “full history” of Japan’s UNESCO World Industrial Heritage properties of the *Meiji Industrial Revolution: Iron and Steel, Shipbuilding and Coal Mining*. Despite the government’s written commitments to UNESCO, the history of POW slave labor at many of the Heritage sites is not included at those locations or at the Tokyo Information Center. Two of these locations are owned by Nippon Steel.

High price of freedom

By June 1942, most of the estimated 27,000 Americans ultimately held as military POWs of Imperial Japan had been surrendered. By the War’s end, roughly 12,000 Americans POWs had died in Japan’s squalid POW camps, in the fetid holds of “hellships,” or in slave labor camps owned by Japanese companies. This was a death rate of 40 percent. In contrast, 1.5 percent of Americans in Nazi POW camps died putting the mortality rate for POWs of Japan as 20 times greater.

Eighty-three years after the start of the War in the Pacific, it is time to recognize the Americans who fought the impossible and endured the unimaginable in the war against tyranny and fascism

in Asia. The American men and women in the early months of the war in the Pacific fought with limited and outdated weapons and no hope of reinforcement or resupply.

Current and future generations can be inspired by their “victory from within.” As President Franklin D. Roosevelt said in August 1943, when the outcome of WWII was still uncertain, “The story of the fighting on Bataan and Corregidor—and, indeed, everywhere in the Philippines—will be remembered so long as men continue to respect bravery, and devotion, and determination.”

In return for their sacrifices and service, they ask that their government keep its moral obligation to them. They do not want their history ignored or exploited. What they want most is to have their government stand by them to ensure that they will be remembered, that our Japanese allies respect them, and that their American history is preserved accurately.

Ms. Jan Thompson

President, American Defenders of Bataan & Corregidor Memorial Society
Daughter of PhM2c Robert E. Thompson USN, USS *Canopus* (AS-9)
Survivor of the hellships *Oryoku Maru*, *Enoura Maru*, and the *Brazil Maru*
Survivor of the POW Camps Bilibid (Philippines), Fukuoka 3B (Japan), & Mukden (China)

*See previous testimony to the Veterans' Affairs Committees for a fuller background
on the history and efforts of the ADBC-MS.*
<https://www.adbcmemorialsociety.org/>



**Statement of
Shawn Deadwiler
President and Chairman of the Board
Black Veterans Empowerment Council, Inc.**

**Before the
Committees on Veterans' Affairs
U.S. Senate and U.S. House of Representatives
Washington, D.C.**

March 29th, 2024

Chairman Tester, Chairman Bost, Ranking Members Moran and Takano, and Members of the Committees on Veterans' Affairs:

Thank you for your leadership and for providing me the opportunity to deliver the 2024 Legislative Priorities of the Black Veterans Empowerment Council (BVEC). We are a non-partisan coalition of national, state, and local veteran organizations serving as a unified voice for the needs of Black veterans on long-standing racial and economic inequities in the United States.

Our overarching goal is to end chronic homelessness in the veteran community, especially among Black veterans. Through increased advocacy with BVEC's public and private partners, BVEC aims to be both a bottom-up resource to share with federal policymakers discrepancies or successes on the ground of federal action – and likewise, a top-down resource to ensure effective communication of new legislation, VA programs, or others to ensure it gets to folks in the communities that BVEC supports.

BVEC is appreciative of the work that the Senate Veterans' Affairs Committee (SVAC) and House Veterans' Affairs Committee (HVAC) has completed thus far during this 118th Congress. We also look to continue advocating to advance sensible and sustainable legislative solutions affecting all veterans – including:

BENEFIT UTILIZATION

Last month, The Department of Veterans Affairs released its 2024 Agency Equity Action Plan to help ensure that the VA delivers on its promise to provide world-class care and benefits to all Veterans, their families, caregivers, and survivors. We believe that all those who have served in our armed forces should be able to access the benefits and services earned through sacrificing their blood, sweat, tears, and time for our great nation. However, that has not been the case in the past, and many inequities continue to persist in preventing veterans from accessing the full range of these benefits and services. No servicemember should risk their lives to protect and defend our country, and face homelessness, poverty, or hunger upon completion of their service.

More specifically, BVEC is concerned that underutilization of and inadequate access to benefits for Black and minority veterans is significant and undeniable. Research findings to date reveal statistically significant racial disparities in disability grant rates and denials suffered by Black veterans and highlights a need for redress and reform. That is why BVEC supports advancing research on racial disparities in access to veterans' benefits across the Department of Veterans Affairs, and we are more than willing to partner with the respective committees on policy addressing this topic. We believe wholeheartedly that further and deeper research will better inform future policy making and increased access to benefits for veterans that need them. That is why BVEC is proud to support the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act - a package of bills that aims to address the aforementioned and many other gaps in benefits experienced daily by veterans across the country.

HOUSING & HOMELESSNESS

We cannot disregard the sheer numbers of veterans that are currently experiencing homelessness - even within the nation's capital. Because of this, BVEC has reinforced its positioning in fighting for veterans and has set in motion a strategic plan that addresses chronic disparities in benefit utilization, economic opportunity, enforcement, and recognition for contribution to our country. This includes building on the challenges and successes of this year to make meaningful progress on the VA's short and long term goals to better serve Black veterans and military service members, such as increased funding for targeted outreach efforts in communities actively criminalizing the surveillance of homeless encampments, expanding available assistance for at-risk veterans due to job loss, and expanding capacity of communities to move veterans from motel/hotel placements into permanent housing.

To fulfill its mission statement of serving minority and other underserved populations, the Department of Veterans Affairs must improve micro-targeting outreach across the Black veteran community - which BVEC and its affiliate organizations support and stand ready to assist the Secretary in. Therefore, we intend to continue to advocate for the interests and needs of Black veterans as the nature of the political landscape evolves so that our heroes can come home to a house and not be discarded on the streets and left to fend for themselves after their service in our military. BVEC supports extending access to the HUD-VASH voucher beyond the chronically homeless and the most acutely disabled - which would increase access to, and utilization of, these important vouchers. Additionally, BVEC is supportive of the HOME Act (H.R. 3848), and other housing-related legislation, that increases access to transitional housing and the maximum rate of per diem payments provided by the VA to entities to serve veterans.

ECONOMIC OPPORTUNITY

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 and incentives for veteran-owned small businesses as well as service-disabled veteran-owned small businesses is critical. There are a number of regulations made by agencies that require significant upfront capital just to be registered to do business - which is cost prohibitive in a lot of cases for veterans to get into business.

BVEC currently serves as a critical touchpoint in advancing education, equity, and economic opportunity in the Black veteran community. Even more, veterans are already highly trained in the many disciplines and transferable skills required to be successful in today's workforce. With all this in mind, we look forward to working with the Joint Committee to support our shared mission of serving veterans, families, and communities across the country and removing barriers to opportunities for them to be self-sufficient. BVEC has been supportive of recent efforts like the legislative hearings on ways to improve Transition Assistance Programs (TAP) - which can significantly help Black veterans from the start as they transition out of service regardless of service branch. BVEC is also supportive of H.R. 7401, the Contract our Veterans Act, which would add veteran-owned small businesses to the Defense Department's contracting

list and set a goal of five percent of the value of all prime contracts and subcontracts awarded each year, similar to the goal already set for service-disabled veteran-owned contracts.

AGENCY ENFORCEMENT

Black veterans disproportionately hail from historically at-risk, low-income, and underserved communities, and join 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, due to the speed of federal agencies and sub-agencies in interpreting or implementing legislation, there have been gaps in resources provided and enforcement of current law that has allowed veterans to go without the assistance they need. Current examples of legislative fixes that address the root of this matter includes: making necessary program adjustments to better accommodate homeless veterans with difficulties accessing services (S. 1436); restoring lapsed VA communications, transportation, and spending authorities (H.R. 645); and extending the HCHV program through the next 5 years (H.R. 2525).

As a result, BVEC has identified areas of opportunity to improve efficacy, efficiency, and efforts to streamline processes, improve performance, and provide more targeted outreach to the sects of the veterans being underserved. For example, one of BVEC's top legislative priorities that echoes feedback from our on-the-ground partners and Black veterans that we engage with is a push to create an Advisory Committee on African American Affairs at the Department of Veterans Affairs. This advisory committee can directly assist in improving implementation of legislation across agencies and divisions and promoting fair access to benefits and resources. This is just one of the ways that BVEC hopes to work together with your respective committees to provide comprehensive, sustainable solutions to better serve the Black veteran population.

CONCLUSION

The platform for BVEC's success is and has been a public-private partnership that effectively brings together community-based non-profit organizations, federal and local government agencies, and other private business entities - utilizing industry leading best practices and resources - towards achieving our mission of better serving the Black veteran population through housing, workforce development, and many more of the aforementioned topics. We would like to continue in that same vein of partnership, not just with the numerous organizations that we work alongside to serve millions of veterans across the country, but with each and every member of the Committees on Veterans' Affairs within both the U.S. Senate and U.S. House of Representatives.

Chairman Tester and Chairman Bost, Ranking Members Moran and Takano, thank you for the opportunity to provide our testimony today. We share your goal of eliminating chronic homelessness and strengthening the self-sufficiency of each veteran within our community, and seek to further bridge the gap between the various veteran communities, government, philanthropy and the private sector to better serve the needs of Black veterans. And we are prepared to answer any questions you may have.

Appendix A

Supported Legislation

Veteran Package - *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*

BVEC **supports** the inclusion of language from the Senate's CHARGE Act and the House's HOME Act in any final legislation. Final bill text has yet to be released and CBO scores have only recently been received by the joint committees. The VSO community has been heavily invested in the passage of this package of veteran support and priorities from the outset of the 118th Congress and BVEC urges consideration without further delay.

House of Representatives

H.R. 491 - *Return Home to Housing Act*

BVEC **supports** this legislation (House companion of the GPD language included in the Senate's Charge Act) that resumes Grant and Per Diem (GPD) Program reimbursement rate flexibility at 200% the state home domiciliary rate of \$59.69, or \$119.38 a night for shelter, food, security, staff, and provision of all supportive services. Funding for this program goes directly to veteran services as it is reimbursed for supports already provided to a veteran in need of housing.

H.R. 645 - *Healthy Foundations for Homeless Veterans Act*

BVEC **supports** this legislation (House companion of the flexible VA authority language included in the Senate's Charge Act) to restore lapsed VA communications, transportation, and spending authorities. VA will once again be able to get veterans to and from their medical appointments back to their housing, facilities, or unsheltered locations rather than traversing both rural and urban settings without the assistance of mass transportation.

H.R. 2525 - *Health Care for Homeless Veterans (HCHV) Act*

BVEC **supports** this legislation. The bill extends the HCHV program through 2029 and provides that under the HCHV program, a *veteran* means a person who served in the active military, naval, air, or space service and was discharged or released from service, excluding those who received a dishonorable discharge or were discharged or dismissed under a general court-martial.

H.R. 3848 - *Housing our Military Veterans Effectively Act of 2023 (HOME Act)*

BVEC **supports** this legislation, and was pleased to see that the House passed this bill in December of 2023. The bill would adjust the cap on reimbursement for transitional housing veterans at 133% of the state home domiciliary rate. There would also be a waiver available for up to 50% of the providers for up to 200% of the state home domiciliary rate. More simply, the rate would go from \$68.64 to just over \$79.38 for the next three years.

H.R. 3900 - To establish certain rights for spouses of members of the uniformed services

BVEC **supports** granting employment and reemployment rights to spouses of service members, which helps them maintain income through the curveballs of military life (deployments, moves,

Fighting for the future of Black veterans!

and mobilizations) thrown at military families. Dual incomes are seen as a protective factor for military families when service members are in transition.

H.R. 5416 - Ensuring Veterans' Smooth Transition Act

BVEC supports automatically enrolling transitioning service members into VA healthcare to ease the transition process and ensure continuity of care considering that service members are allowed to opt-out.

H.R. 6225 - Expanding Home Loans for Guard and Reservists Act

BVEC **supports** expansion of grants eligibility for the VA Home Loan program to Reserve component service members who serve 30 consecutive days of active duty for training that is not basic training. This effectively allows Guard/Reservists to become eligible for the VA Home Loan program as they are in their military occupation specialty training after basic training.

SENATE

S. 1436 - *Critical Health Access Resource and Grant Extensions (CHARGE) Act*

BVEC **supports** the CHARGE Act's goal to make necessary program adjustments to better accommodate homeless veterans with difficulties accessing services, as requested by *both* VA and service providers - which would again allow VA transportation, communication and purchasing authorities providing veterans access to care, communication with case management, and stable housing supports. BVEC urges the Senate's consideration and passage of this legislation's more comprehensive language without delay.

S. 3728 - *Veterans Housing Stability Act of 2024*

BVEC **supports** this legislation. Veteran mortgage delinquencies were not forgiven during the PHE but were placed in forbearance. the PHE lapsed and those bills came due or refinance into much higher rates. This bill would halt veteran foreclosures through a partial claim program, which is severely limited for veteran borrowers who took on high interest loans.

Draft Bill Text and Language

Draft Bill - *Basic Need Allowance/Hunger bill*

BVEC **supports** the provision for basic needs if service members are receiving the Basic Need Allowance the month before transition, the Services will continue to pay it to service members/veterans the 6 months after transition.

Draft Bill - *End Veteran Homelessness Act (HUD-VASH)*

BVEC **supports** this legislation which would extend HUD-VASH voucher access beyond the chronically homeless and the most acutely disabled, to all *homeless* veterans and those *at risk* of homelessness, or that are already participating in other rental assistance programs. The bill would increase access to, and utilization of, HUD-VASH vouchers, and BVEC urges swift consideration of this legislation along with additional incremental funding in 2025 to cover these intended expansions.

Draft Bill - Guard/Reserve VA Homelessness Program Eligibility

BVEC **supports** this legislation which fixes issues that have arisen between homeless programs for the Guard and Reserve components when eligibility was expanded for veterans with Other Than Honorable discharge statuses.

Draft Bill - Homeless Eligibility

BVEC **supports** this language, which would standardize eligibility for VA homeless programs and would add veterans of the Military's Reserve Components as eligible for homeless services. Programs have naturally evolved and expanded independently in different Congresses, causing a patchwork of eligibility regulations and rules for accessing support.

Draft Bill - Setting the Table for Transition Act of 2023

BVEC **supports** granting SNAP (Supplemental Nutrition Assistance Program) eligibility for all service members for 100 days post transition, in order to reduce food insecurity in transitioning veterans.

Draft Bill - Veteran Rental Assistance Guarantee

BVEC **supports** this language which would guarantee all veterans a one-time upstream rental assistance of up to \$4,000 for first and month's rent, back rent, landlord incentives, or lease-up fees, paired with a longer-term housing voucher. The language was intended to:

- (1) realize the President's 2024 Budget Request of a multi-billion-dollar upstream homeless prevention proposal for homeless veterans and those at risk of homelessness.
- (2) prohibit discrimination against the source of the funds while also barring veteran disability from being included in eligibility calculations.

Appendix B

Overall Funding Recommendations for Fiscal Year 2025

BVEC estimates a total increase of \$175 million for veteran homelessness programs in Fiscal Year 2025 (FY25), with the need spread across several major VA accounts, and programs external to the VA also requires an increase of \$175 million across the Departments of Labor and Housing & Urban Development accounts. The remaining VA program calculations are made based on the current 2024 VA program spending rates while we continue operating under a FY 23 Continuing Resolution. Furthermore, BVEC recommends continued support above current funding levels to ensure that sufficient support for housing unstable veterans is available.

Department of Housing & Urban Development

BVEC appreciates previous allocations that Congress has made toward eradicating homelessness within the veteran population, and we look forward to continuing to work with both sides of the aisle and chambers of Congress to fund these critical program improvements for the next fiscal year and beyond - including:

\$100 million for HUD-VASH incremental funding to increase the capacity of communities to move veterans from motel/hotel placements into permanent housing.

- i. **\$40 million** for HUD to provide 4,500 new Project Based Vouchers, that are not counted against PHA utilization rates and caps on project-basing of vouchers.
- ii. **\$52.5 million** for HUD to provide for new incremental vouchers and additional Public Housing Authority incentives, to mirror the incentives offered with HUD's Emergency Housing Vouchers.
- iii. **7.5 million** for Tribal HUD-VASH

\$7.5 million increase to \$75 million for DOL's Homeless Veteran Reintegration Program (HVRP) aimed at expanding available assistance for at-risk veterans due to job loss. The program intends to continue expanding access nationwide and include spouses and dependents. HUD Data indicates positive effects on program metrics for programs paired with HVRP grants as there are savings in administrative costs between programs with a single grantee.

Department of Veterans' Affairs

Health Care for Homeless Veterans Program (HCHV) - \$25 million increase and reauthorization for temporary housing for homeless veterans - which would significantly reduce social distancing and provide targeted outreach efforts in communities actively criminalizing and surveillance of homeless encampments.

Supportive Services for Veteran Families (SSVF) \$25 million increase to \$800 million, removal of grant cap, and reauthorization to provide flexible assistance targeted at specifically addressing rental and other eligible arrears, and continued implementation of the inadequate subsidies expansion. Further, BVEC recommends making the SSVF program permanent to increase grantee confidence and to align with other HPO programs.

\$35 million increase for the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Case Management Program for VA to provide additional VA or community contracted case managers. To increase the quality of services and increase voucher utilization and decrease case manager loads, increasing hard to fill location-based and specialty hiring incentives, as well as retention and rapport building capabilities.

Restore \$44 million to the Grant and Per Diem Program (GPD) to \$350 million, for removal of grant and reimbursement rate caps & Special Needs reauthorization to maintain system capacity and allow for additional facility renovations - which would also assist with the additional rounds of capital grants needed to extend the capacity of service providers begun during the recent Public Health Emergency.



Statement for the Record

Senate and House Committees on Veterans' Affairs:

2024 Veteran Service Organization Hearings

Prepared by:

D'Aniello Institute for Veterans and Military Families (IVMF) at Syracuse University

April 19, 2024

Introduction: Our Work and Policy Priorities

Chairmen Tester and Bost, Ranking Members Moran and Takano, and distinguished Members of the Committee, thank you for the opportunity to provide this statement of the D'Aniello Institute for Veterans and Military Families' (IVMF) 2024 priorities today.

The IVMF was founded as higher-education's first interdisciplinary academic institute singularly focused on advancing the lives of the nation's military, veterans, and their families. The IVMF team designs and delivers class-leading training programs and services to the military-connected community, in support of the transition from military to civilian life and beyond. Each year, more than 20,000 service members, veterans, and family members engage IVMF programs and services, which are provided at largely no cost to participants. Our programs span a variety of categories, from entrepreneurship and career training to connecting individuals with local resources in their communities. The IVMF's programs are underpinned by the Institute's sustained and robust data collection, applied research on the most pressing issues impacting veteran well-being, and evaluation services for public and private partners who also serve the military-connected population.

Our policy work and priorities are directly informed by insights from our programmatic, research, and evaluation efforts, as well as what we hear from our partners across the country – federal, state, and local agencies, higher education, national and community nonprofits, philanthropy, and the private sector. We remain committed to being part of the effort to knit

together the patchwork of support greatly needed to improve how veterans and their families access and navigate care and resources.

We appreciate the invitation to submit a Statement for the Record and commend the Committees' efforts in years past on efforts that emphasize the importance of cross-agency and government-community collaboration, empowered by landmark legislation such as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act), the Commander John Scott Hannon Veterans Mental Health Care Improvement Act (Hannon Act), and others. This collaboration is beginning to bear fruit and remains essential. We stand ready to continue this work as we support federal legislators in creating actionable solutions to address the problems facing our nation's veterans.

Below, we offer specific areas for legislative focus that align with each of the Institute's broader policy priorities: *Integrate Health and Social Care*, *Improve the Military to Civilian Transition*, and *Expand Economic Opportunity for Veterans and Military Spouses*. In summary, they are as follows:

1. Priority: Integrate Health and Social Care

- Sustain, improve, and expand recent collaborative efforts that involve communities in suicide prevention and social drivers of health
- Establish standards for data and outcome capture to improve interoperability and accountability

2. Improve the Military to Civilian Transition

- Provide tailored, upstream support for transitioning service members and their families
- Facilitate stronger coordination between DoD, VA, states, and communities for benefits and services

3. Expand Economic Opportunity for Veterans and Military Spouses

- Ensure sustainability for evidence-based employment programs at the point of transition
- Identify areas for cross-agency collaboration to ease navigation of and access to the entrepreneurship ecosystem
- Improve accessibility and accountability of education benefits for veterans and their families

Moving the needle on these difficult challenges requires upstream interventions and systemic, integrated approaches – both whole of government and public-private partnerships. They also require investment in ongoing research, measurement, and evaluation to keep our efforts aligned with the specific and evolving needs of the military-connected population, to ensure our efforts are effective at meeting those needs, and to scale the efforts that work best.

In order to maintain and strengthen our nation's all-volunteer force, we must implement policies that enable all of us to contribute to and remain accountable for ensuring veterans and their families are equipped to thrive in their post-service lives.

Considerations for Legislative Focus

Policy Priority: Integrate Health and Social Care

Background:

For ten years, the IVMF has played a key role in creating, sustaining, and evaluating networks of health and social service organizations – originally as part of our [AmericaServes initiative](#) working alongside 18 communities across the country. Mirroring a growing body of evidence in healthcare more broadly, AmericaServes and other collective impact models have demonstrated that helping veterans navigate to the full scope of services and resources they need – beyond clinical interventions alone – is an integral component of suicide prevention efforts.

It is also well documented in research and practice that health, economic, and social needs rarely emerge in isolation. A [2019 study by VA researchers](#) found that the presence of an adverse social stressor such as unemployment, housing or financial instability was related to a 64% increase in the likelihood of suicidal ideation. With each additional issue, this likelihood only increased.

We also know from a VA-funded [pilot study](#) the IVMF conducted with the [VA Center for Health Equity Research and Promotion](#) that communities unequivocally play a role in the system of care for veterans. We found that many veterans enrolled in VA healthcare are also receiving wraparound services in their communities, that communities were supporting more marginalized and struggling veterans, and that these veterans’ stressors are better addressed when communities and VA Medical Centers work together.

Consequently, addressing the upstream, non-medical drivers of mental health that contribute to a veteran’s overall health outcomes and risk of suicide requires far more than just the Departments of Veterans Affairs (VA), Defense (DoD), Labor (DOL), and other interagency partners. Solutions necessitate comprehensive, cross-sector coordination with the tens of thousands of veteran-serving community based organizations (CBOs) across the country.

Legislative Focus: Sustain, improve, and expand recent collaborative efforts that involve communities in suicide prevention and social drivers of health.

Established in 2020 with the passing of the Hannon Act, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) plays a vital role in addressing the pressing issue of veteran suicide in the United States. By providing funding to CBOs to address underlying causes of veteran suicide in addition to facilitating referrals for clinical care, the SSG Fox SPGP recognizes the complex nature of factors leading to veteran suicide and takes meaningful action to partner with and support communities in the prevention effort.

As the SSG Fox SPGP approaches its third year of implementation, we strongly encourage Congress to consider legislative avenues to codify the program and allocate sustainable funding to provide for its continuation. We further encourage the Committee to solicit feedback and insight from SSG Fox SPGP grantees on opportunities to strengthen program implementation and measurement, particularly around adapting eligibility criteria, enhancing data collection and transparency, and streamlining pathways into VA care.

The IVMF has previously submitted a brief for the record containing feedback from 11 grantees alongside testimony at the SVAC hearing on September 20, 2023. The IVMF is in the process of updating this brief with more recent findings, but the takeaway is this: with continued support and enhancements, the SSG Fox SPGP can live up to its potential as a critical way to reach veterans in communities and connect them with the full scope of services they need – before they are in crisis, before it's too late.

The SSG Fox SPGP is only one of many programs that seek to address social needs to improve health outcomes. Agency efforts that recognize and push for more systemic approaches – most notably the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families and the development and implementation of Assessing Circumstances and Offering Resources for Needs (ACORN) – are at critical junctures and would similarly benefit from additional resources to maintain the momentum from their early successes. In particular, the VA would benefit from offering more funding mechanisms to states and communities for implementation and evaluation of these evidence-based interventions.

Legislative Focus: Establish standards for data and outcome capture to improve interoperability and accountability.

With this expansion of more comprehensive interventions also comes the need for enhanced standards for data collection and evaluation. From IVMF research and evaluation data, we know that establishing accountability and transparency between the VA and communities is both achievable and necessary if we want veterans to thrive.

For example, from the evaluation of AmericaServes data in Pittsburgh, we know that hundreds of veterans are referred between the VA and the community annually. Because these cases are meticulously tracked, we know that individuals referred by the VA are most in need of household goods and transportation. We know how many individuals are provided with their DD-214s to smooth the way for assessing eligibility and enrollment in benefits. We know that referrals are typically matched to an appropriate organization within 24 hours and that their needs are successfully resolved around 90% of the time once they connect with the organization. The VA has full access to this data. This level of transparency and monitoring is possible – it is also happening in places like North Carolina and Texas, to name a few.

At the same time, this level of tracking and measurement requires time and effort on the part of CBOs which operate with limited resources. The more grants and programs they manage, the more platforms they are required to utilize, and the more inefficient operations and reporting become. Federal agencies face similar challenges – multiple systems, data collected in slightly different ways, limited accountability, and others.

Research has documented the need for [data standards](#) and [interoperability](#), and the [federal government](#), including [VHA](#), has recognized this issue and begun to take important steps forward to meet these challenges. We encourage Congress to explore legislative opportunities to incorporate standards for data collection practices and measurement of interventions that connect individuals to community resources. These standards should be informed by the current evidence base of programs and systems that demonstrate the most effective outcomes. They should be

broad enough that multiple existing interventions could adapt and conform to meet them, but prescriptive enough to ensure that CBOs and providers are accountable to practices we know are feasible. Importantly, they should be both crafted and implemented in partnership with communities serving veterans and military families.

IVMF Policy Priority: Improve the Military to Civilian Transition

Background:

Each year, it is [estimated](#) that 200,000 service members transition from serving in the Armed Forces to civilian life, forcing many of these new veterans to face a series of overwhelming challenges. Data from the Blue Star Families Military Family Lifestyle Survey (MFLS) over the years consistently shows that at least two out every five veterans surveyed did not think they and their family were well-prepared to successfully navigate the transition from military to civilian life. For example, in the [2023 MFLS](#), the majority of veterans reported that their transition from military to civilian life was difficult. Post-service economic and financial stability are critical, particularly in the first few months and years after a veteran leaves the service. In fact, [VA researchers](#) now coin this initial period after separation as “the deadly gap” when transitioning veterans are more likely to die by suicide than later in life. This is why we, as a nation, must “get transition right” for our service members and their families.

However, transitioning out of the military is also more than a moment in time; veterans and their families have different needs before, during, and after the point of transition. We know that groups within the military-connected population have different needs as well. More broadly, research shows that preparedness is related to ease of transition for veterans. Therefore, our collective approach to transition must move beyond the transitioning service member and Transition Assistance Program (TAP).

Legislative Focus: Provide tailored, upstream support for transitioning service members and their families.

We appreciate increased efforts to bring more focus to and improve how we manage transition for the entire family unit. To continue this work, Congress should consider a range of options to address these evolving needs, including bolstering long-term financial support, offering specific support for military families, and augmenting TAP.

For example, Congress might explore options to work with partners to develop a separate transition program for spouses and family members. At the point of transition, service members have a wealth of resources made available to them. While some of these resources are open to their spouses and family members, none are specifically designed for them. A program specifically for this population – not a duplication of TAP – would improve awareness of and connection to resources, both at the point of separation and beyond.

Congress might also consider legislative solutions that make it easier for military spouses to connect to resources, as they are often the ones managing household finances. Shifting from a reactionary to a long-term preparation mindset for financial and economic stability will mitigate problems before they arise and prevent individuals from having to navigate through crises.

Planning is critical to achieving this goal, as are partnerships with civilian companies and organizations.

Legislative Focus: Facilitate stronger coordination between DoD, VA, states, and communities for benefits and services.

The VA, states, and communities also have a need to prepare for transitioning service members and their families. Without being aware of a veteran's presence, community organizations and government services cannot effectively address needs in a timely manner. Connecting individuals to services as soon as possible is integral to crisis prevention. To do this efficiently and effectively, there is a need to decrease barriers for the individual and increase collaboration between DoD and VA, DoD and states, and government and community entities.

As one promising solution, we hope that Congress will pass the Welcome Home Veterans Act of 2023. States recognize that veterans and their families are assets to their communities and economy, and they are actively striving to be great places for this population to transition and live. This legislation would support their efforts to ensure warm handoffs and enrollment in benefits and services at the state and local level. Additionally, we encourage Congress to consider legislative efforts that reduce the barrier to enrollment in benefits for those we know are eligible due to the nature of their service records.

IVMF Policy Priority: Expand Economic Opportunity for Veterans and Military Spouses

Background:

Individuals may choose to pursue many avenues after transitioning out of the service – entering the workforce, exploring entrepreneurship, pursuing higher education. We should ensure that no matter the pathway, veterans and their families are equipped to thrive.

Legislative Focus: Ensure sustainability for evidence-based employment programs at the point of transition.

Critical to a service member's successful transition from active duty to civilian life is their ability to secure meaningful employment and financial stability; however, the majority of veterans do not have a job secured after leaving the service, and about half are unemployed for four months or more following their time in the service. As mentioned previously, this gap between the time of military discharge and civilian employment can have enormous financial, social, and personal costs and can lead to increased rates of veteran homelessness, substance abuse, and other negative outcomes.

Finding meaningful careers after service is among the greatest stressors during this pivotal time. Analyses by the Clearinghouse for Military Family Readiness at Pennsylvania State University (PSU), who run a national longitudinal study of post-9/11 veterans called [The Veteran Metrics Initiative](#), have identified that the frequency of suicidal thinking increases over time for those in transition who experience persistent work and financial problems, particularly for women veterans. A quality job provides purpose, identity, and the financial security to ensure all other aspects of the veteran families' wellness can be effectively addressed for years to come.

For this reason, many programs have been created by federal agencies and the nonprofit sector to provide training, upskilling, job placement, and other career preparation services. For example, seven years ago the IVMF launched the [Onward to Opportunity \(O2O\)](#) program. O2O provides career exploration and employability skills training, along with access to industry-recognized certifications to over 10,000 transitioning service members, veterans, and spouses every year at no cost. The program operates on 19 military communities, reaching over 70 installations across the country and provides virtual training to participants in all 50 states. O2O is one of the largest career skills programs operating under the DoD SkillBridge Authority.

The federal government has also invested in dozens of employment-oriented services for transitioning service members. We commend the DOL's Veteran Employment Training Services (DOL-VETS) for establishing and implementing the [Employment Navigator and Partnership Program \(ENPP\)](#). Offered outside of the formal DOL Transition Assistance Program classroom instruction, DOL navigators assist transitioning service members and spouses in securing meaningful and lasting post-separation careers. IVMF's Onward to Opportunity program was onboarded in the second wave of national partners to join ENPP and is one of the program's larger referral partners.

As highlighted in the recent legislative hearing from the Economic Opportunity Subcommittee from the House Committee on Veterans' Affairs, this program is a successful example of how public-private partnerships can address a critical need at the point of transition. At the same time, it takes substantial contribution from community partners – in the form of time, finances, and personnel – to produce this value and positive outcomes for transitioning service members. We encourage Congress to continue to build on this positive development by seriously considering legislative opportunities that would explore ways for DOL to provide sustainable funding to ENPP partner organizations. These continued partnerships are necessary to provide robust career training and job placement services to transitioning service members and spouses.

There are other existing supports in place for transitioning service members and their families that represent successful public-private partnerships. Cross-sector initiatives like these – those that pull together and integrate federal, state, and local community partners – are essential parts of our transition support system. Importantly, they hold the most promise to address economic risk factors to veteran suicide.

The IVMF has worked with committee staff and other career preparation and training organizations to introduce legislation that would reinforce and expand these evidence-based programs. We hope Congress will consider additional ways to allocate more resources to effective, evidence-based programs that deliver positive outcomes for veterans and their families. We stand ready to provide continued support by offering feedback on legislative language and offering data and evaluation results on effective programs.

Legislative Focus: Identify areas for cross-agency collaboration to ease navigation of and access to the entrepreneurship ecosystem.

Entrepreneurship is another viable pathway for many transitioning service members, veterans, and their families. The IVMF contributes to the entrepreneurship ecosystem with eleven national

training programs and three tailored information hubs, each designed to meet veteran entrepreneurs where they are in their business journey. The IVMF has provided business ownership training to more than 75,000 military-connected entrepreneurs over the past decade and navigation services to 35,000 individuals – all at no cost to the veteran. Additionally, the IVMF recently acquired Bunker Labs, whose program participants have created nearly 9,000 jobs, raised over \$300 million in capital, and generated over \$2.3 billion in revenue. Together, our two organizations are even better positioned to make it easier for aspiring military-connected entrepreneurs to succeed in entrepreneurship.

We also know from our research, including our National Survey of Military-Affiliated Entrepreneurs (NSMAE), that the challenges faced by veteran entrepreneurs typically revolve around three central themes: access to capital, navigation of entrepreneurial resources, and leveraging human and social capital. The IVMF has submitted previous testimony to the Small Business Committees, encouraging Congress to consider several options for addressing these challenges and acknowledging the critical role of the Small Business Administration (SBA) in empowering veteran entrepreneurs. As with other government efforts, the SBA cannot address all challenges alone. Their work to support access to and navigation of resources through public-private partnerships continue to help create a responsive ecosystem. The VA's Office of Small & Disadvantaged Business Utilization also has a role play in this collaboration. We hope Congress might evaluate current programming and resources across agencies to ensure they provide direct and simplified pathways to existing resources.

Finally, the need for continued research to understand the unique needs of military-connected individuals cannot be overstated. For example, we know that over 46% of veteran entrepreneurs find it challenging to access resources in their local communities, with rural business owners preferring in-person assistance, highlighting a disparity in resource availability. Navigational challenges disproportionately impact women and veterans of color, fostering feelings of being unsupported. We must understand these different needs so we can best address them.

Legislative Focus: Improve accessibility and accountability of education benefits for veterans and their families.

Access to educational opportunities is consistently a top reason many individuals join the military, with over [half of service members](#) citing education benefits as their top motivation for joining the military. In particular, educational opportunities are cited by [women veterans](#), [Black and African American veterans](#), and [Hispanic and Latino veterans](#) as the number one motivation for entering into military service. For [Native American veterans](#), it's ranked second.

Moreover, higher education can be a gateway into a meaningful long-term career as well as higher lifetime earnings. By making educational benefits – in particular, the GI Bill – easy to access and utilize, we can ensure military service is attractive to the next generation while providing financial stability for both those seeking higher education and for their families. The VA has a responsibility to provide easy-to-use decision-making tools that allow veterans and their families to make informed decisions on the best investment for their goals and family circumstances. At the same time, higher education institutions have a responsibility to support successful outcomes for military-connected students.

To this end, we encourage Congress to explore opportunities to increase transparency and accessibility of the GI Bill Comparison Tool. As a whole, the GI Bill Comparison Tool could be improved to provide more frictionless, comprehensive, and reliable comparisons that best support decision-making. Solutions should be crafted through the lens of user experience, prioritizing streamlined data manipulations that incorporate the most up-to-date information on student veteran outcomes. In this improvement process, Congress might consider creating additional mechanisms to solicit feedback from student veterans, organizations, program providers, researchers, and experts to inform how policymakers can improve data collection, measure definitions, and ultimately the tools available to the public. Working toward this goal would also give us the insights to hold higher education institutions receiving GI Bill dollars more accountable over the experience and outcomes of military-connected students.

Conclusion

Ensuring veterans and their families thrive post-service is critical to our nation's all-volunteer force and therefore requires a whole of nation approach. The IVMF believes the above focus areas are among the most vital to this goal. We thank the Committees again for their continued commitment to serving those who serve, and we affirm our own commitment to offer insights from our research and practice.



Gold Star Wives of America, Inc.

Statement for the Record

Gold Star Wives of America, Inc.

Before the Joint Senate and House Committees on Veterans Affairs

March 2024 Hearings

Presented By Government Relations Committee

Gold Star Wives of America, Inc.

“With malice toward none; with charity for all; with firmness in the right, as God gives us to see right, let us strive to finish the work we are in; to bind up the nation’s wounds, to care for him who have borne the battle, his widow and his orphan.”

... President Abraham Lincoln, Second Inaugural Address, March 4, 1865

Introduction

*Gold Star Wives of America, Inc. exists to preserve and enhance benefits to surviving United States Military spouses and children; to help our members and their children face the future with courage and determination; and to honor the memory of our military spouses who made the ultimate sacrifice. **We are a non-profit organization and receive no federal grants.***

Our written testimony today will be addressing two of the inequities and concerns that currently exist:

Dependency and Indemnity Compensation (DIC)

Issues for Surviving Families of Veterans Mental Health Deaths

“...to care for him who have borne the battle, and for his widow and orphan...”

These words from Abraham Lincoln’s Second Inaugural Address in 1865 succinctly state the sacred promise our country has made to our veterans and survivors. Congress has always had an important role in ensuring that this promise is kept. This promise began with the Continental

Congress in 1780 when Congressional action created survivor benefits for certain Revolutionary War survivors. The need to keep this promise to care for the veterans and their survivors is critical.

Dependency and Indemnity Compensation (DIC)

In 1956, the death compensation was provided to survivors regardless of income. The amount was determined by wartime or peacetime service. Compensation was amended again in 1969 by Congress with a fixed rate of compensation assigned to each rank. In 1993, Congress established PL 102-568, which resulted in two types of DIC. The first is referred to as rank based DIC determined by pay grade of the deceased military service member/veteran. Rank based DIC is in the process of being phased out through attrition. The second type of DIC is flat rate DIC. All surviving spouses whose military spouse died on or after January 1, 1993 receive the monthly flat rate DIC regardless of rank.

As of August 31, 2020, the VA reported that there are 441,161 surviving spouses who receive DIC. The largest group of DIC recipients is the surviving spouses from World War II, the Korean Conflict, and Vietnam. Over 90% of these surviving spouses are over the age of 55, with 40% over the age of 75. Most are well past their most productive earning years. Prior to the Vietnam War, society encouraged women to work in the home, maintain the house, and raise the children. Because of the affects of Agent Orange used during the Vietnam War, many of these same women became the long term caregivers for their disabled Veteran spouses.

A 100% disabled, **married** Veteran receives monthly compensation in the amount of \$3,823.89. When that Veteran dies, the compensation for the surviving spouse left behind drops to 43% of a **single** Veteran's compensation (single = \$3,612.95). This means that the household income drops from \$3823.89 to only \$1612.75 per month. The annual household income of **\$45,886 drops to a mere \$19,353**, while the fixed expenses, such as the mortgage, remains the same. By contrast, if a Federal Government employee dies, the surviving spouse can receive up to 55% of the employee's salary.

Since the flat rate was implemented in 1993, the only changes to the DIC have been the Adjustment (COLA) increases. There has been no raise to either flat rate or rank based DIC and it is long overdue. When DIC is compared to payments to surviving spouses of other Federal employees, DIC lags behind by almost 12%.

Since 1993, surviving spouses of military Veterans are finding themselves falling further and further behind in meeting their financial obligations from month to month. Many surviving spouses of the WWII, Korea, and Vietnam eras are receiving only DIC; some receive DIC and minimum Social Security benefits. These DIC recipients struggle monthly with their budget of \$1,612.75, juggling bills to meet rising costs of housing, utilities, food, clothing and other personal living expenses. This scenario can lead too often to homelessness, a plight we do not wish to befall anyone, and least of all the surviving spouses of our military Veterans.

Only 15% of those receiving DIC also receive SBP. Those that receive SBP include those widows of military spouses who attained full retirement status both pre and post 9/11; AND widows of active duty deaths post 9/11. **85% of surviving spouses do NOT qualify for SBP because their spouse died on active duty prior to 9/11; or because their non-retired spouse died due to service connected (such as Agent Orange and other toxins). For many of these widowed, the DIC is their only source of income.**

The following is an example of one of our Gold Star Wives today and the impact on her life.

A member of GSW is now in her 70's and relies on DIC and Social Security. In order to make ends meet she still has to work part time by house sitting and running errands for neighbors. An increase in DIC, which would amount to just a few hundred dollars a month, would allow her to not have to keep looking for ways to supplement her income to pay her bills. This should not be happening to a surviving spouse in the United States of America.

It is incumbent upon Congress to take action to rectify this inequity by increasing the current amount of DIC paid at least to a level comparable to other Federal employees. This would be in keeping with the promise our country made to its Veterans and survivors. Our widows from WWII, Korea, and Vietnam eras are now in their seventies through nineties. These are the survivors who need the increase the most.

Passage of **The Caring for Survivors Act of 2023** would increase the DIC from 43% to at least 55% of a single 100% disabled Veterans' compensation. Bringing DIC compensation to at least 55% would provide parity with other Federal survivor programs.

Issues for Surviving Families of Veterans Mental Health Deaths

We need to address a major problem that not only has consequences for some survivors, but it also impacts veterans with mental health. That problem is the death of a veteran who did not have a 100% VA rating. A service connected-connected Veteran may have a rating from 70% to 90% and a Military Base access privilege ID is still not available to the surviving family.

Only surviving spouses of active duty deaths and survivors of veterans rated at a 100% can get an ID. A rating change can only occur after death if there is an open claim. This is all too common a scenario when dealing with a mental health death of a Veteran. The way to fix this is to either have an automatic 100% rating when it is decided the death is service-connected or a DOD ID policy change that includes "veteran service-connected surviving spouses."

We know that data is not kept regarding the number of Veterans, or surviving spouses, from service-connected mental health deaths. Mental health deaths can also occur from substance abuse, poor decision-making, and suspected suicide (and suicide). We know that the Veterans Administration and our Government has a high priority to prevent active duty and Veteran suicide. We need this critical data which could be used to **prevent** these deaths, get a clearer picture of what is happening, and know how many survivors had a veteran with a rating under 100%. We also need to know how many survivors are denied claims due to mental health claims.

A young member of GSW and mother of two children with disabilities:

In 2019, I lost my husband to a PTSD death. The VA gave him a rating of 90% when he got out and that rating stayed until death. He was in a crisis at the end, and he asked for an increase in rating to 100%; he was denied, and he died less than a year later. At the time of death, his rating should have automatically be increased to 100%. At the least, when I was awarded DIC due to his death, his rating should have been raised to 100%.

When he died, I was unable to focus on grieving and healing because all my attention was on how I was going to survive caring for two children with significant disabilities. I worried about homelessness, keeping my car, and, most importantly, health insurance to keep my children alive. Due to the needs of my children with disabilities, I am unable to work. I immediately applied for DIC. Almost three years later he was rated as service connected.

Conclusion

Gold Star Wives of America, Inc. is appreciative for the work Congress has done to provide vital benefits and support for surviving spouses and children of our military members who gave their lives in service for our country. It is our duty to stand together with you to ensure that President Lincoln's words still ring true that we provide for our brave men and women who answer the call to service, believing that our Nation will take care of their wounds both seen and unseen, and will properly care for their loved ones they leave behind.

We honor their memories by asking for your help to properly care for our Veterans and their surviving families. President John F. Kennedy said: "A nation reveals itself not only by the citizens it produces, but also by the citizens it honors, the citizens it remembers."

Our benefits are not "entitlements", but have been earned through the blood, sweat, and (our) tears of their service and sacrifice. While our spouses paid the ultimate sacrifice, we are the ones left behind to live that sacrifice each and every day.

Contributors

Nancy Menagh:	Widow of Philip S. Menagh, US Marine Corps/VA National Guard
Deborah Skeldon:	Widow of Patrick Skeldon, US Marine Corps
Madie Tillman:	Widow of Arthur Tillman, US Air Force
Cynthia Gibson:	Widow of Parks Gibson, US Air Force
Crystal Wenum:	Widow of James Wenum, US Army
Donna Eldridge:	Widow of Gary W. (Bo) Eldridge, US Army
Kathleen Hern:	Widow of Ronald Murray, US Army
Dr. Ann Pringle Washington:	Widow of Richard Lee Washington, US Army
Heather Kennedy-Clague:	Widow of Timothy Clague, US Navy
Pamela Laurion:	Widow of Donald Laurion, US Coast Guard

Chairman Mike Bost
House Committee on Veterans Affairs
364 Cannon House Office Building
Washington, DC. 20003

Veteran Support Challenges in US Territories

Esteemed Chairman Mr. Mike Bost, ranking members and distinguished members of the Joint Committee on Veterans Affairs,

My name is Jose Acevedo, proud to have served the US Navy for a decade. Today, I bring forward issues that many of us, especially those from Puerto Rico and similar U.S. territories like American Samoa and Guam, face with our VA healthcare system. My own experiences, coupled with those of my fellow veterans, highlight a critical need for action to ensure we all receive the care and respect we deserve.

While studying law in Puerto Rico, I encountered significant obstacles directly linked to the limitations of VA services on the island. The absence of adequate funding for our VA hospital, which notably lacks a TBI (Traumatic Brain Injury) clinic, forced me into a burdensome two-hour drive just to receive basic treatment. On top of that long drive to the hospital, I also had to pay tolls out of my own pocket because the VA wouldn't cover these travel costs. This is not just an inconvenience; it is a barrier to the health and wellbeing of many veterans who, like me, find themselves choosing between their education, health, and sometimes even their livelihood.

My personal experience with the VA healthcare system took a turn for the worse following a recent surgery. I was under the care of Surgeon Dr. Jimenez Lee, whose actions or rather, the lack thereof have compelled me to tell the story. Post-surgery, I was given a generic set of instructions that lacked the specialized guidance crucial for my recovery. Despite the presence of my family, Dr. Lee failed to provide the necessary post-operative instructions and later misrepresented these events in my medical records. This negligence not only endangered my health but also shook my trust in the system meant to support me. My complaint regarding Dr. Lee's malpractice seems to have vanished into

the void, with no acknowledgment or action taken by the San Juan VA hospital in Puerto Rico.

But this isn't just about me. It's about all my fellow veterans living in these territories. No one seems to be talking about the issues we face there, so it's my duty to speak up for my brothers and sisters. We've been left to deal with these challenges on our own, choosing between our health, our education, or our jobs because the support we need just isn't there.

These issues faced by the brother and sisters living in the territories, underscore a profound neglect and inadequacy within the VA system. These challenges go beyond isolated incidents of negligence, revealing entrenched problems that compromise the dignity of veterans living in these regions. Here are a few of the issues presented to me by veterans living in the US territories.

Accessibility and Data Challenges in American Samoa, Guam, and Puerto Rico:

Veterans in these territories face daunting barriers to accessing necessary healthcare and services. The absence of specialized facilities, such as TBI clinics and Epidural Injections in Puerto Rico, forces veterans to undertake burdensome travels, often to different islands or the mainland, for care they should rightfully access closer to home. This not only imposes physical and financial strains but also exacerbates feelings of isolation and neglect among our veteran communities in these territories.

For example: While operational hours were provided to address accessibility concerns for elderly veterans in Guam, a more nuanced approach is required. Time zone differences, technological barriers, and physical limitations can significantly hinder access to call center assistance. The VA must explore alternative channels, such as local support centers, mobile units, or language specific resources, to bridge this gap and ensure equitable access for all veterans, regardless of their location or circumstances.

Hence, I am compelled to shed light on a particularly disheartening experience that starkly contrasts the healthcare services provided across different VA facilities. While a patient at the VA Greater Los Angeles Hospital in California, I had access to epidural injections every 4 to 5 months to manage severe lower back pain. The process was

seamless, with no hurdles in scheduling appointments or seeing a pain management specialist. This level of care significantly improved my quality of life, allowing me to manage my pain effectively and maintain my daily activities without undue distress.

However, upon returning to Puerto Rico for law school, the situation drastically changed. The continuity of care I had come to rely on was no longer a given. I faced an overwhelming challenge when I sought to continue my epidural injections for lower back pain—a treatment that had been regularly administered in Los Angeles. Astonishingly, for over three years in Puerto Rico, I was unable to receive a single epidural injection due to the VA's lack of funding for such procedures.

The stark disparity in care became painfully evident during an interaction with Dr. Hernandez, who, when approached about the possibility of receiving an epidural injection, laughed in my face, and stated, "We don't have funding for that." This response not only reflected a disregard for my suffering but also highlighted the resource inadequacies that prevent veterans from receiving necessary medical treatments. The contrast in care and access between VA facilities in Los Angeles and Puerto Rico is a glaring indictment of the inconsistent standards within the VA healthcare system.

There should be recorded data about these issues. The VA dependency on the Department of Defense for source data raises valid concerns about data reliability and accessibility, especially concerning pre-enlistment information and continuity of care. The VA must establish robust mechanisms to address gaps in data, cross-reference multiple sources, and ensure the accuracy and completeness of records. This is essential for providing seamless, well-informed care to our veterans, particularly those transitioning from active duty.

Logistical Nightmares in Care and Medication Delivery and Access:

The unique geographical and logistical complexities of American Samoa, Guam and Puerto Rico add layers of difficulty to the already challenging process of receiving timely medical care and medications. Veterans encounter delays and bureaucratic hurdles, with outdated policies further restricting the efficient delivery of essential

healthcare services and medications, leaving many in a precarious state of health management.

The inability to send medications to Veterans in Freely Associated States due to the Patriot Act is a glaring logistical and legal hurdle that compromises timely access to essential medications. While the workaround through family members is appreciated, it is a temporary and unreliable solution. The VA must work closely with relevant agencies and policymakers to address these legal barriers, streamline medication delivery processes, and explore alternative solutions, such as establishing local pharmacies or secure distribution channels, to ensure uninterrupted access to vital medications for all veterans, regardless of their location.

Lack of Accountability and Effective Response Mechanisms:

The VA's inability to properly address complaints and incidents of malpractice, especially in territories such as Puerto Rico, is deeply concerning. My own experiences with unresolved complaints about negligence and malpractice, highlight a systemic problem of indifference and a lack of accountability within the VA. Such neglect not only erodes the trust veterans place in this institution but also reflects a troubling lack of concern for our health and welfare.

This pattern of unaddressed grievances points to a need for an overhaul of the VA's response mechanisms. Ensuring that veterans' complaints are taken seriously and acted upon promptly is crucial for maintaining the integrity of the VA system and upholding its commitment to the well-being of all who have served.

Dependents' Healthcare:

The recognition of the gaps in healthcare services for veterans' dependents underscores a critical area of improvement within the Veterans Affairs (VA) healthcare system. It is imperative to understand that the sacrifices made by our veterans are often shared by their families, who also endure the challenges and repercussions of military service. Therefore, ensuring that veterans' dependents have reach to comprehensive healthcare services is not just a matter of policy but a fundamental expression of our nation's gratitude and support for the entire veteran family unit.

How to fix it:

Expanding VA Healthcare Eligibility: The VA must take concrete steps to extend healthcare coverage to include veterans' dependents. This expansion should encompass a wide range of assistance from preventive care to specialized treatments, ensuring that dependents receive the same level of care and attention as veterans themselves.

Resource Allocation: Adequate resources must be allocated to support the inclusion of dependents in the VA healthcare system. This involves not only financial investment but also the expansion of medical facilities and staff to accommodate the increased demand for services. Ensuring that these resources are equitably distributed across all regions, including outlying territories, is crucial for universal access.

Partnerships with Civilian Healthcare Providers: To bridge gaps in service coverage, the VA should explore partnerships with civilian healthcare providers. These collaborations can offer dependents access to medical services that may not be available within the VA system, particularly in specialized areas of care.

Information and Outreach Programs: Developing targeted information and outreach programs can help educate veterans and their families about the healthcare benefits available to dependents. These programs should aim to demystify the process of accessing care, addressing common questions and concerns, and providing guidance on navigating the healthcare system.

Website Usability and Accessibility:

Some veterans have had trouble in signing up on the VA.gov website which point to significant usability and accessibility issues that extend beyond broadband reach. The VA must prioritize an overhaul of its website, focusing on user-friendly design, intuitive navigation, and accessibility features to accommodate veterans with diverse requirements and technological proficiencies. Regular user testing and feedback should be incorporated to continuously improve the online experience for our veterans.

Ethical and Legal Understanding:

In American Samoa, Guam, and Puerto Rico, there is a pressing need for extensive training programs and resources focused on ethical and legal standards. This is crucial for committee members and VA staff alike, ensuring they are well-versed in the principles that govern their actions and decisions, thereby promoting ethical compliance and maintaining the integrity that veterans and their families deserve.

To achieve this, a multifaceted approach to education is necessary. It should encompass regular, extensive training sessions, detailed case studies that explore real-world scenarios, and easy access to experts in ethical and legal matters. Such resources will equip VA personnel with the knowledge and skills needed to navigate complex ethical dilemmas and legal challenges effectively.

Additionally, making these educational resources available in both the native languages of these territories and English is essential. This bilingual approach will ensure that all staff, regardless of their primary language, can fully grasp and apply these critical guidelines. By fostering a culture of ethical decision-making and accountability, the VA can better serve our veterans, upholding the trust they place in us and ensuring their rights and dignity are always protected.

Foreign Medical Program (FMP) Limitations:

The Foreign Medical Program (FMP)'s current constraints in service coverage, coupled with the significant hurdles veterans encounter when traveling for medical care, underscore deep-rooted issues in delivering complete healthcare services to those living outside the continental United States. These obstacles, which range from accessing basic treatments like epidural injections for pain management to specialized treatment for traumatic brain injuries (TBI), point to a critical need for innovative solutions.

To mitigate these issues, the VA must actively pursue collaborations with local healthcare providers. Establishing such partnerships can offer veterans more immediate availability to both routine and specialized medical services within their communities, reducing the need for burdensome travel. Additionally, the VA should harness the potential of telemedicine. By expanding telehealth options, veterans could consult with

healthcare professionals and receive certain types of care remotely, further easing the travel burden.

Veterans Health Administration (VHA) Services:

The VA must continually evaluate and adapt its approaches, leveraging technological advancements, such as telemedicine and mobile clinics, to overcome geographical and logistical barriers. Regular assessments and feedback from veterans in these areas should inform the development of targeted solutions tailored to their unique needs. There are also difficulties in the healthcare workforce retention, the VA needs to find ways to invest in employees and possibly work together through interagency collaboration to expand the training and retention of healthcare workers, maybe adding incentives and programs to keep the healthcare workforce from leaving.

In Puerto Rico, Healthcare workers working for the VA are taxed by the Fiscal Oversight Management Board according to what they earn. They must pay Federal and State Taxes, if they work at a state hospital, they only pay state taxes. We need a statutory legislation to provide tax relief to healthcare workers working for the VA to keep them from moving to a different location due to extreme taxation.

Also in Puerto Rico, there is one hospital and two clinics for over 80,000 veterans. We need Initiatives to build a new hospital and clinics to facilities and cater to the specific necessities of the veteran population in each territory. VA can also expand the telehealth services to provide remote care for veterans in outlying areas, reducing the need for travel. In my case is two hours trip to the hospital in San Juan. This expansion of telehealth should include a range of aid from routine check-ups to mental health support and consultations with specialists.

Compensation Service Challenges:

In American Samos, Guam and Puerto Rico, the operational challenges in claims processing and appointment cancellations can significantly delay or hinder veterans' access to rightful benefits. The VA must prioritize streamlining processes, investing in personnel training, and exploring digital solutions to improve efficiency and responsiveness. Regular audits and feedback loops should be implemented to identify

bottlenecks and implement targeted improvements continuously. For example: When a veteran must travel to another city or island for a C & P exam, but their plane gets cancelled or weather conditions cause them to miss the appointment, this shows as a no show and claims are being cancelled and affecting the veteran negatively due to the no show, when is out of their control to make it to the appointment.

Transition Assistance Program (TAP):

While the TAP is an essential service, its effectiveness in reaching and engaging veterans in outlying areas or those needing language support remains a concern. The VA must enhance outreach strategies, leverage community partnerships, and explore multilingual resources to ensure that all veterans, regardless of their location or language proficiency, receive the necessary support during their transition to civilian life.

For example, when I was the LPO (Leading Petty Officer) of the TPU (Temporary processing unit), some of the personnel who were going to be discharged for Other Than Honorable or Dishonorable Discharge causes didn't have the opportunity to attend the Tap classes. Leaving these veterans without the knowledge about their benefits and resources available after service.

Territory-Specific Systemic Issues:

In the US Territories of American Samoa, Guam, and Puerto Rico, retired veterans, including those who are medically retired, encounter significant hurdles in accessing the comprehensive healthcare coverage offered by Tricare Prime. This predicament places them in a position where they must resort to Tricare Select a plan that, while valuable, may not fully align with their healthcare needs or financial circumstances. Such constraints not only diminish the quality of healthcare these veterans receive but also place undue strain on their financial well-being.

Veteran Preference Points Misuse:

In the US territories of American Samoa, Guam, and Puerto Rico, the implementation of veteran preference points in federal employment processes has inadvertently evolved into a contentious issue. Rather than serving as an intended

advantage to honor the service and sacrifice of veterans by facilitating their transition into civilian employment, these preference points are often perceived and utilized in ways that inhibit veterans' access to job opportunities. This misapplication not only undermines the foundational goal of these points to assist veterans in securing meaningful employment post-service but also sends a disheartening message regarding the value placed on their military service.

How to fix it:

Awareness and Training for Hiring Authorities: A thorough educational initiative aimed at federal hiring managers and human resources personnel is crucial. Such programs should emphasize the intent behind veteran preference points, elucidate the benefits of hiring veterans, including their unique skills and perspectives, and dismantle misconceptions that may lead to the points' misuse.

Monitoring and Accountability Measures: The establishment of oversight mechanisms to monitor the application of veteran preference points in hiring processes within these territories is essential. Regular audits and reviews can help ensure that these points are being used to facilitate, not hinder, veterans' employment. Institutions found misapplying preference points should be held accountable, with corrective actions taken to realign their practices with the program's objectives.

Enhanced Support and Advocacy for Veteran Applicants: To empower veterans navigating the federal employment landscape, the creation of support networks and advocacy groups is necessary. These entities can provide veterans with guidance on the application process, offer resources for addressing difficulties encountered due to the misuse of preference points, and advocate for policy changes to improve the system.

Promoting the Value of Veterans in the Workforce: A broader cultural shift within federal agencies and across the employment sector to recognize and celebrate the invaluable assets veterans bring to the workforce is needed. Highlighting success stories, offering workshops on leveraging military skills in civilian roles, and fostering a veteran-inclusive culture can all contribute to more positive employment outcomes for veterans.

Non-Automatic BAH Increases:

The housing support that veterans receive in these territories, known as the Basic Allowance for Housing (BAH), doesn't change on its own to match the actual cost of living as it goes up. This leaves veterans having to deal with a complicated system that often doesn't respond when they try to get their housing allowance adjusted, making their financial situation even more uncertain. On top of this, the housing allowance hasn't seen an increase since 2016. With the cost of living rising sharply because of inflation, this lack of updates makes it really hard for veterans to pay for their homes.

Inconsistent Free Access to Federal Parks:

Veterans in American Samoa, Guam, and Puerto Rico encounter a troubling variability in their access to federal parks, despite presenting their ID cards for entry. Instead of universally free access, which is a small yet significant recognition of their service, veterans face an unpredictable patchwork of entrance policies. This inconsistency not only introduces an avoidable financial burden but also sends a disheartening message, seemingly overlooking the sacrifices veterans have made. Such a gesture of appreciation should not fluctuate based on location but should be a consistent honor offered to all who have served.

How to Fix it:

Standardizing Access Policies Across Territories: There needs to be a concerted effort to standardize park access policies for veterans across all U.S. territories. Implementing a clear, uniform policy that guarantees free access to federal parks for veterans displaying their ID cards will remove current ambiguities and ensure all veterans are equally recognized for their service.

Public Awareness and Education: Raising awareness among park staff and the general public about the policy of free access for veterans is essential. Training programs for park employees on the importance of this policy and how to implement it can help ensure that veterans receive the respect and recognition they deserve when visiting federal parks.

Enhanced Communication with Veterans: Improving communication channels with veterans about the benefits and privileges available to them, including free access to federal parks, is crucial. This could involve updating official VA and park service websites, distributing informational brochures, and conducting outreach programs in veteran communities within these territories.

Education Benefits:

Veterans residing in American Samoa, Guam and Puerto Rico, face significant obstacles in accessing their education benefits, primarily due to language barriers. The provision of information and services in both the native languages of these territories and English is essential to ensure that all veterans can fully understand and utilize the benefits available to them.

One major gap in support is the absence of Veteran Success Coordinators on campus. This lack of on-the-ground assistance means many veterans are left without guidance on how to effectively use their education benefits. This oversight complicates their ability to pursue higher education and leverage the opportunities the GI Bill and other programs are supposed to provide.

Over medication of Veterans:

The concern over the over-medication of veterans, particularly with SSRIs (Selective Serotonin Reuptake Inhibitors), for symptoms of PTSD and depression, underscores a critical issue within veteran healthcare. Often, upon seeking help for mental health issues, veterans are quickly prescribed SSRIs, based on the assumption that increasing serotonin levels can combat depression. However, emerging research questions the direct link between low serotonin levels and depression, suggesting that the practice of prescribing these medications might not be as grounded in science as once believed. This approach raises significant concerns about informed consent, especially given the potential for severe side effects, such as permanent erectile dysfunction, a side effect that, if fully understood, might lead many veterans to reconsider their treatment options. The possibility of such irreversible outcomes could indeed exacerbate depression rather than alleviate it, highlighting a pressing need to reform the

informed consent process. By ensuring veterans are fully aware of the potential risks and benefits, they can make truly informed decisions about their mental health treatment, paving the way for more personalized and effective care strategies.

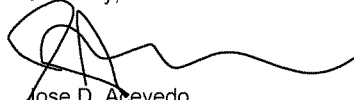
The cumulative impact of these institutional issues calls for immediate and comprehensive changes. The VA and relevant federal agencies must prioritize the unique obstacles faced by veterans in U.S. Territories, implementing policy changes, improving logistical support, and ensuring transparency and accountability are critical steps toward fostering a VA system that truly honors, respects, and serves the demands of all veterans, irrespective of their geographical location.

The truth is, we need big changes. We need the VA to do better for us, to make sure veterans in Puerto Rico and other US territories get the same level of care as those in the mainland U.S. We've served our country with honor, and now it's time for our country to honor its promise to us.

I urge the Committee to consider these experiences as a call to action, to recognize and address the inconsistencies that prevent veterans from accessing consistent and equitable support, regardless of where they reside. Let us work together to build a VA healthcare system that upholds the principles of justice, compassion, and unwavering dedication to those who have sacrificed for our nation.

Thank you for your time and attention to these critical issues. I stand ready to provide any further information or participate in discussions to improve the VA system for all veterans, ensuring that our sacrifices are met with the respect, dignity, and attention we rightfully deserve.

Sincerely,



Jose D. Acevedo
US Navy Veteran / Juris Doctor

**THE
MILITARY ORDER OF THE PURPLE HEART
OF THE U.S.A.**



**THE ONLY CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION
EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS**

**STATEMENT OF
Ralph "Carder" Ferguson
NATIONAL COMMANDER**

**BEFORE A JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES ON VETERANS AFFAIRS**

MARCH 6, 2024

MILITARY ORDER OF THE PURPLE HEART

**Carder Ferguson
NATIONAL COMMANDER**

2024 ANNUAL TESTIMONY

**BEFORE A JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES ON VETERANS AFFAIRS**

MARCH 6, 2024

Chairmen Tester, Ranking Member Jerry Moran, and esteemed Members of the Committee, on behalf of the approximately 48,000 members of the Military Order of the Purple Heart (MOPH), it is my honor and privilege to appear before this body to offer our testimony.

As I am sure all of you are aware, the MOPH is a unique organization in that our membership is made up entirely of Veterans who were wounded in combat. First organized in 1932 and chartered by Congress in 1958, the MOPH stands today as the original Veterans Service Organization for Combat Wounded Veterans. I am proud to report our exceptional progress this year as an organization to you today.

The MOPH is proud to give back to our fellow veterans through our robust national programs. They range from providing scholarships, to job training, to advocacy, and volunteering. Certainly, this selfless service by MOPH Patriots epitomizes the phrase "veterans helping veterans."

One of our national programs is our software development training. We partnered with the Redding Software Corporation to provide combat-wounded veterans with software development training. The Purple Heart recipients are given training and an internship, and at the end of this one-year program, the veterans are offered job placement. Helping these combat-wounded veterans find employment as full-stack web developers affords them the flexibility they need on their long road to recovery.

We would also like to take this opportunity to express our appreciation to both Committees for your continued hard work on behalf of our Nation's veterans during the 118th Congress. The successful passage of multiple pieces of significant legislation including the PACT Act, and Chairman Tester and Senate Banking, Housing, and Urban Affairs Committee Chairman Brown have introduced legislation to help veterans using the VA home loan exit forbearance and get

their mortgage payments back on track, was a monumental achievement, and for that, we are grateful. We also recognize that much of the Committee's work in the 118th Congress will focus on oversight, and we look forward to working with you and the VA to ensure the effective implementation of these new laws. Still, there are many issues affecting veterans that Congress must continue to address with new legislation.

The MOPH is working diligently along with other Veteran Service Organizations such as the VFW to reduce Veteran suicide throughout our country. One of our key initiatives each year is to improve mental health services for Veterans. Over the last two years, we have provided peer counseling training, access to resources, and support to veterans struggling with mental health issues, including PTSD and depression. We all share the anguish and tragedy of suicide deaths, just as we do those lost on the fields of battle. Many of us took an oath to our fallen brothers and sisters on the battlefield to continue to save those who made it home with these unseen wounds of war.

Finding a way to live with the loss of a comrade under any circumstances is an issue for all times and is not a generational issue. In the MOPH, all members have the common bond of shedding blood for our nation. Our World War II, Korean War, and Vietnam War Veterans have taught Iraq and Afghanistan members how to continue to live their lives after they return from combat. For that, we are eternally grateful for their excellent example. As the National Commander of the MOPH wounded in Operation ENDURING FREEDOM, I can personally attest to how critical it is to have the ability to talk with older combat-wounded veterans who have experienced the same trauma and have developed healthy coping skills over the years.

We have a Women Veterans' Issues group that is working with other VSOs and legislators to help our female veterans. We appreciate the support both houses of the legislature have put into this effort. Together, we can better address their issues and make lives better for many. What has been exciting for our organization to see is an increase in representation within our leadership by female Purple Heart recipients. Several states and regions currently have female veterans leading the way and now our current National Junior Vice is a female Purple Heart veteran.

We continue to serve Veterans and their families through our Scholarship Program. The MOPH grants scholarships to Purple Heart recipients, their spouses, children, and grandchildren each year. This includes surviving family members of Purple Heart recipients who were killed in action. It is incumbent upon us to ensure that an advanced education is made available to them.

This is just a brief overview of the MOPH national programs. It does not even begin to describe the many contributions of what we believe to be the backbone of our organization, our MOPH members.

We are organized into 326 Chapters, 42 Departments, and 6 Regions across the nation, they are constantly engaged with their local communities, acting as ambassadors to the general public

by participating in civic events and running unique programs. Equally important, they support and encourage one another. MOPH members refer to each other as "Patriots," which is most appropriate, as each of them has shed their blood in defense of our great nation on battlefields around the world.

The Order is making a difference in the lives of young Americans through our example and advocacy for the Constitution while actively supporting the American way of life. Our membership strongly believes in supporting our young leaders and recognizing their demonstrated excellence through our leadership awards that are presented to cadets of the ROTC programs as well as youth programs like the Young Marines, Civil Air Patrol, and the Scouts. There is little doubt that the youth of our great nation benefit from learning the skills of leadership required to serve our country.

The PACT Act and other significant efforts that have been passed to help the veterans in our great nation over the past several years continue to bring all Veteran Service Organizations together. **(Teamwork)** Not one organization can do it all alone. We are thankful for the opportunities to continue to partner with other organizations increasing the collective strength and effect all VSOs are having on the Veteran population.

While MOPH always has been and will continue to be, the first to stand up for our fellow Purple Heart recipients, our priorities reflect the fact that we are staunch advocates for all veterans and their families. With that, on behalf of the Order, I am pleased to present the MOPH legislative agenda for 2024.

I am here before you today with a full heart to express our appreciation to Congress for its invaluable assistance with the National Defense Authorization Act (NDAA) of 2023, Section 584, and "Enhanced Information Related to Awarding of the Purple Heart".

As you are all aware, the Purple Heart is a highly coveted medal that is awarded to our brave service members who have been wounded or killed in combat, spilling their blood in defense of our great nation. For over two centuries, this distinguished award has been a symbol of courage, sacrifice, and devotion to duty.

However, the process of awarding and tracking the Purple Heart has not always been perfect. There have been cases where service members who deserved the medal did not receive it due to bureaucratic complications or administrative errors, or where the medal was awarded but the recipient or their families were not aware.

Thanks to the efforts of Congress, these issues have been addressed in Section 584 of the NDAA. This section requires the Department of Defense to maintain an accurate database of all service members who have been wounded or killed in combat, ensuring that the process of tracking the Purple Heart is transparent and fair.

The Military Order of the Purple Heart recognizes the hard work and dedication that went into drafting and passing this legislation. We extend our heartfelt gratitude to the members of Congress who worked tirelessly to ensure that the brave men and women who have made the ultimate sacrifice for our country receive the recognition they deserve. In addition, we would like a more streamlined way on how we can check to see who has received a Purple Heart. Many have proof and some have falsified their documents which causes a rift in the system and where they can get benefits from the VA and local communities. Once this happens then it is extremely hard to get them out of the system and get the back the benefits back to the patriot who deserves it mostly at a local level from the state or community. So many groups depend on us to have a way to help and assist when this action has taken place. We need help in taking care of those who have been awarded the Purple Heart and show they have proper documentation for the Award.

Next let us not forget to thank the families of our fallen heroes, whose sacrifices will forever be honored by this important legislation.

MAJOR RICHARD STAR ACT

As the National Commander of the Military Order of the Purple Heart, I am honored to speak to you today about a piece of legislation that could have a tremendous impact on the lives of wounded veterans.

S. 344, also known as the Major Richard Star Act, is a bill that aims to address a major injustice in our military retirement system. Currently, Veterans who are medically retired due to combat-related injuries receive only a portion of their earned retirement pay.

The Major Richard Star Act seeks to rectify this situation by changing the way that retirement pay is calculated for wounded veterans. If passed, this bill would ensure that Veterans who are medically retired due to combat-related injuries are given the retirement pay they deserve, based on the highest rank they held during their service.

Sadly, Major Star passed away in 2013, but his legacy lives on through this important piece of legislation. The Major Richard Star Act has bipartisan support in Congress and has been endorsed by numerous Veterans organizations, including the Military Order of the Purple Heart.

As an organization that represents the interests of wounded Veterans, we believe that this bill is essential to ensuring that our nation's heroes receive the support and recognition they deserve. We urge Congress to pass this bill and to honor the sacrifices of those who have served our country by providing them with the retirement pay they have earned.

Military Honors Protection Act

18 U.S. Code § 705 - Badge or medal of Veterans' organizations

Whoever knowingly manufactures, reproduces, sells or purchases for resale, either separately or on or appended to, any article of merchandise manufactured or sold, any badge, medal, emblem, or other insignia or any colorable imitation thereof, of any veterans' organization incorporated by enactment of Congress, or of any organization formally recognized by any such veterans' organization as an auxiliary of such veterans' organization, or knowingly prints, lithographs, engraves or otherwise reproduces on any poster, circular, periodical, magazine, newspaper, or other publication, or circulates or distributes any such printed matter bearing a reproduction of such badge, medal, emblem, or other insignia or any colorable imitation thereof, ***this shall include trademark, wordmarks or action that hinders a congressionally chartered veterans' organization in any way from performing fundraising, recruiting and or advocacy or requiring them to seek permission, pay fees or enter into agreements with an individual, organization or entity that is not a congressionally chartered organization***. Except when authorized under rules and regulations prescribed by any such organization.

Resolution to add, *any trademark or wordmark of any part of the name, title, or association that hinders or limits the exercise of fundraising and operations of a congressionally chartered veterans service organization shall be fined under this title or imprisoned not more than 1 year. Add 6-month imprisonment for any action against a veteran's organization representing protected class awards and decorations protected under

18 U.S. Code § 704 - Military medals or decorations: (c) Enhanced Penalty for Offenses Involving Congressional Medal of Honor.—

(1)In general.—if a decoration or medal involved in an offense under subsection (a) is a [Congressional Medal of Honor](#), in lieu of the punishment provided in that subsection, the offender shall be fined under this title, imprisoned not more than 1 year, or both.

(2)Congressional Medal of Honor defined.—in this subsection, the term "[Congressional Medal of Honor](#)" means—

(A) a medal of honor awarded under section 7271, 8291, or 9271 of title 10 or section 491 [\[1\]](#) of title 14;

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(B) a duplicate medal of honor issued under section 7284, 8306, or 9284 of title 10 or section 504 ¹ of title 14; or

(C) a replacement of a medal of honor provided under section 7277, 8303, or 9277 of title 10 or section 501 ¹ of title 14.

(d)Enhanced Penalty for Offenses Involving Certain Other Medals.—

(1) In general.—If a decoration or medal involved in an offense described in subsection (a) is a distinguished-service cross awarded under [section 7272 of title 10](#), a Navy cross awarded under [section 8292 of title 10](#), an Air Force cross awarded under [section 9272 of title 10](#), a silver star awarded under section 7276, 8294, or 9276 of title 10, a Purple Heart awarded under [section 1129 of title 10](#), a [combat badge](#), or any replacement or duplicate medal for such medal as authorized by law, in lieu of the punishment provided in the applicable subsection, the offender shall be fined under this title, imprisoned not more than 1 year, or both.

(2) Combat badge defined.—in this subsection, the term “[combat badge](#)” means a Combat Infantryman’s Badge, Combat Action Badge, Combat Medical Badge, Combat Action Ribbon, or Combat Action Medal.

To make it short many groups and people are profiting from using Medals like, the Purple Heart, Silver Star, Bronze Star, and so on. We want this to stop and give the proper respect to the medals and have better control over the usage of the medals. Only veterans groups chartered by Congress should be the only ones able to use the medals for use of their programs that benefit the veterans they serve. We need to have this under control and not let the Badge or Medal be misused we owe that respect to our nation and the Veterans that earned them!!

Green Alert Proposal (Missing Veteran at Risk)

As a Veteran community, we take care of our own! It takes a strong person to admit that they need help. We as a veteran community need help, there are over 17-22 veteran suicides a day. As a combat-wounded veteran, I know what it is like to deal with the intrusive thoughts and battle within my mind daily. We now have a dedicated support system as well as coping skills after many years of mental health therapy. Many veterans that I interact with have yet to make that bridge. They still fight their daily battles and most of the time feel as if they are a burden on their friends and families. While also not having the tools needed to work through their crisis. Throughout each year we receive numerous calls, texts, emails, and social media messages from friends and families asking for help with locating a fellow veteran. We have conducted wellness checks, and we have asked for assistance from the local police as we have driven in sectors looking for veterans. Some of these have turned out positive but that is not always the case. They turned out positive because action was able to be taken sooner rather than later. In September of 2022 a joint study “Operation Deep Dive”² was conducted and released by America’s Warrior Partnership, University of Alabama, and Duke University. The study reviewed death statistics from eight states as a core sample and it concluded that there were thousands of confirmed and suspected suicides not included in the federal study. This study concludes that if the model follows through with the remaining states the rate increases to 44 veterans committing suicide a day. Our idea for this alert is along the same aspects of the Amber alert, Missing Endangered Child alert, Endangered Missing Adult (Senior/Silver) alert, and Blue alert. This proposal would fall under a National/Statewide Emergency Alert Program. As for the national level, our understanding is that it would fall under the Department of Justice, Office of Justice Programs who also is in charge of the National AMBER Alert.

Since the concept of this idea was back in September of 2016, Wisconsin has moved forward with the very same idea that was shared with a fellow Purple Heart recipient who also happens to be an attorney and helped get his proposal passed in Wisconsin. It is Wisconsin SB 473, reported approved by the Governor on 3-28-2018. 2017 Wisconsin Act 175 and here is part of the bill.

2017 WISCONSIN SENATE BILL 473

October 18, 2017 - Introduced by Senators Testin, Johnson, Marklein, Carpenter, Harsdorf, Hansen and Ringhand, cosponsored by Representatives Kleefisch, Goyke, Petryk, Anderson, Berceau, Edming, Milroy, Mursau, Ohnstad, Pope, Ripp, Sinicki, Tittl, Zepnick and Riemer. Referred to Committee on Judiciary and Public Safety.

An Act to amend 165.785 (1) (b) 2. 165.785 (2m) (a) 1. 165.785 (2m) (a) 2. 165.785 (2m) (b) and 175.51 (title); and to create 175.51 (1v) of the statutes; relating to: alerts for missing veterans who have service-related health condition.

Analysis by the Legislative Reference Bureau

The Department of Justice currently administers an integrated crime alert network and may use the network to provide state agencies, law enforcement, or the public information regarding criminal activity, crime prevention, and missing or endangered persons. This bill requires the DOJ to allow law enforcement agencies to use the network to disseminate to broadcasters and outdoor advertisers reports of missing veterans or members of the armed forces who are at risk due to a physical or mental health condition that is related to their service.

This is an epidemic that will not subside by awareness alone and help is needed for the veteran community to ensure that we help our fellow veterans who are experiencing a crisis that they feel they are taking on alone. This bill will allow for action to be taken in a more expedited manner while providing resources and enabling veterans to get the care that is needed before drastic and permanent measures are taken by the distressed veteran.

Survivor Benefit Plan (SBP)

As most of us know Military Retired Pay stops upon the death of the Retiree resulting in a substantial decrease in income for the surviving spouse or other eligible family members.

For those Retirees who elected to enroll in the Department of Defense Survivor Benefit Plan (SBP), the surviving spouse or other eligible family members will receive a continuous annuity for the lifetime of the beneficiary. The annuity is based on a percentage of the Retiree's retired pay and pays the survivors an inflation-adjusted monthly income.

Eligible beneficiaries are defined as Spouse Only, Spouse and Children (children under 18 unless enrolled full-time in school, then age 22), Former Spouse, Children Only (under 18 unless enrolled full-time in school, then age 22), or Natural Interest Person.

A Military Retiree pays premiums for SBP coverage upon retiring. Premiums are paid from gross retired pay, so they don't count as income. This means less tax and less out-of-pocket costs for SBP. The premiums are partially funded by the government and the costs of operating the program are absorbed by the government, so the average premiums are well below the cost of a conventional insurance policy. For most Retirees, SBP is a good choice, but the government contribution is based on assumptions in average cases and may not apply equally to every situation. The maximum SBP annuity for a Spouse is based on 55 percent of the member's retired pay (or in the case of a member who retires under REDUX, the retired pay the member would have received if under the high-three retirement system). However, a smaller amount may be elected.

Sadly many covered Spouses pass away before the Military Retiree. If the covered Spouse dies before the Retiree, SBP premiums are suspended. By law SBP Spouse premiums cannot be refunded for any period that the Military Retiree had an eligible Spouse beneficiary.

Survivor Benefit Plan coverage may resume only if the Retiree remarries and is automatic on the first anniversary of the marriage or at the birth of a child, whichever comes first. However, in many cases due to age, disability, or out of love and loyalty to the deceased Spouse, the Retiree chooses not to remarry. In many cases, the Military Retiree is on a fixed income and may not have adequate medical or life insurance plans, if any, leaving the Retiree without means to cover costs associated with the health, death, and funeral of the covered Spouse. This hardly seems fair to a Military Retiree who wanted to ensure his/her Spouse had income after his/her death and now loses any rights, use, or benefit from the premiums he/she has paid over several years should the covered Spouse die before the Retiree.

Recently, the wife of one of the Military Order of the Purple Heart's Patriot's (member) in Arkansas passed away. The Patriot was enrolled in the DOD Survivor's Benefit Program (SBP) to ensure his wife had income after his death as he had always fully expected to die before her. However sadly, this turned out not to be the case.

Now that his wife is deceased, my Patriot asked if there is a mechanism to recover the money he paid into the SPB. We had to inform him that unfortunately the way the law was written, the answer is no. He then asked if part of the money could be returned to help pay for medical, hospice and/or funeral expenses. Again, the answer is no. He asked if the beneficiary could be changed, i.e., leave the SBP benefits to one of his [adult] children or grandchildren going to college. Again, no. We told him the only way any SBP money would be paid out was if he remarried and named his new wife as the beneficiary. The response was, "I'm 92 years old, the love of my life is gone, and I ain't going to remarry!" He then asked, "Where does the unpaid money go?" The answer is the "general fund".

I do not doubt that your office has received similar complaints or inquiries from many Veterans who have or are now facing the same dilemma regarding this type of situation. I have to agree that this hardly seems fair that a Veteran who wants to ensure his/her spouse has income after his/her death loses any rights, use, or benefit from the premiums he/she has paid over several years should the covered spouse die before the Veteran.

- Request that your office explore and sponsor legislation to change the SBP that in the event the covered spouse dies first, the Survivors Benefit Program will either:
- Return the premiums paid to the Veteran, until the death of the Veteran, at the same monthly rate that the covered spouse would have received.
- Allow the Veteran to apply for reimbursement of Medical, Hospice, and/or Funeral Expenses for the covered spouse and allow the Veteran's survivors to apply for reimbursement of his/her funeral upon his/her death.

Improved access to VA medical care for honorably discharged veterans 80 years old and older.

Military Order of the Purple Heart USA resolution for improved access to VA medical care for honorably discharged veterans 80 years old and older. Add under (b) Categories of veterans eligible to be enrolled. (4) *Any Honorably discharged veteran who is 80 years and 1 day old shall receive full access to VA medical care based solely on an honorable discharge and age. This would move the Veteran to at least a priority group 6.

38 U.S.C. 501 § 17.36 Enrollment—provision of hospital and outpatient care to veterans.

(a) Enrollment requirement for veterans.

- (1) Except as otherwise provided in [§ 17.37](#), a veteran must be enrolled in the VA healthcare system as a condition for receiving the 'medical benefits package' set forth in [§ 17.38](#).

Note to paragraph (a) (1):

A veteran may apply to be enrolled at any time. (See [§ 17.36\(d\)\(1\)](#).)

- (2) Except as provided in [paragraph \(a\)\(3\)](#) of this section, a veteran enrolled under this section and who, if required by law to do so, has agreed to make any applicable copayment is eligible for VA hospital and outpatient care as provided in the "medical benefits package" set forth in [§ 17.38](#).

Note to paragraph (a) (2):

A veteran's enrollment status will be recognized throughout the United States.

(3) A veteran enrolled based on having a disorder associated with exposure to a toxic substance or radiation, for a disorder associated with service in the Southwest Asia theater of operations during the Gulf War (the period between August 2, 1990, and November 11, 1998), or any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998, as provided in [38 U.S.C. 1710\(e\)](#), is eligible for VA care provided in the “medical benefits package” set forth in [§ 17.38](#) for the disorder.

(b) **Categories of veterans eligible to be enrolled.** The Secretary will determine which categories of veterans are eligible to be enrolled based on the following order of priority:

(1) Veterans with a singular or combined rating of 50 percent or greater based on one or more service-connected disabilities or unemployability; and veterans awarded the Medal of Honor.

(2) Veterans with a singular or combined rating of 30 percent or 40 percent based on one or more service-connected disabilities.

(3) Veterans who are former prisoners of war; veterans awarded the Purple Heart; veterans with a singular or combined rating of 10 percent or 20 percent based on one or more service-connected disabilities; veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty; veterans who receive disability compensation under [38 U.S.C. 1151](#); veterans whose entitlement to disability compensation is suspended pursuant to [38 U.S.C. 1151](#), but only to the extent that such veterans' continuing eligibility for that care is provided for in the judgment or settlement described in [38 U.S.C. 1151](#); veterans whose entitlement to disability compensation is suspended because of the receipt of military retired pay; and veterans receiving compensation at the 10 percent rating level based on multiple non-compensable service-connected disabilities that clearly interfere with normal employability.

(4) Veterans who receive increased pension based on their need for regular aid and attendance or by reason of being permanently housebound and other veterans who are determined to be catastrophically disabled by the Chief of Staff (or equivalent clinical official) at the VA facility where they were examined ***Any Honorably discharged veteran who is 80 years and 1 day old shall receive full access to VA medical care based solely on an honorable discharge and age.***

(5) Veterans not covered by [paragraphs \(b\)\(1\)](#) through [\(b\)\(4\)](#) of this section who are determined to be unable to defray the expenses of necessary care under [38 U.S.C. 1722\(a\)](#).

(6) Veterans of the Mexican border period or of World War I; veterans solely seeking care for a disorder associated with exposure to a toxic substance or radiation, for a disorder associated with service in the Southwest Asia theater of operations during the Gulf War (the period between August 2, 1990, and November 11, 1998), or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November

11, 1998, as provided and limited in [38 U.S.C. 1710\(e\)](#); Camp Lejeune veterans pursuant to [§ 17.400](#); and veterans with 0 percent service-connected disabilities who are nevertheless compensated, including veterans receiving compensation for inactive tuberculosis.

The purpose of this resolution is to improve access to VA healthcare for ALL honorably discharged veterans aged 80 and older. The Military Order of the Purple Heart USA is a congressionally chartered veteran's service organization made up of combat-wounded veterans and we value the honorable service of all our fellow veterans and seek an improvement to the quality of life for our fellow veterans who have reached a milestone of age and respected service.

I urge Congress to pass the Legislative issues present here today and show our Veterans that we are committed to supporting them in every way possible. It is the least we can do for those who have given so much to our country.

Chairmen Tester, Ranking Member Jerry Moran, and esteemed Members of the Committee, this concludes my statement. I thank you for the opportunity to testify today on behalf of the MOPH, and I look forward to answering any questions you or other Committee members may have.

Yours in Patriotism,



**Carder Ferguson
National Commander
Military Order of the
Purple Heart**

Disclosure of Federal Grants and Contracts:

The Military Order of the Purple Heart (MILITARY ORDER OF THE PURPLE HEART) does not currently receive, nor has MILITARY ORDER OF THE PURPLE HEART ever received any federal money for grants or contracts.



Carder Ferguson National Commander

Ralph "Carder" Ferguson is the National Commander of the Military Order of the Purple Heart, elected in 2023 at the 90th National Convention in Baton Rouge, LA.

Commander Ferguson was raised in Van Buren, Arkansas, and joined the Army in 1985, serving as an Infantryman. Commander Ferguson served approximately 10 years on active duty and then went into the Arkansas National Guard and spent approximately 12 years with the National Guard. Carder's first deployment was in October 2001 and was gone for almost a year came back for a year and redeployed again with the Arkansas 39th brigade.

Carder was the 3rd Platoon Sergeant with the 239th Combat Engineers and in May of 2004 was hit by a mortar round in Baghdad. After several surgeries and exhaustive rehabilitation Carder remained undaunted and was able to remain in the National Guard for around another year as the National Guard figured how to out process for retirement. Through Commander Ferguson's distinguished career, he earned several awards including the Purple Heart, 3 Meritorious Service Medals, 6 Achievement medals, and many other awards. He retired honorably in 2005 and currently resides in Fort Smith, Arkansas where he and his wife of 35 years Andrea raised two children Taylor and Jacob. Taylor is married to Paul Bochat and they have a son Philip. Jacob has just finished a 10-year stint in the United States Army as an artilleryman.

Carder began volunteering to assist combat-wounded veterans and their families with several Veterans Organizations as soon as he retired from the Guard and in 2009 finally realized that there was a veteran group for Purple Hearts so he joined them. Carder pushed all his efforts since joining the Military Order of the Purple Heart to work with the "Order" and with several other Veteran Service organizations in the Common goal of taking care of Veterans and their families.

**Statement for the Record on the Legislative Priorities of Minority Veterans of
America with Relation to the Department of Veterans Affairs**



Written Testimony Prepared for:

the House of Representatives and Senate Committees on Veterans' Affairs
Joint Session on VSO Legislative Priorities Presentations

Friday, March 29, 2024

Written Testimony Provided by:

Lindsay Church, *Executive Director & Co-Founder*, lchurch@minorityvets.org
Peter Perkowski, *Legal & Policy Director*, pperkowski@minorityvets.org

Statement of Minority Veterans of America
Provided for the Joint Session of the
Committees on Veterans' Affairs
United States House of Representatives and United States Senate
Friday, March 29, 2024

Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Committees,

We are Minority Veterans of America (MVA), an intersectional movement of minority veterans dedicated to creating community belonging and advancing equity for service members and veterans who are racial, gender, sexual, and religious minorities. MVA works on behalf of more than 10.2 million minority veterans and is home to 3,300 members across 49 states, two territories, and three countries. Through our suite of programs, we directly serve thousands of veterans, service members, and their families each year. On behalf of our dedicated staff, volunteers, and the communities we serve, we extend our gratitude for the opportunity to contribute to this Joint Hearing.

Since our inception in 2017, MVA has been at the forefront of advocating for the unique needs of minority veterans across the nation. In our work, we have witnessed firsthand the challenges faced by members of our community during their time in service that spill over into their existence as veterans. Minority veterans face unique challenges when trying to access quality healthcare and benefits through VA and have unique needs when it comes to their mental and physical healthcare.

Our legislative priorities reflect our commitment to addressing these critical issues. We advocate for improved access to VA healthcare and benefits, ensuring that minority veterans receive equitable support and services. Additionally, we emphasize the importance of mental health and suicide prevention initiatives tailored to the unique needs of minority veterans. Too often, members of our community face barriers to accessing culturally competent care and support, exacerbating physical and mental health challenges and contributing to disproportionate rates of suicide for racial, gender, and sexual minority veterans.

As we confront these pressing matters, we call upon the Committees to prioritize legislation that places the unique needs of minority veterans at the forefront, honoring the profound sacrifices our communities have made in service to our nation. The politicization of minority veterans, including racial, gender, sexual, and religious minorities, along with our families, must come to an end. Exploiting our lived experiences, identities, and struggles for political gain through divisive riders aimed at attacking the communities we represent undermines the very essence of our collective sacrifices. It is imperative that we

refuse to allow honorable service to be reduced to mere political spectacle and gamesmanship. We must honor service through fighting for equitable policies and care that are worthy of the sacrifices veterans make for our country.

In the following sections, we outline MVA's legislative priorities in greater detail, offering insight into the specific challenges faced by minority veterans and proposing actionable solutions. It is our sincere hope that this information will inform and inspire the work of both Committees in the months ahead, driving us closer to a future where every veteran is seen, heard, and valued.

I. Improving Access to VA Healthcare & Benefits

Ensuring equitable access to healthcare and benefits is not just a moral imperative but a solemn commitment to those who have selflessly served our nation to care for them when they return from service. For many minority veterans, accessing the vital resources provided by the Department of Veterans Affairs through the healthcare and benefits system is often hindered by insurmountable barriers.^{1 2} These barriers result in delayed or deferred care which can ultimately lead to exacerbating health issues and diminishing overall well-being. MVA advocates for policies that dismantle these obstacles and ensures that every veteran receives the timely and comprehensive care they require and deserve.

A. Addressing Sexual Harassment, Assault, Identity-Based Harassment, and Discrimination in VA Benefits and Care Settings

Sexual harassment, assault, identity-based harassment, and discrimination within VA spaces, facilities, and programs pose significant barriers to the well-being and access to care for minority veterans. These pervasive forms of institutional abuse, whether stemming from race, gender identity, sexual orientation, or religion, not only violate the principles of equality and respect but also directly hinder the health outcomes and overall experiences of those seeking care from VA. Failures by VA leadership to hold perpetrators accountable have tragically resulted in instances such as the death by suicide of a veteran who sought

¹ U.S. Department of Veterans Affairs. (2015). Study of Barriers for Women Veterans to VA Health Care [PDF]. Retrieved from https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf# (Page 115)

² Garcia, P., Ma, S. P., Shah, S., et al. (2024). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, 3(2), e1920622.

justice for her sexual harassment by a VA employee and a harassment-free environment.³ In response to these pressing concerns, Congress passed the Deborah Sampson Act (DSA), which vowed to address the profound gaps in healthcare and reduce barriers to care for women veterans — including by comprehensively tackling sexual harassment and assault throughout the entire agency.

Despite provisions aimed at mandating improvements, the actual implementation has fallen short of the intended objectives of the law. In fact, since the initial Congressionally Mandated Report (CMR) on sexual assault and harassment within VA in 2021, the number of reported assaults on VA campuses has continued to rise, reaching 394 in the 2023, a 21% increase.⁴ VA's policies, procedures, and systems to address sexual harassment and assault have failed to have the impact DSA intended. For instance, VA has established five different avenues through which patients, staff, and visitors can report instances of sexual harassment and assault, each yielding varying outcomes. Notably, cases brought to the Harassment Prevention Office are most likely to be deemed founded, with a 68% success rate in 2022. In contrast, cases reported directly to facility leadership have a 50% chance of being founded, while only 43% of cases reported to the VA Police resulted in founded cases.⁵ It is imperative that survivors are not confronted with inconsistent outcomes when reporting incidents. VA should eliminate the least effective reporting channels and prioritize those through which survivors are most likely to achieve justice.

MVA strongly advocates for the removal of facility leadership as a reporting pathway for sexual assault and harassment incidents within VA facilities. As a community that has tirelessly campaigned for the Department of Defense to strip commanders of their authority in determining accountability for cases of sexual harassment and assault, it is crucial that similar reforms be implemented in VA policies and procedures. Persistent failures by facility leadership to hold perpetrators accountable drives veterans away from seeking care at VA facilities, exacerbates mental health challenges, and tragically have even led to the loss of veteran lives.⁶

³ U.S. Department of Veterans Affairs, Office of Inspector General. (2023). Failure of leaders to respond to reports of sexual harassment at the VA Black Hills Health Care System in Fort Meade and Hot Springs, South Dakota. Retrieved from <https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-22-00514-108.pdf>

⁴ U.S. Department of Veterans Affairs. (2023). Annual Report to Congress on Reporting and Tracking of Sexual Assault and Other Safety Incidents. Report can be accessed at <https://bit.ly/43GmmMh>.

⁵ U.S. Department of Veterans Affairs. (2022). Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department. Report can be accessed at <https://bit.ly/3VE4CPZ>.

⁶ U.S. Department of Veterans Affairs. (2023). Failure of leaders to respond to reports of sexual harassment at the VA Black Hills Health Care System in Fort Meade and Hot Springs, South Dakota. Retrieved from <https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-22-00514-108.pdf>

The DSA also outlined a path for problem facilities to be placed in remediation plans when they meet a certain threshold. As part of VHA Directive 5019.02, Harassment, Sexual Assaults, and Other Defined Public Safety Incidents in VHA, the current threshold is five or more substantiated or founded instances of sexual harassment or assault or a combination of both in one over year.⁷ In the 2022 Annual Report to Congress on Reporting and Tracking of Sexual Assault and Other Safety Incidents, VA breaks down sexual harassment and assaults by facility. Data indicate that 45 VA Medical Centers, or 29% of facilities, met this threshold. Yet, in the 2022 Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in VA Facilities of the Department, only five facilities had been placed in remediation plans.⁸ Further analysis is impossible, as VA remains delinquent in submitting the 2023 Annual Report on Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department, which was due in December 2023.

In addition to the rising number of documented sexual assaults, VA's current CMR fails to capture important data about other forms of harassment and discrimination that veterans face in their care. Current reporting only tracks incidents of sexual harassment and sexual assault, thus missing other important forms of identity-based harassment and discrimination that impede access to care, including based on race, gender, sexual orientation, and religion. Annual reports should be required to track and report on all instances of identity-based harassment, assault, and discrimination occurring on VA campuses across the country, either in VA's CMR on Sexual Assault and Harassment or in their annual Annual Report to Congress on Reporting and Tracking on Incidents of Sexual Assault and Other Safety Related Incidents.

Finally, MVA and 13 other veterans service organizations submitted a petition for rulemaking asking VA to promulgate regulations under Section 1557 of the Patient Protection and Affordable Care Act (ACA), enforcing the prohibition of discrimination on various bases, including race, color, national origin, sex, age, and disability in health care programs.⁹ This action is crucial to addressing the pervasive discrimination faced by veterans, particularly women and LGBTQ+ people, within VHA facilities. Specifically, the petition calls for clarification that Section 1557's antidiscrimination protections extend to all

⁷ U.S. Department of Veterans Affairs. (2022, September 12). VHA Directive 5019.02(1) Transmittal Sheet: Harassment, Sexual Assaults and Other Defined Public Safety Incidents in VHA.

⁸ U.S. Department of Veterans Affairs. (2022, December). Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department (p. 10).

⁹ Minority Veterans of America et al. (2023, July 20). Petition for Rulemaking to Promulgate Regulations Governing Discrimination Under Section 1557 of the Patient Protection and Affordable Care Act.

Retrieved from https://law.vale.edu/sites/default/files/documents/pdf/2023.07.20_mva_petition_for_rulemaking_va_1557_71.pdf

health programs or activities under the VA's purview, delineation of prohibited forms of discrimination and corresponding remedies, and acknowledgment that sex discrimination encompasses sexual-orientation and gender-identity discrimination, aligning with Section 1557 implementing regulations of the Department of Health and Human Services and the Supreme Court's decision in *Bostock v. Clayton County* (2020).. Such measures are essential for fostering an inclusive and equitable healthcare environment for all veterans.

Actions MVA supports:

- Require VA to advance necessary and overdue rulemaking on 1557 regulations that will offer patients protection from and remediation for instances of discrimination in care settings;
- Amend or expand the Deborah Sampson Act to:
 - Require VA to include instances of identity-based harassment and discrimination in Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occuring in VA Facilities of the Department and Annual Report to Congress on Reporting and Tracking of Sexual Assault and Other Safety Incidents;
 - Eliminate pathways to reporting harassment, assault, and discrimination that have a higher likelihood of being dismissed without action, including reporting to facility leadership;
 - Provide oversight of facility remediation plans, the criteria for determining if facilities should enter remediation, and ensuring there is oversight of measures taken to hold facility leadership accountable for the outcomes;
 - Report annually on incidents of identity-based harassment and discrimination in health care and benefits settings.

B. Removing Gender Affirming Surgery Exclusion in Medical Benefits Package

Transgender, nonbinary, and gender-diverse veterans have never had access to gender-affirming surgery through the Veterans Health Administration. Department policies currently prohibit the provision and funding of gender affirming surgeries, deeming them “strictly cosmetic” procedures.¹⁰ This classification contradicts international standards of transgender healthcare, which recognize such surgeries as “essential and medically

¹⁰ U.S. Department of Veterans Affairs. (2018, May 23). VHA Directive 1341(3) providing health care for transgender and intersex veterans
https://www.patientcare.va.gov/LGBT/docs/directives/VHA_DIRECTIVE_1341.pdf.

necessary" interventions.¹¹ Over decades, these standards have been supported by substantial evidence, demonstrating that transgender people who undergo gender affirmation surgery experience marked improvements in mental health, including reductions in depression and anxiety.¹²

Secretary McDonough pledged to lift this ban in statements on June 19, 2021,¹³ a commitment that the White House also vowed to uphold in their 2023 TDOV Fact Sheet.¹⁴ These announcements, made during Pride month and on Transgender Day of Visibility, were rightfully celebrated by the community. Unfortunately, nearly three years later, we are still awaiting the fulfillment of these promises.

The ban on gender-affirming surgery is not only an equity issue but also a safety issue, a reality that the Secretary himself has acknowledged.¹⁵ In his own words, the Department is taking steps to remove the ban "not only because [it is] the right thing to do, but because [it] can save lives." Saving lives is even more urgent today than when the Secretary made his remarks in 2021, as the health and safety of trans people are threatened nationwide. In 2023, 45 states attempted to pass anti-trans legislation¹⁶ with 23 states passing laws banning access to gender-affirming care.¹⁷ While many of these laws have specifically targeted minors, a growing number have also barred access to medical care for transgender adults. Transgender, nonbinary, and gender-diverse Americans are twice as likely as the general population to serve in the military¹⁸ and many rely on the Department to provide this care.

¹¹Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., & Deutsch, M. B. (2022). Standards of care for the health of transgender and gender diverse people, Version 8. *International Journal of Transgender Health*, 23(Suppl 1), S1-S259.

¹²Park, R. H., Liu, Y. T., Samuel, A., Gurganus, M., Gampper, T. J., Corbett, S. T., Shahane, A., & Stranix, J. T. (2022). Long-term Outcomes After Gender-Affirming Surgery: 40-Year Follow-up Study. *Annals of plastic surgery*, 89(4), 431–436. <https://doi.org/10.1097/SAP.00000000000003233>

¹³ Office of Public and Intergovernmental Affairs. (2021, June 19). Remarks by Secretary Denis R. McDonough. Office of Public and Intergovernmental Affairs. https://www.va.gov/opa/speeches/2021/06_19_2021.asp

¹⁴ The White House. (2022, March 31). Fact Sheet: Biden-Harris Administration Advances Equality and Visibility for Transgender Americans [Press release]. Retrieved from <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/31/fact-sheet-biden-harris-administration-advances-equality-and-visibility-for-transgender-americans/>

¹⁵ Ibid.

¹⁶ Track Trans Legislation, <https://www.tracktranslegislation.com>.

¹⁷ Movement Advancement Project. (2024). "Equality Maps: Bans on Best Practice Medical Care for Transgender Youth." Accessed at https://www.mapresearch.org/equality-maps/healthcare/youth_medical_care_bans.

¹⁸Schvey, N. A., Klein, D. A., Pearlman, A. T., & Riggs, D. S. (2020). A Descriptive Study of Transgender Active Duty Service Members in the U.S. Military. *Transgender health*, 5(3), 149–157. <https://doi.org/10.1089/trgh.2019.0044>

Some lawmakers have argued that gender affirming surgeries are, “Wholly incompatible with the mission” of VA.¹⁹ This belief fails to recognize the deep impacts that military service has on patriotic transgender people who are disproportionately likely to serve in uniform. Adherence to the hypermasculine, highly sexed, and rigidly gendered nature of the military has a deep and lasting impact on minority service members and veterans, transgender and cisgender alike.²⁰ These experiences, coupled with living under discriminatory policies such as “Don’t Ask, Don’t Tell” and the Military Trans Ban, make gender dysphoria and the resulting conditions an issue that is directly relevant to the mission of the Department.

Secretary McDonough has indicated that this process will take time and involve several steps.²¹ Since 2021, the Department has made progress internally on the proposed regulatory changes, and its regulatory agenda projected that the Notice of Proposed Rulemaking (NPRM) would be issued in the fall of 2022.²² But on February 22, 2024, Secretary McDonough denied the petition for rulemaking for gender-affirming care, thus further imperiling the lives of transgender veterans in dire need of this care.²³

We call on Congress to honor our nation's commitment to provide equitable care for transgender, nonbinary, and gender-diverse veterans and, in the absence of action on the Secretary's part, pass legislation that will remove the discriminatory exclusion of gender-affirming surgeries from the VA medical benefits package.

Actions MVA supports:

- Amend Title [38 CFR 17.38\(c\)\(4\)](#) by removing the exclusion of medically necessary gender-affirming surgery and require VA to update VHA Directive 1341(3)

¹⁹ Rosendale, M., et. al. (2021, June 28). Sex Reassignment Letter. Retrieved from https://rosendale.house.gov/uploadedfiles/6_28_21_sex_reassignment_letter.pdf

²⁰ Rosenthal, M. (2021, October 26). U.S. Military’s Male-Dominated Culture Harms More Than Just Women. Ms. Magazine. Retrieved from <https://msmagazine.com/2021/10/26/u-s-military-male-culture-women-sexual-assault-harassment-gender-stereotypes/>

²¹ Office of Public and Intergovernmental Affairs. (2021, June 19). *Remarks by Secretary Denis R. McDonough*. Office of Public and Intergovernmental Affairs. https://www.va.gov/opa/speeches/2021/06_19_2021.asp

²² Removal of Exclusion of Gender Alterations From the Medical Benefits Package. (Fall 2022). Retrieved from Federal Register website <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202210&RIN=2900-AR34>

²³ United States, Court of Appeals. Transgender American Veterans Association Petition for a Writ of Mandamus to the Department of Veterans Affairs. <https://bit.ly/TAVAvVA>

C. Addressing Systemic Failures in the Benefits Process for Military Sexual Trauma Survivors

Military Sexual Trauma (MST) survivors confront a broken benefits process that exacerbates their trauma and impedes access to essential care and support. The current system fails to adequately address the unique needs of MST survivors, perpetuating their suffering and denying them the benefits they rightfully deserve. There is urgent need for systemic reform to ensure that survivors are not further harmed by bureaucratic barriers and inefficiencies in the benefits adjudication process. It is imperative that policymakers undertake a comprehensive analysis of the broken benefits system, addressing root causes rather than attempting to fix the system piece by piece.

Survivors of MST often encounter insurmountable obstacles when navigating the benefits process, including complex paperwork, lengthy wait times, and doctors and raters who lack culturally-informed care and training to support and believe survivors. These systemic failures not only retraumatize MST survivors but they also perpetuate cycles of suffering that all too often lead to mental health crises. A 2022 report by the Government Accountability Office showed that, though VA had instituted a number of reforms to the disability process for survivors of MST, "Most relevant leading practices [were] partially or not followed."²⁴

MVA advocates for a comprehensive overhaul of the benefits process, emphasizing the need for a holistic approach that identifies and rectifies systemic deficiencies at the most fundamental levels and prioritizes the unique needs of sexual harassment and violence survivors. This overhaul should be conducted in collaboration with relevant agencies, veteran and military service organizations, as well as survivors themselves, aiming to strike a balance between the government's demand for substantiation and the limitations survivors face in meeting the existing criteria, without exacerbating their trauma further. By implementing comprehensive reforms that prioritize the needs and experiences of MST survivors, we can begin to dismantle the barriers that prevent them from accessing the care and benefits they are entitled to receive and set them on a path to recovery, healing, and restoration of their trust in the VA as an institution built for them.

Legislation MVA supports:

- S. 1028 / H.R. 2441 Servicemembers and Veterans Empowerment and Support Act (Senator Tester / Representative Pingree)

²⁴ United States Government Accountability Office. (Year). VA Disability Benefits Compensation Program Could Be Strengthened by Consistently Following Leading Reform Practices. Report to the Ranking Member, Committee on Veterans' Affairs, House of Representatives. Accessed at <https://www.gao.gov/assets/gao-22-104488.pdf>.

- H.R. 2724 (117th) / S. 4441 (117th) VA Peer Support Enhancement for MST Survivors Act (Representative Delgado / Senator Cortez)

D. Promoting Equitable Access to Comprehensive Family Planning Services for Veterans

Equitable access to comprehensive family planning services is paramount for the holistic well-being of veterans and their families. MVA advocates for policies that ensure veterans have access to a broad spectrum of family planning options, including abortion and contraception, in vitro fertilization (IVF) and surrogacy programs, and maternity care coordination. However, barriers within the VA healthcare system hinder minority veterans' access to these critical services. By prioritizing equitable access to comprehensive family planning, we can empower veterans to make informed choices about their reproductive health and family planning goals, regardless of their background or identity.

Currently, minority veterans encounter significant challenges in accessing family planning services through the VA. Limited availability of contraceptive options, restricted access to IVF and surrogacy programs, and inadequate maternity care coordination disproportionately affect minority veterans and their families. These barriers not only impede veterans' ability to access necessary care but also exacerbate existing health disparities. MVA calls for policies that address these disparities head-on, ensuring that all veterans have access to the full spectrum of family planning services they need to lead healthy and fulfilling lives. By investing in comprehensive family planning access, we can promote reproductive autonomy, improve health outcomes, and support the well-being of veterans and their families for generations to come.

1. Abortion and Contraception

Our nation is confronting a reproductive healthcare crisis, exacerbated by the recent Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* and revoked the constitutional right to abortion. Within the VA healthcare system, access to abortion and contraception services is crucial for the reproductive health and autonomy of women and gender minority veterans.

In 2022, the VA initiated rulemaking to broaden access to abortion counseling and care for veterans and CHAMPVA dependents in cases of rape, incest, and threats to the patient's life or health. This process was finalized on March 4, 2024 with publication of the final rule.²⁵ This expansion has been vital for meeting the needs of veterans residing in states with restrictive abortion laws who rely on the VA for such care. It is imperative for

²⁵ Department of Veterans Affairs. (2024, March 4). Reproductive Health Services [Rule]. Federal Register, 89(44), 15451-15474.

Congress to oppose any attempts to roll back this expanded coverage and safeguard contraceptive care, including contraception and medication abortion.

In addition, veterans who use VA for their contraceptive care are required to pay copays where their civilian counterparts do not as the result of cost-sharing requirements. Congress should take long-overdue action on H.R. 239, the Equal Access to Contraception for Veterans Act to eliminate contraceptive copays for veterans.

Legislation we support:

- H.R. 239 (117th) / S. 4700 (117th) Equal Access to Contraception for Veterans Act (Representative Brownley / Senator Blumenthal)

2. IVF and Surrogacy Programs

Access to in vitro fertilization (IVF) and surrogacy programs is crucial for many minority veterans seeking to build families, yet disparities in access persist. Recently, VA announced that they, “Will soon be able to provide in vitro fertilization (IVF) to eligible unmarried Veterans and eligible Veterans in same-sex marriages. VA will also be able to provide IVF to Veterans using donated sperm or eggs – a critical step toward helping Veterans who are not able to produce their own sperm or eggs due to service-connected injuries and health conditions.”²⁶ MVA applauds this move to change the Department’s discriminatory bars and awaits further guidance on how this will be implemented.

Despite this announcement and the anticipated expansion of services for veterans seeking access to this crucial care, significant barriers persist. Planned reforms will continue to limit the availability of the benefit to only a narrow class of veterans who can demonstrate service connection, a requirement that poses challenges for many women, as well as some transgender and nonbinary veterans.²⁷ Legislation is necessary to broaden access to IVF services for all veterans, eliminating the barriers they may encounter when planning their families.

Moreover, the existing regulations do not allow the use of a surrogate in family planning benefits. For individuals, particularly women and gender minorities, grappling with conditions that impede their ability to carry a pregnancy to term—such as endometriosis or necessitating a full hysterectomy due to fibroids—the availability of a surrogate is paramount. Additionally, for LGBTQ+ couples, notably gay men and transgender individuals undergoing hormone therapy, the involvement of surrogates often

²⁶ VA News. (2024, March 11). VA expands in vitro fertilization for Veterans. Retrieved from <https://news.va.gov/press-room/va-expands-in-vitro-fertilization-for-veterans/>

²⁷ Mattocks, K., Kroll-Desrosiers, A., Zephyrin, L., Katon, J., Weitlauf, J., Bastian, L., Haskell, S., & Brandt, C. (2015). Infertility care among OEF/OIF/OND women Veterans in the Department of Veterans Affairs. *Medical care*, 53(4 Suppl 1), S68–S75. <https://doi.org/10.1097/MLR.0000000000000301>

plays a pivotal role in their family planning endeavors. However, the current regulatory framework excludes many veterans from realizing their aspirations of building the families they desire.

MVA advocates for reform efforts aimed at removing the requirement of a service-connected disability to access IVF services and urges the VA to extend surrogacy benefits to qualified veterans.

Legislation we support:

- H.R. 544 Veterans Infertility Treatment Act of 2023 (Representative Brownley)

3. Maternity Care and Coordination

Maternal health for veterans is a critical aspect of care that addresses the unique needs of veterans navigating pregnancy, childbirth, and postpartum care within the VA healthcare system. Accessing comprehensive maternal health services poses significant challenges, however, particularly for minority veterans. Structural inequities, including systemic racism, socioeconomic disparities, and cultural biases, often impede access to essential prenatal, labor, delivery, and postpartum care for minority veterans. These disparities are further exacerbated by factors such as geographic constraints, transportation issues, and limited availability of on-site obstetric services within VA facilities.²⁸ As a result, pregnant and postpartum veterans, especially those from racial and ethnic minority groups, may face obstacles in accessing timely and appropriate maternity care, leading to fragmented care experiences and disparities in maternal health outcomes.

Despite initiatives like the Maternity Care Coordinator (MCC) program aimed at supporting pregnant veterans, minority veterans encounter intersectional challenges that significantly impact their maternal health experiences within the VA healthcare system. These challenges stem from a combination of factors, including race, ethnicity, gender identity, sexual orientation, socioeconomic status, and geographic location, which contribute to disparities in access to and quality of maternity care. Minority veterans are more likely to experience discrimination, cultural insensitivity, and implicit bias within VA care settings, leading to mistrust and reluctance to engage with healthcare providers. Additionally, historical inequities, such as those stemming from discriminatory policies like "Don't Ask, Don't Tell" and the Military Trans Ban, further compound disparities in maternal health outcomes for LGBTQ+ veterans.²⁹ Addressing these challenges requires a

²⁸ S, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care*. Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

²⁹ S, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (pp. 18-20). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

comprehensive approach that prioritizes equity, cultural competence, and coordinated care to ensure that all veterans, regardless of their minority status, have access to quality maternal health services within the VA healthcare system.³⁰

Legislation we support:

- H.R. 3303 Maternal Health for Veterans Act (Representative Underwood)

E. Establishing LGBTQ+ Veteran Advisory Committee and Centers for LGBTQ+ Veterans

LGBTQ+ service members and veterans face unique challenges related to their healthcare, benefits, and end of life planning needs through the Department of Veterans Affairs. In recognition of these distinct challenges and the failures of the Department to provide this care to LGBTQ+ veterans, it is imperative that VA take a comprehensive strategy to their future work related to these communities. VA is currently home to the Center for Women Veterans and Center for Minority Veterans as well as Advisory Committees on Women and Minority Veterans. MVA supports the establishment of a Center for LGBTQ+ Veterans with a standing Advisory Committee on LGBTQ+ Veterans.

Like its peer centers, the Center for LGBTQ+ Veterans should be charged with:

- **Advocacy:** Advocate for the needs and concerns of LGBTQ+ veterans within the Department of Veterans Affairs (VA) and across federal agencies.
- **Policy Development:** Participate in the development of policies and programs that address the unique challenges faced by minority veterans and women veterans, ensuring that their voices are heard in the policymaking process.
- **Outreach and Education:** Conduct outreach activities to raise awareness about available VA benefits and services among LGBTQ+ veterans. This includes providing information about healthcare, education, housing, employment, and other resources.
- **LGBTQ+ Veteran Coordinators:** Oversee the work of LGBTQ+ Veteran Care Coordinators who serve at all VA facilities.
- **Advisory Committee:** Administer an Advisory Committee on LGBTQ+ Veterans tasked with providing recommendations to the Department.
- **Advisor to VA Leadership:** Serve as advisory body to VA leadership, providing insights and recommendations on issues affecting LGBTQ+ veterans.
- **Research and Data Analysis:** Conduct and facilitate research on LGBTQ+ veteran demographics, health outcomes, access to care, and other relevant topics to inform VA programs and policies.

³⁰ MVA's full testimony on H.R. 3303 can be found at <https://bit.ly/3VEwkvP>

VA should pilot up to five LGBTQ+ Health Centers that can provide specialized care, encompassing primary care, mental health, reproductive health services, and social support services. These pilot programs should be selected to include areas with the highest concentration of LGBTQ+ veterans or LGBTQ+ Americans given the pervasive data disparities on veterans relating to sexual orientation and gender identity. Through creating safe and affirming environments and delivering culturally-informed care, these centers can address the unique healthcare needs of LGBTQ+ veterans while serving as models for future LGBTQ+ healthcare initiatives within VA and the public sector. Overall, these efforts represent significant strides towards fostering inclusivity and improving healthcare outcomes for LGBTQ+ veterans within the VA system.

Legislation we support:

- H.R. 7674 To amend title 38, United States Code, to establish the Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer Veterans (Representatives Pappas and Delbene)
- H.R. 5776 (117th) Serving our LGBTQ Veterans Act (Representative Kehele)

F. Mandated Minority-Focused Cultural Competency Training

The implementation of mandated, minority-focused cultural competency training would represent a critical step in enhancing the quality of care provided to minority veterans within the VA healthcare system. VA should ensure that all staff, contractors, and community care providers receive annual comprehensive training on minority-focused cultural competence, including topics such as implicit bias, racial equity in the provision of care, gender identity, pronouns, and best practices in providing culturally competent and informed care. While many of these training are available to staff who opt-in, training should be required for all staff who have direct interactions with veterans, especially those who provide care or are responsible for regular interactions with patients. By mandating these trainings, VA can better equip its workforce to address and meet the unique needs and experiences of minority veterans, leading to more inclusive and equitable healthcare delivery.

G. Removing Barriers to Benefits and Healthcare Access for Individuals with Bad Paper Discharges

Addressing structural barriers that accompany negative discharge characterizations is essential to ensure equitable access to benefits and healthcare for all veterans. This is a serious issue for veterans with mental or behavioral health conditions related to MST,

traumatic brain injury, or other service-related experience (including combat), as many of them have received Other Than Honorable (OTH) discharges (or worse) due to misconduct related to such conditions. As a result, bars to VA eligibility have the effect of excluding veterans most in need of benefits and services.

In addition, benefit ineligibility due to bad paper disproportionately affects minority veterans. For example, Black and racial minority veterans are more likely to have been separated with bad paper than their white counterparts, suggesting that prejudice plays a part in these outcomes and the consequent VA ineligibility. For LGBTQ+ veterans, VA access ineligibility is the direct result of historical policies of the Armed Forces that policed and criminalized sexual orientation and non-conforming gender identity and expression. DoD's enforcement of those policies caused many thousands of LGBTQ+ veterans to be administratively separated with an OTH characterization of service, if not discharged after court-martial conviction or in lieu of court-martial.

Veterans with bad paper are ineligible for VA benefits and services because of the "regulatory bars" in 38 C.F.R. § 3.12(d), which makes an OTH discharge characterization presumptively disqualifying. Section 3.12(d) is VA's interpretation of 38 U.S.C. §101(2), in which Congress defined "veteran" to include only those discharged "under conditions other than dishonorable." VA's interpretation, which lumps OTH discharge characterizations with Dishonorable ones, is unnecessarily strict. It should be modified. Affected veterans have two options. The first is to seek a character-of-discharge (COD) determination from VA, a burdensome process that is hard to successfully navigate without legal assistance. The second is to seek a discharge upgrade from the military correction Boards, which for many reasons are not well-equipped to evaluate claims from veterans affected by historical government-mandated discrimination and criminalization.

Veterans with bad paper experience significant challenges in accessing VA benefits and healthcare services. These barriers are inequitable and must be eliminated.

Actions MVA supports:

- Require VA to repeal the regulatory bars or modify them in accordance with Congressional mandates;
- Require DoD to issue comprehensive guidance to the military departments on how correction Boards should analyze and decide discharge upgrade petitions from LGBTQ+ veterans affected by historical military policies of discrimination and criminalization.

Legislation MVA supports:

- H.R. 5321 (117th) / S. 2786 (117th) Unlawful Turn-Aways Act (Representative Underwood / Senator Blumenthal)
- H.R. 5170 (117th) Securing the Rights Our Veterans Earned ("SERVE") Act (Representative Pappas)
- S. 3257/H.R. 1255 Sgt. Isaac Woodard, Jr. & Sgt. Joseph H. Maddox GI Bill Restoration Act (Senator Warnock / Representative Moulton)
- H.R. 1596 (117th) Commission to Study the Stigmatization, Criminalization, and Ongoing Exclusion and Inequity for LGBTQ+ Servicemembers and Veterans Act (Representative Takano)

II. Mental Health & Minority Veteran Suicide Prevention

Minority service members and veterans have unique experiences both during their military service and after transitioning to civilian life, necessitating tailored interventions, strategies, and investments by VA. While addressing mental health and suicide prevention among veterans has been a longstanding commitment of these Committees, the evolving nature of the suicide crisis among veterans requires an adaptation of our approaches to meet the emerging needs of the most vulnerable communities of veterans, including minority veterans. Many of the communities we serve face disproportionate challenges related to mental health, including suicidal ideation, and are more likely to die by suicide compared to their dominant culture counterparts.^{31,32}

Despite advancements in understanding and addressing mental health issues among veterans, persistent disparities remain, particularly among minority veterans. For instance, according to VA's 2023 National Veteran Suicide Prevention Annual Report, Native American veterans saw a troubling spike in the suicide rate, rising from 30.5 per 100,000 in 2020 to 46.3 per 100,000 in 2021—an alarming 52% increase.³³ Similarly, Black and African American veterans experienced a significant uptick in the suicide rate, climbing from 14.6

³¹ Department of Veterans Affairs (VA). (2022, May). LGBTQ+ Identities and Suicide Risk Among Veterans: From Science to Practice Using Research to Promote Safety and Prevent Suicide. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf.

³² Johnson, D. (2024, February 28). Service Members and Vets Belonging to Racial Minority Groups Face Disproportionately High Suicide Rates. Military.com. Retrieved from <https://www.military.com/daily-news/2024/02/28/service-members-and-vets-belonging-racial-minority-groups-face-disproportionately-high-suicide-rates.html>

³³ Department of Veterans Affairs (VA). (2023). 2023 National Veteran Suicide Prevention Annual Report. VA Suicide Prevention Office of Mental Health and Suicide Prevention. Page 20. Full data tables can be accessed in the data appendix that can be accessed at https://www.mentalhealth.va.gov/suicide_prevention/data.asp.

per 100,000 in 2020 to 17.4 per 100,000 in 2021. Moreover, suicide rates among women veterans surged by 24.1% between 2020 and 2021, compared to a 6.3% increase among male veterans.

To effectively prevent suicide among minority veterans, tailored interventions are imperative. Current prevention models often fall short in adequately addressing the cultural and social factors contributing to mental health disparities. Tailored interventions must encompass culturally competent care, community-based support networks, and accessible mental health services that recognize and honor the diverse backgrounds and lived experiences of minority veterans.

Legislation MVA supports:

- S. 853/H.R. 1639 VA Zero Suicide Demonstration Project Act (Senator Rosen/Representative Susie Lee)

A. Expand outdoor recreation access for minority veterans

Nature holds transformative powers that extend far beyond its scenic beauty, for minority veterans it can be a pathway toward healing, renewal, and personal growth after service. Outdoor activities not only facilitate the transition from military service to civilian life but also foster vital connections with nature and community, providing a sanctuary for reflection and rejuvenation. Nature-based experiences promote resilience, reduce stress, and enhance overall well-being among minority veterans. Minority veterans often encounter barriers when attempting to access the outdoors and face disproportionate challenges in access, including limited financial resources, geographic disparities, and physical and safety barriers.

Recognizing these challenges, VA should prioritize initiatives aimed at expanding outdoor recreation access for minority veterans in outdoor spaces. By increasing funding for tailored outdoor programs, improving accessibility through infrastructure enhancements and transportation support, investing in local and underserved communities, and fostering partnerships with community organizations, we can empower minority veterans to fully experience the transformative benefits of nature. Investing in equitable access, programs, and resources not only enhances the quality of life for minority veterans but also strengthens their connection to the outdoors, promoting holistic well-being and supporting their successful transition to civilian life.

MVA has the privilege of serving on the Task Force on Outdoor Recreation for Veterans, an interagency working group tasked with identifying opportunities to formalize coordination between VA, public land agencies, and partner organizations, as well as addressing the barriers that veterans experience when accessing outdoor recreation

opportunities. The Task Force has submitted preliminary findings to Congress through our first CMR and we are scheduled to issue our comprehensive recommendations in late 2024. We look forward to working with members of the Veterans Affairs Committees to bring these recommendations to life through increased resources, programs, and benefits available to service members, veterans, and their families.

Legislation MVA supports:

- S. 448 / H.R. 1065 Outdoors for All Act (Senator Padilla / Representative Barragan)
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Once again, we thank you for the opportunity to submit our written testimony before this Joint Session. My team and I look forward to continuing to work with you and your offices, and to assist in your efforts to equitably support the minority veteran community.

Respectfully Submitted,

/s/

Lindsay Church
Executive Director & Co-Founder
Minority Veterans of America

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Statement of
Modern Military Association of America

Before the
Committees on Veterans' Affairs
United States Senate & House of Representatives

Legislative Presentation of Modern Military Association of America

March 2024



Chairmen Tester & Bost, Ranking Members Moran & Takano, and distinguished Members of the 118th Congress' Joint Committees on Veterans' Affairs:

On behalf of our board of directors and members across the country, thank you for the opportunity to share the views of the Modern Military Association of America (MMAA). As the nation's largest organization of LGBTQ+ service members, military spouses, veterans, their families, and allies we provide a united voice for the LGBTQ+ military and veteran community. MMAA works to uphold and expand LGBTQ+ civil rights progress through education, advocacy, support networks, and discrimination tracking.

MMAA traces its founding back to 1993 and is the result of decades of work for the LGBTQ+ and HIV positive military and veteran communities through four organizations, each focused on serving their respective community in different ways. These organizations are Servicemembers Legal Defense Network (SLDN), American Military Partner Association (AMPA), OutServe (OS), and Military Partners and Families Coalition (MPFC).

We are committed to working with our network, institutional partners, and chapters across the country to ensure that LGBTQ+ service members, veterans, and families with LGBTQ+ dependents are protected from discrimination, receive support, and access needed resources. MMAA programs include 1) advocacy on issues directly impacting LGBTQ+ service members, veterans, or their family members, 2) strategic litigation, 3) LGBTQ+ and HIV discrimination reporting, 4) peer-based emotional support groups, 5) supportive community network, 6) individualized case management, 7) LGBTQ+ competency training, 8) resource guides and advocacy tools, as well as 9) *Modern Military* magazine and other tools to amplify LGBTQ+ military experiences.

Only 1% of 334 million Americans serve in the military. **The known LGBTQ+ community makes up more than 6.1% of actively serving members, more than one million veterans, and an estimated 50,000+ military-affiliated youth.**¹ This data is derived from 2014 RAND Corporation research that administered and analyzed a revised DoD Health Related Behaviors Study (HRBS) of active-duty personnel, including those in the U.S. Air Force, Army, Marine Corps, Navy, and Coast Guard. These numbers are thought to be significantly underestimated as the data does not reflect those serving in the Reserves or National Guard and it was collected just three years after the Don't Ask, Don't Tell (DADT) repeal during a time when openly transgender service members were still banned. Despite the LGBTQ+ community being well represented within military and veteran spaces, LGBTQ+ individuals still navigate unique challenges when accessing healthcare, employment, housing, becoming parents, or integrating into their communities. These challenges are amplified when considering intersecting factors related to military service and other personal identity traits.

U.S. military personnel are at higher risk of major depression than members of the general civilian population. The prevalence of depression is 23% in active-duty military forces and veterans.² A large proportion of individuals with depression do not access mental health services despite major depression being a leading cause of morbidity.³ During military service LGBTQ+ servicemembers are at greater risk for chronic psychological distress and a higher risk factor for suicidal thoughts due to discrimination, stigma, and minority stress. **LGBTQ+ active-duty service members (55%) were nine times more likely than non-LGBTQ+ active-duty service members (6%) to report feeling down, depressed, or hopeless nearly every day over two weeks.** This is also true of LGBTQ+ National Guard and reserve personnel, at 22% and 6%, respectively according to the Center for American Progress.⁴

Studies of LGBTQ+ veterans show they face higher rates of mental health concerns, suicidal ideation, and suicide attempts than non-LGBTQ+ veterans. A study found that across racial and ethnic groups, the relationship between

¹ https://www.rand.org/pubs/research_reports/RR1695.html

² <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-021-03526-2>

³ <https://academic.oup.com/milmed/article/185/7-8/e1255/5739295>

⁴ <https://www.americanprogress.org/article/lgbtq-military-members-and-veterans-face-economic-housing-and-health-insecurities/#:~:text=non%2DLGBTQ%2B%20counterparts,-,According%20to%20HPS%20data%3A,55%20percent%20and%206%20percent.>



discrimination and suicide attempt is strongest between the ages of 18 and 25.⁵ **LGBTQ+ veterans attempt suicide at a rate of 15 times higher than veterans overall. Transgender veterans die by suicide at twice the rate as their cisgender veteran peers and about 5.85 times the rate of the general population.**⁶ Victimization and decreased social support were found to be particularly relevant risk factors for suicidal thoughts and behaviors among LGBTQ+ veterans. Furthermore, transgender and gender diverse populations may be more at risk for suicide than any other subgroup of the LGBTQ+ population due to stigma, minority stress, social injustice, lack of employment or advancement opportunities, and gender dysphoria.⁷

MMAA and the U.S. Department of Veterans Affairs (VA) have a long-standing collaborative working relationship that is in the process of being formalized with a Memorandum of Agreement with Veterans' Benefits Administration (VBA) to ensure LGBTQ+ veterans have a safe experience and receive culturally competent services. MMAA works with Veterans' Health Administration (VHA), VBA, and VA's Center for Minority Veterans (CMV) to identify issues, educate, and encourage individuals to apply for VA's character of discharge review to reinstate benefits lost under DADT, and refer individuals seeking benefits assistance to VBA.

MMAA also works closely with veteran coalitions, veteran service organizations, and LGBTQ+ organizations to support our shared efforts. Some of those organizations include: American Veterans for Equal Rights (AVER), Black Veterans Project, Blue Star Families, Human Rights Campaign, Minority Veterans of America, National Center for Transgender Equality (NCTE), PFLAG, SPARTA Pride, Transgender American Veterans Association (TAVA), and many more.

Part of MMAA's work is to advocate for improvements in programs and services provided by the U.S. federal and state government. We work with VA, the Departments of Defense (DOD), Education (DoED), and Health and Human Services (HHS), as well as members of Congress, state, and local governments.

MMAA 2024 Legislative Priorities for LGBTQ+ Veterans

Eliminate LGBTQ+ and HIV discrimination for veterans

Top leadership purports VA is committed to creating a welcoming environment and improving healthcare for everyone, including LGBTQ+ veterans.⁸ In reality, VA has inconsistent policy implementation, nonstandardized staff disciplinary actions for discriminatory actions, and organization-wide LGBTQ+ affirmative care competency training is not prioritized.

Already in 2024, several anti-LGBTQ+ incidents occurred within VA, which directly conflicts with VA leadership's promise to make the agency more welcoming to all veterans. In the Portland VA Medical Center serving Oregon and SW Washington, a flier was posted in the elevator mocking VA's diversity efforts claiming that leaders only want to help veterans of "approved minority groups." Signs stating "We serve all who serve" were torn down and handouts with LGBTQ+-specific suicide prevention resources were thrown into the trash.⁹

Prior to the Portland incident, three clinical psychologists used their standing as VA employees to pen a transphobic op-ed in *The Hill*.¹⁰ While VA has stated that these views are not representative of the agency, they also claim these individuals are within their constitutional rights to share these views despite using their positions with VA to enhance

⁵ https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf

⁶ <https://www.americanprogress.org/article/lgbtq-military-members-and-veterans-face-economic-housing-and-health-insecurities/#:~:text=non%2DLGBTQ%2B%20counterparts,-,According%20to%20HPS%20data%3A,55%20percent%20and%206%20percent.>

⁷ https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf

⁸ <https://www.patientcare.va.gov/lgbt/>

⁹ <https://www.militarytimes.com/veterans/2024/02/01/advocates-criticize-va-response-after-lgbtq-harassment-incidents/>

¹⁰ <https://modernmilitary.org/wp-content/uploads/2024/02/Org-Open-Letter-Anti-Trans-VA-Providers.pdf>



their credibility. Twenty-three organizations issued a joint letter urging VA to take decisive action. VA has failed to issue a formal response or to meet with the organizations who issued the letter.¹¹

MMAA is tracking anti-LGBTQ+ bias ranging from patient advocates or administrators misgendering them, having safety concerns laughed at by security guards, and harassment when trying to use the bathroom. While VA mandates that LGBTQ+ care coordinators are at every VA facility, policy does not match reality. Many times, LGBTQ+ care is added to a staff member who is already coordinating care for issues like military sexual trauma (MST), women veterans, intimate partner violence assistance program (IPVAP), minority veterans, among other specialized care coordinator roles. They are told they can only spend a percentage of their week dedicated to issues facing each specialized care area. In some VA facilities, a psychologist may hold multiple care coordinator roles on top of patient care. Psychologists are tasked with spending 80% of their time on patient care and 20% of their time on administrative tasks, which is usually taken up by patient case management. With more than one million known LGBTQ+ veterans, LGBTQ+ care coordinators are not prepared to offer adequate care with limited time prioritization.

Marine Corps veteran experience of discrimination at the VA

After being honorably discharged from the Marine Corps, I submitted a claim for disability with VA and was scheduled to be evaluated at the VA hospital in Los Angeles. I was dealing with severe depression with suicidal tendencies that was exacerbated by my unwanted discharge for being gay. I told my psychiatrists of my depression and suicidal thoughts with the hope that they would help me deal with them. As I reported being gay to a medical officer, I was discharged. This was documented in my medical record and I hoped VA would offer support, but I received the opposite. As my evaluation began, the medical doctor told me I was an "abomination in the eyes of God" and that "fags are not welcomed here." I instantly put up emotional defensive walls and responded with "I'm fine" answers because I knew he was going to deny care. This was the second government doctor to subject me to LGBTQ+ discrimination. I lost all trust in the military and VA after these experiences. For over 20 years, I've struggled to deal the rejection and abandonment, attempted to commit suicide several times, and felt an emptiness that could not be healed.

In subsequent years, I received care from San Diego before I moved to Austin two years ago when their VA facility was newly opened and offered everything you, including a beautiful campus with well trained doctors. They were so understanding of my struggle and offered services to deal with my MST and post-traumatic stress disorder (PTSD). Accessing my anti-HIV meds (aka pre-exposure prophylaxis) was simple and not confusing. I felt like I could tell my provider anything and I would get no judgment.

Then, over a year ago, I moved to Dallas. In my first primary care evaluation, I requested to continue care established from San Diego and continued in Austin. When I asked for PReP, the doctor had no idea what it was. I told her it was for HIV prevention and she replied "Why do you need that?" When I told her I am gay, her demeanor changed and was very cold. I was denied access to ongoing medication like testosterone and refused appointments with a specialist and a cardiologist. I was told "they don't just see anyone" and that I would have to do the same tests that I already completed at the other locations.

I've been so disappointed at the standard of care in Dallas and the unfriendly nature towards LGBTQ+ people. I recently changed my primary care doctor because I felt she harbored anti-gay sentiments. I started an online petition to have the freedom to choose care providers instead of being assigned a random person. I know many veterans who choose to not get treatment from Dallas' VA. I feel like I need to leave if I want my healthcare needs taken care of properly.

Despite evidence of ongoing, systemic discrimination and inconsistent access to equitable, safe, and effective care across its facilities, VA continues to ask LGBTQ+ veterans to trust the institution. LGBTQ+ veterans cannot be expected to place their trust in VA when they continue to face discrimination, bias, limited electronic health record infrastructure

¹¹ <https://modernmilitary.org/2024/02/23-organizations-call-on-va-to-address-anti-trans-op-ed-and-other-anti-lgbtq-incidents/>



to document both sexual orientation and gender identity, and the lingering effects of unjust policies that barred LGBTQ+ individuals from accessing their healthcare benefits.

Legislative Goal 1

Rebuild trust with the LGBTQ+ veteran community

Although VA has developed programs such as PRIDE in All Who Served to improve health equity and access to care for LGBTQ+ military veterans, research finds its success is heavily related to individual VHA facility settings including leadership support for LGBTQ+ affirming programming, access to LGBTQ+ affirming care training, and facility culture (such as systemic anti-LGBTQ+ stigma).¹²

In order to rebuild trust, MMAA is asking VA to:

1. Issue a public statement identifying standardized actions and what follow up VA takes to hold providers and employees accountable to gender identity and sexual orientation discrimination, harassment, and bias.
2. Create a policy that informs patients who identify as LGBTQ+ if their care provider is reprimanded for gender identity and sexual orientation discrimination, harassment, and bias with an option to transfer care if they feel unsafe.
3. Provide a timeline and detailed outline of the measures VA intends to take to create systemic cultural change to support and protect LGBTQ+ veterans.
4. Commit to creating an LGBTQ+ Veterans Advisory Committee to advise VA on the administration of benefits and provision of healthcare, benefits, and services to LGBTQ+ veterans.
5. Release current data on incidents of discrimination at VA facilities as well as encourage LGBTQ+ veterans to report discrimination in VA facilities through a reporting tool that allows for intersectional analysis and tracking of individual, interpersonal, and institutional-based issues.

Legislative Goal 2

MMAA is asking for an expansion of the Deborah Sampson Act that includes LGBTQ+ provisions

The passage of the Deborah Sampson Act (H.R. 3224)¹³ was a tremendous milestone to ensure that women veterans no longer receive substandard care at VA. The act eliminates barriers to care and services that many women veterans face and helps ensure VA addresses the needs of women veterans who are more likely to face homelessness, unemployment, and go without needed health care.

Much like women veterans, LGBTQ+ veterans face substandard VA care. However, they also face bigotry and inaccurate portrayals of sexual assault statistics to build fear of transgender individuals and portray women veterans as vulnerable. In reality, the 2022 U.S. Trans Survey Early Insights reveal that nearly one-quarter of LGBTQ+ people (24%) report they did not see a doctor when they needed to in the last 12 months due to fear of mistreatment. Forty-four percent (44%) of LGBTQ+ people experienced serious psychological distress in the previous 30 days. Of those who saw a healthcare professional within the last 12 months, nearly one-half (48%) reported having at least one negative experience because they were transgender, such as being refused health care, being misgendered, having a provider use harsh or abusive language when treating them, or having a provider be physically rough or abusive when treating them.¹⁴

¹² <https://doi.org/10.1007/s11606-023-08204-5>

¹³ <https://www.congress.gov/bills/116th-congress/house-bill/3224>

¹⁴ https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf



MMAA is asking for an expansion of the Deborah Sampson Act that includes provisions to:

1. Eliminate barriers to care by staffing every VA health facility with a dedicated LGBTQ+ healthcare coordinator and training clinicians and direct service providers in LGBTQ+ competent care and service.
2. Expand the Deborah Sampson Act policy to include LGBTQ+ harassment and assault and provide publicly available annual reporting. The discrimination report must provide intersectional analysis and tracking as LGBTQ+ harassment often goes hand in hand with racial and gender bias.
3. Require the intake process for veterans at VA facilities to include survey questions whether the veteran feels safe in the facility.

Legislative Goal 3

MMAA asks Congress to direct VA to establish anti-discrimination (including gender identity, sexual orientation, or sex characteristics) regulations already defined under Section 1557 of the Patient Protection and Affordable Care Act for federal healthcare programs administered and funded by VA.

Minority Veterans of America (MVA), MMAA, and 12 other veteran and LGBTQ+ rights organizations filed a petition for rulemaking in July 2023 requesting that VA promulgate regulations under Section 1557 of the Patient Protection and Affordable Care Act. The petition asks VA to clarify that Section 1557's anti-discrimination protections and enforcement mechanisms apply to every health program or activity administered by VA, such as VHA, or any entity which receives federal financial assistance from VA. The petition also requests that VA specify the forms of discrimination prohibited by Section 1557 and the remedies available for violations, as HHS has done this repeatedly via their own regulations. In October 2023, VA acknowledged receipt of the petition for rulemaking and is undertaking a review of the matter.

Legislative Goal 4

MMAA asks that Congress refuse to pass any bill that has attached anti-equality riders.

In 2023, the 118th Congress forced more than 50 anti-LGBTQ+ votes on the House floor and filed more than 95 anti-LGBTQ+ amendments to bills going to the House floor. These efforts are a way for legislators to show they are taking a hardline stance on LGBTQ+ issues under the guise of keeping America's youth "safe." These amendments ranged from:

- Restricting and banning access to medically necessary care for transgender youth and adults, especially those who benefit from federally-funded programs like Medicare and Medicaid.
- Targeting transgender youth by forcibly outing them to their parents, banning them from playing on sports teams, and banning transgender inclusive books and study guides.
- Empowering discrimination against LGBTQ+ people by preventing the federal government from adequately responding to discrimination against LGBTQ+ people by people and organizations that receive taxpayer funds.
- Blocking access to housing programs and shelters funded by the Department of Housing and Urban Development (HUD) for transgender people
- Blocking the Biden Administration from finalizing rules that explicitly clarify nondiscrimination protections for LGBTQ+ and intersex people in education and healthcare.
- Preventing the Department of Justice (DOJ) from enforcing certain nondiscrimination protections and filing certain lawsuits to protect transgender people's rights.
- Blocking H.R. 4368, the 2024 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, funding from being used to implement several Executive Orders related to LGBTQ+ nondiscrimination protections and equality.
- Instituting federal drag bans and limitations on flying Pride flags on federal property.

While many of these laws and appropriations bills ultimately did not pass the Senate and had the majority of anti-LGBTQ+ measures removed from them after they were sent to the Conference Committee, it takes an inordinate amount of time and people power to fight these amendments in each bill. MMAA and other LGBTQ+ military and veteran



service organizations worked with both the House and the Senate to ensure no anti-LGBTQ+ legislation was passed. The results of these amendments would be emotionally devastating and physically life-threatening. If cut off from care, many transgender veterans will endure the disastrous effects of untreated gender dysphoria - anxiety, depression, and suicidal ideation - as a result of physical changes and effects that run counter to gender identity.

Right now, LGBTQ+ veterans are subject to an array of policies that differ depending on the state they live in - ranging from laws protecting them from discrimination to banning access to bathrooms or facilities consistent with their gender identity, to restrictions on gender-affirming healthcare. More than 35,000 service members were discharged for their actual or perceived sexual orientation under DADT and previous military policies forbidding LGBTQ+ personnel from serving. More than 29,000 of these veterans are still fighting for veterans' benefits like home loans and healthcare. Healthcare benefits they should be receiving from VA are not available to them. Depending on where they live, they may not be able to receive gender-affirming healthcare either because it's banned by law or because trans-friendly medical providers are fearful of providing these services in the current anti-LGBTQ+ climate.

Gender-affirming surgery for transgender veterans

Legislative Goal 5

Remove the blanket ban on gender-affirming surgeries at VA

It's been three years since VA Secretary Denis McDonough announced that VA would cover gender affirming surgeries for transgender veterans. In 2023, Secretary McDonough said the holdup was with him, that "the policy is on his desk, and he is "not yet ready" to roll out the rule under the federal regulatory process that would create the benefit."¹⁵ In January 2024, the Transgender American Veterans Association (TAVA) filed a lawsuit that states rulemaking delays have kept VA from providing the gender-affirming surgery it promised to cover more than two years ago. The original filing for a rulemaking petition occurred nearly eight years ago, which asked VA to update its policy that excludes gender-confirmation surgery from provided medical benefits.¹⁶ This lawsuit was followed by VA asking a federal appeals court to dismiss TAVA's lawsuit saying "it is working to make such offerings available, but wasn't prepared to finalize rules on the issue."¹⁷

This response, paired with the unwelcoming environment perpetuated by some VA facilities, tells LGBTQ+ veterans that they are not a valued part of the veteran community despite honorably serving their country. **We know that transgender veterans who access VHA care have more than 20 times the rate of lifetime suicidal ideation and suicide attempts than the general VHA patient population.**¹⁸ Secretary McDonough's unwillingness to follow through on promised care is forcing transgender veterans to endure untreated gender dysphoria which can lead to dangerous, life-threatening situations.

An Army veteran's story of not having access to gender affirming surgery

Hi, my name is Natalie Kastner. I served in the Army and I was honorably discharged in 2008. The state I live in has deemed GRS surgery as elective surgery. The doctors in my state refuse to accept Medicare because they can't negotiate prices with them. This leaves any care I receive in the hands of the VA.

I'm divorced with two children who reside with their mother in my current state of residence. Without the VA providing my GRS I will have to move to a different state, away from my children, to hopefully receive care there. The cost of GRS

¹⁵ <https://www.military.com/daily-news/2023/06/27/new-va-gender-affirmation-surgery-policy-sitting-secretarys-desk.html>

¹⁶ <https://federalnewsnetwork.com/veterans-affairs/2024/01/transgender-vet-advocates-sue-va-over-stalled-plans-to-cover-gender-confirmation-surgery/>

¹⁷ <https://www.fox41yakima.com/va-asks-court-to-dismiss-lawsuit-seeking-gender-affirming-surgery-for-veterans/>

¹⁸ https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf



surgery is too high for me to reasonably save the money for the procedure. The stress of not being myself and my dysphoria has broken me once before.

On March 5, 2022 I woke up in the middle of the night and removed my right testicle. My intent was not one of suicide but one of trying to correct my body. I nearly became a statistic that night. In the process of removing my testicle I cut through the artery. I did all this and felt no pain. I then threw the testicle into the trash and drove myself to the local ER who stitched me back up. I was lucky if I had removed both testicles that night, I wouldn't be alive to share my story with you.

The GRS surgery is a life saving surgery. I can't even imagine how many trans women there are like me who were not so lucky. Those trans women who have taken matters into their own hands and died. Useless deaths because of the lack of availability of the GRS surgery. Women who desperately tried to fix their bodies and accidentally died, seen as suicides. Women who see no one willing to help them and no other option available to them. When you say we support those who have served and don't provide a surgery that could save the lives of veterans who have served. Tell me honestly, can you really say you do?

Suicide is a significant issue among our nation's veterans and sexual minority veterans are twice as likely as their non-veteran counterparts to own firearms - a significant independent risk factor for suicide.¹⁹ As previously referenced, LGBTQ+ veterans attempt suicide at a rate of 15 times higher than veterans overall. **Transgender veterans die by suicide at about 5.85 times the rate of the general population and a national survey of trans veterans found that 57% reported past-year suicidal ideation and 66% reported a history of suicide planning or attempts.**²⁰

VA has declared that suicide prevention is a top priority and has dedicated \$583 million in funding, a 20% budget increase for FY2025 and \$17.1 billion to increase access to quality mental health within VA's medical care program.²¹ As evidenced by research, gender dysphoria and access to gender affirming care are key to reducing transgender veteran suicides. A study evaluating the association between gender affirming surgery and mental health outcomes in the U.S. revealed that undergoing one or more types of gender affirming surgery was associated with lower psychological distress and suicidal ideation.²² If VA is serious about supporting the LGBTQ+ community and preventing suicides, then it stands to reason that there is no reason to further delay gender affirming surgery.

MMAA asks VA to prioritize suicide prevention efforts for the LGBTQ+ community, with a particular focus on transgender veterans, by immediately providing the promised gender affirming surgery and accompanying care. Congress can help by passing legislation that requires VA to provide the promised gender-affirming surgery.

Presumptive Discharge Review Board Upgrade Process

Legislative Goal 6

MMAA asks that the DoD respond to both Rep. Garcia's letter and the coalition letter to discuss how to better serve veterans who are currently left out of the presumptive discharge upgrade process.

It's been 13 years since DADT's repeal but the trauma of these policies live on for LGBTQ+ veterans whose other than honorable discharges have yet to be corrected. There is a pending class action lawsuit by LGBTQ+ plaintiffs v. U.S. Department of Defense seeking redress for violations of the Fourteenth and Fifth Amendments to the U.S. Constitution.

¹⁹ https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf

²⁰ <https://www.fox41yakima.com/va-asks-court-to-dismiss-lawsuit-seeking-gender-affirming-surgery-for-veterans/>

²¹ <https://www.va.gov/opa/docs/remediation-required/management/fy2025-va-budget-in-brief.pdf>

²² https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf



The five plaintiffs, on behalf of thousands more, ask that the government be ordered to remove the narratives and separation codes identifying their sexual orientation from their discharge forms, and upgrade their discharge statuses as needed.²³

We are pleased that the DoD has taken a critical first step to presumptively review records and increase outreach efforts to those discharged under this discriminatory policy. While the DoD has acknowledged it has begun the process of reviewing records of approximately 2,000 veterans for potential discharge upgrade eligibility there are more than 29,000 LGBTQ+ veterans who were denied honorable discharges.²⁴ Furthermore, the military used a range of charges to remove LGBTQ+ people from service, some of which resulted in a court martial conviction and some with incarceration. The DoD says it has no means by which it can administratively set aside a conviction once appellate review is complete.²⁵

Rep. Robert Garcia and other Democratic lawmakers wrote a letter in January 2024 requesting answers to questions to allow oversight of the implementation of these efforts. Undersecretary of Defense Ashish Vazirani sent a response indicating the majority of the questions would be answered by May 31, 2024.

Also in January 2024, MMAA signed on to a letter with nine other VSO and LGBTQ+ organizations requesting a meeting to discuss concerns about the process eliminating many veterans from the process, including 1) veterans separated with Entry Level or Uncharacterized discharges, as well as those with Honorable characterizations whose DD214s reflect codes or language indicating the discharge was due to sexual orientation; 2) veterans with "aggravating factors"—such as misconduct—in their records, even when the misconduct is minor or unconnected to the discharge; 3) veterans who were subjected to non-judicial punishment under regulations, which no longer exist, that policed sexual orientation and same-sex sexual conduct; 4) veterans who were discharged due to suspected or presumed sexual orientation but whose records do not reflect sexual orientation as the basis for discharge, including those discharged under the pretext of misconduct; 5) veterans who were court martialled, or discharged in lieu of court martial, for alleged conduct that is no longer considered a violation of the U.C.M.J.; and 6) veterans who were discharged under policies that existed before DADT. The coalition has yet to receive a formal response to the letter or meeting with the DoD's Office of Personnel and Readiness.

Conclusion

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and members of the Committees, I would like to thank you again for the opportunity to present the issues that directly impact MMAA's membership. We look forward to continuing our work with you to ensure that LGBTQ+ veterans receive the same level of care and support as other veterans, promised gender-affirming healthcare, and all the benefits that they have earned and deserve. I would be happy to answer any questions you may have.

Submitted by Rachel Branaman, Executive Director of Modern Military Association of America

²³ <https://legalaidatwork.org/u-s-veterans-file-justice-for-lgbtq-veterans-lawsuit-against-u-s-department-of-defense/>

²⁴ <https://www.cbsnews.com/news/lawmakers-pentagon-lgbtq-veterans-dont-ask-dont-tell-discharge-review/>

²⁵ <https://www.cbsnews.com/news/air-force-veteran-imprisoned-being-gay-endures-stigma-felony-record/>



Appendix A
Supported Legislation and Policy Change

Commission on Equity and Reconciliation in the Uniformed Services Act (SR. 2863 and HR 1596)

National Warrior Call Day (SR 208 and HR 535)

Historically Underserved Veterans Inclusion Act of 2023 (HR 4325)

Protecting Service Members and Military Families' Access to Health Care Act (SR 1610)

Veterans Education Oversight Expansion Act (HR 3981)

Support for the Proposed Rule by the Department of Health and Human Services to amend its existing regulations implementing section 504 of the Rehabilitation Act of 1973 [RIN 0945-AA15]

Support for the Proposed Guidance to the Discharge Review Boards and Boards for Correction of Military/Naval Records re Discharges Due to Sexual Orientation or Gender Identity addressing EO #14,004

Letter of Opposition: Request for the VBA to abandon its efforts to extend GI Bill approval to unaccredited online programs and online programs that do not lead to a degree/certificate.

Letter of Opposition: Request to remove Section 302(a) of H.R. 6951, College Cost Reduction Act, from the legislation

STATEMENT FOR THE RECORD
QUALITY OF LIFE FOUNDATION
JOINT COMMITTEES ON VETERANS AFFAIRS
QUALITY OF LIFE FOUNDATION'S LEGISLATIVE PRIORITIES FOR
VETERANS AND CAREGIVERS IN 2024
MARCH 2024

Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Committee, thank you for allowing Quality of Life Foundation's Wounded Veteran Family Care Program (QoLF WWFCP) to present our legislative priorities for the year to you through this statement for the record. Quality of Life Foundation is a national non-profit organization that was founded in 2008 to address the unmet needs of caregivers, children, and family members of those who have been wounded, become ill, or were injured serving this nation. Since 2008, QoLF's mission evolved to include working directly with veterans and caregivers as they attempt to apply for and navigate the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and other clinical support programs within the Department of Veterans Affairs. Serving all generations, we focus mostly on those with significant wounds, illnesses, or injuries, and find ourselves often assisting those with the most complex needs.

As one of the few organizations working exclusively within the Veterans Health Administration, QoLF has been a prime witness to and help for caregivers utilizing many of the programs and services available within VA. While we do NOT provide clinical recommendations of any kind, our role is to ensure that veterans and caregivers are prepared for the PCAFC process, assist in the drafting of clinical appeals to ensure VA is following its own regulations and directives, and assist veterans and caregivers in navigating other programs and supports available to them.

Our role allows us to see the positive things that can happen when veterans and caregivers are connected by caring and passionate providers and social workers to the programs and services that enhance both their care and quality of life. PCAFC, Respite, Veteran Directed Care, and the Homemaker Home Health programs are just some of the programs that support veterans in their homes and can serve as a lifeline for veterans and caregivers in need. Unfortunately, we also see what can happen when those especially vulnerable veterans are not connected to those vital resources.

Our legislative recommendations fall into three categories: recommendations that involve all of the Veterans Health Administration (VHA), recommendations that apply only to VA's Caregiver Support Program (CSP), and recommendations that are specific to respite care.

Primary Request

Quality of Life Foundation's primary request for the legislative year 2024 is the passage of the pending Senator Elizabeth Dole 21st Century Veterans' Healthcare and Benefits Improvement Act. While we know that the committee is awaiting the final CBO score, and we know that not every provision in the draft legislation will make it into the final package for consideration due to budget constraints and the limited amount of mechanisms to fund new programs and mandates, QoLF supports the passage of as much of the omnibus package as is possible to fund, especially those components of the omnibus package that were originally part of the Elizabeth Dole Home Care Act (S141 and H542) as well as the CARE Act of 2023 (aka Veteran Caregiver Application and Appeals Reform Act of 2023, S1792).

VHA-wide Requests/Recommendations

1. **Establish a "Pathway to Advocacy" for outside organizations to officially assist veterans and caregivers within the Veterans Health Administration.**

QoLF strongly supports the Senate's CARE Act of 2023 (S1792) which includes a provision requiring the Secretary of the VA to develop a process to train and recognize non-profit organizations to assist in the navigation of programs and services within the Veterans Health Administration. While QoLF currently uses Releases of Information to advocate on behalf of veterans and caregivers, such a process would allow certified organizations to work more effectively WITH social workers, providers, and medical administrations to better support the population we all serve.

Currently, the Veterans Benefits Administration (VBA) has a system in which organizations and their officers can be certified and allowed to operate on behalf of veterans, as well as paperwork that allows veterans to designate representatives to advocate on their behalf. When that paperwork is filed, VBA has little recourse to not honor that request. The same pathway to advocacy for veterans and caregivers does not exist on the VHA side of the Department. As such, as advocates in VHA, we request that clients fill out Releases of Information (ROI) so we may interact with VHA employees on behalf of the veterans and caregivers we serve. What we routinely find is that VHA employees and facilities can choose to not interact with designated representatives who have ROI's, even when veterans and caregivers are present and giving VA employees permission to release that information and to allow advocacy on their behalf.

QoLF would like to see this provision be included in the Veterans' Package of legislation that is pending before Congress.

2. **Direct the Secretary of the VA to establish an easily accessible, standardized, and centralized pathway for outside, non-VA records to be incorporated into the veteran's VHA medical record and require that Veterans Health Administration honor its "Duty to Assist" veterans and caregivers in getting those records integrated into the VHA medical record.** While Quality of Life Foundation approaches the inclusion of outside medical records from the lens of the

application process of the PCAFC, the importation of these non-VA medical records into the VA medical record crosses all VHA programs, and is not limited to its application to PCAFC.

Many veterans that QoLF serves have multiple serious medical conditions and multiple insurance options, including TRICARE, Medicare, and/or private health insurance. As a result, many use a hybrid collection of medical providers. As such, all of the treatment records need to be available for the Veterans Health Administration to consider the clinical needs of the veteran and for the VA CSP to make an informed decision on whether or not the veteran's needs for clinical assistance rise to the level of acceptance into PCAFC.

Even if VHA is aware that non-VA or even VA Community Care Network (CCN) records exist, there is no easy way for veterans and caregivers to get those records submitted to VA and into the VHA medical record in a timely manner. In the VBA, there is a "duty to assist" a veteran to seek care and collect those records. In VHA, that would translate to VHA staff, and in cases of CSP, CSP staff, helping a veteran and caregiver gather outside records and ensuring their appropriate placement in the VHA medical record for consideration in clinical services, treatment, and evaluations.

Additionally, the placement of the veteran's outside medical records in their VHA medical record, and where in the electronic health record or which VA system it is stored in, varies from facility to facility. Outside clinical records must be received and uploaded in the VA medical records system in order to be considered for any clinical purpose. However, EACH VAMC Information Technology Office determines who has the ability to upload outside records, leading to variations in procedures and the time needed to complete the process.

Within the VA CSP alone, some facilities allow the CSP office to directly upload the records into the medical records system, while others require the Primary Care Manager (PCM) first go through the records to determine what needs to be scanned in and then send the applicable records to the VA Records office at the facility for scanning. Other facilities require that outside records be taken directly to VA Records. Further, none of these circumstances allow the veteran and caregiver to see the uploaded records, as they do not have access to the system where the records are placed either electronically or in person.

Directing SecVA to establish a uniform process for inputting outside records electronically and housing them in a specific manner would allow all clinical data about a veteran to be easily accessed and utilized to make appropriate clinical decisions in a timely manner across all VHA programs.

CSP and PCAFC Specific Recommendations

Because Quality of Life Foundation operates mostly in the Caregiver Support Program space, we have highlighted two needs that veterans and caregivers have specific to the CSP's PCAFC.

1. **Pass the Veteran Caregiver Re-education, Re-employment, and Retirement Act (S. 3885) that was introduced by Senators Moran and Sinema.** When the original legislation (PL 111-163) was passed creating the VA CSP, the unintended consequence of making the income from PCAFC an unearned income stipend was that caregivers have no means to save for their own retirement or contribute to Social Security if there is no other earned income in the home. (Combat Related Special Compensation, VA Disability, and Social Security Disability Income are all considered unearned income and are the only income sources for many veteran-caregiver households.) Because no prior program had existed to support caregivers in this way across the United States, the consequences for retirement and Social Security contributions were not understood at the time of the legislation. Caregivers first learned of the consequences after they attempted to make contributions to their pre-existing retirement accounts and were hit by fees for making unauthorized contributions.

Additionally, caregivers have gaps in their resumes and lose their employment certifications while caregiving for their loved one. When their loved one either passes away or returns to independent functioning, caregivers need to return to the workplace and have to address these issues. Also of note are the few caregivers who only receive CHAMPVA as an insurance benefit through PCAFC lose health insurance within 90 days of leaving PCAFC through the death or discharge of the veteran where, in other insurance programs, members have 180 days to transition other health insurance benefits.

Since the creation of the CSP, caregivers have been concerned about being able to prepare themselves for their retirement years. The Veteran Caregiver Re-education, Re-employment, and Retirement bill would study the issue of allowing caregivers to make contributions to Social Security and other types of existing retirement accounts.

This bill would allow caregivers to have funds provided to renew their professional certifications, study the feasibility of caregivers being allowed to participate in a Department of Labor returnship program, and create a study to explore VA incorporating former caregivers into the VA workforce as personal care attendants which would assist VA in filling gaps in its workforce.

Lastly, the bill would allow caregivers with CHAMPVA health insurance benefits only through the Caregiver Support Program to keep their health insurance for 180 days rather than the current 90 days. This change would provide much needed equity between ChampVA and other insurance programs.

Ultimately, QoLF sees this bill as a way to support caregivers who voluntarily supported their veterans through wounds, illnesses, and injuries, while preventing them from falling into poverty and necessitating that they rely on public assistance programs after caregiving whether through aging out or through their veteran passing away. QoLF is not asking Congress to fund retirement for these caregivers, simply to find a pathway so caregivers have the option of funding their own retirement accounts.

2. **Legislate the language surrounding Activities of Daily Living and the level of assistance needed by the veteran to ensure the intent of Congress to allow “regular assistance with an ADL” to be the standard for PCAFC eligibility rather than the current assistance standard of “each and every time a veteran performs an ADL.”** The requirement that a caregiver must assist a veteran with an Activity of Daily Living (ADL) “each and every time” it is completed for eligibility in PCAFC was reviewed by the courts. The *Veteran Warriors, Inc. v. McDonough* ruled that this strict interpretation of assistance with ADL’s under VA’s regulation was allowed under the legislation creating PCAFC. However, VA Central Office CSP has acknowledged that this strict interpretation is keeping veterans, especially older veterans, out of the program and penalizing veterans for being able to do anything for themselves which impedes progress in rehabilitation and potentially causes patient harm. Prior to the 2020 regulation governing PCAFC, the ADL standard for PCAFC was “regular assistance” which was in line with the standard for Supervision, Protection, and Instruction.

While QoLF would not normally ask Congress to legislate this language to such specificity, we do so in this instance. The regulation governing PCAFC has changed four times since the creation of this program in 2011, and we are currently waiting for a new proposed regulation to be published any day now. In order to keep changes from being made each time there is new leadership at the helm of VA, we ask that Congress write the legislation into statute, preventing the legislative language that exists now from being continually re-interpreted by VA and necessitating the constant pauses in PCAFC that have occurred since the programs inception.

3. **Remove the language “to the maximum extent possible” when describing the input of the physician in the PCAFC process in the MISSION Act, and add “and relevant medical specialists” after “primary care team” in the section referring to who must give input on a veteran’s needs for purposes of the eligibility assessment for PCAFC.** This language is found in the current CARE Act (S1792). A veteran’s specialists such as mental health practitioners, neurologists, neuropsychologists, and orthopedists, do not routinely have the ability to directly offer their opinions on the functional ability of a veteran during the PCAFC process. Only PCMs are consulted. Specialists and PCMs have little time to document a veteran’s needs, and the criteria for PCAFC are not routine items that a PCM would evaluate. As such, much of the information about very specific treatments or

assistance needs may not be found in the record. PCMs are asked to answer questions about the veteran's treatment plans and institutionalization, but the CSP-PCM PCAFC Collaboration document that is part of the PCAFC application and eligibility process has shown us they rarely answer these questions. PCMs generally do not have time to review all a veteran's specialized treatment plans and, therefore, may answer in a way that disagrees with a specialist who treats a specific, debilitating condition. Local CSP staff normally answer the document assigned for PCMs. By requiring all a veteran's providers to weigh in or document the criteria assessed by PCAFC, we can be assured that medical evidence of a veteran's clinical need is documented by the clinicians who best understand their patient's need(s) for assistance.

Respite Recommendations

In the Fall of 2023, Quality of Life Foundation and the Military Officers Association of America (MOAA) held a joint roundtable with stakeholders in the community which was attended by many VSO groups, bipartisan bicameral Hill staffers from the Committees, White House staffers, non-profit organizations, VACO CSP staff, CMS representatives, TRIWest, and many others. The purpose of the roundtable was to discuss gaps in the respite needs of veterans and caregivers while presenting possible, ACTIONABLE solutions. Of those actionable solutions, we have chosen to highlight three recommendations.

1. **Create a "Pathway to Advocacy" through legislation like the Veteran Caregiver Application and Appeals Reform (CARE) Act of 2023.** As previously stated, this pathway would provide a standardized process for stakeholder organizations to operate on behalf of veterans and caregivers to assist them with navigating various VHA programs. Advocates would be able to provide regular feedback to federal agencies and providers on gaps that exist for veterans and caregivers.
2. **Develop and implement a program of Federal Respite Care Liaisons (FRCL) to assist caregivers with navigating all programs that are available for respite care inter- and intra- federal agencies.** What became abundantly clear at the roundtable was that there are a multitude of programs for respite available in the nation across various agencies, but stakeholders were not familiar with them or did not know how to access them. Creating a Federal Respite Care Liaison (FRCL) to guide caregivers and veterans through all available respite programs across the federal government, modeled on the Federal Recovery Coordination Program (FRCP, in its original intent under the Dole-Shalala Commission), aimed to coordinate all respite care options and help select the most beneficial programs for veterans and their caregivers to use, would allow much better utilization of existing respite programs and prevent caregiver burnout, increasing health outcomes for veterans. Those FRCL's should be located at all VAMCs and at all Programs of All-Inclusive Care for the Elderly (PACE) offices and Area Agencies on Aging offices (state agencies for the elderly). The wide distribution of those FRCL's would allow veterans and caregivers easy access to assistance with finding respite, and the

ability of those FRCLs to recommend respite programs across federal agencies means that veterans and caregivers should be able to access a respite program that meets all of their individualized needs.

3. **Commission a study on caregiver and veteran usage of respite care services across federal agencies and in the community.** At the QoLF-MOAA Respite Roundtable, RAND pointed out that, despite there being a wealth of respite options, caregivers and veterans do not necessarily take advantage of respite care and that there is no data to understand why this occurs. Therefore, before any current changes are made to respite programs, QoLF believes that a study should be performed to understand why caregivers need respite, what barriers exist to using respite, what benefits caregivers receive from respite, and what costs and benefits are associated with respite care usage for all stakeholders. Once the study has collected, analyzed, and finalized data reported, then a better model of respite care services, alongside a menu of respite options that are more user-friendly, can be made available for the population in need of such services.

Conclusion

Quality of Life Foundation appreciates the opportunity to offer recommendations for VHA and for PCAFC. We would like to also praise Dr. Richardson and her VA Caregiver Support Program staff for her continued effort to improve a program that has challenges created by processes established prior to the beginning of her leadership. Thank you for allowing us to submit this testimony for your consideration in continuing to improve PCAFC and VHA overall. We are happy to answer any questions that the Committees have.



**OFFICIAL STATEMENT OF
MAJ. GEN. JEFFREY E. PHILLIPS, U.S. ARMY (RET.)**

**FOR THE
U.S. HOUSE AND SENATE COMMITTEES
ON VETERANS' AFFAIRS**

**ON
POLICY PRIORITIES FOR 2024**

MARCH 29, 2024

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www.roa.org

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, is a military service organization incorporated under Internal Revenue Service Code section 501(c)(19), and comprising all ranks of servicemembers, veterans, and family members of our nation's eight uniformed services separated under honorable conditions. ROA is the only national military service organization that solely and exclusively supports the reserve components.

ROA was founded in 1922 by General of the Armies John "Black Jack" Pershing, during the drastic reductions of the Army after World War I. It was formed to support a strong national defense and focused on the establishment of a corps of reserve officers who would be the heart of a military expansion in the event of war. Under ROA's 1950 congressional charter, our purpose is unchanged: To promote the development and execution of policies that will provide adequate national defense. We do so by developing and offering expertise on the use and resourcing of America's reserve components.

Executive Director:

Maj. Gen. Jeffrey E. Phillips, U.S. Army (Ret.)

202-646-7701

Director, Legislation and Military Policy:

Matthew L. Schwartzman

202-646-7713

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, has not received any grants, contracts, or subcontracts from the federal government in the past three years.

CURRICULUM VITAE

Jeff Phillips became the executive director of the Reserve Organization of America (ROA) on December 8, 2014.

Now retired from the U.S. Army, Major General Phillips last served as the deputy commanding general (U.S. Army Reserve) of the Army's Training and Doctrine Command, at Fort Eustis, Va. In this position, he was responsible for ensuring that the Army Reserve's requirements and capabilities were reflected in Army training and training doctrine.

His decorations include the Distinguished Service Medal, two Legions of Merit, two Bronze Star medals and the Army Parachutist Badge.

INTRODUCTION

Chairmen Bost and Tester and Ranking Members Takano and Moran, on behalf of the Reserve Organization of America, the only national military organization that solely and exclusively supports the Reserve and National Guard (referred to as the reserve components), thank you for the opportunity to submit a written statement for the record on our policy priorities for 2024.

ROA also thanks you for the opportunity to provide witness testimony before a joint hearing in 2025.

Since 1922, the Reserve Officers Association, now doing business as the Reserve Organization of America to reflect an all-ranks membership, has relentlessly worked with defense and veterans' leaders, policy makers, and industry partners to ensure the reserve components are strong and ready and reserve component service members and their families are well cared for.

The founders of ROA, veterans of World War I led by General of the Armies John J. "Black Jack" Pershing, believed sentiments of complacency and isolationism during times of "peace" would leave America vulnerable to military unpreparedness.

As the political and national security context has changed over the past century, ROA has remained committed to its original mission, stated in our congressional charter as "... to support and assist in the development and execution of a military policy for which the United States shall provide adequate National Defense."

This mission primarily involves advocacy for law and policy that sustains military readiness by ensuring the reserve components are well equipped, manned, and trained. However, it also includes ensuring the nation fulfills its responsibility "to care for him who shall have borne the battle, and for his widow, and his orphan."

Unlike their active duty counterparts, members of the Reserve and National Guard must frequently make military to civilian transitions throughout their time in service. This presents unique challenges to overcome and additional responsibilities to shoulder.

Unfortunately, current laws, policies, and programs intensify these challenges and make such responsibilities more difficult to manage.

Examples of this include a TRICARE system that forces reserve component service members and retirees to pay substantially more for healthcare, inequities in accessing service-earned benefits such as disability compensation from the Department of Veterans Affairs (VA), and a Transition Assistance Program (TAP) that fails to meet the needs of reserve affiliated participants.

ROA is prepared to offer its technical assistance and expertise on all priorities that relate to military readiness and the unique needs of the reserve component community.

That said, most of this written statement focuses on those priorities that ensure the care and wellbeing of veterans of reserve component service and their families and caregivers.

EXECUTIVE SUMMARY

- ✓ ROA urges Congress to see funding for veterans' programs as an obligation.
- ✓ While ROA is pleased with the results of the PACT Act thus far, ROA urges a bi-partisan, bi-cameral reconciliation of differences regarding the Toxic Exposure Fund that does not detract from the VA's ability to implement the PACT Act.
- ✓ ROA urges support for establishing a presumption of service connection to those service members who were in the Pentagon on 9/11 and were forced to come back to work beginning as early as the very next day.
- ✓ ROA urges support for reforming TAP to meet the needs of reserve affiliated participants.
- ✓ ROA urges support for H.R.7543/S.3873, the *Guard and Reserve GI Bill Parity Act*.
- ✓ ROA urges support for H.R.7323, the *MGIB-SR Tuition Fairness Act*.
- ✓ ROA urges support for H.R.6225, the *Expanding Home Loans for Guard and Reservists Act*.
- ✓ ROA urges support for H.R.5516, the *Justice for Servicemembers Act*.
- ✓ ROA urges support for H.R.5114, the *GRAVE Act*.
- ✓ ROA urges support for H.R.4244/S.2076, the *SERVE Act*.
- ✓ ROA supports the desired end-state of H.R.1799, the *EMPLOY VETS Act*; however, requests further information.
- ✓ ROA urges Congress to confer veteran status (to achieve federal hiring preference) on reserve component members after 180 "cumulative" days on active duty, as opposed to 180 "consecutive" days.
- ✓ ROA urges the establishment of an Interagency Task Force on Reserve Component Benefits and Resources through legislation.
- ✓ ROA urges support for compelling the VA Secretary to ensure that patients prescribed black box warning drugs provide written informed consent prior to any authorization or agreement to undergo such medical treatment and that the VA be required to include caregivers in the written consent process.
- ✓ ROA urges Congress to amend Title 38, U.S.C., Sec. 1710 to provide reserve component service members that have spent 180 cumulative days on active service, which includes drill weekends and active duty for training, with access to hospital, nursing home, and domiciliary care.

PROVIDE ADEQUATE AND ON-TIME FUNDING FOR THE VA

While ROA's primary commitment is to ensure a strong and ready reserve force, there is a nexus between caring for veterans and their families, institutional integrity, and recruiting and retention.

This relationship is not limited to policy and regulatory outcomes, but also extends to the institution's willingness to act decisively on behalf of those serving in uniform.

Put differently: if the nation is unable or unwilling to properly care for fathers, mothers, and families of military service, why would America's sons and daughters enlist in the future?

ROA also believes that caring for veterans is part of the cost of having a military and waging war. It **is not** an afterthought to be indulged in when budgetarily convenient.

As such, ROA urges Congress to see funding for veterans' programs as an obligation, and that VA, the Department of Labor (DoL), and other agencies charged with providing such care and benefits do their job.

To do its job in Fiscal Year (FY) 2025, the VA is requesting \$369.3 billion, a 9.8 percent increase from the previous FY.

This includes \$134 billion in discretionary funding (a 6.2 percent decrease from the previous FY) and \$235.3 billion in mandatory funding (a 21.6 percent increase from the previous FY).¹

According to the VA, the budget request "will provide the necessary resources to meet VA's commitment to deliver timely access to world-class health care and earned benefits to Veterans."²

Regarding whether VA's FY 2025 budget request is adequate, ROA urges the House and Senate Committees on Veterans Affairs and Appropriations to use the Independent Budget Recommendations for the VA for FY 2025-2026³ as a primary resource.

That said, the biggest impediment to ensuring the VA (and the federal government at-large) is equipped to execute its mission is Congress' consistent inability to supply on-time funding for the government.

Unfortunately, the federal government has only been funded on-time three times in the last 48 Fiscal Years (FYs): most recently, in FY 1997.⁴

In the 118th Congress alone, ROA has joined forces with four other military associations on three separate occasions urging the passage of full year appropriations bills.

This is simply unacceptable. Congress must break the cycle.

¹ <https://news.va.gov/press-room/va-fy-2025-budget-veterans-families-caregivers-survivors/>

² <https://department.va.gov/wp-content/uploads/2024/03/fy-2025-va-budget-in-brief.pdf>

³ <https://www.independentbudget.org/wp-content/uploads/2024/02/Independent-Budget-2024-FY2025-2026.pdf>

⁴ <https://www.gao.gov/assets/gao-22-104701.pdf>

Supported by ROA Resolution No. 23-13

IMPLEMENT THE PACT ACT

ROA was the only military association to sleep on the Capitol steps alongside toxic-exposed veterans and patriotic Americans as part of the 72-hour “fire watch vigil” that ensured the codification of Public Law No: 117-168, the *Sergeant First Class Health Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022*.

Not only did the PACT Act as written expand healthcare and benefits to an estimated five million toxic exposed veterans⁵, but it also made significant investments in VA’s staffing and infrastructure to ensure its implementation and alleviate anticipated strain on the VA system at-large.

To date, more than 800,000 PACT Act claims have been approved (at a 75.1 percent approval rate), more than one million claims have been completed (with an average completion rate of 162.9 days), and more than five million toxic exposure screenings have been administered.⁶

This information is courtesy of the March 15, 2024, edition of the VA’s *PACT Act Performance Dashboard*, which ROA sees as a helpful tool to gauge the PACT Act’s impact on veterans and the VA.

While ROA is pleased with the results of the PACT Act thus far, ROA has concerns regarding the Toxic Exposure Fund (TEF); specifically, its unintended impact on the advancement of other initiatives improving access to VA healthcare and benefits.

To resolve this, ROA urges a bi-partisan, bi-cameral reconciliation of differences regarding the TEF that does not detract from the VA’s ability to implement the PACT Act.

Supported by ROA Resolution No. 22-38

EXPAND PACT ACT PROTECTIONS TO CERTAIN ELIGIBLE 9/11 SURVIVORS

At 9:37 a.m. on September 11, 2001, American Airlines Flight 77 crashed into the Pentagon, killing all 64 people on the plane and 125 people in the Pentagon. Flight 77 was the third plane to strike its target that day.⁷

Shortly after the attack, Secretary of Defense Donald Rumsfeld held a news briefing at the Pentagon to tell the world what had happened. Secretary Rumsfeld spoke on the importance of ensuring the continuation of operations at the Pentagon, beginning as early as the very next day.

⁵ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/02/fact-sheet-pact-act-delivers-on-president-bidens-promise-to-americas-veterans/>

⁶ https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/03/VA-PACT-Act-Dashboard-Issue-29-031524_FINAL_508.pdf

⁷ <https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf>

“It's an indication that the United States government is functioning in the face of this terrible act against our country. I should add that the briefing here is taking place in the Pentagon,” said Rumsfeld. “The Pentagon's functioning. It will be in business tomorrow.”⁸

With that announcement, thousands of dedicated employees arrived for work at the Pentagon on Sept. 12, 2001.

Unfortunately, those who returned were exposed to these toxicants⁹:

- Cement dust
- Glass fibers
- Asbestos
- Crystalline Silica
- Metals
- Polycyclic aromatic hydrocarbon
- Polychlorinated biphenyls
- Pesticides
- Dixons
- Mold
- Lead

The initial concern following the impact was regarding the effects of the fire and associated toxic fumes. However, after the fire was controlled and extinguished, additional concerns became evident, including asbestos and lead contamination; surface contamination from residues resulting from the fire; lingering air contamination; and the potential compromise of the water system.¹⁰

To Congress' credit, there are programs that provide healthcare and other forms of support to 9/11 survivors and first responders (the World Trade Center Health Program and September 11th Victim Compensation Fund).¹¹ Also to Congress' credit, the VA strives to assist millions of toxic exposed veterans.

However, one cohort still left behind are those active and reserve service members who were in the Pentagon on 9/11 and were forced to return to work at the Pentagon.

Retired Air Force Lt. Col. Susan E. Lukas shared how her exposure to toxicants at the Pentagon continues to impact her mental and physical health:

“Feeling the impact of the plane and seeing the dark plums of smoke and debris was an experience I will never forget. There were many people who had difficulties getting out of the building. Those who did get out saw horrific things. A woman who was picked up out of the rubble cried hysterically about seeing a ball of flame coming down the corridor in her direction.

⁸ <https://www.americanrhetoric.com/speeches/donaldrumsfeld911pentagonpresser.htm>

⁹ <https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/12363145/>

¹¹ <https://www.cdc.gov/wtc/vcf.html>

Everyone in her office died. At first, we weren't thinking about our health. We were just happy to be alive. My supervisor required me to come back to the Pentagon for work beginning the very next day. For years, I did not realize my health issues were related to the 9/11 Pentagon attack. I actually discovered how that impacted my health by accident. In part, this was because I was relying on military doctors who were not trained in how to treat and identify toxic exposure. However, it's also the case that I was relying on military doctors who served in a military that did not identify us as a cohort for toxic exposure. After experiencing persistent and significant difficulties with swallowing and breathing, I went to a doctor and was diagnosed with tracheomalacia. My doctor said off handedly that I was 'very young to have this condition' and that I was the 'fourth patient in recent time' suffering from this condition. I asked my doctor if those individuals had been at the Pentagon on 9/11. It was almost as if my doctor had an epiphany when he answered 'yes.' One of the reasons I had to quit my job was because of the impact that my diagnosis had on my breathing. But the truth is, that was just the tip of the iceberg. Aside from strong flashes of PTSD, my toxic exposures, in the absence of any protection from the VA, have impacted my day to day life. I even had to purchase a special iodizing system to purify the air in my house, which cost me thousands of dollars. It's no exaggeration to suggest that every action I take is designed to overcome the health challenges posed by my time in the Pentagon on and after 9/11.”

Lt. Col. Lukas' story is unfortunately one of many, as evident by the exchange she had with her doctor.

To recognize the patriotic service of those bravest among us during the 9/11 terrorist attacks, ROA urges support for establishing a presumption of service connection to those service members who were in the Pentagon on 9/11 and were forced to come back to work beginning as early as 9/12.

Supported by ROA Resolution No. 22-38

SUPPORT ROA'S DELIVERING RESERVIST INTEGRATION AND VETERANS EDUCATION (DRIVE) PLAN

The Transition Assistance Program (TAP) has a significant role in ensuring service members and their families are equipped to manage the transition from military to civilian life.

However, unlike their active component counterparts, reserve component members and their families must frequently make this transition prior to separating or retiring from military service.

Complicating this further is that some reserve component retirees, referred to as “gray area” retirees¹², are forced to wait many years before they can receive their service earned retirement benefits, including retirement pay and healthcare under TRICARE.

This presents unique challenges to overcome and additional responsibilities to shoulder.

¹² <https://www.dfas.mil/RetiredMilitary/plan/Gray-Area-Retirees/>

Despite this, TAP **is not** structured to meet the military to civilian transition needs of citizen-warriors and their families.

This fact was recently validated by a RAND report required by Senate Report 114-255, which directed the Department of Defense to research the transition experiences of Reserve and National Guard service members and make recommendations to the Senate Committee on Armed Services on how to better meet their transition needs or, alternatively, suggest a program specifically designed for the reserve components (which it did).¹³

ROA provides the following excerpts from the report for joint-committee consideration, which capture numerous challenges reserve component members and their families face throughout their many transitions between military and civilian life:

- “Many reserve component members feel that, in its current form, TAP does not adequately address reserve component needs.” (page vii)
- “. . . research has demonstrated that some reserve component members experience difficult transitions back to civilian life after prolonged active military service of 180 consecutive days or more.” (page 1)
- “Unfortunately, for many reserve component members heading back to college, their schools do not provide specific guidance or programming to address their particular needs.” (page 14)
- “Research shows that reserve component members desire more time than they received to readjust to their civilian lives.” (page 15)
- “. . . service providers noted that reserve component members need assistance in better understanding the details of the GI Bill.” (page 17)
- “Service providers noted that TAP course content could be better suited to address reserve component members’ needs.” (page 19)
- “. . . the needs of reserve component do not end once they have fully transitioned from the military to civilian world.” (page 21)
- “The retiring reserve component subpopulation is more dispersed and less connected to their represented services, especially for those members for whom there is a gap in active service between meeting their 20-year service requirement and reaching retirement age.” (page 23)

Also validated by the RAND report was TAP’s “one-size two-components” construct, which places reserve component members in a position where:

- They may not qualify for TAP and must partake in unorganized, nonstandardized out-processing.
- They are required to participate in TAP many times with diminishing returns.
- Commanders question their readiness.
- The information received through TAP is not tailored to their needs.
- The location and timing of TAP is inconvenient at best and obstructive at worst.

¹³ https://www.rand.org/content/dam/rand/pubs/research_reports/RR2000/RR2071-1/RAND_RRA2071-1.pdf

ROA believes this must be solved - and it must be solved quickly.

To solve this, ROA proposes the following five-step plan:

1) Amend TAP's eligibility requirements.

To participate in TAP, service members must have spent 180 **consecutive** days on active duty. Unfortunately, this requirement leaves many members of the Reserve and National Guard behind.

ROA recently spoke with a retired Air Force master sergeant who described in detail his separation and retirement experience in the absence of TAP:

“At the beginning of my out processing, I was given a bunch of literature and told to ask questions if confused. If done right, retirement is something you do only once. So, going in, I didn't know exactly what questions to ask. Frankly, I only really learned those questions when going through the motions. I've been out for a little over a year now and I'm still learning. It would have been nice to sit down in an auditorium or seminar just to make sure I was doing everything I had to do and to learn more about my benefits.”

To ensure adequate access to pre-separation counseling and instruction, ROA urges support for amending existing law to allow reserve component members that serve 180 **cumulative** days of active service (which includes drill weekends and active duty for training) to participate in TAP.

2) Provide reserve component members who take TAP multiple times with diminishing returns the opportunity to opt out of their TAP requirements (with thoughtful consideration given to the timing of such a request).

The automatic participation requirement (triggered whenever a service member spends 180 consecutive days on active duty) may also consequently impact certain reserve component members by forcing them to go through TAP multiple times with diminishing returns.

ROA recently spoke with an Army National Guardsman who, for example, was forced to take TAP while deployed in Syria. In a candid conversation, this Guardsman described the TAP experience as “death by pointless PowerPoint.”

A draft act considered at a hearing held by the House Veterans Affairs Economic Opportunity Subcommittee on March 20 included a provision that allowed all reserve component members to opt out of TAP if they had taken TAP in the preceding three years.¹⁴

Although ROA did not support the bill as written, ROA appreciated the consideration this provision granted to those members required to participate in TAP at an inconvenient time and location and for a non-useful purpose.

However, in its March 20 statement for the record for the hearing, ROA urged amending the provision to require reserve component members seeking the waiver (and their spouses) be

¹⁴ <https://docs.house.gov/meetings/VR/VR10/20240320/116962/BILLS-1183722ih.pdf>

properly educated and informed on any changes to TAP's elements prior to following through on the waiver request.¹⁵

ROA further urged consideration of now allowing the waiver in the case of an anticipated retirement or separation, or a retirement or separation for disability.

3) Add reserve component focused matters to the TAP preseparation checklist and process.

Preseparation counseling is vital to the military to civilian transition process. Not only must the topics covered relate to the needs of the service member and their family, but the counselor(s) must also be equipped to understand those needs.¹⁶

While the current list of required matters covered in the preseparation process is thorough, there are still additions that can be made to better serve the reserve component community.

This includes, but is not limited to:

- An explanation of the circumstances under which the member may be subject to a retired recall to active duty;
- Information on financial planning assistance, including consumer protections afforded under the Servicemembers Civil Relief Act and Military Lending Act;
- Information, discussion, and counsel on pathways to obtain and properly use military service records for the purpose of accessing service earned benefits;
- Information, discussion, and counsel on pathways to report and document health conditions and duty status, during time in service and following separation from service, for the purpose of accessing service earned benefits; *and*
- Information and discussion on the Retirement Points Accounting System, including verifying retirement point calculations and retirement benefits to which the member may be entitled to receive.

ROA urges support for these matters being covered and has draft legislative language that would accomplish this desired outcome.

4) Establish a reserve component curriculum track within TAP.

One of the reasons that Reserve and National Guard service members report diminishing returns on TAP is because its curriculum and processes are not catered to their needs at the time they exist.

A citizen-warrior going through TAP while coming off an intensive deployment, for example, is likely not "looking" for the same thing(s) as a citizen-warrior seeking retirement.

¹⁵ <https://docs.house.gov/meetings/VR/VR10/20240320/116962/HHRG-118-VR10-Wstate-SchwartzmanM-20240320.pdf>

¹⁶ Multiple "non-TAP service providers" recommended to RAND that "TAP instructors be ex-military members because they have firsthand experience in transitioning from the military to civilian life and personally understand the process." Further, it was suggested that "effective" TAP instructors have "complementary employment experience outside the military" and "would be individuals who have successfully made the transition between from the military to the civilian world." (page 20)

Further complicating this is the fact that the TAP curriculum is catered towards active-duty service members.

ROA spoke with Will H., a Marine Corps Reservist, who described this dilemma in greater detail:

“The last time I took TAP was when I got back from Afghanistan in 2019. My instructors had *zero understanding* of the reserve components. When I asked my instructor if there was any literature focused on the RC, I was given a blank stare.”

To overcome this, ROA urges support for the establishment of a reserve component curriculum track within TAP.

ROA envisions the curriculum track being structured around the unique battle rhythm of reserve service and how it impacts the member, spouse, and family.

This includes consideration of curriculum elements being accessible at the member and spouse’s election and administered virtually.

More specifically, the curriculum would administer and provide resources, services, counseling, and assistance for reserve component members and their spouses:

- Throughout each phase of the deployment cycle (as a complementary asset to DoD’s Yellow Ribbon Reintegration Program).
- Prior to and upon separation or retirement.
- Throughout retirement, including for “gray area” retirees.

ROA has draft legislative language that would achieve this desired outcome.¹⁷

- 5) Ensure military spouses are fully integrated in their service spouse’s TAP process.

The aforementioned draft proposal also contained a provision that established a pilot program for military spouses to receive one-on-one counseling on matters tailored to the spouse, with at least one hour of counseling covering the benefits and assistance available to military families and veterans.

ROA understands that military spouses have unique needs that must be met throughout the military to civilian transition process.

However, ROA believes military spouses (and by extension, military families) would be better served if they were further integrated into their service spouse’s TAP experience, as opposed to having their own separate counseling and curriculum.

Current law restricts preseparation counseling access for military spouses.

ROA urges support for eliminating these restrictions, which can be achieved by adopting SEC. 1(e) of the aforementioned draft act.

¹⁷ https://cdn.vmax.com/www.roa.org/resource/resmgr/legislation/delivering_reserve_integra.pdf

Supported by ROA Resolution No. 23-15

SUPPORT H.R.7543/S.3873, GUARD AND RESERVE GI BILL PARITY ACT

Under current law, reserve component members can accrue “qualifying days” toward receiving Post-9/11 GI Bill benefits if they have served at least 90 cumulative or 30 continuous days on active duty and are discharged with a service-connected disability or awarded the Purple Heart for service after September 10, 2001.¹⁸

Reserve component members must “wear the uniform” and perform their duty responsibilities for a minimum of 39 days each fiscal year. Unfortunately, these duty days cannot be accrued toward receiving Post 9/11 GI Bill educational benefits.

From ROA’s perspective, this puts members of the reserve components at a distinct disadvantage for receiving their service-earned Post-9/11 GI Bill educational benefits, subjectively values certain duty days in higher regard, and does not reflect the modern day battle rhythm of reserve component service.

In many instances, for the same training day, it is possible for an active component member to receive credit towards their GI Bill, whereas a reserve component member serving shoulder-to-shoulder would not.

H.R. 7543/S.3873, the *Guard and Reserve GI Bill Parity Act of 2024* resolves this disparity by allowing reserve component service members to accrue all paid points days toward receiving the Post-9/11 GI Bill, whereas “all paid points days” includes days for training, active military service, inactive training, and general duty.

ROA thanks Reps. Mike Levin (CA-49), Juan Ciscomani (AZ-06), Trent Kelly (MS01), Andy Kim (NJ-03), Mark Takano (CA-49), Frank Mvran (IN-01), Mike Thompson (CA-04), Mike Lawler (NY-17), Derrick Van Orden (WI-03), and Chris Pappas (NH01) and Sens. Jerry Moran (KS) and Jon Tester (MT) for sponsoring this legislation (which passed the House last Congress) and urges your support for its codification in law.

SUPPORT H.R.7323, MONTGOMERY GI BILL SELECTED RESERVE TUITION FAIRNESS ACT

This bill, introduced by Rep. Van Orden (WI-03) and Rep. Morgan McGarvey (KY-03) directs the VA to disapprove courses offered by a public institution of higher learning not priced at the in-state tuition rate to Montgomery GI Bill Selected Reserve (MGIBSR) enrollees, regardless of their state of residence.

The MGIB-SR is the first GI Bill to provide educational and training assistance to eligible members of the Selected Reserve.

¹⁸ <https://www.va.gov/education/about-gi-bill-benefits/post-9-11/>

As of FY 2023, the MGIB-SR program serves 39,849 enrollees, representing approximately five percent of the total GI Bill population.¹⁹

Title 38, U.S.C., Sec. 3679(c) requires the VA to disapprove programs of education for payments of benefits under the Post-9/11 GI Bill, Montgomery GI Bill-Active Duty (MGIB-AD), and Survivors' and Dependents' Educational Assistance (DEA) program if students are not charged in-state tuition, regardless of their state of residence.

This protection was most recently extended in 2021 to DEA with the signing of Public Law No: 117-68, the *Colonel John M. McHugh Tuition Fairness for Survivors Act*. However, it has not yet been extended to MGIB-SR.

The cost of attending public institutions of higher learning is continuing to increase for most students. So too is the gap between in-state and out-of-state tuition rates.

In fact, college tuition rates have increased by 153 percent in the last 40 years (when adjusting for inflation).²⁰ In the past 20 years, the difference between in and out of state tuition has grown by 38 percent.²¹

Requiring these institutions to charge in-state tuition under MGIB-SR, regardless of the student's state of residence, is essential to ensuring the solvency and sustainability of the VA's educational benefits program and the financial readiness of reserve component enrollees.

H.R. 7323, the *MGIB-SR Tuition Fairness Act*, simply extends this existing protection to citizen-warriors enrolled in MGIB-SR.

ROA thanks Reps. Van Orden and McGarvey for sponsoring this bill and urges support for its codification in public law no later than the conclusion of the 118th Congress.

SUPPORT H.R.6225, EXPANDING HOME LOANS FOR GUARD AND RESERVISTS ACT

Affordable housing is now a serious national problem. Like most Americans, Reserve and National Guard service members and their families are facing significant challenges in finding affordable housing.

Unaffordable housing: fast facts

- As of 2022, median home prices and rents in America hit all-time highs.
- Data shows a 22 percent annual decline in the number of mortgages originated to first-time homebuyers in 2022, including a year-over-year drop in the fourth quarter (of 2022) of nearly 40 percent.

¹⁹ <https://www.benefits.va.gov/REPORTS/abr/docs/2023-education.pdf>

²⁰ <https://www.bankrate.com/loans/student-loans/college-tuition-inflation/>

²¹ <https://gradlime.com/in-state-vs-out-of-state-tuition/>

- Monthly payments on the U.S. median-priced home, including taxes and insurance, increased from \$2,200 in Jan. 2022 to \$3,100 in Oct. 2022 after the annual interest rate on 30-year fixed rate mortgages increased from 3.4 percent to 6.9 percent (resulting in millions of renter households being priced out of homeownership).²²

Public Law No. 116-135, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act*, expanded VA Home Loan eligibility to National Guard service members who perform “full-time” duty for at least 90 days, of which 30 are consecutive.

However, eligibility requirements still severely restrict reserve component service members from accessing the VA Home Loan program.

This bill expands eligibility to the VA home loan program for Reserve and National Guard service members who spend 30 or more consecutive days on active duty for training (ADT).

Like drill weekends, time spent on ADT is service to the nation.

ADT’s main purpose is to instill and ensure the skills required to support military operations or future mobilizations within the first 30 days of deployment.

ROA has long advocated that every day in uniform, including IDT and ADT, should count towards eligibility for many benefits, including the Post 9/11 GI Bill and TAP.

This call to action has intensified in recent times on pivotal programs designed to maintain the integrity of the All-Volunteer Force.

It has also intensified as the responsibilities shouldered by the Reserve and National Guard have increased in scale and significance in relation to national security and the cost of reserve service has increased, especially for junior enlisted service members.

Increased access to the VA home loan program will help sustain financial readiness and enable reserve component members and their families to have a solvent pathway towards home ownership, which ROA believes will help facilitate more favorable recruiting and retention conditions.

ROA thanks Reps. Jen Kiggans (VA-02) and Pat Ryan (NY-19) for sponsoring this bill and urges its swift codification in public law.

SUPPORT H.R.5516, JUSTICE FOR SERVICEMEMBERS ACT

The *Justice for Servicemembers Act* simply prohibits the use of forced arbitration of disputes covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA) and the Servicemember Civil Relief Act (SCRA).

²²https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2023.pdf

Under USERRA, veterans and service members have some protection from discrimination based on their military service; they have the right to return to their civilian jobs once their active service ends.

However, arbitration is an alternate dispute resolution method that can be very pro-employer and anti-employee.

As in many other areas of employment law, federal courts have dismissed USERRA legal claims where the plaintiff has been forced to sign an agreement requiring that employment-related legal claims to go to arbitration. Arbitration is a type of private proceeding that results in a decision concerning a matter in dispute between the employee and employer.

Normally, the employer chooses an arbitrator or a panel of arbitrators who sit as judge and jury. This creates an incentive for arbitrators to decide in the employer's favor so they can make more money handling future cases for the employer.

Depending on the wording of the agreement, the arbitration process can present significant drawbacks for employees. In some cases, the employer pays for the arbitration. In others, the parties could split the costs, or the party losing the case could pay for the arbitration and possibly the fees and costs incurred by the winning party.

In some cases, the parties are required to keep their dispute private, so the proceedings cannot be disclosed. This means that an employer can systemically and repeatedly violate the law, and no one will know about it. The ability of the parties to obtain evidence can be restricted.

It can also be very difficult to have such an agreement ruled invalid by a judge or have an arbitration ruling overturned in the court system because arbitration is generally not appealable.

This practice undermines USERRA and negatively impacts the career and financial readiness of those it seeks to protect.

Eliminating these forced arbitration requirements is common sense, from ROA's perspective, and merely seeks to reinforce the integrity and enforceability of USERRA and SCRA.

ROA thanks Ranking Member Takano for sponsoring this legislation and urges its codification in public law.

Supported by ROA Resolution No. 22-35

SUPPORT H.R.5114, GIVING RESERVISTS A VALIANT ETERNITY ACT

The tradition of military funeral honors renders the highest commemoration to those that have served the nation honorably.

In the words of former President George W. Bush, "Their sacrifice was great, but not in vain. All Americans and every nation on earth can trace their liberty to the white markers of places like Arlington National Cemetery."²³

²³ <https://www.nbcnews.com/id/wbna21738589>

Under current law, certain members of the armed forces can receive a headstone or grave marker from the VA at no cost.

However, the existing eligibility requirements put members of the Reserve and the National Guard at a disadvantage for receiving this benefit.

The *GRAVE Act* simply amends existing law to allow all members of the Reserve and National Guard to receive a VA furnished headstone or grave marker for their burial site at no cost.

All too often law and policy ration the delivery of service-earned benefits for citizen warriors (and their families) based on the amount of time they continuously spend on active duty. This causes disparities in the provision of these benefits, which fulfill a diverse set of purposes.

As President Bush highlighted, the markers at cemeteries like ANC are more than just a mold of granite, marble, or bronze. They are a symbol of the courage and commitment that those service members displayed to defend the nation and uphold the cause of freedom worldwide.

Without having equal access to such markers, surviving reserve component family members are potentially deprived of the opportunity to commemorate the passing of their loved one in alignment with customary military funeral honors. The American public at-large, and every nation on earth, is potentially deprived of the opportunity to “trace their liberty.”

As such, ROA urges your support for H.R. 5114, the *GRAVE Act*.

SUPPORT H.R.4244/S.2076, SERVE ACT

Title 20, U.S.C., Sec. 1091(c) excludes Reserve and National Guard service members on active duty orders of 30 days or less from “prompt readmission” into their institution of higher learning (IHL) under 34 CFR 66.18(a)(2).

This means that if a reserve component member of the armed forces is called to serve on active duty orders of 30 days or less, the member may be forced to disenroll from their educational institution prior to readmission.

They must also reapply to their IHL through the standard readmission process, prohibiting eligibility for the benefits of prompt readmission, which include (but are not limited to):

- Tuition at the same price as the semester they first enrolled in.
- Maintaining the same curriculum or degree program at the time of forced disenrollment.
- Preserving the same academic program at the beginning of the next semester.

While 21 states have closed this loophole, ROA believes that there ought to be national parity.

H.R.4244/S.2076, the *Servicemember Enrollment and Readmission for Valuable Education Act*, simply amends Title 20 U.S.C. 1091c(a) to allow all reserve component members of the armed forces called on active duty for any amount of time to receive “prompt readmission” under 34 CFR 66.18(a)(2).

ROA thanks Reps. Matt Cartwright (PA-08) and Mike Ezell (MS-04) and Sens. Cindy Hyde-Smith (MS) and Maggie Hassan (NH) for sponsoring these bills and urges your co-sponsorship of H.R. 4244.

H.R.1799, ENSURE MILITARY PERSONNEL LEARN OPPORTUNITIES YIELDING VOCATIONS THAT EMPLOY TRANSITIONING SERVICEMEMBERS ACT

H.R. 1799, the *Ensure Military Personnel Learn Opportunities Yielding Vocations that Employ Transitioning Servicemembers (EMPLOY VETS) Act*, creates career opportunities for hundreds of thousands of veterans separating or retiring from military service.

Under current law, local and state DOL programs must wait for service members to leave TAP before approaching veterans about the programs they offer.

This bill simply amends the law to allow local and state DOL programs to conduct outreach during the service member's military to civilian transition and help "place" them into jobs and training programs before they leave the military.

ROA supports the desired end-state of H.R. 1799: better military to civilian transition outcomes for service members.

However, ROA requests further information on the number of veterans that would be assisted (with tangible outcomes) yearly by the DOL programs specified under Title 38, U.S.C., Sec. 4013A and the impact this bill has on DOLs staffing capability.

EXPAND ELIGIBILITY FOR FEDERAL VETERANS HIRING PREFERENCE

Reserve component service members meet operational requirements by performing duty on a frequent basis but often for short periods of time.

Since September 11, 2001, more than one million reserve component personnel have served on active duty.

Because DoD limits many mobilizations to 179 or fewer days, many reserve component members complete their career without serving the 180 consecutive days needed for veteran status under Title 5 U.S.C. 2108, even when potentially aggregating several years of active service.

This occurs, in part, because of a desire from the services to avoid the costs associated with a Permanent Change of Station (duty over 180-days triggers PCS eligibility).

This cost avoidance technique prevents reserve component service members from achieving "veteran" status for federal hiring preference.

According to the 2021 Interagency Veterans Advisory Council annual State of Veterans in the Federal Workforce report, there are over 500,000 federal civilian employees who are veterans.

The percentage of veterans in the federal workforce hired with veterans' preference has increased from 84 percent in FY 2014 to 86 percent in FY 2018.

ROA urges Congress to confer veteran status (to achieve federal hiring preference) on reserve component members after 180 "cumulative" days on active duty, as opposed to 180 "consecutive" days, to expand access to an effective pathway towards post-military service employment.

Supported by ROA Resolution No. 22-36

ESTABLISH A RESERVE COMPONENT HEALTH CARE AND BENEFITS TASK FORCE

The U.S. Government Accountability Office (GAO) in an Oct. 30 report validated ROA's longstanding concern that members of the Reserve and National Guard face more obstacles to obtaining benefits from the Department of Veterans Affairs than their active-component counterparts.²⁴

The GAO study cited "Long-standing questions . . . about whether reserve component members' injuries or illnesses that occur on duty are properly reported and documented. This issue not only affects their access to medical care, but it may have downstream consequences if they later seek VA benefits for disabilities that result from those health conditions."

Validating those long-standing questions, VA officials told GAO "that for reserve component members who have not served on active duty [in other words they suffered the issue during training], not only must the event that caused the disability happen during service, but the member must show that the disability itself manifested during that service period. According to VA officials, this means that these reserve component members are generally not entitled to benefits for conditions that have a delayed onset or do not become disabling until after separation."

According to GAO, each year from 2012 through 2021, the VA approved 11 to 20 percent fewer initial disability compensation claims from members of the Reserve and National Guard than those in the active components. GAO found this within every service, from enlisted through officer ranks, in peace and war, across race and ethnicity.

One of the issues is that service members are not well informed about the VA disability system, itself a long-standing problem that only commanders can correct. However, the core issue is that reserve component members face distinct barriers to accessing their service earned benefits.

For example, not all reserve component members receive a DD 214 form when they are separated, discharged, or retired from military service.

Yet, VA and other federal, state, and local government agencies normally require veterans to provide a copy of the DD 214 form to qualify for veteran benefits. And despite the recent DoD

²⁴ <https://www.gao.gov/assets/d24/d24105400.pdf>

announcement of a new DD Form 214-1 for reserve component members when they retire or separate from service, that form is not expected until at least 2025 (it should be available now).

To solve this unsustainable dilemma, ROA urges the establishment of an Interagency Task Force on Reserve Component Benefits and Resources through legislation.

ROA envisions the Task Force, on a biennial basis, reviewing relevant statutes, policies, regulations, programs, trainings, and services to provide recommendations for ensuring uniformed services reserve component members and their families have adequate access to benefits available under the laws administered by the VA.

ROA has draft legislative language that would achieve this desired outcome.²⁵

Supported by ROA Resolution No. 23-09

REQUIRE THE VA TO AUTHORIZE WRITTEN INFORMED CONSENT WHEN PRESCRIBING BLACK BOX WARNING LABEL DRUGS

A black box warning on prescriptions is the most serious type of warning that the Food and Drug Administration (FDA) gives to medication(s) which can have grave consequences to the health and wellbeing of veterans.

FDA Industry Guidance states “A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions” or “A life-threatening adverse event” may occur from black box medications.

The Veterans Health Administration Handbook 1004.01(5), *Informed Consent for Clinical Treatments and Procedures*, provides for informed consent but **does not** require health care providers to obtain written informed consent.

Written informed consent simply ensures clarity throughout the prescription process for providers and patients.

It would also allow beneficiaries to work with their medical provider to find medical treatments that would not provide negative impacts to their military status, to them, or their ability to function.

For these reasons, among others, ROA urges your support for compelling the VA Secretary to ensure that patients prescribed black box warning drugs provide written informed consent prior to any authorization or agreement to undergo such medical treatment and that the VA be required to include caregivers in the written consent process.

Supported by ROA Resolution No. 23-03

EXPAND ELIGIBILITY FOR HOSPITAL, NURSING HOME, AND DOMICILIARY CARE

²⁵ https://cdn.v.maws.com/www.roa.org/resource/resmgr/legislation/delivering_reservist_integra.pdf

Title 38, U.S.C., Sec. 1710 determines eligibility for hospital, nursing home, and domiciliary care furnished by the VA.²⁶

It also provides the VA Secretary with the authority to provide such care to veterans not covered under the law “to the extent that resources and facilities are available.”

Unfortunately, the current eligibility criteria severely limit a reserve component veteran’s ability to qualify for such care.

Further, the VA Secretary is not required to exercise the exceptions-based authority granted.

In Illinois, for example, reserve component veterans are being denied access to state nursing homes, despite there being available beds.

Retired Lt. Col. David R. Spurrier, who served in the reserve components for 28 years, detailed the impact of this injustice in a statement recently submitted to ROA:

“I started my military career when I entered college by joining ROTC. I wanted to stay for 30 years but I was told as a Medical Service Corps officer I could only put in 28. I stayed in the military because I loved serving my country; and I loved the brotherhood that you felt serving alongside other soldiers in the military. Also, I thought with all the military classes I had to attend on active duty bases, I was under the understanding that I would have military medical coverage until I got out or at least age 60. I will not receive my medical coverage paid for by the military until I turn age 65. Also, after serving 28 years for my country and being on call several times for possibly going overseas to war, I am not able to reside in the Illinois Veterans Home. *For some reason, they do not consider me a veteran.*”

ROA also received a statement from retired Army Guardsmen CW3 Roy E. Hummelsheim Jr.:

“I was proud to have served my state and country and would do it all over again. The Guard was good for me and made me a better man. I do feel that I gave up much by being on call – footlocker packed and things in order. My family was incredibly supportive of me and gave up a lot. Missed out on family functions such as picnics, daughter’s dance recitals, weekend ventures and just time together. Despite this, I am ineligible to go into the [nursing] home, if needed, as they don’t count all the years I served because I was never called to ‘active duty.’ After serving in the Guard for 25 years, *I feel the state and U.S. government take us for granted.* Many in our unit, like me, feel the same way.”

Problems with properly defining the word “veteran” are prevalent in federal law. This is but one example.

To resolve this disparity, ROA urges Congress to amend Title 38, U.S.C., Sec. 1710 to provide reserve component service members that have spent 180 cumulative days on active service, which includes IDT and ADT, with access to hospital, nursing home, and domiciliary care.

Supported by ROA Resolution No. 21-05

²⁶ [https://uscode.house.gov/view.xhtml?req=\(title:38%20section:1710%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:38%20section:1710%20edition:prelim))

CONCLUSION

ROA thanks you again for the opportunity to submit a written statement on our veteran's policy priorities for 2024.

All too often, military and veterans' law and policy are developed without an understanding of or appreciation for the important distinctions between reserve and active-duty service.

The members of the Reserve and National Guard invariably lose out. And so, too, their families.

We look forward to collaborating with you further on these priorities and other areas of mutual interest for the remainder of 2024 and beyond, if necessary.

Inquiries on this statement can be directed to ROA's legislation and military policy director at mschwartzman@roa.org.



STATEMENT FOR THE RECORD
LEGISLATIVE PRIORITIES SUBMITTED TO THE
SENATE AND HOUSE COMMITTEES ON VETERANS' AFFAIRS
118TH CONGRESS, SECOND SESSION

March 13, 2024

Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Committees on Veterans Affairs:

We thank you for the opportunity to share our legislative priorities for consideration in the second session of the 118th Congress. Veterans Education Success is a nonprofit organization that works on a bipartisan basis to advance higher education success for veterans, service members, and military families, and to protect the integrity and promise of the GI Bill® and other federal postsecondary education programs.

This past year included several crucial successes, which can be credited to the strong bipartisan effort of your Committees. The strong focus on oversight of the U.S. Department of Veterans Affairs (VA) was particularly notable in light of VA's challenges in properly implementing risk-based surveys, and the abundance of "red tape" prohibiting veterans from accessing their earned benefits. We would also like to note several outstanding priorities that we hope to see completed by the 118th Congress, including the Student Veteran Benefit Restoration Act, the Guard and Reserve GI Bill Parity Act, and legislation enacting stronger standards of quality and value at schools seeking eligibility for GI Bill dollars.

Today, we offer our full testimony for consideration, outlining our top legislative priorities for this year. We propose the following topics and recommendations for consideration, which are discussed in detail in the pages that follow:

1. [Require minimum standards for GI Bill programs](#)
2. [Restore VA education benefits when there is evidence of fraud](#)
3. [Pass the Guard and Reserve parity act so every day of service counts](#)
4. [Mandate interagency data sharing as it relates to federal education benefits](#)
5. [Fix the definition of independent study at VBA without causing damaging repercussions](#)
6. [Ensure proper implementation of Isakson-Roe's risk-based reviews of colleges](#)
7. [Improve the GI Bill comparison tool – and oppose "Yelp"-style reviews](#)
8. [Forbid transcript withholding](#)
9. [Change VA's debt collection practices](#)
10. [Ensure orderly processes and restoration of benefits in cases of school closures](#)
11. [Support veterans utilizing the excess leave program while administratively on active duty](#)
12. [Oppose full housing allowance for online-only students](#)
13. [Strengthen Veteran Readiness & Employment](#)
14. [Provide consumer education to prospective student veterans](#)
15. [Provide education benefits for General Discharges Under Honorable Conditions](#)

We look forward to working closely with you and your staff members on these issues, and we thank you for the invitation to provide our perspective on these pressing topics.

1. Require Minimum Standards for GI Bill Programs

Veterans count on the GI Bill to facilitate a smooth transition from military service to a successful civilian career. Veterans actively rely on VA's program approval as a "stamp of approval" that identifies quality programs. Both veterans and taxpayers are entitled to a reasonable return on investment for the GI Bill.

Unfortunately, there are too many approved programs that fail to educate veterans effectively or prepare them for a lifetime of success. Worse yet, many of these school programs cause serious harm to the veterans they are meant to help, leaving veterans with worthless credits, burdensome debts, and wasted benefits. Despite providing poor results, many of these programs and schools continue to rake in millions of taxpayer dollars through the recruitment and exploitation of veterans and the abuse of their hard-earned GI Bill benefits.

Many veterans we serve commonly express anger that VA would approve schools known for producing poor outcomes or that are under a law enforcement cloud. Veterans should never have to wonder why obvious scams like FastTrain College and Retail Ready Career Center were approved in the first place.^{1,2} Both of these schools proved to be a significant waste of taxpayer money, even before the FBI stepped in. As recently as this past year, the largest case of GI Bill fraud exposed the California Technical Academy, a scheme that involved over \$100 million in fraud.^{3,4} Unfortunately, so many predatory actors continue to reap the benefits veterans earned.⁵

The GI Bill program approval process must be strengthened to protect student veterans from low quality and fraudulent schools. The statutes governing program approval are seriously outdated, even referencing classes taught "by radio," and they continue to allow a low standard

¹ Carli Teproff, *Now defunct for-profit college must pay the government \$20 million, a court rules*, Miami Herald (Feb. 21, 2017), <https://www.miamiherald.com/news/local/education/article134161714.html>.

² Department of Justice Press Release, *For-Profit Trade School Owner Charged with Defrauding VA, Student Veterans* (Nov. 23, 2020), <https://www.justice.gov/usao-ndtx/pr/profit-trade-school-owner-charged-defrauding-va-student-veterans>.

³ Veterans Education Success, *Our Press Release: Largest Post 9/11 GI Bill Fraud Case Yields Guilty Pleas*, (Jun. 28, 2023), <https://vetsedsuccess.org/our-press-release-largest-post-9-11-gi-bill-fraud-case-yields-guilty-pleas/>

⁴ Department of Justice, *Justice Department Announces Enforcement Action Involving Over \$100 Million in Losses to Department of Veterans Affairs*, (Sept. 16, 2022), <https://www.justice.gov/opa/pr/justice-department-announces-enforcement-action-involving-over-100-million-losses-department>

⁵ 38 U.S.C. § 3672 has almost no requirements. It also incorporates, by reference, the program approval requirements of Chapters 34 and 35, but those are also minimal effectual; they only forbid, for example, bartending and personality development courses and restrict "radio" courses, which indicates an out-of-date statutory framework. 38 U.S.C. § 3675 (approval of accredited courses) relies heavily on the school's accreditation, but some accreditors offer no meaningful quality control, such as ACICS, which accredited ITT Tech and Corinthian Colleges. § 3675(b) also requires that the school meet the criteria in paragraphs (1), (2), (3), (14), and (15) of 38 U.S.C. § 3676(c). While 38 U.S.C. § 3676 (approval of nonaccredited courses) has more restrictions, many are undefined, including no definition of "quality" in (c)(1); no definition of teacher "qualifications" in (c)(4); no definition of "financially sound" in (c)(9) (which could easily be defined by reference to U.S. Department of Education standards); an inadequate ban on deceptive advertising in (c)(10) (which should be clarified to ban any school that has faced legal or regulatory concerns over its advertising in the prior 5 years); and no definition of "good character" in (c)(12) (which should be clarified to ban administrators and teachers who have faced legal or regulatory action or any action by a licensing board).

of entry.⁶ It is time to update the statutes with minimum quality standards, so that veterans can count on the VA “stamp of approval” as the level of quality they – and taxpayers – expect.

While the *Veterans Auto and Education Improvement Act of 2022*, codified as 38 U.S.C. § 3672A, creates a uniform application with some improvements to the approval standards, we urge the Committees to consider the following commonsense improvements to the Act:

- Expand the definition of adverse government action in 38 U.S.C. § 3672A(b)(1)(B) to all types of fraud, not just those relating to education quality that result in a fine of 5 percent of Title IV (a rarity). We believe Congress does not want a school or CEO that engaged in any other type of fraud – such as stealing federal student aid from Title IV, as Argosy University was accused of doing, or robbing a bank – to be in charge of GI Bill funds, yet that is what the statute currently allows.
- Extend to all education programs the requirements for minimum faculty credentials in § 3672A.
- Require schools to have adequate administrative capability to administer veterans benefits.⁷
- Require screening of a school’s financial stability before its approval to avoid sudden school closures. VA and SAAs appear to recognize in the risk-based survey SOP that they are not receiving sufficient financial records as part of the program approval process for unaccredited institutions.^{8 9}
- Ensure that programs are not overcharging VA and that VA tuition funds are spent on veterans’ education.
- Require a demonstrated track record of minimum student outcomes for a school to maintain Title 38 eligibility.
- Ensure school recruiters have the fiduciary responsibility to tell the truth.
- In the case of online classes, require actual teaching, not pre-recorded classes. Many veterans tell us their online education consists of nothing more than watching YouTube videos, with no instructor engagement. YouTube videos are an inadequate substitute for regular and substantive interactions with qualified faculty and should not be paid for with

⁶ 38 U.S.C. § 3523(c).

⁷ Currently, there is no requirement in Title 38 that schools devote the necessary resources to competent administration of VA programs. Congress should mandate that institutions demonstrate to the Secretary that they are capable of adequately administering the programs and that they have committed adequate administrative resources. It should also require that schools pledge to fully cover the tuition and housing costs of VA-supported students if the school suddenly loses eligibility due to institutional error, including paperwork non-compliance. Committee members may recall the problems at Howard University, when 52 VA-supported students enrolled in 14 programs at Howard suddenly discovered their programs were not properly approved for GI Bill and VR&E. The DC State Approving Agency (SAA) said the issue boiled down to failure by Howard to submit the proper paperwork. The programs affected included Howard’s medical school, law school, and Master in Social Work program. It took eight months to get the approvals cleared up. During this time, students experienced immense uncertainty and undue anxiety. They faced the possibility of having to withdraw from school, pay out-of-pocket to cover housing and living costs, or seek loans from the school and external sources, and they experienced significant stress due to the uncertainty of the situation. This scenario highlighted the challenge associated with Title 38 benefits and the relationship between VA, the SAA, the institution, and the student. Unfortunately, we do not believe this to be an issue isolated to one school. In some cases, school certifying officials (SCOs) are expected to administer benefits for well over VA’s recommended ratio of support staff to students, 1 to 200. Even with this ratio, the duties of SCOs often go well beyond the responsibilities of certifying benefits, making the challenge increasingly difficult to handle.

⁸ Veterans Benefits Administration, Office of Education Service - Oversight and Accountability Division, *Standard Operating Procedure, Risk Based Surveys* (Jan. 2, 2024).

⁹ *Id.* In the Standard Operating Procedure, VBA includes material discussions regarding the process for requesting more documentation from unaccredited schools in program approval.

GI Bill dollars. The Committees should require “regular and substantive interaction” between virtual faculty and students, like that required by the Department of Education (ED).¹⁰ Regular interaction with subject matter experts is essential to ensuring student veterans are receiving a worthwhile education.¹¹

Complaints from student veterans attending GI-Bill approved programs continue to underscore the fact that subpar programs are failing to deliver:

- Veteran DT: “I graduated from DeVry after 5 years, and in all that time, I never had a real-time conversation or interaction with a single teacher, not in a group or one-on-one. The way the courses were taught was totally ineffective. We would be assigned a bunch of stuff to read, and we were required to provide just two comments on an online discussion board. Occasionally, we were given assignments to complete, but the teachers never gave us feedback on the assignments.”
- Veteran AY: “Much of the curriculum was so out-dated it might as well have been from the Stone Age. We were initially taught using the Unity and Visual Studios systems. Later, when the courses switched to modern programs ... they did nothing to teach us how to use them. ... I often was better off learning through tutoring, Google searches, and YouTube videos than I was following the actual instruction from its online courses. To make matters worse, the terminology and policies changed drastically from one class to another, creating confusion and hampering the learning experience. It was difficult to learn basic concepts and build upon them effectively.”
- Veteran AD: “I was accepted into the VRRAP program and set up to meet with Concorde Career Institute (Tampa FL) to enroll in their Dental Hygiene program... Instructors are incompetent and inexperienced, Labs and course material are not taught, and I have to pay for a book payment plan for books costing 750 dollars that I can get on Amazon for less than 250 dollars. I was on the president's list and dean's list for the terms I have completed, but I haven't even seen a dental dam or sterilized one piece of equipment. I am not learning any material and students are given answers to the quizzes and exams to keep them passing. Soon I have to let these students practice on me as part of the curriculum, but even our CPR AHA class was taught at a 22-student to 1-instructor ratio, so none of us are legally certified.”
- Veteran DD: “There are ... issues such as the school replaying free web seminars as their own training and using unqualified people to lead the classes. They literally go to Youtube, find the free course by someone else, then they play that during the ZOOM meeting and call it training. Everything they are doing could have been done by me for free... They have also attempted on two occasions to place me in classes before I ever had the pre-requisites to attend, they have me in classes that are not part of the program and do not serve a purpose except to show me in class...”

Lastly, we note that many schools are partnering with for-profit online program management (OPM) companies to offer numerous services, including delivery of academic instruction, even

¹⁰ David Whitman, *The Cautionary Tale of Correspondence Schools*, New America (Dec. 11, 2018), <https://www.newamerica.org/education-policy/reports/cautionary-tale-correspondence-schools/>.

¹¹ Veterans Education Success, *Congressional Testimony Submitted on the Topic of Congressional and Administration Priorities For the Next Congress*, Submitted to the Subcommittee on Economic Opportunity, Committee on Veterans Affairs, U.S. House of Representatives (Dec. 8, 2020), https://vetsedsuccess.org/our-written-testimony-for-the-house-veterans-affairs-economic-opportunity-subcommittee-hearing-on-2021-legislative-priorities/#_ftn1.

though reports expose poor outcomes for students.¹² We encourage the Committees to direct VA to conduct oversight of courses offered through OPM partnerships. Further, we encourage the Committees to pass legislation that would subject all such courses and their recruiting practices to more thorough approval and oversight requirements.

Summary of Recommendations:

- Strengthen the GI Bill program approval process to safeguard student veterans from ineffective and fraudulent schools, by updating outdated statutes with minimum quality standards.
- Extend requirements for minimum faculty credentials to all education programs, and mandate adequate administrative capability for schools administering veterans' benefits.
- Implement financial stability screening before approval to prevent sudden school closures and ensure responsible use of VA tuition funds.
- Require a demonstrated track record of meeting or exceeding defined student outcomes for Title 38 eligibility, require truthful recruiting practices, and prohibit overcharging VA.
- Address issues with online classes by requiring actual teaching, not pre-recorded sessions, and ensuring regular and substantive interaction between virtual faculty and students.

¹² See, e.g., Lisa Bannon and Andrea Fuller, *USC Pushed a \$115,000 Online Degree. Graduates Got Low Salaries, Huge Debts*, Wall Street Journal (Nov. 9, 2021), <https://www.wsj.com/articles/usc-online-social-work-masters-11636435900>.

2. Restore VA Education Benefits When there is Evidence of Fraud

Several years ago, the U.S. Department of Justice (DOJ) seized the bank accounts of the House of Prayer Christian Church – a purported “bible school” that we exposed and brought to VA’s attention, as veterans were being blatantly cheated out of their GI Bill and abused by an alleged cult leader.^{13, 14}

In another example, the DOJ recouped more than \$150 million from Retail Ready Career Center and sent the owner, Jonathan Dean Davis, to jail for 19 years after he had swindled thousands of veterans, taking their GI Bill and their housing allowance but providing nothing of value in return.¹⁵ But when the federal government recovered \$150 million, the veterans did not get their GI Bill benefits back.

Similarly, consider another example where others have been able to obtain financial relief but student veterans have not. Students with federal student loans from ITT Technical Institute have had their loans discharged due to the evidence of widespread fraud uncovered by the Department of Education (ED). Yet student veterans who used their GI Bill to attend ITT Technical Institute cannot get their GI Bill restored because the law currently only allows restoration for students enrolled at or near the time a school closes or loses program approval. It seems an absolute betrayal to student veterans that students have had their loans discharged, but veterans cannot get back their GI Bill benefits.

The idea that veterans are defrauded out of their hard-earned GI Bill is a blatant insult counter to Congress’ vision for the impact of the GI Bill. Student loans are forgiven if fraud is evident, but student veterans have no parity with regard to their VA education benefits. We call on Congress to pass H.R. 1767, the *Student Veteran Benefit Restoration Act* and S. 1309, the *Student Veterans Transparency and Protection Act of 2023*, to create parity with other students.

Summary of Recommendations:

- Pass H.R. 1767, the Student Veteran Benefit Restoration Act.
- Pass S. 1309, the Student Veterans Transparency and Protection Act, for parity with traditional students.

¹³ *United States of America v. \$115,800.00 in U.S. Currency Funds*, available at

<https://vetsedsuccess.org/us-attorney-action-against-house-of-prayer-bible-seminary-january-2023> .

¹⁴ Veterans Education Success, *Our Letter to VA and Georgia SAA Regarding House of Prayer Christian Church* (Aug. 2020), <https://vetsedsuccess.org/letter-to-va-and-georgia-saa-regarding-house-of-prayer-christian-church/>.

¹⁵ United States Attorney’s Office, Northern District of Texas Press Release, *For-Profit Trade School Sentenced to Nearly 20 Years for Defrauding VA, Student Veterans* (Sept. 22, 2021), <https://www.justice.gov/usao-ndtx/pr/profit-trade-school-sentenced-nearly-20-years-defrauding-va-student-veterans>.

3. Pass the Guard and Reserve Parity Act So Every Day of Service Counts

We call on Congress to address a long overdue issue affecting the eligibility of reserve component members for the Post-9/11 GI Bill[®] by passing the *Guard and Reserve GI Bill Parity Act*. The current law mandates that Guard and Reserve Members must have served at least 90 cumulative or 30 continuous days on active duty to accrue "qualifying days," creating a disadvantage in accessing their deserved GI Bill educational benefits. Despite the obligation for reserve component members to "serve in uniform" and fulfill duty responsibilities for a minimum of 39 non-consecutive days each fiscal year, these periods of service do not contribute toward Post-9/11 GI Bill eligibility.

This discrepancy places reserve component members at a distinct disadvantage compared to their active component counterparts. While active duty members can receive Post-9/11 GI Bill credit for a training day, reservists currently cannot receive credit for the same service. The increased reliance on reserve capabilities has underscored the necessity for component interoperability. Unfortunately, the strides made in achieving interoperability have not been complemented by fair recognition and rewards for the skills and efforts required.

An Operational Assessment of Reserve Component Forces in Afghanistan, conducted by the Institute for Defense Analyses, revealed no discernible difference in performance between components in Operations Iraqi Freedom and Enduring Freedom.¹⁶ The study emphasizes that reserve forces were fulfilling their assigned tasks without significant variations from their active duty counterparts. The shared burden and risk between both components highlight the importance of acknowledging the contributions of Guard and Reserve members.

To address this disparity, we strongly urge Congress to count all paid points days of Reserve and National Guard service members towards receiving the Post-9/11 GI Bill.¹⁷ This encompasses days for training, active military service, inactive training, and general duty. This adjustment aims to ensure equitable treatment, recognizing the crucial contributions of reserve component members to military readiness. It is essential to promote fairness and acknowledge their vital role without compromising the integrity of the GI Bill system.

Summary of Recommendations:

- Pass the Guard and Reserve GI Bill Parity Act so that a day in uniform truly counts as such.

¹⁶ Joseph Adams, et al, Institute for Defense Analyses, *Sharing Burden and Risk in another Theater: An Operational Assessment of Reserve Component Forces in Afghanistan*, Paper P-8177 (Sep. 2018), <https://www.ida.org/research-and-publications/publications/all/s/sharing-burden-and-risk-in-another-theater-an-operational-assessment-of-reserve-component-forces-in-afghanistan>.

¹⁷ The term "paid points days" refers to days in which a service member receives credit in both retirement points as well as monetary compensation for that day of service. This is to differentiate between time served for merely for points, such as off-duty education, versus time served for points and pay, such as a regular duty day.

4. Mandate Interagency Data Sharing As It Relates to Federal Education Benefits

In 2015, our team embarked on a data-sharing project to seek a comprehensive understanding of the economic outcomes for enlisted veterans who use the Post-9/11 GI Bill. These critical education benefits represent a significant federal investment: Between 2009 and 2019, 2.7 million enlisted veterans were eligible for the Post-9/11 GI Bill, and the investment in participants reached nearly \$100 billion. Yet, despite the program's size and implications for broader discussions of college access and tuition-free college, there had been no definitive assessment of the program's economic outcomes. This is largely because the data has remained siloed in separate federal departments.

However, unprecedented interagency sharing of individual-level data has allowed the first in-depth assessment on the use and outcomes of the Post-9/11 GI Bill across all military branches, covering every enlisted service member who was eligible for the benefits and who separated from the military between September 1, 2009, and June 30, 2018, and was age 65 or younger as of December 31, 2019.

An interagency research team from VA's National Center for Veterans Analysis and Statistics (NCVAS), the U.S. Census Bureau, and the American Institutes for Research (operating as special-sworn-status employees under the control of the Census Bureau and abiding by the laws governing the handling of sensitive federal data) were able to combine data from VA, the Veterans Benefits Administration (VBA), the Department of Defense (DOD), Internal Revenue Service (IRS), U.S. Census Bureau, and National Student Clearinghouse (NSC) to explore the number and characteristics of veterans who used their GI Bill, the degrees that were obtained by those using the benefits, and their labor market outcomes.

The interagency research team was able to draw clear conclusions about student outcomes by accounting for sociodemographic data from VA and other agencies, as well as information about military rank, military occupation, service in hostile war zones, and academic preparation at enlistment by linking data from DOD.

Some of the key findings include:

- More than half (**54%**) of eligible enlisted military veterans used Post-9/11 GI Bill benefits to pay for their higher education between 2009 and 2019. That increases to 62% when counting veterans who transferred their GI Bill to their spouse or dependent and those who used the benefit outside of higher education, such as an apprenticeship. Additionally, more of these veterans may use the GI Bill at a later date, due to a provision in the Forever GI Bill which removed the 15-year delimiting window for veterans to use the benefit.
- Veterans' **college completion rate was double** that of other financially independent students nationally. Of those veterans who used the benefits after leaving the military, about 47 percent completed an associate, bachelor's, or graduate degree within six years. That rate is more than double the 23 percent 6-year associate or bachelor's degree completion rate of postsecondary students who, like veterans, are financially independent from their parents.
- **Female veterans were significantly more likely** than male veterans to use Post-9/11 GI Bill benefits to **enroll in higher education and to earn a degree**, but they **earned significantly less** in the labor market than male veterans with the same degree. However, the earnings gap by sex was smaller for veterans than for the general population.
- Veterans from **racial and ethnic groups** that have been historically underrepresented in higher education were more likely to use Post-9/11 GI Bill benefits to enroll in

postsecondary education but were **less likely to earn a degree** within six years than veterans overall. **Black veterans' earnings were significantly lower** than other veterans, and American Indian/Alaska Native earnings were also lower, but the earnings gaps for these racial subgroups were smaller for veterans than for the general population.

- The research showed a **clear association between veterans' Armed Forces Qualification Test (AFQT) scores** (representing academic preparation at time of enlistment) **and their use of GI Bill benefits, degree completion, and earnings**, with clear increases for each quintile of AFQT score.

This project demonstrates the type of information and insights that can be gleaned when agencies collaborate and share data. Based on the richness of the project findings, and the broad policy implications therein, we strongly advocate for legislative measures that promote continued data-sharing efforts to achieve these data on an annual basis. We propose a mandate for comprehensive data-sharing between the Commissioner for Education Statistics, Office of Federal Student Aid, Department of the Treasury (TREAS), DOD's Defense Manpower Data Center (DMDC), VA, VBA, IRS, Social Security Administration (SSA), and Census Bureau on veterans' outcomes and GI Bill expenditures. This collaborative effort would enable ongoing data-sharing to present a continued and holistic understanding of veterans' educational experiences and outcomes.

To enhance coordination across federal agencies, we recommend the establishment of an interagency task force focused on data collaboration efforts. This task force should be tasked with implementing a standard federal data dictionary associated with veterans, service members, and their families. It should define common data elements, following models such as the one proposed by the Bush Institute, and execute an annual crosswalk of Office of Postsecondary Education Identifiers (OPEID) and VA facility codes.¹⁸ This standardized approach will streamline data collection and analysis, allowing for more effective collaboration and informed decision-making.

Summary of Recommendations:

- Mandate comprehensive data-sharing between VA, DOD, ED, TREAS, IRS, SSA, and the Census Bureau, and enact a requirement for the VA to annually collaborate on GI Bill data with the Census Bureau, Department of Education, and National Student Clearinghouse.¹⁹
- Establish an interagency task force focused on data collaboration efforts, including the implementation of a standard federal data dictionary associated with veterans, service members, and their families to define common data elements as well as a crosswalk of OPEIDs and VA facility codes.

¹⁸ Kacie Kelly and Dr. Caroline Angel, George W. Bush Presidential Center, *Common Questions to Better Serve Our Vets* (Apr. 2020), <https://www.bushcenter.org/publications/common-questions-to-better-serve-our-vets>.

¹⁹ The U.S. Department of Education is broadly prohibited by law from sending data out, however they would be able to accept data and run analyses to produce findings for publication.

5. Fix the Definition of Independent Study at VBA Without Causing Damaging Repercussions

Late in 2023, we learned that VBA is planning to make a major change that would open the GI Bill to online programs that are unaccredited and/or do not lead to a degree or a certificate (non-college degrees) (see Appendix). The proposed change revises the definition of “independent study” and “distance education.” The effect of VA’s changes will remove online programs from the requirements of 38 U.S.C. § 3680A, which requires accreditation and that programs lead to a degree or certificate.

VBA’s proposed change will eliminate the only existing protection for student veterans from being subjected to aggressive recruiters and wasting their benefits on unaccredited online programs that do not lead to a degree. Further, State approving agencies’ (SAA) leadership has vociferously told VBA staff that this change will open the floodgates to low-quality online programs. For example, a program offering a monthly e-book on “the secrets to getting rich,” and resulting in no certificate or degree and no real learning, would become eligible to receive GI Bill benefits.

More importantly, Congress is the appropriate authority to define which programs are eligible for the GI Bill. The statute currently states that programs “pursued by radio” fall under the rubric of independent study and require accreditation and lead to a degree. This has historically been interpreted to include all modern online methods. VBA is proposing now to make a dramatic change in the status quo.

We strongly urge Congress to stop VBA from usurping Congress’ authority.

Summary of Recommendations:

- Amend 38 U.S.C. § 3680A to make clear that the existing practice of requiring online programs to be accredited and lead to a degree should be maintained. This could be accomplished by updating the words “pursued by radio” in the statute to “internet or other electronic means.”
- Amend the statute to include provisions specifying the criteria for program approval, such as adherence to recognized educational standards, demonstration of meaningful student-instructor interaction, and alignment with the needs of employers.

6. Ensure Proper Implementation of Isakson-Roe's Risk-Based Surveys of Colleges

Under the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, Section 1013, VA is required to implement a risk-based approach to identify schools that require additional scrutiny and potential corrections.^{20, 21}

We continue to urge the Committees to ensure this law is implemented at VA, given the large number of schools that suddenly close each year – particularly low-quality schools that engage in illegal practices and/or are put on probation by their accreditors.

In our testimony last year, we raised concerns regarding the VBA Education Service's Standard Operating Procedure for Risk Based Surveys and Standard Operating Procedures for Targeted Risk Based Reviews (SOPs).^{22, 23} We appreciate VBA's responsiveness to our feedback, and we commend them for taking steps to address the critiques.

Specifically, our concerns had highlighted the SOPs' confusion between the "scope" of a risk-based survey and triggering events under Section 1014 of Isakson-Roe, codified as 38 U.S.C. § 3673. This confusion resulted in the risk-based survey SOP failing to inform SAAs that, when they receive notice or become aware of the events in § 3673(e), they are required to complete a risk based survey within 60 days. We are pleased to acknowledge that following our outreach, VBA has taken some steps to align the SOP more closely with statutory requirements. We commend VBA for their commitment to improvement and responsiveness to stakeholder feedback.²⁴ Nevertheless, the SOP needs additional revisions to correctly address VA and SAA responsibilities.

We urge the Committees to ensure proper implementation of the risk-based methodology and to seek indications of the successful application of this new approach. In particular, SAAs and The American Legion conducted a very successful six-state pilot, and we recommend VA follow the model that was developed as a result.²⁵

²⁰ Public Law No: 116-315, *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (Jan. 5, 2021), <https://www.congress.gov/bill/116th-congress/house-bill/7105>.

²¹ Section 1013 of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* required the Secretary of Veteran Affairs to work with State Approving Agencies to develop a comprehensive program to conduct risk-based surveys with an effective date of October 1, 2022.

²² Veterans Education Success, *Statement for the Record: Legislative Priorities Submitted to the Senate and House Committees on Veterans Affairs*, Joint Committee on Veterans' Affairs Annual Legislative Hearing (Mar. 7, 2023), <https://vetsedsuccess.org/statement-for-the-record-legislative-priorities-submitted-to-the-senate-and-house-committees-on-veterans-affairs/>.

²³ In our 2023 annual legislative written testimony, our detailed concerns highlighted: 1. VBA appeared to have confused the "scope" of a risk-based survey, codified at 38 U.S.C. § 3673A(b)(2), with the triggering events, codified at 38 U.S.C. § 3673(e)(3), leading the SOP to incorrectly instruct SAAs to conduct risk-based surveys at an inappropriately high rate; 2. The SOP incorrectly instructed SAAs certain statutory triggers were merely "additional factors worth considering"; 3. The SOPs failed to embrace the statutorily required time limits for VA and SAAs to act, as codified at 38 U.S.C. § 3673(e)(1), and also failed to embrace Isakson-Roe's methodology of assigning risk-based reviews to SAAs to complete, codified at 38 U.S.C. § 3673(e)(1).

²⁴ Veterans Benefits Administration, Office of Education Service - Oversight and Accountability Division, *Standard Operating Procedure, Risk Based Surveys* (Jan. 2, 2024).

²⁵ Nathan Arnold et al, *Lessons from a Risk-Based Oversight Model Designed to Protect Students and Taxpayers* (Jan. 2022), <https://educationcounsel.com/wp-content/uploads/2022/01/RiskBasedReviewReportFinal012822.pdf>.

We also urge two technical corrections to Isakson-Roe to ensure its proper execution.

First, VA and SAAs are not receiving some of the notifications of adverse actions against schools, listed in 38 U.S.C. § 3673(e)(3). In particular, the National Association of State Approving Agencies reports that SAAs get very little data about unaccredited schools. We urge the Committees to improve the statute in two ways:

- Require schools to self-report to VA and the relevant SAA(s) any adverse actions outlined in 38 U.S.C. § 3673(e)(3), by adding a new section (g) to 38 U.S.C. § 3679: *"Institutions shall disclose to the Secretary and the relevant State approving agency or agencies any action or event described in 38 U.S.C. § 3673(e)(3) within thirty days of the institution's first knowledge of the action or investigation. Failure to provide such disclosures or any additional materials requested by the Secretary or a State approving agency may result in a withdrawal of the institution's eligibility to receive VA education funds."*
- Require VA to request from other agencies information about adverse actions outlined in 38 U.S.C. § 3673(e)(3), with language such as: *"(1) Every 90 days, the Secretary shall request from relevant agencies and departments, including the U.S. Department of Education, U.S. Department of Labor, U.S. Department of Defense, and U.S. Federal Trade Commission, information regarding any action or event described in 38 U.S.C. § 3673(e)(3) as well as any other adverse information about postsecondary institutions. (2) Every 90 days, each State approving agency shall request from relevant state departments and agencies, including the state higher education authorizing entity and state licensing boards, information regarding any action or event described in 38 U.S.C. § 3673(e)(3) as well as any other adverse information about postsecondary institutions."*

We encourage Congress to pass H.R. 3981, the *Isakson-Roe Education Oversight Expansion Act*, to make these necessary changes bulleted above.

Second, VBA has reportedly still not yet established the fully functioning database required for risk-based surveys, codified at 38 U.S.C. § 3637A(c). Notably, the statute requires VBA to develop the database "in partnership with the State approving agencies" and that it *shall* be "a **searchable** database." These requirements necessitate a database accessible to SAAs, not one that is exclusively available to VA employees. We recommend the Committees add to § 3637A(c) the words "within 120 days" to ensure VBA compliance in a timely fashion.

Summary of Recommendations:

- Pass H.R. 3981, the *Isakson-Roe Education Oversight Expansion Act*, to require schools to self-report to VA and the relevant SAA(s) any adverse actions outlined in 38 U.S.C. § 3673(e)(3).
- Mandate VA to request from other agencies information about adverse actions outlined in 38 U.S.C. § 3673(e)(3).
- Mandate VA act within 120 days to fulfill its prior statutory obligation to establish a fully functional and bidirectional database as required for risk-based reviews by the statute.

7. Improve the GI Bill Comparison Tool – and Oppose “Yelp”-Style Reviews

We urge the Committees to improve VA’s GI Bill Comparison Tool. Veterans need and deserve a modern college search tool when they use the GI Bill Comparison Tool. We appreciate the Committees’ prior work to require the GI Bill Comparison tool include side-by-side comparisons of schools and to search by geographic area. We recommend the Committees strengthen the GI Bill Comparison Tool by requiring VA to:

- Enable searches by major or degree sought by geographic area. The Comparison Tool is decidedly not user-friendly or modern.
- Provide student outcome metrics from ED, especially graduates’ earnings (as reported by the IRS to ED) and the comparison of an institution’s tuition and graduation rates to the national medians for that type of school (e.g., 2 year vs. 4 year), debt levels, and default rates. This information is readily available at ED and could be accomplished simply by pulling data from ED’s College Navigator and College Scorecard.^{26, 27, 28}
- Establish a “Risk Index” to enable veterans to be aware of the riskiest schools.
- Improve “Caution Flags” by posting these warnings in a timely manner so that prospective students have the information as soon as possible. Currently, VA fails to update and accurately maintain Caution Flags.
- Display student veteran complaints in a timely manner, as it can sometimes take several months, even after the complaint is closed, for complaint information to show up in the Comparison Tool.
- Show all student complaints received about a school on the Comparison Tool. In 2019, reportedly at the behest of for-profit college lobbyists, VBA adopted a policy to show only the complaints received in the most recent 24 months. This is not a veteran-centric policy and clearly benefits schools with a history of complaints. This is especially true in comparison to how the Federal Trade Commission (FTC) and Consumer Financial Protection Bureau (CFPB) operate, with the goal of not limiting consumer information available to individuals. The Comparison Tool should show the full history of complaints. The history, volume, and nature of complaints is relevant information, and veterans should be allowed to decide for themselves whether a school’s history of complaints matters in their decision making. SAAs, accreditors, other federal agencies, and academic researchers also would benefit from knowing a school’s history of student complaints.
- Include whether the school responded to a complaint and whether the complaint was resolved to the satisfaction of the veteran, as is the practice of the [Better Business Bureau](#) and the [CFPB](#). It is important for student veterans to know whether a school failed to respond to complaints received through the Feedback Tool. Disclosing information about school response rates and student satisfaction with the schools’ responses adds context to complaints and helps students make informed choices.

²⁶ 38 U.S.C. 3698 requires VA to maintain various metrics on the GI Bill Comparison tool, such as (i) its public, private nonprofit, or proprietary for-profit status; (ii) the accrediting agency’s name and contact details for student complaints; (iii) details on the State approving agency and its complaint contact information; (iv) participation in title IV programs under the Higher Education Act; (v) tuition and fees; (vi) median federal student loan debt upon program completion; (vii) cohort default rate; (viii) total enrollment, graduation rate, and retention rate; (ix) provision of technical, academic, and other support services; (x) policies on credit transfer from other institutions; (xi) administration of priority enrollment for student veterans; (xii) requirements for covered individuals under section 3679(e)(4); (xiii) affiliation with a religion and its denomination; (xiv) designation as a minority serving institution by the Secretary of Education or federal agency; and (xv) whether the institution is gender-specific.

²⁷ U.S. Department of Education, College Navigator, <https://nces.ed.gov/collegenavigator/>.

²⁸ U.S. Department of Education, College Scorecard, <https://collegescorecard.ed.gov/>.

- Maintain information about schools that close and/or lose GI Bill approval on the historical data section (“data download”) of the Comparison Tool for reference and research. For instance, student veterans who may be entitled to restoration of their GI Bill when a school closes or a program loses approval have difficulty locating information about their school when it disappears from WEAMS and the historical data section (“data download”) of the Comparison Tool.
- Allow student veterans who submit a complaint in the Feedback Tool to upload attachments and have the option to make the narrative portion of their complaint public on the Comparison Tool.
- Automate the ED/VA data-crosswalk as it is labor intensive for VA employees to update it manually and they fail to do so. This is a simple process of aligning VA’s facility codes with ED’s OPEID numbers for each school, but it is an essential alignment.

Separately, VA has previously considered inviting veterans to post “Yelp”-style star ratings and reviews about schools. However, such consumer rating reviews are susceptible to unfair and deceptive manipulation by businesses. The FTC is undertaking a rulemaking²⁹ to address the well-documented and persistent problem of paid positive reviews and fake reviews because “[d]eceptive and manipulated reviews and endorsements cheat consumers looking for real feedback on a product or service and undercut honest businesses.”³⁰ According to the FTC:

“Research shows that many consumers rely on reviews when they’re shopping for a product or service, and that fake reviews drive sales and tend to be associated with low-quality products. The rapid growth of online marketplaces and platforms has made it easier than ever for some companies to create and use fake reviews or endorsements to make themselves look better or their competitors look worse.”³¹

The FTC observed, **“It can be difficult for anyone—including consumers, competitors, platforms, and researchers—to distinguish real from fake, giving bad actors big incentives to break the law.”³²**

It is not hard to imagine the worst predatory schools giving gift cards or other advantages to VA beneficiaries in exchange for posting positive reviews about the schools. Therefore, we strongly **urge the Committees to require VA to officially abandon its idea of “Yelp”-style reviews and heed the FTC’s guidance.** If, however, VA is determined to move forward with “Yelp”-style reviews, the Committees should forbid schools from paying veterans to post positive reviews, by enacting language that says:

“An institution shall become ineligible to enroll eligible veterans or eligible beneficiaries in courses or programs if the institution, course, or program offers, directly or indirectly, premiums, payments, stock or other securities, prizes, travel, entertainment expenses, gifts, scholarship, tuition reduction, tuition payment or reimbursement, or other inducements to veterans or beneficiaries related to any feedback the veterans or

²⁹ Federal Trade Commission Press Release, *FTC to Explore Rulemaking to Combat Fake Reviews and Other Deceptive Endorsements* (Oct. 20, 2022), <https://www.ftc.gov/news-events/news/press-releases/2022/10/ftc-explore-rulemaking-combat-fake-reviews-other-deceptive-endorsements>; see also, Federal Trade Commission Press Release, *Federal Trade Commission Announces Proposed Rule Banning Fake Reviews and Testimonials* (Jun. 30, 2023), and Federal Trade Commission Press Release, *FTC to Hold Informal Hearing on Proposed Rule Banning Fake Reviews and Testimonials* (Jan. 9, 2024).

³⁰ Federal Trade Commission Press Release (Oct. 20, 2022)

³¹ *Id.*

³² *Id.*

beneficiaries post on the GI Bill Feedback Tool" (borrowing from 20 U.S.C. § 1078(b)(3)).

Summary of Recommendations:

- Direct VA to modernize the GI Bill Comparison tool by enabling searches by major or degree sought by geographic area, providing student and institutional outcome metrics from ED, establishing a "Risk Index" to enable students to avoid risky schools, and improving "Caution Flags" and the presentation of information about student veteran complaints .
- Prohibit VA from publishing "Yelp"-style ratings, which the FTC notes are historically abused.

8. Forbid Transcript Withholding

Colleges frequently withhold their students' academic transcripts for balances due, even when the debt is disputed. Indeed, transcript withholding is one of the most common debt collection tactics used by colleges across all sectors. Many colleges withhold transcripts for various kinds of institutional debt, ranging from big dollar amounts like tuition and room and board to small sums like library fines, parking tickets, and the like. The frequency of the practice has been estimated by the Ithaca S+R research group, which found that roughly 6.6 million students may be having their transcripts withheld for up to \$15 billion in unpaid balances to colleges.³³

In March 2022, we published a report providing a deep analysis of this issue and how it affects the veteran and military community.³⁴ Many student veterans, service members, and their families have brought complaints to Veterans Education Success about unfair transcript withholding and its negative impact on their lives. Of the 85 student veteran complaints related to transcript withholding that we presented in that report:

- 35% are related to disputed debts, often having to do with inaccurate billing or students' believing their GI Bill or other educational benefits covered the cost of attendance.
- 34% are general complaints about transcript withholding.
- 20% are related to debt arising from deceptive or predatory institutional practices.
- 7% are related to closed school issues.
- 4% are related to complaints over loans the veterans did not authorize.

ED's new regulations banning transcript withholding for periods paid with Title IV funds will take effect soon. If Congress and VA do not act to also update Title 38 protections, this will be yet another example of student veterans and their families being deprived the same protections as other students in higher education.

Stranded credits represent an often insurmountable barrier for students who are under-served and low-income or who were misled and defrauded; their educational journey comes to a halt as a result of an inability to transfer and complete their programs. The practice also imposes a heavy cost on the nation's productivity and its efforts to facilitate socio-economic mobility through education and training, as transcript withholding can prevent students from obtaining stable employment.

This practice is especially problematic given that the practice of transcript withholding disproportionately impacts those with the fewest means. If students are literally unable to afford the debt they owe, denying them the transcript they need to obtain a job or complete their education is counterproductive.

This is compounded by the many ways in which the institutions themselves may have been culpable or complicit in causing students to drop out or leave with unpaid balances. These range from the extreme of unfair, deceptive, or abusive acts or practices to the questionable practice of "gapping" students in need – admitting and enrolling students despite enormous amounts of unmet need, typically filled in with sizable amounts of unsubsidized, parental, or

³³ Julie Karon, James Dean Ward, Catherine Bond Hill, Martin Kurzweil, *Solving Stranded Credits: Assessing the Scope and Effects of Transcript Withholding on Students, States, and Institutions*, Ithaca S+R (Oct. 5, 2020), <https://sr.ithaca.org/wp-content/uploads/2020/10/SR-Report-Solving-Stranded-Credits-100520.pdf>.

³⁴ Veterans Education Success, *The Student Veteran Experience with Transcript Withholding* (Mar. 2022), <https://vetsedsuccess.org/the-student-veteran-experience-with-transcript-withholding/>.

private label debt – which often indicates that lesser cost institutions might be more appropriate venues.

The negative consequences of transcript withholding on student veterans are myriad, as student veterans who lack a transcript are often precluded from transferring to another school, re-enrolling, or – if they've already completed college – beginning an advanced degree. It can also impinge on a student's eligibility for a job interview and even some military promotions. Consider this quote from one student veteran, and how they have seen the destructive nature of this practice on their own life:

"I was hired for a job and I requested my school transcripts to be sent to my employer. The school sent me a letter saying they won't release my transcripts because I owe money for that one class. I told the employer the school won't release them to me, and the employer hired someone else. It cost me a \$35,000 a year job. I had to do an internship and wait a few years to get a job. Because I couldn't produce transcripts, it took me five years to find a job that would hire me. I'm a disabled vet that has a handicap in the workplace. Now I'm in default on student loans. I won't be able to pay it back. Screwed for life. The school said I would be able to find a job around \$60,000."³⁵

We offer the below recommendations to the Committees on how to best structure a precondition for schools to be eligible for receipt of Title 38 education benefits. The Committees should generally prohibit the practice as a tool for collecting outstanding debt from former students, irrespective of the periods covered by the use of VA benefits.

Finally, we call on Congress to require all at-risk institutions, particularly schools without adequate capitalization (as defined by ED's Heightened Cash Monitoring), to implement satisfactory record retention plans with qualified third parties to ensure permanent or long-term availability of transcript and degree verification services if the entity ceases to operate.

Summary of Recommendations:

- Establish as a condition of GI Bill eligibility for programs and institutions that the institution maintains a policy prohibiting the practice of transcript withholding for students receiving Title 38 education benefits.
- Require all at-risk institutions, particularly entities without adequate capitalization as defined by ED's Heightened Cash Monitoring, to implement satisfactory record retention plans with qualified third parties to ensure permanent or long-term availability of transcript and degree verification services if the entity ceases to operate.

³⁵ Quotes come from the more than 4,000 student veterans who have brought complaints to Veterans Education Success. For privacy protection, the students' names are withheld.

9. Change VA's Debt Collection Practices

We urge the Committees to rein in VA's debt collection practices, as we testified previously.³⁶ Of special concern is VA's debt collection for "retroactive readjustments" of GI Bill benefits awarded to a veteran, and we urge the Committees to halt this practice. A "retroactive readjustment" means that VA adjusts a veteran's GI Bill eligibility after the veteran has used the benefit. If the problem was VA error, and a veteran honorably relied on VA's procedures, then it is not fair to subject the veteran to debt collection.

In our previous testimony, we noted, "VA's aggressive debt collection methods are particularly unfair, given that VA relies on outdated methods of notifying veterans. VA's letters alerting veterans of a debt are often confusing, and sent to outdated addresses."³⁷ While Section 1019 of the *Isakson-Roe* Act has addressed some of the underlying factors associated with GI Bill overpayments, the issue of VA debt collection practices has not been comprehensively addressed.

We support the prohibition of VA from executing clawbacks based "solely on administrative error" or "error in judgment" consistent with [38 U.S.C. § 5112\(b\)\(10\)](#). However, it is our firm belief that VA defines administrative error quite narrowly based on the number of clawbacks that still occur.³⁸ For instance, VA takes the position that if the beneficiary "should have known" they were not entitled to the benefit then the overpayment was not due solely to administrative error.³⁹ VA's assessment, however, of whether a beneficiary should have known they were not entitled to the benefit may disregard the realistic and practical limits of a student veteran's understanding about the payment when it was received and that the student's misunderstanding may have originated with the information VA provided.

We urge congress to ban VA's authority to claw back overpayments in situations where the overpayment is the error of VA, and establish a limitations period after which clawbacks are prohibited, with the exception of cases of fraud or malfeasance.

Summary of Recommendations:

- Ban VA's authority to claw back GI Bill overpayments in situations where the overpayment is the error of VA.
- Establish a limitations period after which GI Bill clawbacks are prohibited, with the exception of cases of fraud or malfeasance.

³⁶ Veterans Education Success, Written Testimony, House Committee on Veterans' Affairs Subcommittee on Oversight and Investigations Legislative Hearing (Sept. 19, 2019), <https://vetsedsuccess.org/our-written-testimony-for-house-veterans-affairs-hearing-on-va-debt-collection-practices/>.

³⁷ *Id.*

³⁸ VA regulations associated with debt collection are [38 C.F.R. § 21.9695\(b\)](#) and [38 C.F.R. § 21.9635\(r\)](#).

³⁹ A review of VA guidance on debt collection underscores how narrow the VA interpretations are, especially in the case of administrative error. For reference, https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/content/554400000179474/M21-1-Part-VI-Subpart-i-Chapter-2-Section-B-Correcting-the-Erroneous-Payment-of-Benefits-to-a-Beneficiary#3.

10. Ensure Orderly Processes and Restoration of Benefits in Cases of School Closures

Sudden school closures leave students in the lurch, with no end in sight to this alarming trend. Committee members recall the closures of ITT Tech, Corinthian Colleges, Argosy University, and, more recently, three brands owned by the Center for Excellence in Higher Education (CollegeAmerica, Stevens-Henager, and Independence University), plus many others.

Once a school has closed suddenly, student veterans are left trying to figure out their next step. We recommend the Committees require VA to protect student veterans by allowing only financially sound providers, as defined by ED's Heightened Cash Monitoring model or similar, to participate in VA education programs.

In addition, the Department should mandate that all VA-approved programs put in place and document safeguards against sudden shut-downs and pre-approved contingency plans ensuring orderly closure processes in which students are properly notified with advanced warning. Students should also be provided viable transfer options, and guaranteed the continued and permanent access to their transcripts and records. We believe a 2020 Maryland law provides a useful model of this approach.⁴⁰

Additionally, S. 2795, the *Fiscal Year 2024 VA Extenders Legislation*, established the most recent authority for VA to restore GI Bill benefits to students who were pushed out of their programs due to a closure or disapproval before September 30, 2025.⁴¹ VA needs to be able to continue to restore benefits when a school closes or a program is disapproved beyond this date, and we call on Congress to increase the period of coverage to a minimum of five additional years to reflect a date of September 30, 2030 or later.

Separately, VA continues to incorrectly apply the provisions of the VETS Credit Act beginning on the date of enactment of the legislation.^{42,43} Despite being a process change and not a change in rights or substance, this issue has been a persistent challenge with VBA staff to apply the law consistent with Congressional intent. To make it more explicit, language such as the following would clarify this issue for VA: "(b) EFFECTIVE DATE: The amendments made by section 2 of the Veterans Eligible to Transfer School (VETS) Credit Act (136 Stat 4375; Public Law 117-297) shall apply to any closure or disapproval on or after August 1, 2021." This would make it abundantly clear that veterans can have their GI Bill benefits properly restored, and would put to rest any further misunderstanding on the issue.

Finally, we believe a minor technical adjustment related to school closure issues would have a highly consequential impact for student veterans. At present, 38 U.S.C. §3699 affords veterans to have their benefits restored under limited circumstances, such as a change to "a provision of law enacted after the date on which the individual enrolls at such institution affecting the approval or disapproval of courses under this chapter" or, if "the Secretary prescribing or modifying regulations or policies of the Department affecting such approval or disapproval." We believe the addition of a section iii that states "or for any other reason" would be an appropriate and much-needed change to §3699(b)(1)(B) because school closure due to a provision of law is

⁴⁰ Maryland orderly school closure law: SB 446 (enacted May 7, 2020),

<http://mgaleg.maryland.gov/mgaweb/Legislation/Details/SB0446?ys=2020RS>.

⁴¹ Public Law No. 118-19, *Continuing Appropriations, Fiscal Year 2024 Act*, 118th Congress, First Session, (Oct. 6, 2023), <https://www.congress.gov/118/plaws/publ19/PLAW-118publ19.pdf>.

⁴² Public Law No. 117-297, *Veterans Eligible to Transfer School (VETS) Credit Act*, 117th Congress, Second Session, (Dec. 27, 2022), <https://www.congress.gov/117/plaws/publ297/PLAW-117publ297.pdf>.

⁴³ Veterans Education Success. *Our Letter to VA regarding the VETS Credit Act*. (Jun. 14, 2023), <https://vetsedsuccess.org/our-letter-to-va-regarding-the-vets-credit-act/>.

a very narrow circumstance, and does not help the tens of thousands of veterans who are affected every year by school closures..

These substantive and technical improvements would significantly enhance the ability of GI Bill students to continue on their educational journey. This is the least they deserve after experiencing the devastating events associated with a precipitous school closure scenario.

Summary of Recommendations:

- Require VA to protect student veterans by allowing only financially sound providers to participate in VA education programs.
- Mandate that all VA-approved programs put in place and document safeguards against sudden shut-downs and pre-approved contingency plans ensuring orderly closure processes in which students are properly notified with advanced warning, are provided viable transfer options, and are guaranteed continued and permanent access to their transcripts and records.
- Extend VA's expired authority to restore GI Bill entitlement in cases of school closure or disapproval for an additional minimum period of five years.
- Direct VA to allow veterans to apply for GI Bill restoration when their school closes or their program loses approval without having to transfer to another school, including students attending schools closed/disapproved before the date of enactment of the VETS Credit Act.
- Amend 38 U.S.C. §3699(b)(1)(B) by adding a new section (iii) that states "or for any other reason."

11. Support Veterans Utilizing the Excess Leave Program While Administratively on Active Duty

VA created an issue stemming from their abrupt policy shift concerning service members enrolled in the Marine Corps Excess Leave Program (ELP). This policy change, initiated by VA's Office of General Counsel, reclassifies ELP participants as being on "active duty," thereby stripping them of their MHA under their GI Bill benefits. This is due to not being entitled to concurrently receive GI Bill MHA and DOD housing benefits, despite being eligible for little to no housing support from DOD while administratively on ELP.

Effective August 1, 2023, this new policy from VA imposes severe financial hardships on seven service members who embarked on law school studies with the assurance of MHA support. VA has refused to exempt currently enrolled students from this new interpretation. There are currently seven students who enrolled in law school based on the longstanding policy that ELP participants are entitled to MHA. Despite starting their program under one set of rules, these student veterans now face substantial housing expenses and the likely need to take out loans, with limited options to withdraw from school due to career repercussions and extended service obligations.

The situation underscores the need for immediate action to exempt current ELP participants from the new interpretation and explore legislative remedies in collaboration with the VA Committees. We have called on VA to make the commonsense and fair decision to not implement this new policy for these seven service members, to prevent harm to these individuals and to afford them to use their full GI Bill benefits they rightfully earned.⁴⁴ However, VA refuses to exempt the current class from the implementation of this change and to "grandfather" these students under the previous interpretation, despite the change occurring in the middle of their program.

Therefore, we urge Congress to amend 38 U.S.C. § 3313(e) to explicitly authorize a monthly housing allowance for Excess Leave Program participants notwithstanding their active-duty service status.

Summary of Recommendations:

- Amend 38 U.S.C. § 3313(e) to explicitly authorize a monthly housing allowance for Excess Leave Program participants notwithstanding their active-duty service status.

⁴⁴ Veterans Education Success, *Our Letter to the Department of Veterans Affairs on the Marine Corps Excess Leave Program* (Jun. 21, 2023), <https://vetsedsuccess.org/our-letter-to-the-department-of-veterans-affairs-on-the-marine-corps-excess-leave-program/>.

12. Oppose Full Housing Allowance for Online-Only Students

We believe the significant federal costs of increasing the monthly housing allowance (MHA) for online-only students should not be the top spending priority for the Veterans' Affairs Committees, given existing and more compelling unmet needs of veterans. Based on estimates from the VA, an annualized cost for increasing MHA for online-only students can be reasonably expected to cost **more than \$15 billion over 10 years**.⁴⁵ We have urged Congress to set aside this idea and instead prioritize issues such as GI Bill Parity for Guard and Reserve service, Survivors and Dependents Chapter 35 improvements, and restoring the GI Bill for defrauded student veterans.

Furthermore, a recent working paper from the Annenberg Institute at Brown University found “enrolling in an exclusively online degree program had a negative influence on students’ likelihood of completing their bachelor’s degree or any degree when compared to their otherwise-similar peers who enrolled in at least some face-to-face courses.”⁴⁶ In particular, military-connected students are 11.4% less likely to graduate from online-only programs, a significant concern to consider when discussing online learning in general.⁴⁷

We believe that a common principle is the desire to support veterans and their families. In doing so, we further believe it is important to consider the second and third order effects of these policies, and to anticipate their adverse unintended consequences. In the instance of this proposal, we strongly caution Congress about such a shift in policy, and recommend considering the following associated impacts:

- **Incentivizing Students to Leave Flagship Public Universities.** Such a policy change would incentivize veterans to leave high-quality, flagship public universities in low-housing cost states – such as Arizona, Indiana, Kentucky, South Carolina, and Wisconsin – to attend lower-quality online-only college chains due to the housing allowance being higher. Current housing allowance rates for in-person and hybrid learners are based on DOD housing allowance rates (BAH) for an “E-5 with dependents.”⁴⁸ DOD recognizes 339 different housing allowance zones. Over sixty percent of these DOD BAH zones have housing costs less than the national average. In some of the least expensive zones, the housing allowance is one-half the national average.⁴⁹ Student veterans in 206 zones would receive more housing allowance by attending an online-only school.

Even if a proposal were to limit the timeframe to the summer term, a potential increase of \$3,000 or more would be a powerful economic factor to incentivize students to switch to a solely online college. Furthermore, veterans switching from

⁴⁵ U.S. Department of Veterans Affairs, *Statement of Joseph Garcia, Executive Director, Education Service, Veterans Benefits Administration, Department of Veterans Affairs (VA), before the Committee on Veterans' Affairs Subcommittee on Economic Opportunity, U.S. House of Representatives*, (Oct. 18, 2023), <https://docs.house.gov/meetings/VR/VR10/20231102/116445/HHRG-118-VR10-Wstate-GarciaJ-20231102.pdf>.

⁴⁶ Justin C. Ortagus, Rodney Hughes, and Hope Allchin, *The Role and Influence of Exclusively Online Degree Programs in Higher Education*, EdWorkingPaper: 23-879, Annenberg Institute at Brown University (2023), <https://doi.org/10.26300/xksc-2v33>.

⁴⁷ *Id.*

⁴⁸ U.S. Department of Veterans Affairs, *Post-9/11 GI Bill (Chapter 33): How does VA determine my monthly housing allowance (MHA)?* (2023), www.va.gov/education/about-gi-bill-benefits/post-9-11/#how-does-va-determine-my-month.

⁴⁹ Defense Travel Management Office, *Basic Allowance for Housing Rate Lookup* (2023) <https://www.travel.dod.mil/allowances/basic-allowance-for-housing/bah-rate-lookup/>.

public colleges and universities to online-only college chains would receive a lower-quality education. The existing unbiased research regarding distance learning has documented better outcomes for in-person education when compared to online education.⁵⁰ Certainly, more investigation is needed before Congress acts to prioritize online programs and incentivize student veterans to attend online colleges.

- **Marketing Tool for Bad Actors.** Low-quality and predatory schools would use the availability of an increased housing allowance as a selling point to target veterans to attend predatory and exploitative programs. In the aftermath of having finally closed the 90/10 loophole, a shift to a full housing allowance for solely online colleges would re-establish veterans as a target for unscrupulous schools; many of these schools have been sued by law enforcement and fined by federal agencies for defrauding students, and can reasonably be expected to abuse this change.⁵¹
- **Increasing Overall Costs.** We believe that much of the potential enrollment shift incentivized by the higher housing allowance would be from low-tuition public institutions to high-tuition private ones, driving up costs not only for VA, but also for the very student veterans that the bill seeks to help. Much of our work with veterans seeking our support involves speaking with former students who were recruited through high-pressure sales tactics. These students were often led to believe that their GI Bill benefits would cover all costs, only to find themselves heavily in debt as the schools exhausted their benefits and forced them to borrow.
- **Undermining the Rationale for Online Education.** Such a change would also undermine the original intent of Congress that established a lower housing allowance for solely online study as being meant to accommodate the additional employment flexibility and convenience that distance education is intended to provide non-traditional students.⁵² Entirely online courses are typically designed to allow students to continue working while enrolled. The lower housing allowance provided to solely online students therefore reflects this central distinction from in-person students; setting it at the same or greater rate as for in-person students would overlook meaningful differences in expenses and opportunity costs incurred by students enrolled in the two distinct modes of delivery.

At the onset of the COVID public health emergency, when many institutions had to move their classes online, we supported the Veterans' Affairs Committees' work to change the housing policy to allow students enrolled in online courses to continue to receive 100 percent of their residential monthly housing allowance.⁵³ This temporary policy was intended to accommodate the significant additional housing costs that in-person students had already incurred when the pandemic forced them to go online.

⁵⁰ See, e.g., Stephanie Riegg Cellini, Brookings Institution, *How Does Virtual Learning Impact Students in Higher Education* (Aug. 13, 2021), <https://www.brookings.edu/blog/brown-center-chalkboard/2021/08/13/how-does-virtual-learning-impact-students-in-higher-education/>.

⁵¹ *People of the State of California v. Ashford University, et al.*, 37-2018-00046134-CU-MC-CTL, Statement of Decision (hereinafter, "Order"), filed Mar. 3, 2022, available at https://oag.ca.gov/system/files/attachments/press-docs/37-2018-00046134-CU-MC-CTL_ROA-696_03-03-22_Statement_of_Decision_1646669688827.pdf.

⁵² U.S. Senate Report 111-346, *POST-9/11 VETERANS EDUCATIONAL ASSISTANCE IMPROVEMENTS ACT OF 2010* (2010), <https://www.congress.gov/congressional-report/111th-congress/senate-report/346/1>.

⁵³ Public Law 116-140, *Student Veteran Coronavirus Response Act of 2020*, 116th Congress, 2nd Session (2020), <https://www.congress.gov/116/plaws/publ140/PLAW-116publ140.pdf>.

Today, colleges are back in-person, and proper policy should revert to status quo ante by acknowledging the higher housing costs incurred by students attending in-person. We urge the Committees not to move forward with any proposals increasing the MHA rate for online-only students. Instead, we believe a near-term solution would be for Congress to direct the execution of an unbiased study of online learning outcomes as it pertains to Title 38 veterans education benefits.

Summary of Recommendations:

- Oppose full housing allowance for online-only students

13. Strengthen Veteran Readiness & Employment

We applaud both Committees' commitment to the Veteran Readiness & Employment (VR&E) program and VA's continued efforts to improve it. As we testified previously, we recommend the Committees further decrease the number of clients per counselor and increase training for VR&E counselors to ensure consistency in counseling. Veterans have described their experiences to us as follows, demonstrating the need for more counselors who are better trained:

- Veteran DC: "I recently went through the gauntlet with VR&E and I am still denied services! I cannot do ANYTHING with my nursing degree or a four year degree in Health and Human Services per my disabilities yet the VR&E counselors refuse to assist me."
- Veteran AJ: "I have been [battling] with VR&E SINCE 2019. Despite working toward a successful career in the equine industry VR&E forced me in to truck driving [which] landed me homeless in 2019. I am currently approved for 28 months of benefit but they consistently try to push me to college career paths that will not lead to a successful career. I have provided dept of labor proof of 30% growth in the equine industry, active [job] postings and still they refuse my request for a AAS in equine studies. Is there any help available?"
- DB: "I am sending a message because I am about to move across country ... because my husband is still Active Duty. I have been trying to get ahold of my VR&E representative but I cannot."
- Veteran TA: "I'm 100% total and permanent. I was denied VR&E education benefits due to me already having a degree. I can no longer work in that particular field of work for various reasons."

We also recommend the Committees establish a similar Monthly Housing Allowance for VR&E students as for Post-9/11 GI Bill students.⁵⁴ Continued disparities only serve to exacerbate the typical challenges non-traditional students face in maintaining a heavy course load, while often working full or part-time.

Finally, we would like to commend the e-VA Document Repository and Automation Initiative, which will significantly reduce an otherwise time- and effort-intensive process for VR&E counselors. This digitization and automation will allow student veterans to provide critical information in a greatly more efficient and effective manner.

Summary of Recommendations:

- Decrease the number of clients per counselor ratio and increase training for VR&E counselors to ensure consistency in counseling.
- Establish Monthly Housing Allowance parity between VR&E students and Post-9/11 GI Bill students.

⁵⁴ Veterans Education Success, Statement for the Record, House Committee on Veterans' Affairs Economic Opportunity Subcommittee Hearing, *Getting Veterans to Work after COVID-19* (Jul. 21, 2020), <https://vetsedsuccess.org/our-sfr-for-july-21-hvac-economic-opportunity-subcommittee-hearing-getting-veterans-to-work-after-covid-19/>.

14. Provide Consumer Education to Prospective Student Veterans

Beyond the imperative of doing the utmost to ensure that only quality providers are allowed to access VA funds, Congress can also mandate specific data reporting and consumer education practices that would enable prospective student veterans to make well-informed choices, improve educational and labor-market outcomes for them, and produce significant savings to the federal government by rendering the programs more efficient:

- Provide student veterans with substantive pre-enrollment counseling services to assist veterans in identifying the best programs for their needs. This could provide more objective, evidence-based advice to prospective students, many of whom are subject to wildly exaggerated and sometimes deceptive advertising and recruitment pitches that place them in low-quality programs and leave them with low-value or mismatched credentials while exhausting their GI Bill benefits.
- Educate veterans about student loans – including what a “Master Promissory Note” (MPN) is – a sorely needed improvement because too many veterans wind up with student loans they did not want or need. To make the obligations of the Master Promissory Note much more explicit, we also encourage the Committees to work with members of the Education Committees to rename the Master Promissory Note as “Student Loan Contract.”⁵⁵

Summary of Recommendations:

- Mandate student veterans to receive substantive pre-enrollment consumer education to assist in identifying the best programs for their needs.
- Establish opportunities for veterans to learn about student loans – including what a “Master Promissory Note” is – in advance of applying for Federal loans.

⁵⁵ Veterans Education Success, *Veterans with Student Loans They Never Authorized or Wanted* (Mar. 2022), <https://vetsedsuccess.org/veterans-with-student-loans-they-never-authorized-or-wanted/>.

15. Provide Education Benefits for General Discharges Under Honorable Conditions

Eligibility for most veterans' benefits, including compensation, pension, home loan, and insurance, requires that a veteran's character of discharge or service be under other-than-dishonorable conditions (e.g., honorable, under honorable conditions, general). Yet, even if a veteran's character of service is "general under honorable conditions," the Post-9/11 GI Bill is unfairly denied.

During debate of the historic World War II Servicemembers' Readjustment Act of 1944, the key Senate Committee voted unanimously to uphold GI Bill entitlement for all discharges other than dishonorable, and a 1946 Senate Report declared, "It is the opinion of the committee that such discharge [less than Honorable] should not bar entitlement to benefits otherwise bestowed unless the offense was such... as to constitute dishonorable conditions."⁵⁶ Forty years later, a requirement was added to the Montgomery GI Bill that excluded education benefits for veterans issued general discharges under honorable conditions. This latter-day limitation was not imposed on other veterans' benefits.

According to The American Legion, between 2019 and 2021, 36,000 veterans were separated from the service with a general discharge under honorable conditions and thereby denied access to the Post 9/11 GI Bill. Thus, they were denied a critical transition benefit to assist them in adjusting to civilian life.

We urge the Committees to correct this historical inequity by granting these service members the same education benefits as were provided for our nation's World War II veterans and those who served before enactment of the Montgomery GI Bill.

Summary of Recommendations:

- Grant Title 38 education benefits eligibility for veterans with a General Discharge Under Honorable Conditions.

⁵⁶ U.S. Senate Report, Report 755, 78th Congress, Second Session, *Providing Federal Government Aid for the Readjustment in Civilian Life of Returning World War II Veterans*, p. 15 (Mar. 18, 1944), <https://www.finance.senate.gov/imo/media/doc/SRpt78-7551.pdf>.

Conclusion

Veterans Education Success sincerely appreciates the opportunity to express our legislative priorities before the Committees. As the higher education industry continues to evolve in these very dynamic times, we emphasize the importance of maintaining high standards of quality. Student veterans, taxpayers, and Congress must expect the best outcomes from the use of hard-earned GI Bill benefits. We look forward to the enactment of these priorities, and we are grateful for the continued opportunities to collaborate on these initiatives.

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Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, Veterans Education Success has not received any federal grants in Fiscal Year 2024, nor has it received any federal grants in the two previous Fiscal Years.

APPENDIX

MEMORANDUM

TO: The Honorable Joshua Jacobs, U.S. Department of Veterans Affairs

CC: The Honorable James Kvaal, U.S. Department of Education
 The Honorable Terri Tanielian, White House Domestic Policy Council
 Mr. Joe Garcia, Education Service, Veterans Benefits Administration
 Ms. Faye Fernandes, Senate Committee on Veterans' Affairs
 Ms. Kesley Baron, Senate Committee on Veterans' Affairs
 Ms. Katy Flynn, House Committee on Veterans' Affairs
 Mr. Justin Vogt, House Committee on Veterans' Affairs

FROM: Veterans Education Success

DATE: February 6, 2024

RE: Proposed Regulatory Changes Opening up GI Bill to Unaccredited Online Programs

The U.S. Department of Veterans Affairs (VA) has proposed a major change that would open the GI Bill to unaccredited online programs and online programs that do not lead to a college degree or certificate meeting certain criteria (hereinafter non-college degrees, or "NCDs"). The proposed rule change is currently being done *without public comment*, and would revise the definition of "independent study" and "distance education." The effect of this will be to remove online programs from the requirements of [38 U.S.C. § 3680A](#), a statutory authority which requires accreditation and that programs lead to a degree/certificate.

VA should abandon its efforts to extend GI Bill approval to unaccredited online programs and online programs that do not lead to a degree/certificate, and open up any substantive regulatory changes to public comment in accordance with the Administrative Procedures Act.

Background

Congress set forth the requirements for an Independent Study program in 38 U.S.C. 3680A(a), which has long been understood to include online programs.⁵⁷ [38 U.S.C. § 3680A\(a\)](#) provides:

"The Secretary shall not approve the enrollment of an eligible veteran in any of the following:

...

(4) Any independent study program except an independent study program (including such a program taken over open circuit television) that—

(A) is accredited by an accrediting agency or association recognized by the Secretary of Education under subpart 2 of part H of title IV of the Higher Education Act of 1965 ([20 U.S.C. 1099b](#));

(B) leads to—

(i) a standard college degree;

(ii) a certificate that reflects educational attainment offered by an institution of higher learning;

or

⁵⁷ See also 38 U.S.C. § 3523(a)(4)(Dependents' Educational Assistance funds may not be used for an independent study program (including open circuit television) unless it is an accredited program leading to a standard college degree) and 38 U.S.C. § 3676(e)(prohibiting unaccredited course of education in whole or in part by independent study).

- (iii) a certificate that reflects completion of a course of study offered by [an area career and technical school or a postsecondary vocational institution]...; and
- (C) in the case of a program described in subparagraph (B)(iii)—provides training aligned with the requirements of employers....

The statute expressly provides that programs offered over open circuit television fall under the definition of independent study and must be accredited and lead to a degree/certificate in order to receive GI Bill funds. Open circuit television was the technological precursor to programs offered online.

In 2021, VA published a proposed rule to address the confusion of some SAAs about which state has jurisdiction over online programs.⁵⁸ VA reported that stakeholders had erroneously concluded that the regulation governing SAA jurisdiction for independent study programs does not address which state has jurisdiction for online programs. In the [2021 notice of proposed rulemaking](#) ("NPRM"), VA explained the longstanding status quo of interpreting independent study to also include online programs:

"VA views online distance learning as a subset of courses offered through independent study and, therefore, views current § 21.4250(a)(3) as controlling which SAA has jurisdiction to approve a course offered via online distance learning...

The relationship between independent study and online distance learning is further clarified in [38 CFR 21.4267\(b\)](#). VA defines independent study in that section for the purposes of educational assistance programs as a program that 'consists of a prescribed program of study with provision for interaction between the student and [instructor] . . . through use of communications technology, including . . . videoconferencing, computer technology (to include electronic mail), and other electronic means' and is 'offered without any regularly scheduled, conventional classroom or laboratory sessions.' [38 CFR 21.4267\(b\)\(1\)\(i\)](#) and [\(ii\)](#). The definition provided for independent study encompasses distance learning in VA's view, which includes courses offered online. Therefore, online distance learning is currently classified as independent study for the purposes of VA educational assistance programs. Consequently, when current § 21.4250(a)(3) states that the SAA for the State where the educational institution's main campus is located is the SAA of jurisdiction for the approval of independent study program, it is likewise stating that such SAA is the SAA of jurisdiction for the approval of online distance learning programs.⁵⁹

VA determined that "even though" the appropriate SAA jurisdiction for online programs is addressed under the rules for independent study, it proposed to explicitly include the term "online distance learning" in the jurisdictional regulation, stating, "Such an amendment would not substantively change the current definitions. Rather it is proposed to curtail confusion among some SAAs and educational institutions while maintaining the status quo."

Today, rather than adopting the clarifying rule proposed in 2021, VBA seeks to use that NPRM as the basis for adopting radical and substantive changes to the regulatory definitions of independent study and distance education so as to remove online programs as a subset of independent study.

While Congressional staff have posited suspicions about what is motivating VBA's change, we cannot comment on the possible motivations. VBA staff explained to us that the impetus for the rule change is that VBA staff have to answer unaccredited online schools that want GI Bill access. In their answer, they have to say that online schools fall within the definition of "independent study" and

⁵⁸ State Approving Agency Jurisdiction Rule, 86 FR 57904 (Oct. 14, 2021)
<https://www.federalregister.gov/documents/2021/10/14/2021-21496/state-approving-agency-jurisdiction-rule>

⁵⁹ Id. at 57095.

therefore cannot be approved if they are not accredited and lead to a degree. The schools respond that they are not independent studies and then the VBA staff feel embarrassed that VA's definitions do not meet common-sense definitions and the schools' expectations.

Impact

Sometimes even well-intentioned policies have egregious unintended effects, as this change would. While there may be logic in clarifying the definitions of independent study and online education, it is essential to look at the impact of definitionally removing the protections of 38 USC 3680A from online programs: Opening the GI Bill to unaccredited online programs and online programs that do not lead to a degree.

VBA's proposed change will eliminate the only existing barrier to unaccredited online programs to get GI Bill. VBA intends to leave it up to the State approving agencies (SAA) to approve or disapprove these programs, but SAA leadership has vociferously told VBA staff that this change will open the floodgates to low-quality online programs. VBA further confirmed it would not provide support to the SAAs when they get sued by a school over being denied over "low quality."

This is a highly consequential change, and the end result will be a massive influx of embarrassing low-quality programs eligible for GI Bill. VA has been embarrassed by past news stories about ridiculous programs approved for GI Bill (see, e.g., "[The GI Bill Pays for Unaccredited Sex, Bible, and Massage Schools](#)"⁶⁰), and this new change will open the floodgates to more embarrassments for VA.

Process Concerns

It is our understanding based on discussions with Education Service Staff that VBA intends to publish these final rules without providing an opportunity for public comment. This intention directly contradicts the Administrative Procedures Act. VBA claims that VA OGC alleges they can publish the definitions as a final rule without a public comment period because the rules are a "logical outgrowth" of VBA's 2021 proposed rule. This is definitely not a logical outgrowth of the proposed rule. A final rule is considered a logical outgrowth of a proposed rule only if interested parties should have anticipated that the change was possible, and thus "reasonably should have filed their comments on the subject during the notice-and-comment period," see [Veterans Justice Grp. v. Sec'y of Veteran Affairs](#), 818 F.3d 1336,1344 (Fed. Cir. 2016).

The 2021 proposed rule did not propose the changes contemplated today. Instead, it addressed clarification of SAA jurisdiction to approve online programs, proposing that the correct SAA would be in the state where a "main campus" was located. The proposed rule did not contemplate changes to the definitions of "independent study" and "online" education. Further, VBA's 2021 proposed rule **explicitly** and at length **reaffirmed** that online programs fall within the "independent study" requirements and **expressly assured** the public that the status quo would be maintained and that definitions were not being changed: "Such an amendment would **not substantively change the current definitions**. Rather, it is proposed to curtail confusion among some SAAs and educational institutions while **maintaining the status quo**."⁶¹ The proposed rule sought only to address the question of which SAA has jurisdiction.

Today, VBA proposes a new rule that is not even on the topic of the NPRM. Rather than addressing the question of which state's SAA should control an online college, VBA today proposes to change the definitions, which is the opposite of the NPRM's reassurance that VBA "would not substantively change the current definitions," but would "maintain the status quo." What VBA is proposing today

⁶⁰ Aaron Glantz, The GI Bill Pays for Unaccredited Sex, Bible, and Massage Schools, Reveal (July 15, 2015) <https://revealnews.org/article/gi-bill-pays-for-unaccredited-sex-bible-and-massage-schools/>

⁶¹ State Approving Agency Jurisdiction Rule, 86 FR 57904, 57905 (emphasis added).

represents a significant substantive change in the definitions and dramatically upends the status quo for unaccredited online programs. There was no reasonable notice to the public and no way the public "should have anticipated this change was possible and reasonably should have filed their comments on the subject."

Alternative Solution

Instead of this proposed radical change, VBA should simply reiterate what they wrote in the 2021 notice of proposed rulemaking. Maintaining the status quo and longstanding definitions – as VBA pledged to do in the 2021 NPRM – is good for veterans and taxpayers because it ensures that online programs must meet the minimal standards required for independent study:

"VA views online distance learning as a subset of courses offered through independent study... Even though § 21.4250(a)(3) already addresses the appropriate SAA jurisdictional rules for independent study in VA's view, and § 21.4267(b)(1)(i) and (ii) appropriately classifies online distance learning as independent study for the purposes of VA educational assistance, VA proposes to amend § 21.4250(a)(3) to explicitly include the term 'online distance learning.' Such an amendment would not substantively change the current definitions. Rather, it is proposed to curtail confusion among some SAAs and educational institutions while maintaining the status quo."⁶²

VBA should stick to this pledge in the 2021 NPRM not to disrupt the status quo. The rule change should go forward as proposed, addressing which state's SAA has jurisdiction over online programs.

Any change from the status quo must be properly noticed and the public must be provided the opportunity for public comment.

Separately, if VBA wants to do something to improve GI Bill quality, it could undertake rulemaking – with public notice and comment – to improve GI Bill program approval by defining the terms in title 38 U.S.C. § 3676 (approval of nonaccredited courses). This statute has key terms that remain undefined, rendering them basically meaningless and the SAAs don't enforce them. Specifically, VBA could define "quality" in 38 U.S.C. § 3676(c)(1); teacher "qualifications" in (c)(4); "financially sound" in (c)(9) (which could easily be defined by reference to ED standards); deceptive advertising in (c)(10); and "good character" in (c)(12) (which could be clarified to ban administrators and teachers who have faced legal or regulatory action or any action by a licensing board). The Department of Education could assist with all of these definitions.

Conclusion

VBA must abandon the plan to remove online programs from the existing barriers set forth in § 3680A requiring accreditation and leading to a degree. VBA should instead stick to its 2021 pledge not to disrupt the definitions of "independent study" and "online" programs and to instead maintain the "status quo" on those definitions and to simply clarify which state's SAA has jurisdiction – as pledged in 2021. Furthermore, VBA should undertake rulemaking to improve GI Bill approval criteria to define the terms in § 3676, and should properly abide by the Administrative Procedures Act in seeking public comment on any proposed regulatory changes.

⁶² State Approving Agency Jurisdiction Rule, 86 FR 57904, 57905