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**STATEMENT OF  
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BEFORE THE  
COMMITTEES ON VETERANS' AFFAIRS  
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C.  
FEBRUARY 28, 2023**

Chairman Tester, Chairman Bost, Ranking Members Moran and Takano, and Members of the Committees on Veterans' Affairs:

Thank you for providing me the opportunity to deliver the 2022–2023 Legislative Program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill as a result of wartime service.

I am a service-connected disabled Air Force veteran of the Vietnam War. At just 17 years old, I requested assignment to Vietnam, where I served as a military policeman with the 377th Security Police Squadron in the guard towers at Tan Son Nhut Air Base from 1968 to 1969. We called ourselves “sky cops.” It was—to us at the time, anyway—an unserious, humorous moniker we used to help temporarily separate ourselves from the seriousness of the situation we were in.

Although I didn't know it then, the truth is, my time in Vietnam would live with me long after I returned home. I don't have any John Wayne stories from my time in theater and, fortunately, I didn't experience any physical injuries. But for many years, I couldn't shake the sounds of the enemy rockets whistling past my post, and I brought back with me the memories of those who lost their lives there.

I was honorably discharged in 1972 and carried the burden of surviving Vietnam for decades until 2009, when I woke up in an intensive care unit. That's because, after 59 years on this beautiful earth, I no longer saw my life as valuable. I saw myself as an unworthy burden to those around me, and I attempted to end it all.

Messrs. Chairmen, I sit before you today with the humble admission that I've never been so happy or fortunate to fail at something.

Shortly thereafter, I was diagnosed with post-traumatic stress disorder (PTSD) and major depression and sent to the Department of Veterans Affairs Medical Center in Sheridan, Wyoming, where I spent six months in an inpatient treatment center to finally address the issues that had plagued me for decades. I can tell you, without a doubt in my mind, that being brought into the VA health care system and connecting with my

fellow brothers- and sisters-in-arms prevented me from ever thinking about taking my life again.

While at the Sheridan VA, I met a young Marine we all called Pappy. When Pappy was only 20 years old, his platoon was ambushed as they entered a Vietnamese village. He lost 28 of his brothers in mere minutes.

One night, Pappy told me he was being haunted by them. Understanding the feeling, I attempted to change his mindset. “I thought you said you were all brothers?” I asked. Well, that brought out the Marine in him. He tersely shot back, asking what I meant. I asked him if the roles were reversed and he had given his life, would he come back to haunt his brothers. He was puzzled for a minute until I suggested that maybe they’re trying to tell him, “We’re OK. Our war ended over there, but you’re still fighting yours. Don’t disrespect our memory by giving up the fight.”

I’m no psychiatrist and I cannot say that my words changed him. But I can tell you that Pappy is still with us and now lives nearby in Montana. Unfortunately, he is still fighting his demons and struggles with substance use, but he’s still with us. That in itself is a victory.

Gen. Douglas MacArthur once said, “The soldier above all others prays for peace, for it is the soldier who must suffer and bear the deepest wounds and scars of war.”

That idea has been timeless across all the world’s conflicts up until this point, but it doesn’t have to be in the future. Together, we have the opportunity—and the obligation—to do better. I am honored to be here today to help underscore these and other areas in further detail by presenting DAV’s 2022–2023 Legislative Program.

## **BOLSTER MENTAL HEALTH RESOURCES TO ENSURE CONTINUED PROGRESS IN REDUCING VETERAN SUICIDE**

One of DAV’s critical policy goals for the 118th Congress—one that is deeply personal to me—is to ensure service-disabled veterans have timely access to the VA’s specialized mental health care, services and supports to address post-deployment mental health challenges. Veterans’ needs for mental health care and readjustment services have grown substantially following two decades of wartime service. We appreciate Congress’ continued attention to this issue and the significant resources provided to support the VA’s comprehensive array of mental health programs and services, including care in inpatient, residential, outpatient and telehealth settings, in addition to its Vet Centers.

The Vet Center model, providing community-based counseling for those who have experienced trauma, as well as their families, is popular among wartime veterans, has high satisfaction rates among users and has a proven track record over several decades. Through brick-and-mortar facilities and call center, Vet Center staff—often veterans themselves—logged 1.34 million visits and outreach contacts last year alone.

Since July 16, 2022, the Veterans Crisis Line (VCL) has been easily accessible via its new 988 phone number. The shorter number, implemented thanks to Congress and passage of the National Suicide Hotline Designation Act of 2020 (Public Law 116–172), directly addressed the need for ease of access and clarity in times of crisis, for veterans and nonveterans alike. To date in fiscal year 2023, over 200,000 calls have been answered by the VCL. While access during the holidays was somewhat problematic due to significant increases in volume, the VCL was able to maintain an average “time to answer” below 10 seconds, with 95% or greater of all incoming calls answered on average within 20 seconds.

According to the VA, its full complement of services, increased access to care and holistic approach to support veterans using VA health care resulted in a 4.8% overall reduction in suicides in the veteran population for 2020 when compared with the previous year, equating to 343 fewer suicides. While this news is encouraging and we hope this trend continues, veterans remain at a much higher risk of suicide (almost double) than their nonveteran peers. And in many locations, mental health care wait times are still too long for individual counseling and inpatient services. Adequate funding, staffing and training are critical if the VA is to meet the needs of our veterans, especially those who are in crisis or at high risk of suicide. In short, we clearly still have a lot of work ahead to reduce the number of veterans lost each year to this senseless and preventable epidemic.

DAV appreciates Congress’s recent enactment of comprehensive mental health bills aimed at reducing barriers to mental health care for veterans in crisis and focused on suicide prevention through collaboration with community partners. We are pleased that lethal-means safety is a key component of the VA’s and the administration’s strategic plans, but we understand that more providers require training to effectively and consistently address this issue with veterans. Firearms were used in 72.1% of male veterans’ and 48.2% of female veterans’ suicides in 2020. Access to and familiarity with firearms is common among veterans, and we urge mandatory training for all mental health and primary care providers on how to counsel veterans about the importance of lethal-means safety, especially when a veteran is in emotional crisis.

The VA has trained more than 15,000 providers in evidence-based therapies to improve a variety of behavioral health problems, including depression, PTSD and substance use disorders. These treatments are tailored to each veteran’s needs, priorities, values, preferences and goals for therapy, which greatly reduces suicide risk among veterans. Veterans also have access to care in the community through the VA Community Care Network. However, many community providers are not as familiar with the post-deployment mental health challenges veterans face or do not have expertise in providing VA evidence-based therapies for military sexual trauma and combat-related PTSD. The VA must institute strong, evidence-based practices and make them available across the system to screen veterans for these conditions and effectively address them. Focusing on a public health model for suicide prevention and collaborating with community partners are key to engaging veterans who do not use or

are not eligible for VA services, but veterans deserve to receive treatment from mental health providers who are properly trained and certified to deliver effective care.

We urge Congress to enact legislation that requires specific training protocols for VA Community Care Network mental health providers and to ensure they meet the same quality and access standards as VA mental health providers. Mandating training in evidence-based therapies will ensure community partners develop core competencies for addressing veterans' unique mental health care needs—specifically for conditions frequently associated with military service.

While most veterans reintegrate successfully into civilian life, some face social, economic and health challenges that impede their transition. Through the VA's REACH VET initiative, the VA identifies veterans with existing conditions that increase their risk of suicide so it can proactively enhance care. We look forward to evaluating new programs that focus on reaching out to veterans and providing the care, benefits and supportive services they need to avoid job loss, homelessness or a mental health crisis. The VA must also improve support to veteran families and caregivers to prepare and sustain them as they take care of their veteran.

Finally, through clinical and community strategies, the Veterans Health Administration (VHA) must continue to proactively identify and provide interventions for at-risk veterans, for those using VHA care and those using other care systems, to prevent suicide and overdose death. The VA must continue to increase the implementation of its Safety Planning in Emergency Departments initiative and partner with the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services to develop statewide plans to end veteran suicide. DAV calls on Congress to ensure that the VA maintains a strong suicide research portfolio that benefits from interagency collaboration.

DAV looks forward to continuing our work with Congress on oversight of the implementation of mental health legislation enacted during the last Congress and to crafting meaningful and innovative legislation this year that is effective in eliminating barriers to care and eliminating suicide among veterans.

### **EXPAND THE VA'S CAPACITY TO DELIVER TIMELY, HIGH-QUALITY HEALTH CARE TO VETERANS**

Messrs. Chairmen, there is no more fundamental obligation of our nation than to care for the men and women who served and are suffering from injuries, illnesses and disabilities due to their service. Over the past decade, the VA health care system has experienced unprecedented stress trying to fulfill that sacred charge. It's undertaken historic reforms to ensure that veterans have timely access to high-quality care.

From the access crises and waiting list scandals of 2014 to the COVID-19 pandemic, there has been one consistent trend: an increasing number of veterans continuing to choose the VA for their medical needs. Unfortunately, the rising demand

for care continues to outstrip the VA's capacity to provide timely and convenient access for all enrolled veterans, which is especially critical for disabled veterans who rely upon the VA for most or all of their care. As numerous studies have concluded, there has been a long-standing misalignment between the demand for VA health care and the availability of funding, staffing and facilities to provide timely access.

In 2018, following two independent reviews of the VA health care system, Congress passed the VA MISSION Act (Public Law 115–182) to expand veterans' options for care. There were initial delays in implementing the VA Community Care Network, and the onset of the COVID-19 pandemic further complicated the rollout. In response to the pandemic, the VA and other health care providers made significant investments in telehealth services and other virtual modalities. The pandemic altered veterans' use of health care—including delaying routine and preventive care. Many veterans now prefer telehealth as a more flexible and convenient means of receiving care, and for the VA, it often allows the system to use scarce resources more efficiently.

In September 2022, the VA testified about the impact of the VA MISSION Act on the balance of care between the VA and the community, noting that reliance on VA care (both internal and in its community network) has grown but that the use of community care has grown faster (from 23% of the VA's total workload in fiscal year 2018 to 35% in 2021). The VA cited the growing health care demands across the system and increased volume of veterans seeking care to meet deferred care needs. However, there is dissatisfaction among veterans with the community care referral process, citing lengthy administrative processes that delay access to care, burdensome scheduling issues, and significant challenges with interoperability and transfer of health care documents between the VA and its community partners.

### **Reduce Vacancies and Staffing Shortages**

We share the same concerns noted by veterans regarding timeliness and access to quality of care. DAV wants the VA to maintain a sufficient internal staffing capacity to serve as the primary provider and coordinator of care for all veterans using the system. However, this will require targeted changes to overcome health personnel recruitment and retention challenges due to the competitive job market; burdensome hiring practices; delays in infrastructure, information technology and electronic health record modernization efforts; and complicated scheduling processes.

The VA and Congress must work together to improve and resolve these existing issues. We urge the VA to take decisive action to ensure that its Community Care Network providers meet the same access, quality, training and certification requirements as VA providers. Congress must provide oversight and the resources necessary for the VA to maintain sufficient internal capacity to serve as the primary provider and coordinator of care for enrolled veterans and to ensure timeliness and quality of care to veteran patients. In addition, the VA must carefully study the effectiveness of virtual health care to determine its optimal use to ensure the best possible health outcomes for veterans.

## **Health Care Infrastructure**

The VA MISSION Act also established an Asset and Infrastructure Review (AIR) process to develop a plan to modernize, realign and rebuild VA medical facilities to meet veterans' health care needs in the future. VA medical facilities—on average decades older than private-sector health care facilities—have not been properly maintained or modernized, primarily due to insufficient infrastructure funding. Many buildings require corrections for critical life safety issues that allow facilities to better withstand natural disasters, floods or fires.

The AIR process required the VA to conduct market assessments to determine demand, capacity and non-VA options for delivering care in each of its regional health care markets. However, when the VA released its recommendations for potential changes to VA medical centers, clinics and other care facilities based on these assessments, Congress lost confidence in the process. While Congress has deemed that the AIR process is over, some of the review's calls for significant restructuring, including billions of dollars in infrastructure investments, are valid. The VA must have modern and efficient facilities to deliver care to veterans in a way that is cost-effective to the American people, especially when staff resources are scarce. It must also incentivize use of capital leases and sharing agreements when these options offer better alternatives to making space available to meet veterans' health care needs.

## **Information Technology and Electronic Health Record Modernization**

Another critical initiative is the VA's ongoing transition to a new electronic health record (EHR) system developed by Oracle Cerner, intended to allow interoperability between VA and Department of Defense health records and, ultimately, all public and private health record systems. Success of this initiative is essential for a fully integrated care network. Unfortunately, the VA's initial rollout in Spokane, Washington, resulted in serious concerns about patient safety and problems with morale and burnout for many key staff members involved in implementation. Several government studies have found substantial problems with the massive project's design, management and implementation process. Following a four-month strategic review, the VA paused its national rollout plan to address earlier problems but still maintained the original 10-year modernization timeline for full implementation.

As the VA moves forward, it must pay careful attention to ensure the development of a seamless electronic scheduling system that offers veterans real-time options in the VA and in the community and that includes quality and timeliness metrics to help them make truly informed decisions about their care options. The new EHR system must also support seamless clinical care coordination so that veterans receive integrated care, even when some of it is delivered outside the VA system. Over the next several years, Congress must aggressively oversee implementation of the VA's new EHR system to ensure veterans' safety and health care outcomes remain the primary focus.

## **VA's Fourth Mission for National Emergencies**

As demonstrated during the COVID-19 pandemic, the VA also plays a significant role in responding to national health emergencies, which is just one aspect of its Fourth Mission. The VA is also the backup health care system for the DOD and has additional federal responsibilities during national disasters. Since the COVID-19 pandemic began, the VA has provided almost a million articles of personal protective equipment to other systems, deployed thousands of medical personnel to more than 50 states and territories, led research efforts on developing vaccines, shared its COVID-19 testing resources and admitted hundreds of nonveterans for treatment in its medical centers.

Messrs. Chairmen, there is no comparable federal or private health care system capable of playing this role during national emergencies, disasters or wars. Congress must ensure that the VA continues to have sufficient health care capacity to meet its Fourth Mission responsibilities while it simultaneously provides veterans with uninterrupted care.

### **IMPLEMENT THE PACT ACT AND ADDRESS GAPS IN TOXIC-EXPOSURE BENEFITS**

Messrs. Chairmen, we thank you and all of the members here today for the historic passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act, or PACT Act. Millions of veterans exposed to airborne hazards and burn pits are now eligible for the VA's life-changing benefits and health care. We know this was no small undertaking and greatly appreciate the determination and dedication to the men and women affected by toxic exposures.

As a Vietnam veteran, I am pleased by the inclusion of hypertension and monoclonal gammopathy of undetermined significance (MGUS) as presumptive diseases to Agent Orange exposure. The addition of six new locations of conceded Agent Orange exposure acknowledges the exposures my fellow veterans have been citing for years; this provides some measure of justice to Vietnam veterans and families who suffer and have suffered from the illnesses and diseases associated with herbicides.

The PACT Act will provide benefits and health care to millions of veterans exposed to burn pits, radiation, Agent Orange and other toxins. Monitoring the implementation of Public Law 117-168 will be key to ensuring veterans can access their benefits and services. It is imperative that Congress monitors the number of claims filed related to the PACT Act, how these claims affect the overall workload, and how many are approved or denied and why. Understanding how the VA is managing the increase in claims will help Congress understand where resources are needed. In addition, resources, including adequate funding and appropriate staffing, must be provided to properly implement the PACT Act. DAV urges Congress to conduct oversight of all disability claims, including those related to the PACT Act. The VA should also provide

data on the number of claims granted and denied, the quality and number of exams conducted, and transparency regarding quality assurance.

The PACT Act recognizes those veterans who served at Karshi-Khanabad Air Base (K2) in Uzbekistan as being exposed to burn pits; however, it did not address the other known and DOD-recognized toxic exposures at K2. Between 2001 and 2005, more than 15,000 service members deployed to K2 in support of military operations into northern Afghanistan following 9/11. This former Soviet air base contained residuals of chemical weapons, radioactive depleted uranium and jet fuel, among nearly 400 other chemical compounds. The DOD knew that service members there were exposed to these dangerous toxins, and a 2015 Army study found that K2 veterans have a 500% greater chance of developing certain cancers.

While the PACT Act includes K2 veterans in the burn pit presumptive diseases, the VA has still not recognized the other toxic exposures and potential diseases unique to K2. Because of these gaps, many veterans will be denied access to life-changing health care and benefits. DAV urges Congress to enact legislation that concedes exposures to radiation, jet fuel and chemical weapons at K2; provides for studies; and recognizes presumptive diseases related to them. Additionally, K2 veterans should be provided eligibility to health care based on toxic exposures, per section 1710, title 38, United States Code.

The PACT Act recognizes additional locations of radiation risk activities for veterans who participated in the cleanup operations in Thule, Greenland; Enewetak Atoll; and Palomares, Spain. However, there currently exists an inequity between the VA radiation-exposed presumptive process and another federal government program. Under current law, to establish entitlement of VA benefits for presumptive diseases due to radiation exposure, the VA requires proof of not only the veteran's on-site participation but also radiation dose estimates from the Defense Threat Reduction Agency and then a medical opinion if that dose estimate caused the claimed presumptive disease.

The Radiation Exposure Claims Act (RECA) program of the Department of Justice establishes compensation for individuals who contracted specified diseases related to atmospheric nuclear weapons development tests in the American Southwest. The RECA program is available to uranium workers and miners, civilians exposed in downwind areas and veterans. A lump sum is payable to veterans who were on-site participants at the atmospheric nuclear weapons tests. RECA does not require claimants to prove causation of the diseases related to the radiation exposure, nor does it require dose estimates of exposures. Veterans who were exposed on-site can receive compensation from the government without dose estimates and without proving that the claimed disease is directly caused by the dose estimate of radiation exposure.

The PACT Act does recognize three new locations of radiation risk activities; however, it does not address the inequity between the VA radiation presumptive disease process and the DOJ RECA program. We urge Congress to enact legislation to remove the VA dose estimate requirement for radiation exposure. This will provide



parity with the governmental RECA program and treat veterans' radiation exposure claims on equal footing with civilians who were not participants but only downwind from nuclear testing.

Messrs. Chairmen, millions of veterans now and into the future will benefit from the monumental enactment of the PACT Act; however, Congress must provide rigorous oversight to its implementation, recognize the specific exposures and related diseases at K2, and ensure parity for radiation-exposed veterans and remove the dose estimate requirement.

## **IMPROVE THE VA COMPREHENSIVE CAREGIVER PROGRAM PROCESS**

One of the most important ways the VA supports seriously injured and disabled veterans is by helping to support their family caregivers. The creation of the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) has provided a lifeline for tens of thousands of family members who have taken on the full-time role of caregiver for a seriously disabled veteran.

The second phase of the comprehensive program was finally rolled out Oct. 1, 2022, covering Persian Gulf War veterans and others from the post-Vietnam and pre-9/11 eras, making caregivers of veterans from all service eras now eligible to apply. While the program has been life-changing for so many veterans and caregivers, the VA has not been able to consistently, transparently and equitably administer the eligibility, reassessment and appeals processes associated with the program. While we are pleased the program was expanded to cover caregivers of veterans from all eras, the current regulations, which were adopted in 2019, have not addressed the long-standing systemic problems related to eligibility.

In April 2021, the Court of Appeals for Veterans Claims, in the *Beaudette v. McDonough* decision, determined that veterans and caregivers have the right to appeal unfavorable decisions related to PCAFC to the Board of Veterans' Appeals, including full due process rights under the Appeals Modernization Act. For the past two years, the VA has been working with caregivers and veterans organization stakeholders, as well as Congress, to develop new eligibility criteria, reassessment rules and appeals processes to address problems with the program, with the goal of adopting new regulations. As a result, VA Secretary McDonough suspended reassessments and removals from the program until solutions could be found.

In March 2022, the VA announced it was extending the time that legacy participants, legacy applicants and their family caregivers within PCAFC will remain eligible for the program. This will include their eligibility for all services, supports and benefits for another three full years, until Sept. 30, 2025. These changes will have a significant financial impact on the program.

Messrs. Chairmen, DAV is very concerned that the revised regulations on eligibility have made it far too difficult for so many deserving caregivers to enter and

remain enrolled in PCAFC. We are confident this does not reflect the congressional intent when the program was first created or when it was expanded by the VA MISSION Act of 2018.

We urge Congress to continue working with the VA, DAV and other veterans organizations supporting caregivers by enacting legislation and ensuring the VA promulgates regulations to create fair, consistent, transparent and equitable eligibility criteria and reassessment rules to ensure that this invaluable program has the proper rules and resources to meet our nation's obligations to veterans' family caregivers. Also, Congress should enact legislation to appropriately grandfather eligibility for veterans in the program before enactment of any new eligibility regulations and guarantee the continuation of full due process, notification and appeal rights provided by the *Beaudette* decision and the Appeals Modernization Act.

### **IMPROVE SURVIVOR BENEFITS**

Messrs. Chairmen, DAV's mission to assist this nation's wartime service-disabled veterans is clear. However, wounded, ill and injured veterans and their survivors face barriers and inequities in maintaining financial security for themselves and their families due to unjust practices, failures to address parity and the negative impact of disabilities on a veteran's quality of life. DAV would like to see Congress and the VA correct these inequities and provide parity in compensation benefits for veterans and their survivors.

Currently, there are two groups of veterans that are allowed to receive both their full retired pay and VA compensation benefits: those under the concurrent retirement plans and those longevity military retirees with at least a 50% VA disability rating. Unfairly, veterans with a 40% or lower VA disability rating and those forced to medically retire under Chapter 61 have their military retirement pay offset for every dollar of VA disability compensation received and are essentially funding their VA compensation with part of their retirement pay. These are two separately earned benefits, and any offset between longevity military retired pay and VA compensation is completely unjust.

DAV urges Congress to enact legislation to repeal the inequitable offset between rightfully earned military retired pay and VA disability compensation for all veterans, including medically retired veterans.

Similarly, veterans who were given separation pay from the DOD are required to pay back those funds if they become eligible for VA disability benefits. The lump-sum separation payment is not based on or due to disabilities incurred in service. Withholding a veteran's VA disability compensation based on receipt of a nonrelated military separation benefit must end.

DAV urges Congress to afford justice for these veterans by enacting legislation that allows them to keep military separation payments based on their military service, which differs from VA disability compensation.

While most of the attention is paid to the veteran, and rightfully so, we cannot forget those who must share in the burden of sacrifice: their families, caregivers and survivors.

Created in 1993, Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or veterans whose death is due to a service-connected injury or disease. DIC provides surviving families with the means to maintain some semblance of economic stability after the loss of their veteran spouse. However, the current DIC benefit paid to survivors is insufficient. Today, married veterans who are receiving 100% disability compensation through the VA are being paid approximately \$3,824 a month, whereas DIC payments for survivors are set at \$1,563 a month. This difference is approximately 41% of the compensation paid to the service-disabled veteran who was rated at 100% with a spouse. As a result, surviving spouses have to not only deal with the heartache of losing their loved one but also contend with the loss of approximately \$27,000 a year. This particularly affects survivors who depend on that compensation as a primary source of income.

In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55%. This is a difference between 41% and 55% and presents a significant inequity for survivors of our nation's heroes compared with survivors of federal employees.

To ensure survivors of disabled veterans receive a meaningful benefit, DAV urges Congress to enact legislation that would index the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse, to achieve parity with similar compensation federal employees' survivors receive, and adjust the benefit annually for inflation. These unsung heroes need to be assured that their nation also recognizes their sacrifices, cherishes their legacy of service, and will support them both now and in the future.

Finally, the VA compensation system was designed to offset the loss of earning capacity based on service-related disabilities. In 2007, the Veterans' Disability Benefits Commission found that current compensation payments do not provide a payment above that required to offset earnings loss and recommended that compensation payments be increased up to 25% with priority to the more seriously disabled. DAV urges Congress to enact legislation for a study to address the negative impacts on veterans' quality of life and enact compensation-level increases commensurate with those findings.

## **ADVANCE EQUITY IN HEALTH SERVICES AND BENEFITS FOR WOMEN VETERANS, UNDERSERVED AND MINORITY VETERAN POPULATIONS**

Trying to improve outreach and services for an increasingly diverse veterans population poses challenges for the VA—specifically, to ensure equity in services,

benefits and health outcomes for all the minority veterans populations it serves. Black, Latino, and other ethnic and racial minority groups now comprise about 20% of the VA's patient population; women veterans make up around 9%; and an estimated 1 million veterans identify as LGBTQ+.

In working toward equity, the VA has recently prioritized outreach to inform veterans they may be eligible for certain presumptive conditions, renewed its partnership with the Indian Health Service and expanded engagement with minority communities by informing them of their memorial benefits. VA researchers are assessing health outcomes and perceptions about care for specific subpopulations, including Native American/Alaskan Natives, LGBTQ+, Hispanic, Asian-Pacific/Native Hawaiian veterans. VA studies have also examined health disparities among women, Black, older and rural veterans.

The VA must respond to disparities in access, usage and health outcomes among underserved groups by promoting strategies for meeting the unique needs of women, LGBTQ+ and minority veteran populations through the Veterans Experience Office, targeted outreach efforts, improved case management and care coordination, and specialized programming.

### **Minority Veterans Representation**

In a large bureaucratic system such as the VA, it is easy for minority veteran populations to feel marginalized, believe their voices are not heard, and perceive their needs are not understood or being addressed. VA program offices and federal advisory committees are essential to identify and implement strategies to meet the unique needs of these veterans.

Peer support networks and VA peer support specialists help personalize veterans' care journeys and make treatment more culturally relevant, which in turn increases veterans' engagement and may ultimately aid in their recovery. For example, Native Americans living on Indian reservations may experience access challenges and cultural barriers to care. Indian reservations are largely in rural communities, which are often remote from a VA facility. The VA must improve outreach to these and other rural and remote veterans and develop telecommunications infrastructure to better serve populations living in rural communities. Establishing strong peer support networks can help Native Americans and other veterans create meaningful and culturally relevant goals for recovery and care.

The VA must also increase its efforts to diversify its staff to better reflect the veteran patient population it serves. Likewise, every employee should feel their contributions are valued and that they have opportunities for professional development and career growth. A recent study showed that only 4% of Black VA employees compared with 12% of white employees are in leadership roles.

Researchers must make special efforts to recruit women and veterans of color to ensure they are adequately reflected in research findings. For example, the Million

Veteran Program—a genomic research initiative to collect data and samples from all veterans in order to look at factors that may affect their health and personalize treatments for them—has struggled to find enough women and certain minority groups to ensure clinically significant research findings for these populations.

### **Trust Among Minority Veterans**

The VA must continue its efforts to acknowledge and celebrate the service of minority veterans, including LGBTQ+ veterans. This includes taking concrete steps to ensure they have access to the care and benefits they have earned.

Many minority veterans have experienced systemic prejudice and discrimination in the military and in the VA. Despite shifts in policy and increased staff training, existing evidence suggests many subpopulations are still at high risk for health disparities. LGBTQ+ veterans, for example, may be at higher risk for mental health and physical health risk behaviors. Black veterans have greater rates of uncontrolled high blood pressure and diabetes. Women veterans need providers trained to deliver gender-specific and sensitive care. Building clinical capacities and conducting sensitivity training for front-line staff are essential components to addressing barriers to care and will likely improve patient satisfaction and health outcomes for all minority veterans.

As the VA continues to become a provider of choice for women veterans, it must ensure it allows women veterans to select providers by gender and receive appropriate care in gender-exclusive settings to the extent possible. This may be particularly important for women veterans seeking recovery from the effects of military sexual trauma (MST) or interpersonal violence and risk being retraumatized in mixed-gender groups. MST and substance use disorders are risk factors for suicide, so assessing the use of gender-exclusive care and accommodating this gender-specific programming is important to ensure the rates of suicide among minority veteran populations continue to subside.

All veterans should feel welcome, safe and supported from the moment they walk into a VA facility. Stranger harassment is a barrier to VA care and deters many women, LGBTQ+ and other minority veterans from seeking the medical care and specialized services they need and deserve. The VA must continue to promote its Stop Harassment and White Ribbon campaigns to eliminate sexual assault and harassment at all VA facilities and promote strategies for recovery. Ensuring safe and accommodating care environments is another essential element to providing effective care. VA leadership must provide strategic, comprehensive plans to effectively address these long-standing issues.

Many veterans approach DAV after having long been at odds with the VA through the disability claims and appeals process, but those who have experienced the betrayal of MST are especially vulnerable. For these veterans, fighting to prove their case to the VA—sometimes for years—takes a damaging emotional toll that may affect their willingness to engage in specialized treatment and counseling. The systems for processing MST-related claims are in dire need of reform—and we are grateful that

congressional efforts with the recent passage of legislation will begin to ease these processes. However, knowledgeable and sensitive staffs are key to addressing ongoing discrepancies in the approval of claims for residual effects of MST compared with other assault or PTSD claims and effective treatment for survivors.

### **PROVIDE A FULL SPECTRUM OF LONG-TERM CARE OPTIONS FOR SERVICE-DISABLED AND AGING VETERANS**

Another key legislative priority for DAV is ensuring that our nation's service-disabled veterans have access to a full continuum of care—including a full spectrum of long-term care options and supportive services to address veterans' unique needs.

The VA Geriatrics and Extended Care program includes a broad range of long-term supports and services for aging and disabled veterans. The VA's institutional long-term care services are provided through 131 VA-operated Community Living Centers (CLCs), 161 VA-supported State Veterans Homes and hundreds of community-based skilled nursing facilities under contract with the VA. In addition, the VA offers a range of noninstitutional support services, including home- and community-based services such as home-based primary care, adult day health care, respite, and homemaker and health aide care, as well as its caregiver support program.

High demand for care, gaps in staffing and infrastructure, and inequitable access to a full complement of services across the system continues to strain availability and veterans' access to appropriate long-term supports and services furnished and purchased by the VA.

While the overall veteran population is decreasing, over the next two decades, an aging veteran population, including a growing number of service-disabled veterans with specialized needs, will require more long-term care services. The VA estimates that by 2039, the number of elderly veterans will double and the number of enrolled veterans 85 years or older will grow by almost 40%. More alarming, the VA estimates the number of veterans in priority group 1a who are at least 85 years old is expected to grow by nearly 600%, and the number of women veterans in this age group is expected to grow by 278%. As a result, VA expenditures for long-term care are projected to double by 2037. Additionally, the number of women veterans will require the VA to ensure that institutional care settings meet appropriate environment of care standards, including safety and privacy, to accommodate their needs.

Through its CLCs, State Veterans Homes and contracts with community nursing homes, the VA supports approximately 40,000 long-term care beds in skilled nursing and domiciliary facilities. Some VA CLCs can address specialized care needs of seriously disabled veterans with traumatic brain injuries (TBIs) and spinal cord injuries (SCIs), which most nursing homes in the community are not able to do. In addition, veterans with neurobehavioral issues or who need memory or dementia care are a challenge for all long-term care facilities.

We urge the VA to request, and Congress to provide, sufficient resources to maintain, renovate and modernize its CLCs and State Veterans Homes to accommodate the future institutional long-term care and specialized care needs of veterans with service-related TBI, dementia and SCI, including younger veterans who have sustained catastrophic injuries during military service.

It is equally critical for the VA to consider the need and demand for noninstitutional or home- and community-based services, such as home-based primary care, adult day health care, Veteran-Directed Care, and homemaker and health-aid services. These services fill critical gaps, are preferred by most aging veterans and are less expensive than institutionalized care. But for noninstitutional care to work effectively, these programs must focus on prevention, engagement and support before veterans have a devastating health crisis that requires more intensive care in a skilled nursing facility for an extended recovery period.

The VA must also continue to expand innovative programming—such as medical foster homes, its Veteran-Directed Care program, home-based primary care teams and adult day health care services—to address veterans’ unique needs, preferences and goals as they age. These types of services allow them to remain in their homes and live more independently however, not all services are available across the system. While many veterans prefer to remain at home, many will unfortunately not have the support they need to safely do that and will need to transition to an institutional care setting. The VA must establish measurable goals to address an aging veteran population; increased demand for services; and systemic challenges, including workforce shortages, proper geographic alignment of care and meeting veterans’ specialized care needs.

## **DAV NATIONAL SERVICE PROGRAM**

### **Claims Assistance**

Messrs. Chairmen, while much of our focus in Washington, D.C., is on advocacy, DAV’s core mission around the country involves providing direct services to America’s ill and injured veterans and the families who care for them. DAV fulfills the mandate of service most prominently through our National Service Program by directly employing a corps of national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed our 16-month formal on-the-job training program. DAV NSOs’ own military, personal claims and VA health care experiences not only provide a significant knowledge base but also help promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in spaces provided by the VA in all its regional offices, as well as in other VA facilities throughout the nation.

With our national, department, chapter and transition service officers, as well as county veteran service officers, over 3,700 DAV benefits experts represent claimants around the country. They serve on the front lines providing much-needed benefits advocacy to our nation’s veterans, their families and their survivors. With the generous

support of a grateful American public and patriotic businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

In 2022, DAV's service program took more than 2.4 million actions to advocate for veterans and their families, such as representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice and responding to inquiries, and establishing new claims for earned benefits.

I can proudly state that DAV has the largest and most well-trained service program in the country. No other organization has more impact on empowering disabled veterans to become even more productive members of society. We are the only veterans organization that holds over 1.1 million powers of attorney to represent veterans and their survivors. During 2022, DAV national and transition service officers interviewed over 285,000 veterans and their families and filed more than 174,000 new claims for over 512,000 specific injuries and/or illnesses. Thanks to the great work of our service officers, claimants represented by DAV obtained more than \$26.4 billion in benefits.

### **Appellate Representation of Denied Claims**

In addition to our work at VA regional offices, DAV employs national appeals officers (NAOs) who serve appellants in the preparation and presentation of written briefs for Board of Veterans' Appeals review. NAOs also represent appellants in formal hearings before Veterans Law Judges. The Board is the highest appellate level within the VA, responsible for the final decision concerning entitlement to veterans benefits. More than 96% of the claims before the Board involve disability compensation issues.

In fiscal year 2022, DAV NAOs provided representation in more than 18.3% of all appeals decided by the Board, which is a caseload of approximately 13,054 appeals. Of appeals represented by DAV at this level, 81.6% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Each of the cases acted upon by our national appeals office in calendar year 2022 was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,030 of these cases previously denied by the Board were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms, Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 19,686 veterans and have provided free representation in over 15,347 cases.



## **Transition Services for New Veterans**

DAV continues to provide direct, on-site assistance to ill and injured active-duty military personnel through our Transition Service Program. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA. Our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations throughout the country.

DAV currently employs 27 TSOs who also provide free assistance to those who need it. In 2022, DAV TSOs conducted over 640 briefing presentations to groups of separating service members, with more than 24,900 participants attending those sessions. They also counseled in excess of 43,000 people in individual interviews and electronic communications, reviewed over 14,500 military service treatment records and presented over 15,700 benefits applications.

DAV remains committed to advocating for these service members to ensure that they are better informed about the benefits they have earned as a result of their military service. It is through this program that DAV is able to advise service members of their benefits and ensure that they know about the free services DAV is able to provide during every stage of the claims and appeals process.

## **Information Seminar Program**

Another important outreach program for veterans is DAV's information seminars, which educate veterans and their families on specific veterans benefits and services. With the support of DAV's network of state-level departments and local chapters, DAV NSOs conduct these free seminars across the country.

During 2022, DAV held 393 in-person seminars, briefing nearly 13,000 veterans and their families about benefits they may be entitled to as a result of their military service. Service officers interviewed veterans and their families at the seminars and assisted in filing new claims for benefits as well.

## **Disaster Relief Program**

Our Disaster Relief Program provides grants and supply kits to help veterans and their families secure temporary lodging, food and other necessities in the aftermath of natural disasters and emergencies in various areas around the nation. During 2022, DAV provided over \$2 million to nearly 3,100 veterans affected by natural disasters, including hurricanes, tornados, floods and fires throughout 15 states, Puerto Rico and the District of Columbia.

Since the 1968 inception of the Disaster Relief Program, over \$19.5 million has been disbursed to veterans in need.

## **DAV NATIONAL VOLUNTARY SERVICES PROGRAM**

Another vital part of DAV's success is the more than 14,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality lives with respect and dignity. Our Voluntary Services Program ensures that ill and injured veterans are able to attend their medical appointments and receive assistance in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 550,000 hours of essential services to hospitalized veterans that DAV volunteers provide at no cost, the cost to taxpayers would be more than \$16.3 million.

Although the COVID-19 pandemic has affected volunteer efforts across all charitable organizations since 2019, our DAV and DAV Auxiliary volunteer hours within VA medical facilities increased by more than 37% in 2022. While these numbers have not returned to pre-pandemic levels, we know that our dedicated corps of DAV and DAV Auxiliary volunteers will continue to assist wherever there is a need.

### **DAV Transportation Network**

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 156 hospital service coordinators and more than 4,400 volunteer drivers at VA medical centers across the country.

During fiscal year 2022, volunteer drivers spent over 556,000 hours transporting veterans to their VA medical appointments. With most VA medical facilities returning to full operation, volunteers logged more than 9.2 million miles and provided nearly 210,000 rides to VA health care appointments, saving taxpayers more than \$16.6 million. Since our national transportation program began in 1987, nearly 20 million veterans have been transported over 741 million miles.

We are also very pleased to report that in 2022, DAV donated 49 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$1.5 million. In 2023, we plan to donate 100 additional vehicles to the VA, at a cost of nearly \$4.3 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of eight new vehicles to DAV for the Transportation Network. To date, Ford donations have exceeded \$6 million toward the purchase of 256 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to our national Transportation Network is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. With a value of more than \$86.5 million, DAV has donated a total of 3,665 vehicles to the VA since 1987 for transporting veterans to their medical appointments.

### **DAV Local Veterans Assistance Program**

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and DAV Auxiliary volunteers have answered that call in full measure. From July 1, 2021, to June 30, 2022, LVAP volunteers performed buddy checks, delivered groceries and provided help to our nation's heroes in a variety of ways. Overall, they donated more than 1.7 million hours of service to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

Our LVAP volunteers contribute time and energy for various activities that include, but are not limited to:

- State department- and chapter-level volunteer benefits advocacy.
- Outreach at events such as Homeless Veterans Stand Downs and a volunteer presence at National Guard mobilization and demobilization sites. Last year during the annual Homeless Veterans Stand Down at DAV National Headquarters in Erlanger, Kentucky, presented in partnership with the Cincinnati VA Medical Center, we provided medical examinations; inoculations; claims assistance; haircuts; and backpacks filled with clothing, blankets and toiletry items to more than 200 veterans.
- Direct assistance to veterans, their families and their survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

To date, LVAP volunteers have donated more than 14.3 million volunteer hours. We believe this important program makes a difference in the lives of all of those we serve.

### **Boulder Crest Mentoring Program**

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Foundation at locations in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also annually sponsors an all-female veteran retreat. In 2022, 30 participants shared in these life-changing retreats. Since

2015, 254 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including DAV past national commanders, national services officers and other DAV members have served as mentors at these retreats to the latest generation of seriously injured veterans. Leaders' spouses have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of serving as caregivers.

## **Adaptive Sports**

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs. These programs and associated events directly affect the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to be the co-presenter of the annual National Disabled Veterans Winter Sports Clinic and the National Disabled Veterans Golf Clinic. Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives.

For nearly four decades, DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." This unique clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are able to participate in adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

After the cancellation of the clinic for 2020 and 2021, we are happy to say that we were back on the mountain in 2022. The 36th National Disabled Veterans Winter Sports Clinic was hosted in a restricted capacity due to the VA's COVID-19 mitigation plan. We expect to be back to full capacity for the 37th annual event, which is scheduled for March 26–31, 2023.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other needs and interests. The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. While this clinic was also hosted in a limited capacity

for 2022, we are happy to say that the 30th anniversary event is scheduled to take place near Iowa City, Iowa, September 10–15, 2023, at full capacity.

I invite all members of these committees to come and experience these events with DAV leaders this year.

### **The Next Generation of Volunteers**

Each year, DAV awards scholarships to deserving youth volunteers. These outstanding young people, who participate in the VA Voluntary Service Program and/or DAV's Local Veterans Assistance Program, donate their time and provide compassion and support to injured and ill veterans. They represent not just our next generation of volunteerism but also the future of our nation.

We are grateful that we are able to present 10 scholarships for a total of \$110,000, with the top scholarship of \$30,000. These awards will be presented at the 2023 DAV National Convention.

Since the scholarship program's inception, DAV has awarded 221 individual scholarships valued at more than \$1.7 million, enabling exceptional young people to pursue their goals in higher education and experience the significance of volunteering. DAV is very proud of this program, and we thank Ford Motor Co. for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Messrs. Chairmen, DAV is extremely proud of the service provided by our volunteers, many of whom are injured or ill veterans themselves, or family members of such veterans. These volunteers continue to selflessly serve the needs of our nation's disabled veterans on a daily basis, and we applaud their compassion and dedication.

### **DAV NATIONAL EMPLOYMENT AND ENTREPRENEURSHIP PROGRAM**

The journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who do, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life, and DAV remains dedicated to providing our services to all who have served. DAV remains fully committed to ensuring that these new veterans gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment or pursue their own paths through entrepreneurship.

DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans organizations in providing assistance to veterans and their spouses seeking a new or better career. One primary component of this mission was DAV forming a strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to hosting nearly 100 traditional and virtual career fairs with RecruitMilitary annually, DAV uses a multitude of

online and offline resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve personnel, veterans and their spouses.

DAV's efforts to connect veterans with careers have unquestionably made a huge impact on reducing the number of unemployed and underemployed veterans and are intertwined with the historically low veteran unemployment rate of approximately 3% we arrived at just before the dramatic, adverse effects of the COVID-19 pandemic. In fact, from June 2014 through December 2022, DAV hosted more than 860 in-person and virtual career fairs, resulting in 168,116 job offers extended to 274,812 participants. During 2022, we returned to both in-person and virtual job fairs across the country, with 62 in-person and 23 virtual events. In 2023, we will be hosting 90 job fairs for active-duty service members, Guard and Reserve personnel, veterans and their spouses, which is still a much lower number of events than pre-pandemic. We do encourage you to share with your constituents our full schedule of job fairs, which can be found at [davjobfairs.org](http://davjobfairs.org), and reassure them that companies are aggressively recruiting and hiring military veterans.

In addition to our sponsored veteran career fairs each year, DAV works directly with more than 300 companies seeking the many talents and skills they know only veterans possess. Moreover, DAV provides a multitude of resources that veterans can easily access within our employment resources webpage, [jobs.dav.org](http://jobs.dav.org), including a job search board offering more than 350,000 current employment opportunities around the world, direct links to companies, resources for employers and other helpful information. Additionally, DAV expanded our efforts to recognize outstanding companies that are not only veteran-friendly but veteran-ready—companies that fully understand the value and importance of veterans in their workplace and demonstrate solid recruiting, hiring and retention efforts. DAV's Patriot Employer Recognition Program provides well-deserved recognition to many outstanding companies. We invite you to visit [patriotemployers.org](http://patriotemployers.org) and nominate one or more companies in your respective districts and states.

Furthermore, DAV continued our partnership with "Hiring America," the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program's projected reach of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies that want to hire them.

DAV has expanded our published resource, [\*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans With Disabilities\*](#), for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased with the ongoing positive response to our hiring guide, and we will keep this valuable information up to date and available to companies who visit our employment resources every day. We encourage you and your staff to visit [jobs.dav.org](http://jobs.dav.org) to download

a copy of our hiring guide. We would also be happy to provide you with copies of the printed version upon your request.

In 2021, DAV took a dramatic leap forward in assisting entrepreneurs in the veteran- and military-connected community, including spouses, with the acquisition of DAV Patriot Boot Camp, which was formerly an independent 501(c)(3) charity. In doing so, DAV absorbed a community of thousands of entrepreneurs, supporters and mentors who participate in formal and informal training and mentorship.

DAV hosted two significant in-person training events in DAV Patriot Boot Camp's inaugural year and provides monthly training and resources to empower founders to succeed. It complements DAV's ongoing efforts to support and advocate on behalf of service-disabled veteran-owned small businesses.

DAV plans to host at least three in-person entrepreneurship events and will continue to work with business leaders to make the business world accessible to those who sacrificed to make the American dream possible for us all. As founders achieve their business goals, we know they will hire more of their fellow veterans and spouses and help one another succeed in their careers or as entrepreneurs.

### **DAV CHARITABLE SERVICE TRUST**

DAV also has a charitable arm that works to improve the lives of veterans, their families and their survivors. Organized in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of ill and injured veterans through financial support of programs and services that provide direct support to veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not easily fit into the scheme of what is traditionally offered through VA programs or by DAV departments and other veterans organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and their survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, nearly \$145 million has been invested to serve the interests of our nation's heroes.

To fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injuries, substance use challenges, amputations, spinal cord injuries and other combat-related injuries. It also supports efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

- Food, shelter and other necessities to veterans who are homeless or at risk of homelessness.
- Mobility items or assistance specific to veterans with blindness or vision loss, hearing loss or amputations.
- Qualified therapeutic activities for veterans and/or their families.
- Physical rehabilitation, mental health and suicide prevention services.

In 2020, a \$1 million grant was awarded to Save A Warrior, a nonprofit organization committed to ending the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant was used to support the construction and development of Save A Warrior's National Center of Excellence for Complex Post-Traumatic Stress presented by DAV in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combating suicide and mental health issues. In 2021, another \$200,000 grant was provided for programming and the center opened in June 2022. Save A Warrior received an additional \$1 million grant in November 2022 to offer trauma-focused cognitive behavioral therapy, relevant 12-step programs, cognitive processing therapy, mindfulness-based stress reduction techniques and resources to participants. DAV has also provided nearly \$1 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously injured veterans and their caregivers.

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. As long as veterans experience unemployment, homelessness, and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges.

By supporting these initiatives and programs, the Trust furthers the mission of DAV. For over a century, DAV has directed its resources to the most needed and meaningful services for the nation's wounded, ill and injured veterans and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support and generosity of corporate partners, individuals and DAV members who remain faithful to our mission.

## **DAV NATIONAL LEGISLATIVE PROGRAM**

Messrs. Chairmen, DAV's Legislative Program is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime service-disabled veterans, their dependents and their survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 100th national convention. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs Committees to consider the merit of these proposals and use them to enact legislation.



The complete text of DAV's Legislative Program is available on DAV's website at [https://www.dav.org/wp-content/uploads/LegislativeProgram\\_2022-2023.pdf](https://www.dav.org/wp-content/uploads/LegislativeProgram_2022-2023.pdf).

### **Disability Compensation and Other Benefits**

- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans disability compensation.
- Support legislation to increase disability compensation.
- Support legislation to provide for realistic cost-of-living allowances.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Support legislation to protect total disability based on Individual Unemployability benefits and ensure it remains available for all eligible veterans regardless of age or receipt of any other federal benefits.
- Support oversight of the VA's practices used in evaluating disability claims for residuals of military sexual trauma.
- Support legislation to improve and reform Dependency and Indemnity Compensation.
- Support an increase in the Department of Veterans Affairs burial allowance for service-connected veterans and provide automatic annual adjustments.

### **Medical and Health Care Services**

- Support program improvement and enhanced resources for VA mental health programs and suicide prevention.
- Support enhanced medical services and benefits for women veterans.
- Support equity in access to services and benefits for racial and ethnic minority service-connected disabled veterans.
- Support the rights and benefits earned by service-connected disabled Native American and Alaska Native veterans.
- Provide comprehensive dental care to all service-connected disabled veterans within the VA health care system.
- Enhance long-term services and supports for service-connected disabled veterans.
- Strengthen and protect the VA health care system.
- Ensure a safe, secure and effective electronic health record for veterans that allows the VA to fulfill core missions of patient care, research and training.
- Support effective recruitment, retention and development of the VA health care system workforce.
- Ensure timely access to quality VA health care and medical services.
- Support modernizing VA health care infrastructure.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, ill and injured veterans from all eras.
- Support VA research into the medical efficacy of cannabis for treatment of service-connected disabled veterans.

- Support improvements in provider training and beneficiary travel benefits for veterans seeking specialized treatment programs and care for military sexual trauma.
- Support humane, consistent pain management programs in the veterans health care system.
- Support VA medical and prosthetic research programs.
- Support sufficient funding for VA prosthetic and sensory aids and timely delivery of prosthetic items.
- Support legislation to eliminate or reduce VA and Department of Defense health care copayments for service-connected disabled veterans.
- Adequately fund and sustain the Readjustment Counseling Service of the VA and its Vet Center Program.

### **General Issues**

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Support legislation to improve and protect education and employment benefits for disabled veterans and their survivors.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
- Support legislation to strengthen and protect service-disabled veteran-owned small businesses.
- Extend space-available air travel to caregivers and dependents of eligible veterans.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans.
- Support veterans' preference in public employment.

## **CONCLUSION**

Messrs. Chairmen, DAV has been serving veterans for more than 100 years, and our organization has come before these distinguished committees many times to highlight the challenges veterans face across the nation. We appreciate your continued efforts and commitment to these issues—and to the men and women who served—even if the solutions present challenges, may not seem clear, or don't come quickly or easily.

Film producer Maria Cuomo Cole once said we must give veterans “the tools to empower themselves and reclaim the self-worth and dignity which comes from occupying a place in the American dream. It is a dream they fought so hard to defend for the rest of us.”

If ever there was a need for us to focus our efforts, be our best and rise to meet the occasion, this is it. Our veterans need us and are worth the fight.

May God continue to bless DAV, the men and women who have served our great nation, and their families, survivors and caregivers—and the United States of America.

This concludes my statement. Thank you for the opportunity to present DAV's legislative priorities and highlight the many services we provide to America's ill and injured veterans.