

**THE LEGISLATIVE PRESENTATION OF VETERANS
OF FOREIGN WARS (VFW)**

JOINT HEARING
OF THE
COMMITTEE ON VETERANS' AFFAIRS
BEFORE THE
U.S. STATES SENATE
AND THE
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

MARCH 6, 2019

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JOINT HEARING ON THE LEGISLATIVE PRESENTATION OF VETERANS OF FOREIGN WARS (VFW)

WEDNESDAY, MARCH 6, 2019

UNITED STATES SENATE,
AND HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The Committees met, pursuant to notice, at 10:00 a.m., in Room SD-G50, Dirksen Senate Office Building, Hon. Johnny Isakson and Hon. Mark Takano, Chairmen of the Committees, presiding.

Senators Present: Isakson, Boozman, Cassidy, Rounds, Tillis, Sullivan, Blackburn, Tester, Brown, Blumenthal, Hirono, Manchin, and Sinema.

Representatives Present: Takano, Brownley, Lamb, Levin, Rose, Brindisi, Cisneros, Lee, Underwood, Cunningham, Pappas, Allred, Peterson, Roe, Radewagen, Bost, Bergman, and Banks.

OPENING STATEMENT OF CHAIRMAN ISAKSON

Chairman ISAKSON. I call this meeting of the Senate and House Veterans' Affairs Committees together and welcome our VSOs here today. Veterans of Foreign Wars is a great organization. They have a beautiful building right down the street. They do a great job on behalf of veterans from all wars overseas and do a great job working with us, which we appreciate a lot.

I know Tester is not here—oh, there he is. You lost some weight. I did not recognize you. You are looking good, as always. We are happy to have you—well, you did not come to listen to us. We came to listen to you.

But as Chairman of the Senate Committee I want to tell you how proud I am of what we have been able to do on that Committee in terms of the Mission Act, accountability, and the many things we have done improving the appeals process and speeding things up.

We have a VA that can work for you. We are going to ask you to be our partner this year. If you have a problem with the VA, call us. Do not just call to complain. Call to tell us what the problem

was and help us solve the problem. If we have got somebody at the VA that is a problem we will get that corrected. If you are being a problem, we will get that corrected.

We need to be a team. And the reason I said that is important. We need to be a team. We cannot make it everything you want it to be. We can make it the best we can make it if we work together. But we spend time flaming folks and talking about how somebody could have done something better, and then we do not do anything productive.

So I am asking you to help us with that. I have told all the chairman of all the committees and all the members of the Senate I want them to talk to their LA and their staff that do veterans' appeals and veterans' calls and veterans' cases. Let me know when they have a good experience. Let me know when they have a bad experience, and let me know when they have a suggestion that would make the experience for everybody better.

Our job, the next two years, is to make it work right. It is not to introduce some other bill that is supposed to fix something. The veterans have got more money, more authority, more statutory changes, more of what you wanted them to ever invest—not because of me, not because of Jon, but because all of us work together. We are a team. We want you to be on our team too, because in the end what we all do together is a lot more than what we ever do separately.

So I just want to thank you for everything that you have done. I want to take one liberal license. Would all the VFW members from Georgia please stand? Go Dogs.

[Applause.]

Chairman ISAKSON. That was a little liberal license.

It is now my pleasure to introduce my Ranking Member and a great friend of mine from Montana, Jon Tester.

OPENING STATEMENT OF SENATOR TESTER

Senator TESTER. Well, thank you, Johnny, and we all appreciate your leadership and what you have done as well as the House side of things and the whole bipartisan, bicameral working together. But Mr. Lawrence, thank you for being here. I appreciate what you do. I appreciate your leadership team and it is good to see you here today.

Is my crew from Montana here? Stand up. All right. Thanks, guys.

[Applause.]

Senator TESTER. We have got some good folks in Montana, I will tell you that, Commander Lawrence. As I said before, and as Johnny just said, we are going to take our cues from you. You know bet-

ter than anyone how the VA is performing across the country, what improvements need to be made on behalf of veterans and their families, and listening to veterans should not be a courtesy from the VA. It should be mandatory. That is why we need to hear your view on whether the VA is doing enough to accept unacceptable rate of veteran suicides or provide just to veterans exposed to toxins during their service, whether it is Agent Orange or burn pits, or to address gender disparities within the VA to provide more equitable treatment of our women veterans, or to ensure all veterans have access to timely and high-quality health care, whether they live in Big Sandy, Montana, or Atlanta, Georgia.

We need to know whether the VFW believes that implementation of the Mission Act, the largest overhaul of veterans' health care in a generation, is being carried out as Congress intended and as veterans deserve. There is very little concern. I hear it every day from the veterans' community and Congress that recently proposed access standards will steer a disproportionate amount of veterans and taxpayer dollars to the private sector, and despite language in the Mission Act, the VA will not hold community providers to the same standards of VA providers. So we could end up sending more veterans into communities for lower-quality care and longer wait times.

To top it off, nobody can tell us how many veterans will be impacted by these standards or how much it is going to cost. All we know is that community care is more expensive than VA care and that billions have been paid to third-party administrators that should have gone directly to improving the lives of you and your fellow veterans.

The VA refers to concerns about hollowing out the VA health care system as false and predictable, but everybody in this room—everybody in this room—knows they are very real. Veterans deserve a lot more than that. They deserve the truth. They deserve a system that works, a system that is built and improved with input from you, the VFW, and others.

Mr. Lawrence, it is great to have you here today to gather that input. I want to welcome and I want to thank you for all that you have done and your organization is done on behalf of veterans and their families. Thank you.

[Applause.]

Senator TESTER. It is now my pleasure to introduce the gentleman from Tennessee, last year's Chairman, this year's Ranking Member, Mr. Roe.

OPENING STATEMENT OF DR. PHIL ROE

Dr. ROE. Thank you, Mr. Chairman, and first of all I want to welcome any Tennesseans who might be here. If you would stand. Oh yeah, fantastic. Good. Thank you.

[Applause.]

Dr. ROE. I appreciate you being here, and Commander, thank you for your team. They are great work with and certainly we would not have gotten done last year what we have gotten done without the help of your team.

And I also want to thank my colleagues at the dais, because I can tell you that in my 10 years here I have never worked closer with—it pains me, from the House, to say anything nice about the Senate, but anyway, there were great partners last year and we would not have gotten done what we have gotten done for our veteran community without their help, so thank you all on the Senate side. And it is a very bipartisan—we try to check the Republican and Democrat at the door and do what is right for our nation's heroes.

I was at an elementary school this week, on Monday, and I asked the children—it was a fifth-grade class, and there were probably 40 kids in there, and I asked them to hold up their hands if they had anyone in their family who was a veteran or was currently serving. About 80 percent of those kids held their hand up. That is who we represent, and you all, like I am, are the past and we are doing what is right for our veterans, but those kids are the future, and with the example they have been given by you they will also step up and serve this great nation.

During the last two years, I do not remember a time in my time here in Congress we have accomplished as much for our nation's heroes. We passed an Accountability and Whistleblower Protection bill. I think one of the major pieces of legislation is not talked about as much but I think could be transformative is the Appeals Modernization, which Mike led right here. It has passed into law and is now live.

The Forever GI Bill, which now allows a veteran—I used the GI Bill when I got out of the Army.

[Applause.]

Dr. ROE. You know, who knows, with these things, how fast technology is changing and rapidly, so a veteran at 50 years of age can go back and get retrained going forward.

The VA Mission Act, which can either be the most transformative piece of legislation we have passed in decades for the VA or it can just be another piece of paper that is written and signed into law, depending on how it is implemented. So I look to you to help us, and Commander Lawrence and I have had discussions

about that. He will be coming to my district to look at some things that we have done.

And I want to thank Chairman Takano for his continuing the technology committee that we stood up, the subcommittee that we stood up. Look, I told the Secretary that if we do not get this Cerner, this electronic health record done right, we both need to go into the Witness Protection Program, and it is one that we absolutely have got to get right going forward.

And we talked about burn pits. We passed a piece of legislation yesterday on the House floor. But think about this. If you are allowed—if you go into DoD as an 18-year old and 50 years later something may have happened to you, who knows what, if you have got that virtual lifetime electronic health record we can go back and mine that data and find out did it actually affect you—positively, negatively, whatever? So that is hugely important.

Three other things very briefly I want to talk about, one very near and dear to my heart. I am a Vietnam-era veteran. I served in Korea, Camp Casey and other places in Korea.

[Applause.]

Dr. ROE. But one of the things that is very near and dear to my heart are the Blue Water Navy vets. Look, we left a war, in 1975, that did not go well for this country and it took us a couple of decades to finally get our swagger back in this country. It is time that we treated those Blue Water Navy, that were off the coast of Vietnam, exactly the same as we treated every other veteran that put their feet on the ground there. So I need your help.

[Applause.]

Dr. ROE. To finish up, and I know the Chairman will have comments about this, but another thing that troubles me greatly as a physician is suicide. I just saw, the AMA published a piece of information yesterday that said that with alcohol and drugs and suicide, those three things, almost 47 Americans per 100,000 die each year. That is not only a veteran tragedy, that is an American tragedy, and we have to change that.

We are having a roundtable this afternoon, the Chairman has called, on veteran suicide. The President, as you know, had a declaration yesterday, an Executive order. It is going to take more than Executive orders and declarations, folks. This is very troubling to me that 20, or whatever the number is, commit suicide each day.

And lastly, our homeless veterans. Ten percent are in Los Angeles County, of all the homeless veterans in America. This is a scourge on our country, as wealthy as we are, to have one veteran living homeless anywhere.

So I want to finish by thanking you for the privilege to serve on this Committee. It has been. I look forward to working with you all and I look forward to this Congress, and I yield back.

Chairman ISAKSON. You know, we all make mistakes and I made a big one early on. I got the introductions out of order and I promoted the Chairman of the House Committee and demoted Mr.—

Dr. ROE. It works for me. It is okay.

Chairman ISAKSON. —I promoted Tester, the Senator, and demoted the House member, and that is a big mistake. I am sure I am going to get 40 lashes later on.

There was probably an appropriate reason for me to do that because I want to lavish some praise on him. Mr. Takano has come a long way in two months, and as a Chairman in the House he is doing a great job, and we are working just as well together as we did with the Chairman from Tennessee. So I want to take pride in introducing the Chairman of the House Veterans' Affairs Committee, whom I am introducing last instead of first, Mr. Takano.

[Applause.]

OPENING STATEMENT OF CHAIRMAN TAKANO

Chairman TAKANO. Thank you. Thank you, Mr. Chairman, Chairman Isakson, and no forgiveness—I mean, let me just say that I made a mistake in saying that Ms. Radewagen was from Guam instead of American Samoa, and so I am prone to these mistakes myself.

Good morning, Commander, Commander Lawrence. I appreciate you being here. And I do cherish the relationship I have with Senator Isakson and Ranking Member Roe and Senator Tester in the bipartisan way that we come together to help our nation's veterans. And I want to welcome every VFW member here today who has traveled the distance to be here in this hearing room.

Commander, I want to begin by recognizing the tireless advocates who work every day on behalf of the VFW, and we rely on your VFW chapters in our districts and states back home and here in Washington, D.C., to be the voice for the millions of veterans you represent throughout the country.

I do want to take special—a moment to recognize my California veterans. If you are in the room please stand. Go California.

[Applause.]

Chairman TAKANO. Welcome. I would also like to thank the VFW for your work on the independent budget with the DAV and PVA. It is clear from your latest version that while the VA is receiving robust funding there are certainly gaps to close and much work left to be done before we achieve our shared goals. I ask that the VFW continue to hold the administration and Congress accountable and

ensure both fulfill our nation's promise to veterans, and we look to you to guide our work.

With your help we have seen a lot of successes over the years and we will continue to need your input as we move through this Congress. In reading through your testimony, your concerns are my concerns and the concerns of this Committee.

I appreciate that your first priority is my first priority, providing health care and disability benefits to the Blue Water Navy, as my Ranking Member mentioned, these veterans who were exposed to Agent Orange. It is long past time for Congress to pass H.R. 299, and I agree, Congress cannot fail these veterans again.

Last week, during a hearing in which Secretary Wilkie testified before the House Veterans' Affairs Committee on the state of the VA, I asked the Secretary to update me on whether the administration will appeal the Court of Appeals for the Federal Circuit's decision to extend these benefits to Blue Water Navy veterans. I also asked him if Blue Water Navy veterans eligible for disability benefits after the court's decision will be able to receive health care at the VA medical facilities. And although we are awaiting a response from the Secretary, veterans should not be made to wait. Congress must act.

[Applause.]

Chairman TAKANO. During that hearing I also asked Secretary Wilkie to discuss what needs to be done to achieve the Committee's vision for VA 2030. The Committee's VA 2030 plan is simple. It is a future look at what the Committee envisions to be the ideal VA, a VA ready to provide services and benefits to veterans, no matter the generation or conflict in which they served. That starts with getting implementation of the Mission Act right so veterans can access care at VA hospitals and clinics and with community providers.

We share your similar concerns regarding access standards, a focus on health outcomes, and hiring and retaining providers and employees to fill the 48,985 vacancies at VA. These positions need to be filled.

The VFW's voice must be heard during the Mission Act implementation and there must be an open and collaborative process. Commander, I ask today that you provide us your candid views on implementation thus far.

I also ask you to continue to highlight and advocate for policies to address disparities in health outcomes for minorities and LGBT veterans for Congress and the administration and the nation. Please continue your passionate advocacy for utilization of benefits by veterans suffering from traumatic brain injury and military sexual trauma, VA's progress on medical cannabis research and health

care services for former servicemembers with other than honorable discharges.

I also share your disappointment that, in your own words, quote, “Not a single piece of legislation became law in the 115th Congress to address the needs of women veterans,” end quote. This must change in the 116th Congress.

[Applause.]

Chairman TAKANO. The first veterans’ bill to pass the House of Representatives in this Congress was the Veterans Access to Child Care Act. It enables veterans with young children to see their VA provider without having to choose between making their appointments and finding and affording child care.

I want to thank Congresswoman Brownley for her tireless work on that bill and I am excited to have her chair the Health Subcommittee and also lead our Task Force on Women Veterans. And that is the reason why this is going to change in this Congress.

With the help of our colleagues in the Senate I expect the 116th Congress will far exceed the 115th Congress in addressing the needs of women and servicemembers and veterans. Women veterans need to know that today’s VA is here to serve them, and I urge my Senate colleagues to pass the Veterans Access to Child Care Act without delay.

VA must also take immediate action to address veteran suicide and the alarming trend of veterans committing suicide in VA medical facility parking lots. As the number one clinical priority of the VA I am concerned that resources are not being spent to tell veterans and their families about the services VA provides.

I am also not sure if last year’s presidential Executive order had the impact we were all hoping for. I remain concerned that we, as a nation, are not addressing veterans in crisis who served in Vietnam, those not utilizing VA health care, and those who served in the National Guard and Reserve components who never mobilized for deployment.

As I close I would ask you to continue to work with and advise all of us here on the need for a fourth administration at VA. I hear your concerns about vocational rehabilitation, education services, and the transition assistance program not getting the attention and advocacy they deserve under the Veterans Benefits Administration. I support the efforts to provide a seat at the table within VA for these programs. They are vital to the success of our veterans once they leave the service. However, having watched VA’s implementation of the Forever GI Bill, the Mission Act, and the electronic health records, I have concerns about VA’s ability to implement a new administration without a detailed and well-developed plan.

I would like to work with you to further develop legislation to have VA create this plan and inform Congress of the budgetary and personnel requirements necessary to execute the plan successfully before the new administration is authorized.

Everyone in here agrees one homeless veteran, one unemployed veteran or underemployed veteran, one financially unstable veteran is one veteran too many. Let us figure out how to structure VA to empower employees to make the system work for these veterans and structure VA to hold leadership accountable for improving veteran outcomes.

While I touched on a few of the issue areas important to you and your membership, know that I am committed to helping advance your priorities in the coming year. I began by saying your priorities are this Committee's priorities and I meant that.

I look forward to hearing your testimony today and thank you again for your tireless advocacy on behalf of the veteran community. Thank you, Mr. Chairman, and I yield back the balance of my time.

Chairman ISAKSON. Well, thank you, sir, and it is now my pleasure to introduce Senator Tom Udall to introduce the Commander-in-Chief of the Veterans of Foreign Wars.

SENATOR TOM UDALL

Senator UDALL. Thank you, Chairman Isakson, Vice Chairman Tester, Chairman Takano, and Ranking Member Roe. It is my pleasure to appear before you today to introduce the Commander-in-Chief of the Veterans of Foreign Wars, Vincent Lawrence, otherwise known as B.J. Commander-in-Chief Lawrence hails from Alamogordo, New Mexico, located close to Holloman Air Force Base and White Sands Missile Range.

Mr. Vincent served in the Army from 1983 to 1986, and was stationed in South Korea where he earned the Korean Defense Service Medal. He served in his community as a police officer, including as an undercover agent, and was in the private sector as the owner of Lawrence Investigations. He joined the VFW in 2000 and has been a successful and dynamic leader in that organization ever since. Last July, he was elected Commander-in-Chief.

The VFW is the nation's largest veterans organization. It is an effective advocate here in Washington and provides needed services to veterans around the country. Commander-in-Chief Vincent wants to move the organization forward into the new millennium, bring in the younger generation veterans, and reinvigorate older members.

His theme for his tenure is "Make It Happen." He is here today to advise us on how we can make it happen for our nation's vet-

erans. And I would say to you, B.J., these two committees, that could be their slogan too. They are great and they are bipartisan and they make it happen for veterans.

The VFW's legislative priorities include passing the Blue Water Navy Vietnam Veterans Act to make sure that veterans who served in offshore waters of Vietnam and were exposed to Agent Orange received disability benefits, improving veterans' health care, improving transition services for servicemembers, returning home, and improving the airborne hazards and open burn pit registry.

While I am here I would just like to say a few words in particular about the last item. Along with Senator Corker I sponsored the original Burn Pits Registry Act, signed into law in 2013. The national registry helps veterans, doctors, and the VA determine the extent that air pollution caused by open-air burn pits in Afghanistan and Iraq has led to medical diseases among servicemembers. But we need to improve the information gathered so that veterans receive the medical treatment they have earned.

Senator Sullivan, here in the Senate, and I are co-sponsoring a new Burn Pits Registry Enhancement Act to do just that. This bill has also been introduced in the House on a bipartisan basis by Representatives Wenstrup and Ruiz. I hope this Committee will consider this bill soon and I thank you, to all the members here, for your work on behalf of the nation's veterans. They served our nation, risking everything, and we must make sure that they receive all the benefits that they have earned.

And now it is my honor to give you the Commander-in- Chief, Chief Lawrence. Lawrence, I am going to say I am sorry to slip away on you. I have two other committees meeting, but I know from your reputation that you are going to knock it out of the park. Thank you very much and thank you once again.

[Applause.]

Chairman ISAKSON. Thank you, Senator.

It is now my pleasure to introduce the Commander-in- Chief of the Veterans of Foreign Wars, Mr. Lawrence. And Mr. Lawrence, let me tell you this. When your green light goes to red I am supposed to raise hell and get you to stop. I am not going to do that. I would not do that to a commander anyway, but try and watch the button as much as you can when it turns red so we can get everybody included before the hearing is over today.

Thank you so much, Commander, for all you have done for your country, for being here today, and for the Veterans of Foreign Wars. The mic is yours.

**STATEMENT OF VINCENT "B.J." LAWRENCE, ACCOMPANIED BY
BOB WALLACE, RYAN GALLUCCI, CARLOS FUENTES, AND
DARRELL BENCKEN**

Mr. LAWRENCE. Thank you, Mr. Chairman. Before I begin I would like to acknowledge and turn over to our Executive Director, Mr. Bob Wallace, for some introductions of our special guests that are here with us today.

Mr. WALLACE. Members of the Senate and House Veterans' Affairs Committees, I am honored to have the privilege of introducing the national officers of the VFW and our Auxiliary. Mr. Chairman, please allow me to ask those to be introduced to please remain standing, and I wish to request the audience to hold its applause until all have been introduced.

The National President of our Auxiliary, Sandy Kriebel, from Maryland; Senior Vice President of the Auxiliary, Peggy Haake, from Hawaii; Junior Vice President, Sandy Onstwedder, from Michigan; National Secretary-Treasurer, Jan Owens, from South Carolina; Legislative Ambassador, Kathy Voss, from North Carolina; Commander-in-Chief's wife, Mary Lawrence, from New Mexico; Adjutant General's wife, Kelly Jones, from Missouri; Senior Vice Commander-in-Chief, William "Doc" Schmitz, from New York; Junior Vice Commander-in-Chief, Hal Roesch, from Virginia; Adjutant General, Kevin Jones, from Missouri; Quartermaster General, Debra Anderson, from Missouri; Judge Advocate General, Dan Nail, from Louisiana; Surgeon General, Ruth Fairchild, from Pennsylvania; National Chaplain, Charlene Cobb, from Wisconsin; National Chief of Staff, Jerry Herker, from Washington; Inspector General, Charley Shoemaker, from Kansas; Chairman of the VFW National Legislative Committee, Darrell Bencken, from Kansas; Director of VFW National Legislative Service, Carlos Fuentes, from Maryland; Director of VFW National Veterans Service, Ryan Gallucci, from Maryland.

I would also like to recognize the VFW SVA fellows. These student veterans exemplify the future leaders of our great nation, and we also have with us many of our past commanders-in-chief.

Thank you, Mr. Chairman.

[Applause.]

Chairman ISAKSON. You being here today, Ms. Lawrence, we especially welcome you. The first lady has a big job to do and we know you are doing a great job supporting your husband in the VFW.

Mr. LAWRENCE. Thank you, Mr. Wallace.

Chairmen Isakson and Takano, Ranking Members Tester and Roe, it is my honor to represent the more than 1.76 million strong, and growing, membership of the Veterans of Foreign Wars of the

United States and its Auxiliary. I have had the privilege of visiting veteran servicemembers and their families around the world to hear how the decisions you make here in Washington impact their daily lives. They sincerely appreciate your tireless work to improve educational benefits with the Forever GI Bill, to enhance access to high-quality health care and expand the caregiver program to veterans of all eras with the VA Mission Act, and to streamline decisions on their claims with Appeals Modernization Act.

And we thank you for joining us in opposition to privatization. I want to make it clear, up front today, that the VFW will fight any attempt to privatize the VA health care system.

[Applause.]

Mr. LAWRENCE. And as Dr. Roe mentioned earlier in his opening comments, the issue I continue to hear about the most is Blue Water Navy. The 115th Congress failed to restore care and benefits for Blue Water Navy veterans because our Senator did not believe Agent Orange made Blue Water Navy veterans sick and another veteran Senator was concerned with the cost. We hope VA does the right thing by accepting the VFW-supported Procopio court decision which overwhelmingly confirmed veterans who served off the coast of Vietnam must receive benefits.

[Applause.]

Mr. LAWRENCE. VA cannot continue to deny assistance for veterans who are sick and dying from Agent Orange-related diseases. To ensure Blue Water Navy veterans never have their earned benefits arbitrarily stripped away again, this Congress—this Congress must pass the Blue Water Navy Vietnam Veterans Act and make it happen.

[Applause.]

Mr. LAWRENCE. The VFW was founded in 1899 by Spanish-American war veterans. A century ago this year, the VFW became the first veterans' organization to establish a permanent presence in our nation's capital. That mission continues now and that is to help veterans cut the red tape and advocate for better care and benefits.

The VFW has spearheaded or contributed to every reform and expansion of federal benefits for veterans, and this include the collaborative effort between Congress, VA, the VFW, and others to modernize the VA's appeals process so veterans are no longer required to wait five years, on average, for decisions.

The process to overhaul appeals was lengthy and involved differing ideas and opinions. Negotiations were difficult at times but resulted in everyone involved having ownership of the end product. VA has continued this collaborative effort through full implementation of a new appeals process this past month. As a result, the new process has the best interest of veterans at its core and has the po-

tential to improve appeals for benefits by the brave men and women who have worn our nation's uniform.

With more than 2,100 accredited service officers who last year assisted 526,000 veterans obtain benefits, we will keep a close eye on how regional offices and the Board of Appeals perform under the new framework and help VA address any unintended consequences.

Specifically, VA must properly address the legacy appeals backlog and improve quality so veterans get quick and accurate decisions on their claims instead of poorly developed decisions that are immediately appealed.

[Applause.]

Mr. LAWRENCE. Timely access to high-quality health care remains a major concern for VFW members across the country. The VFW continues to assist thousands of veterans who require care to cope with their service-related illnesses and injuries. This includes more than 10 million volunteer hours every year at VA medical facilities and to help support our fellow veterans. We do so because more than 80 percent of VFW members rely on the VA health care system.

The VFW thanks you for including the views and interests of our members when drafting the VA Mission Act of 2018, but now it is time to focus on the implementation of this important and multifaceted law. Unlike appeals modernization, VA has elected to largely ignore the views of the nation's largest war veterans organization when drafting rules to implement the VA Mission Act.

VA executive leadership should be embarrassed that they have discontinued VA's strong collaborative relationship with the VFW and instead chose to make arbitrary decisions without consulting those who most intimately understand VA's mission and the needs of the veterans community. VA must discontinue the practice of ignoring the veteran service community when making such important decisions.

[Applause.]

Mr. LAWRENCE. As a result of that, the VA has betrayed its sacred vow to care for all who have borne the battle by proposing to charge veterans for service-connected urgent care and ignored lessons learned from the Veterans Choice Program by continuing to use arbitrary access standards that are not tailored to the VA health care system or, most importantly, not tailored to the veterans it serves.

Charging veterans for non-service-connected urgent care to deter overreliance is not as acceptable, but VA cannot charge for service-connected care regardless of where such care is provided.

[Applause.]

Mr. LAWRENCE. The VFW calls on Congress to conduct aggressive oversight of VA Mission Act implementation to ensure VA expands access to care for veterans by hiring more doctors, improving VA's aging infrastructure, and properly implementing the new Veteran's Community Care Program.

The VFW was pleased the VA elected to adopt the same electronic health care record as DoD, which puts an end to the saga of VA not integrating military treatment records into veterans' treatment plans. With an estimated \$16 billion price tag, Congress must continue extensive oversight to ensure the new EHR improves the delivery of care to all ill and injured veterans.

The success of electronic health care record modernization, appeals modernization, the VA Mission Act, the Forever GI Bill, and other improvements created by VA or established by Congress will be significantly impacted by the resources VA is given. The VFW has joined our independent budget partners in recommending more than \$103 billion for VA's budget. This can only—this can only be accomplished if Congress ends sequestration.

[Applause.]

Mr. LAWRENCE. Over the past four years, VFW members around the world have taken an active role in addressing a serious issue, suicide. VFW posts which continue to serve as pillars of their communities have hosted community service projects as part of our mental wellness campaign to destigmatize mental health, by teaching veterans and their loved ones how to identify mental distress and what local resources are available for those struggling to cope.

Congress must play a role in reducing the rate of suicide among veterans by conducting aggressive oversight of VA's mental health programs and hiring efforts to ensure veterans have access to care when they do turn to the VA for help.

Congress must also expand peer-to-peer support programs and pass legislation to study medical cannabis. Veterans tell us medical cannabis works and is a more suitable option than the drug cocktails VA prescribes. VA must consider how complementary and alternate therapies can help veterans cope with PTSD and other conditions such as chronic pain.

Suicide is a serious issue. We must do what is needed to save 20 veterans who take their own lives every day.

[Applause.]

Mr. LAWRENCE. The number of women veterans who have turned to VA for their health has tripled since 2001. VA has worked to improve gender-specific care for this population of veterans but more work needs to be done. Congress must pass legislation to improve the gender-specific competency of VA health care providers. They must give women veterans the ability to choose the gender of their

health care provider. They must extend the number of days newborn care is covered by VA, and expand the successful VA Child Care Pilot Program and require the VA to continue to improve privacy at women clinics.

Finally, Congress must ensure VA conducts targeted outreach to women so no veteran is left to wonder what benefits she is eligible to receive.

[Applause.]

Mr. LAWRENCE. VFW members have been exposed to toxins during every war. These toxins have long-lasting impacts on their health and well-being of their descendants. Burn pits and other environmental hazards in Iraq and Afghanistan have caused irreversible harm to our servicemembers, past and present. Servicemembers in peak physical shape when they deployed have come back with pulmonary issues and rare cancers that prevent them from performing at high levels and eventually become so severe that they can no longer keep a job and need 24/7 caregiver support from their loved ones.

VA has failed to properly take care of these veterans. So we call on Congress to pass legislation requiring VA to improve the burn pit registry, to pass the Burn Pit Accountability Act which would improve how DoD tracks, treats, and prevents the harmful impact of burn pits, and to establish and properly fund independent research on the impact of burn pits to include gender-specific effects, and finally, to provide veterans exposed to burn pits, like those who served in Iraq and Afghanistan, the care and benefits they deserve and they need.

[Applause.]

Mr. LAWRENCE. I recently spent a week in Eastern Europe with soldiers of the First Armored Brigade Combat Team from Fort Riley, Kansas, who are deployed in support of Operation Atlantic Resolve. They are able to focus on their mission to protect America's interest abroad because they know people like the VFW and you are working hard to take care of them while in uniform and when they transition in veteran status. Together we cannot let them down.

[Applause.]

Mr. LAWRENCE. Congress must reopen transition assistance in the community programs for veterans, so recently discharged veterans can revisit TAP classes. Congress must provide grants for organizations that connect recently transitioned veterans with meaningful jobs and conduct oversight to ensure that DoD is doing its job to help servicemembers prepare for life after military service.

The VFW has long argued that military retirement pay and VA service-connected disability compensation are fundamentally dif-

ferent benefits, and granted, for different reasons. We also oppose the senseless dollar-for-dollar SBP/DIC offset that financially penalizes the surviving spouses of military retirees. We again call on Congress to enact full concurrent receipt.

[Applause.]

Mr. LAWRENCE. Since 1929, the VFW has been intimately involved in fulfilling America's sacred promise to recover fallen Americans from long-ago battlefields. This is why the VFW works so hard alongside the Defense POW/MIA Accounting Agency to reunite our fallen heroes with their loved ones.

As a Korean defense veteran, I am proud to have worked with the administration to secure the recovery of 55 boxes of American remains from North Korea and open the door for joint field activities to resume hopefully in the near future.

The fullest possible accounting mission is a top priority of the VFW. With more than 82,000 American servicemembers still unaccounted for globally, Congress must provide DPAA the resources it needs to reunite our heroes with their loved ones.

In conclusion, the VFW stands ready to help you and your staff improve care and benefit for America's veterans, servicemembers, their families, and survivors, just as we will hold you accountable if you do not.

[Applause.]

Mr. LAWRENCE. I believe your willingness to be on this Committee means you will not fail, and neither will we, because no one does more for veterans than the VFW, and when we work together we can make it happen.

[Applause.]

Chairman ISAKSON. Thank you, Commander. Senator Tester and I are going to waive our time at this time because we have got a lot of members who are here that we want to make sure they get time to ask their questions, so Senator Tester and I will go at the end. I do want to make, if it is all right with Jon, four points real quickly.

Number one, I am not going to embarrass the table up here by asking them to raise their hands because it is never good for a Chairman to ask them to show how they are going to vote on something before you have told them they are going to have to show their hands to vote. But my suspicion is there are no no votes up here in terms of keeping the VA like it is, and nobody wants to privatize it. So I want you to understand, when you made that point, privatization is not an issue as far as I am concerned, and I do not think it is an issue as far as the Senate is concerned. I will let the House speak for itself, but do not worry about that.

Second, you made a great statement about ownership. I want you to take some ownership too, and all the members of the VFW. We are going to have problems as we get the implementation of the health care and Choice and all those things, and the Mission bill. It is going to be easy for you to find a place where you can really raise hell and get us focused on one terrible, awful circumstance, at the risk of not taking all the good things that happen and building them up. So please join us and take ownership with us of the Mission Act and what it is doing so we can get over this first hump, which always take place.

You know, every time you do something new everybody would have done it different. And I appreciate what you said about the VA reaching out. I am reaching out to tell you that I want you to join our team and take ownership in it as well, so we make that act work as well as we can for everybody. If you do that, that would be tremendous.

We need your input and we need it badly. The last thing I would say is this. I have never worked harder in five days in my life, in the last five days of the last session. The Senate did everything it could do to get the Blue Water Navy bill through. But I want to tell you, Mike Enzi is a great United States Senator. He did his job. He is not someone that needs to be criticized for what he was doing because he is the Budget Chairman. A lot of things that were handed to him were things he had to do. And I talked to him the other day and was at a prayer breakfast with him this morning. He is helping us 110 percent, talking to the VA about letting us go ahead and get this thing done.

And I met yesterday with the Secretary of the VA, Mr. Wilkie, crutches and all, his and mine both, and told him I saw no reason to appeal and test a course. A 9-to-2 decision in that court is an overwhelming decision. I hope that will be the decision they take and we appreciate all your advocacy and your help, that Bob Wallace gave me last year. I am going to close with that. He is one good dude.

[Applause.]

Chairman ISAKSON. You need to keep him on the payroll because he did a great job and helped us do a lot of good things, and I appreciate it very much.

Now we will go to Chairman Takano.

Chairman TAKANO. Thank you. Thank you, Chairman Isakson. I just want to—I will be very brief with my questions. I appreciate the work that the VA has done to include LGBT veterans' issues in your written testimony. You explained that VA's Central Office currently does not have any representation for LGBT veterans and

that this lack of representation hinders VA's ability to address the LGBT veterans' population's health and benefit disparities.

Commander, I hope you can speak a little bit about why it is important for minority populations to have a voice and representation at VA's Central Office.

Mr. LAWRENCE. Thank you, Mr. Chairman. By having equal representation among minorities we satisfy exactly what we should receive through VA health care system. That is high-quality care in a timely manner across all boards. No one should have a label on them. Veterans are veterans and all veterans demand, all veterans should have equal care across the board.

[Applause.]

Chairman TAKANO. Thank you for that. My second question is why do LGBT veterans need representation at the VA Central Office?

Mr. LAWRENCE. Mr. Chairman, we have several different minority groups that current receive care. They have specific needs. They have specific health care questions and desires. We need to be able to address all veterans on an equal platform to be able to have VA in a position to answer and to provide the veterans with the care they deserve and need.

Chairman TAKANO. Well, Commander, I really appreciate that sentiment from the VFW. I know that your members fought on behalf of our country because they believed in equality before the law and equality of opportunity for all Americans, so I appreciate that. And with that I am going to yield back the balance of my time. We have a lot of people here who want to ask questions.

Chairman ISAKSON. Thank you very much, Mr. Chairman. Ranking Member Roe.

Dr. ROE. Thank you, and I thank the Chairman. He and I are both on the Education Labor Committee and we have got votes going on now so we are going to have to step out and go vote, Commander.

I did fail to thank, in my opening remarks, the Auxiliary who are here. Our families who are home when we are deployed, keep the home fires burning, take care of all the issues that are going on, paying the bills, everything we do when we are out having fun, driving around, rolling around in the mud and all that stuff we did.

But I want to thank you all for the support that the Auxiliary gives that and I want to give them a round of applause.

[Applause.]

Commander Lawrence, what do you think are the major strengths of the VA?

Mr. LAWRENCE. Sorry. I have to remember this button so I do not get yelled at by the Chairman.

I think the VA, honestly, has the best interest of veterans at heart. As you spoke in your opening comments, we made a lot of progress last year for veterans. What is important now is to ensure proper implementation of all those efforts and that hard work. I think we are on the right track. As Chairman Takano mentioned, we just need to keep a close eye on some areas and make sure, and be patient. But at the same time we should be in a position, as veteran service organizations, to have a hand in that, because it is going to take a collaborative effort. We should never be shut down and not asked for our guidance or our opinions, based on veterans. We, as a veteran service organization, know what is best for our veterans.

Dr. ROE. I agree with that and I do want to give a shout-out to your team. Bob, you look great. It looks like you are doing well, and he has done a lot of great work. And Carlos, I am not so sure about, but anyway—

[Laughter.]

Dr. ROE. No. Carlos has been great to work with.

One of the issues that had, and that the Chairman brought up, is the empty slots at the VA. I think that is a challenge for American health care across the country. By 2030, we are going to have 100,000 too few doctors in this country. And so we have taken a real interest in the education part that the VA carries, many of us. I was trained partly at a VA hospital, and I think it really behooves us to try to encourage that, because the VA is going to be short of physicians, as you pointed out.

That is one of the reasons we passed the VA Mission Act, was to use not a privatization but a symbiotic relationship. If I cannot see a urologist—I will give you a perfect example. I have a got a text right here I got last night. A veteran home with a kidney stone. They hurt. And the lithotripter is not available because it is mobile, so he has to wait, unless he can go out to the private sector and get that done. Those are the kind of things where I think we share expertise and get the best care for veterans. I think that is how I view the VA mission.

And we tried to put a bill together, Commander, that was good for urban America, which is much different than rural America. I have been in congressional districts. Greg Walden is in Oregon. The square miles are bigger than the square miles of Tennessee, that he has got to cover. I mean, he told me that. I did not believe it but he was right.

So designing a system is difficult, and you guys sat around a table in my office and helped work that out. And Commander, I could not be more supportive of you, when the VA leadership needs to sit down at that same table and hammer these things out. That

is how the Mission Act occurred. It did not occur because of what Senator Isakson or Tester or I did. It occurred because of what everybody did together. And when we do that we will have a bill that will work much better.

I have—on medical cannabis, you mentioned, I have a bill out there that requires the VA to study this. That is where it should be studied. Let us find out the risks, the benefits of black box warnings and so on. I could not agree more with you there.

Thank you all very much for being here and I appreciate what you do every single day for our nation's heroes. And I yield back.

[Applause.]

Chairman ISAKSON. Senator Manchin.

SENATOR JOE MANCHIN

Senator MANCHIN. Thank you, Mr. Chairman, and thank all of you for being here, as you all do every year. And I would like to see if my West Virginia Mountaineers would stand to be recognized. There we go.

[Applause.]

Senator MANCHIN. As usual, they are the most loyal, hardest-fighting people I know and work every day to make West Virginia better.

My question would be, as part of the VA Mission Act requirements the VA recently released their access standards determining when veterans can see private doctors. Under the proposed rules, any veteran who must drive more than 30 minutes away longer than 20 days for a mental health care or primary appointment would be allowed to use a private doctor. While more access to care is a good thing for veterans I have many questions about the impact of these rules on the VA's quality of care and overall budget.

I have been asking and the Chairman has been very accommodating, but I am asking again that we commit ourselves to having this Committee hold a hearing on these access standards before the VA's public comment period is over, March 25th.

Chairman ISAKSON. Which will be granted.

Senator MANCHIN. Which will be granted. That is very good. We are going to have that done. So all of your support is great.

[Applause.]

Senator MANCHIN. So my question is how is your membership—Commander, how is your membership reacting to the newly proposed access standards and what is your biggest concerns?

Mr. LAWRENCE. Thank you. First and foremost, that access standards were written by bureaucrats who do not understand the preference of our veterans who actually rely on the VA health care system. That has been our biggest complaint.

Senator MANCHIN. Right.

Mr. LAWRENCE. But in regards to that, we feel that the 20-day period is just as arbitrary as 30, and as you mentioned, a very good point, and I agree with you wholeheartedly, it is not one size that fits all. We have different area—rural, metro areas. It does not address or take all of those different factors into consideration. So that would be our biggest concern right now.

Senator MANCHIN. Okay. Anybody can answer this question. It is, basically, we all know how important family members are in caring for severely injured veterans of all eras. It is a full-time job, physically and emotionally, demanding, and that is why I supported the caregiver support program in the Mission Act.

As the VA prepares to expand the program we have received reports of challenges with wait times, applications, and inappropriate terminations. So anybody who would want to speak to this, has a personal experience and want to share it with us, on the recommendations for how the VA can make the program more effective and accountable. Our intentions are good but, you know, sometimes when the rubber hits the ground it does not work the way we want it to work. So if you can give us any direction on that we would be appreciative.

Mr. LAWRENCE. Thank you, and as a matter of fact Mr. Fuentes, who is here with me today, he has spoken to some family members and had some concerns on the Caregiver Act.

Senator MANCHIN. Sure.

Mr. LAWRENCE. If you will, Mr. Fuentes.

Senator MANCHIN. Thank you, sir.

Mr. FUENTES. Thank you, Chief. We are tracking that issue and it is something that is very important to our membership. Seriously, we do not—we cannot afford for caregivers, or veterans who transfer from one facility to another to be kicked out of the caregiver program. It is great that VA has issued a moratorium on revocations. We want to make sure that they get the IT system right and want to make sure that the folks can go throughout the country and continue to receive caregiver program support that they need. But most importantly, we cannot allow the VA to use that as an excuse to delay expansion to veterans of all eras.

Senator MANCHIN. Let me follow up. One final question is going to be, since I have been in the Senate—I came in in late 2010—and from West Virginia, being the governor of West Virginia, I was acutely aware of the unemployment, the high unemployment of veterans, and I could not believe it. We started a campaign called I Hire a Vet. Transitioning a vet back into an active, productive life has always been a challenge.

Are we succeeding? Is there something else that we can do? Do you see anything that could improve acclimating a vet back into the workplace and into a civilian role? Have you had some of your vets come into you having a hard time finding training or a job?

I will give you one example. CDLs. A lot of people in the military basically are driving heavy equipment. We need commercial truck drivers. Paid good money. But we want that to transition into CDL. They should be able to get an accelerated permit on that using the CDL experience they had in the military to come right into the workforce. Those types of changes we are trying to make, and any type of skill set that you might have gotten while you were in the military, to use that rather than going through the rigmarole and all the different channels you have to in order to get accredited in civilian life.

[Applause.]

Mr. LAWRENCE. We agree 100 percent. I think a lot of that also begins that first step is that veteran transition, whether that be through the Benefits Delivery at Discharge Program. As a matter of fact, Mr. Gallucci, could you explain?

Mr. GALLUCCI. Absolutely, Commander-in-Chief, and thank you. One of our programs that we run on 23 military installations is the Benefits Delivery at Discharge Program, inextricably intertwined with the Transition Assistance Program that the military operates, helping veterans access their benefits as they are transitioning off of active duty.

One thing that we do to hold our representatives accountable is we ask our clients what they thought of our services but also what they thought of the Transition Assistance Program, and a lot of that information informs some of the changes that Commander-in-Chief Lawrence speaks to in his written remarks, some of the changes that we are asking Congress to make.

There is one anecdote that sticks out to me. A Marine from Camp Pendleton had commented to us about the voluntary tracks for the Transition Assistance Program, and when he— an open-ended comment, “Why did you or did you not participate in a track?” he said, “My leadership team told me I was not a good candidate for college.” That was unacceptable and that is why we are pushing for changes to the way that we transition servicemembers out of the military, and one of the reasons we are asking to once again offer off-base transition training like we had had with the pilot program in years past.

Senator MANCHIN. Well, I encourage each and every one of you to contact your local Congressperson or your U.S. Senator at any time with changes you might have, suggestions you might have that makes it better for you to transition back into a private civil-

ian life, and we thank you all for your service. Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Cassidy.

[Applause.]

SENATOR BILL CASSIDY

Senator CASSIDY. Thank you, Mr. Chairman. First a shout-out to my Louisiana VFW folks.

[Chorus of cheers.]

Senator CASSIDY. They said Who Dat? That's the Saints cheer. We are still a little bitter about that, being robbed of our Super Bowl victory.

Thank you for the work you do, and I will echo what Roe said. Thank you to the Auxiliary as well. And, Mr. Gallucci, I just want to kind of pick up where you are. One thing I think we can celebrate right now, under this economy there is record low unemployment for veterans. Is not that fantastic?

[Applause.]

Senator CASSIDY. And when we speak of suicide and we understand that having meaning in one's life is one of the things that helps prevent suicide, having a job, a well-paying job that gives one self-respect is obviously in that mix. But I have learned that transition is when many suicides take place, with most suicides occurring, statistically, within a short period after someone's separation from the service.

And it is interesting. I was speaking to an employer back home, Performance Contracting, and I gather they are one of the leading employers of veterans and they love veterans because they have a sense of how to work within a team, how to get a job done. They know deadlines. They know consequences if deadlines are not achieved, on and on. But they had to hire someone in particular to make sure they could navigate these programs to get these highly qualified people through the process to where they could achieve their potential working for Performance. So I applaud you for working on that transition.

Again, I am a physician. I have just learned that transition planning is most important. But it occurs to me they had to hire somebody to do it. It does not just happen seamlessly. What can we do, on our side, to make this work better? I know one of the things is that the office that does this might a Department of Labor office, not technically under our jurisdiction. But do you have suggestions as to what we can do to make it—you do not have to hire an extra person to make it happen?

Mr. GALLUCCI. Well, a few items, actually, so thanks for asking that. I think, actually, a couple of our VFW SVA legislative fellows

have talked about what happens after you transition off of active duty and is there a way to have caseworkers that you can connect back to, or at least for an interim period have access to the resources that the military made available to you while you were on active duty.

There is precedent for this. There was a health care- centric program known as TAMP that allowed those who were separated for medical reasons to get access to base resources. I was talking with one of our members during this conference he was basically telling me that, you know, what happens when a servicemember separates in California? They are used to all the resources that they have at Camp Pendleton or wherever, and they move back to Delaware and they do not know really where to turn. The first place they are going to go to is probably going to be the military, but they are going to be locked out. So is there any flexibility that we can have there?

The next, we talk about the Off-Base Transition Training program in Commander-in-Chief's written testimony, and this pilot was well-intentioned but not very well executed with the Department of Labor, and it was to do TAP- like training around the country. There is one place it was very successful, Senator Manchin's home state, in West Virginia. They worked very closely with the National Guard to make sure that deployed members of the Guard and Reserve had access to this when they returned home.

So we want to see a program similar to that, and the VFW has a tremendous infrastructure around the country that may be able to help leverage that. There was not much outreach when the OBTT pilot program was underway and so we could not flex our muscle to assist wherever we could. But we are eager to do that optimistic that there are some targets of opportunity to reach that very at-risk population.

Senator CASSIDY. Well, I will just say that many of the things discussed, whether it is suicide or whether it is the ability to afford child care for dependent, or many other things on your list are addressed when somebody has better jobs and better wages and better benefits.

So thank you all for what you all are doing on that. It is my commitment to work with you all as we help folks transition out of serving our country to being able to serve our country by other means. Thank you all very much.

[Applause.]

Chairman ISAKSON. Thank you, Senator. Congressman Lamb.

REPRESENTATIVE CONOR LAMB

Mr. LAMB. Thank you, Mr. Chairman, and I have learned over time that in many crowds as large as this there will be a certain number of Western Pennsylvanians and Pennsylvanians, but due to our good fortune over the years there will be an even larger number of Pittsburgh Steelers fans. So I would like any Pittsburgh Steelers fan among the VFW faithful to stand up and be recognized real quick so I can give you a wave. Thank you, and that includes your Surgeon General and your past Commander-in-Chief, Big John, so happy to have you with us here today. Thank you all for everything that you do for our community out in Western Pennsylvania. The VFW plays a huge role in helping so many people.

Commander Lawrence, I wanted to ask you, but you can feel free to direct it as necessary. You have also served our country for a long time as a member of law enforcement, and we have a lot of veterans that come back and continue to serve in that capacity, as did I. And one of the things that we are all facing, which is really a threat to a huge number of young people, in particular, is the opioid epidemic. I know it has affected people out in New Mexico quite a lot, and Western Pennsylvania, West Virginia, Eastern Ohio have been very heavily hit by this.

And so one of the things that we have tried to do to stem the tide is to change some of our prescription practices for people who are receiving pain treatment and try to get alternative, non-opioid measures to prevent people from becoming addicted in the first place. And there have been various levels of success around the country on that.

I think it is a place that the Veterans Administration can really lead the way, because one of the reasons we want to preserve an integrated health system in the VA, and not just slice-and-dice the entire thing and give it out to the private sector, is because when you have something like substance abuse and pain treatment and a co-occurring psychological condition all affecting the same patient, it really helps to have specialists in all three of those areas under the same roof. And inside of VA hospital they are usually under the same roof, they usually know each other, and they usually share the same mission, which is to really take care of the veteran.

So I think we have a chance to do this really well and teach the rest of the country how to do it, but I would love to hear from you about the way the opioid epidemic is affecting your members, but in particular, how it might be affecting those who are getting pain treatment and have gotten alternatives to opioid medications, and how it is going. Thank you.

Mr. LAWRENCE. Thank you. Well, first off, as you know, the opioid epidemic is not specific. It is affecting everyone in society as a whole. But as it pertains to our veterans, I think one of the key issues is going to be to continue to advocate that the VA aggressively pursues research in the area of cannabis. In fact, with us today we have a fellow from Louisiana who is aggressively pursuing legislation that would demand VA to do research in the area of cannabis.

But as you said, we agree with that statement. Alternate forms of pain management are going to be the key. But certainly do not want to put ourselves in a position where we have veterans utilizing cannabis or other means that have not had an opportunity to go through the study and research process. At the end of the day, we need to know, is this going to work? Is it not going to work? How is it going to affect veterans and their health, or how is it not going to affect them? So I think that is the avenue we need to pursue aggressively.

Mr. LAMB. Thank you very much, Commander, and Mr. Chairman, I yield back my time.

Chairman ISAKSON. Mr. Bergman.

REPRESENTATIVE JACK BERGMAN

Mr. BERGMAN. Thank you, Mr. Chairman. It is good to see so many familiar faces sitting at the head table here. You know, as a proud life member of the VFW—

[Applause.]

Mr. BERGMAN. —by the way, any Michiganders here? All right. There is one. Good. There you go—three, four. Look at that. You guys pop up like Whack-a-Mole in Chuck E. Cheeses. Glad you are here.

You know, like so many folks at the end of World War II, my dad being one, when they came back to all over America but especially Small Town America, they did what they believed the right thing to do was, which was, number one, go back into civil society and build our nation after the war.

But what they also did was created so many local VFW posts so they could sit down, have a cup of coffee, have a beer, have a time together where not only the servicemembers spent their time together and, in some ways, self-treated themselves when it came to the rigors that they had seen in Europe or in the South Pacific. And I remember as a kid growing up, I was that little, you know, 6-, 7-year-old kid that was walking around sweeping up at the VFW but listening to the conversations. They were emotional, they were strong, but they were therapeutic.

And as we move forward today, as you, as the VFW, or any of the other veteran service organizations, we are better because we help each other, and that eyeball-to- eyeball interaction that we have is going to go a long way towards the mental health of our young veterans.

Now I would like to talk a little bit about transition training, because I was listening to the testimony here. And just one quick question. Are you focused on the transition for a 20-plus-year individual or are you focused on the transition for a 4-year, you know, young man or woman who served honorably for 4 years, they all signed an 8-year commitment so now they have got 4 years in the IRR before they are released. Where is the focus on the transition training?

Mr. LAWRENCE. The focus actually has to be on both.

Mr. BERGMAN. Where do you put the emphasis, though? I mean, do you see—because you can say “both” but unless you tailor it. Because at one point you are talking to a 22- year-old and at another point you are talking to a 40-year- old. And, oh, by the way, when you walk out the door in 20 years, what are you walking out with? You are walking out with a little bit of a pension so you have got kind of a little, you know, financial nest egg coming in where maybe your needs are not quite as immediate.

And now these are Marine Corps stats, but if 100 young men and women enlisted in the Marine Corps today, at the end of their first enlistment roughly 70 to 75 of them would say, “It has been great fun. It has been an honor. But I have got some things I want to do in the civilian world.” So we build our career force on about 25 percent of those who originally walk in the door.

So I look at the majority. So I am looking at that 22- to 26-year-old transition, which is a whole lot different. So any thoughts on that and how we are doing that specifically?

Mr. LAWRENCE. I think they both—let me clarify my statement of “both.” It was kind of open-ended. I do think they both offer unique challenges, individual challenges, because of the different demographics. Ryan, if you would?

Mr. GALLUCCI. Sure. Thank you, Chief. General Bergman, good to see you again.

Mr. BERGMAN. Always good to see you, Ryan.

Mr. GALLUCCI. And so when we say we focus on both, for retirees there are obviously different benefit packages that they can take advantage of and different advantages, and even, in some ways, disadvantages they may have when they transition. But a lot of our focus for the work that we do on military installations right now, we try to focus it toward the junior enlisted separating service-

member, the one-termer. And the reason is because there is usually a larger deficit in what they are entitled to.

There is something tragic happening here, though. We took a look at our clients that serve on military installations, and except for one exception most of them we predominantly serve are retirees. And we believe the reason is because it is harder to reach that younger audience. They are not thinking about their future in the same way.

I like to say there is no reasonable way for a servicemember to anticipate the challenges they are going to face in civilian life until the uniform comes off. And so what we try to do when we interact with a transition servicemember is tell them where they can go for assistance in their community when they go home. But I have had the opportunity to sit in on some TAP briefings and even talk to some young servicemembers, and it is harder to get that message to resonate. A retiree has been preparing for the end of their career for a very long time, in many instances, and we even had one retiree who had a misconception about the services we provide on benefits and thought it was for retirees.

Mr. BERGMAN. I hate that my time is—and you and I— Ryan and I know each other very well because we have had many discussions over a long period of time, and the challenge—and I see my time has passed—but I believe there is an opportunity for all, especially the VFW, to work with those different services who have responsibility for the individual Ready Reserve. They are obligors to reach out, because that is exactly that population that you are talking about. It is a challenge. And I think there is opportunity for collaboration between the services and the VSOs in that IRR population.

I yield back, sir.

Chairman ISAKSON. You know, I was an NCO. I know better than to criticize a general.

[Laughter.]

Chairman ISAKSON. Mr. Levin, Congressman Levin, can I ask you a question? Which one are—are you the famous Michigan Levin?

Mr. LEVIN. No. I am the less-famous Levins of California.

Chairman ISAKSON. Well, they are a good family.

Mr. LEVIN. The more-famous Levins are in Michigan.

Chairman ISAKSON. Tell them I said hey.

REPRESENTATIVE MIKE LEVIN

Mr. LEVIN. Well, thank you, Mr. Chairman. I am so grateful for the opportunity to join you here today. Thank you, Commander. I also have a great responsibility. I am the new Chair of the House

Economic Opportunity Subcommittee, and I am really grateful for your testimony on a lot of the issues that our subcommittee is going to be covering, and I am just really excited to be working with you, because you are going to be a critical partner.

Veterans' issues are so critically important to my district. Camp Pendleton is right in the middle, right at the heart of our district, with I MEF, and then we have got Orange County and San Diego County. So our district, I think, is an example of just so many great VSOs doing amazing work all around our community, and I look forward to having best practices from there hopefully spread across the country and in those areas where we still are having issues, like homelessness being one of them, where we can learn best practices across the country.

I do have a couple of questions and I wanted to address homelessness again. Deeply familiar to us in Southern California, in general. We had a gentleman who does a lot of work with local VSOs in our office yesterday morning. He estimates we have around 1,300 homeless veterans in our greater area, which is, you know, 1,300 too many. And I am curious what you think we can do to strengthen and improve the HUD-VASH program and some of the related programs that are available.

Mr. LAWRENCE. Well, one of the areas that we see that could definitely be addressed and corrected is as it pertains to what we call couchsurfing. So currently, VA waits until a veteran is "under a bridge" before they are offered the services, as you know, and able to take part in those homeless veterans' programs.

When we have a homeless who may have this family member allow them to stay with them for a week, and a buddy or a friend they met stay them this week, as you know, that denies that veteran an opportunity to participate in a homeless veteran program. I think we need to pursue that in itself. I think we need to make some changes with the VA. A homeless veteran is a homeless veteran, and as I say all the time, and I said it today in my testimony, no veteran should ever not have a roof over their head or worry about where their next meal is going to come from.

[Applause.]

Mr. LAWRENCE. It is staggering, but, of course, it has got to take a collaborative effort on everyone's part. We have good folks out there doing good things. We have a large VFW community in Florida that provides thousands of meals to homeless veterans, on a daily basis. But it going to take all of us to solve the homeless veterans' issues, and I think this would be a great first step in identifying, or if we have to redefine, whatever we need to do to say they are homeless veterans and not merely a couchsurfer, if you will.

Mr. LEVIN. Thank you, Commander. I also appreciated reading about your effort to create a fourth administration to oversee VA economic opportunity programs, and I share your dedication to making sure these programs receive resources and attention that they need. I know that Chairman Takano has brought a bit about this issue to light as well, and I am very pleased that the Chairman is interested to making sure the VA structure improves veterans' outcomes in this regard.

So beyond generating increased attention for economic opportunity at VA, what do you think the other benefits might be of the proposal to create a fourth administration?

Mr. LAWRENCE. The big one, I think, is going to be as it relates to the voc rehab piece, of course. It puts veterans back to work and keeps them off the unemployment line. First and foremost, that is going to be our first line of defense.

The funding has been flatlined for years and not enough attention has been paid, as you know, to this critical program. The way we answer that is VA must continue to hire counselors.

Mr. LEVIN. Very good. I want to thank you again so much for all you do. I learned much about patriotism and service from grandfather on my dad's side who was a World War II veteran and I am just so grateful to have the opportunity. He is not with us but I know he would be grateful that his youngest grandson has the chance to work with you all. You are my heroes. Thank you all so much.

Mr. LAWRENCE. Thank you so much.

[Applause.]

Chairman ISAKSON. Let me apologize. I am going to have to slip out. Ranking Member Tester is going to finish the hearing for me, in a bipartisan effort, if that is okay. To show you how bipartisan we are, we just handed off to one another, Democrat and Republican alike.

I want to thank all of you for the great testimony, thank all the members for being here, and it is my pleasure to recognize Congresswoman Radewagen.

REPRESENTATIVE AMATA C. RADEWAGEN

Ms. RADEWAGEN. Thank you, Chairmen Isakson and Takano, and Ranking Members. I want to thank you all for your service to our great nation. It is that sacrifice that allows us to be here today, and we are all most grateful.

I also want to thank you all for being here today to inform Congress of the VFW's legislative priorities for the 116th Congress. Your advocacy on behalf of our nation's veterans is legendary, and I know that I can speak for everyone here this morning when I say

that this entire Committee, on both sides of the aisle, are fully dedicated to ensuring that the Federal Government lives up to our end of the bargain when it comes to providing the best resources and services to our veterans.

I want to extend a special thank you to the VFW Hawaiian-Pacific delegation for meeting with me in person yesterday, and thank you to High Chief Igafo Maria Va'a, Hawaii VFW State Commander, who hails from American Samoa.

[Applause.]

Ms. RADEWAGEN. Thank you for all the hard work you and the rest of VFW Hawaii do on behalf of our Pacific veterans. As a member who represents a U.S. territory I am particularly interested to hear about your priorities for those veterans who live in either rural or remote locations, such as my home district of American Samoa, where our people enlist into the U.S. Armed Services at a rate higher than that of any other state or territory in the nation. This is a fact that we are all very proud of.

In the past, our veterans in these rural and remote locations have often been denied the services they have earned—not purposefully—but often they do not know the resources available to them or must travel long distances to receive services.

So I look forward to working with the VFW and other VSOs to improve the outreach to these areas in partnership with the VA and welcome your input in this mission.

Thank you again for being here today. Your work is so important in ensuring that Congress is fully informed on those issues that are most important to our veterans, and thank you again for your service to our grateful nation.

Thank you, Mr. Chairman. I yield back the balance of my time. Soifua.

[Applause.]

Senator TESTER. [Presiding.] Congressman Cisneros.

REPRESENTATIVE GIL CISNEROS

Mr. CISNEROS. Thank you very much. I would like to thank all of you for coming out today, the VFW showing up in force. I would especially like to recognize those from California, especially Art Napiwocki, Deb Johnson, Tommy Dorsey, Tim Bryant, Mike Seward, and Nick Guest. So thank you all for coming out here and supporting our veterans.

[Applause.]

Mr. CISNEROS. I always like to say that I am the grandson of veterans, the father—I mean the son of a Vietnam veteran, and I am also a veteran myself. My father is a lifetime member of the VFW. He got that membership that was bought to him by his uncle, who

was also a lifetime member. And so, again, I just want to thank you all for your service.

[Applause.]

You know, one issue that has always been important to me is education, and, of course, we know how transformative the GI Bill can be. In fact, I used the GI Bill myself in order to help me continue my education. And right now Congress passed the Forever GI Bill, which is one of the biggest changes to it since the post-9/11 GI Bill, but the VA had some problems with the implementation with that.

So going forward, as we get to that point to where we are going to impellent this come this December, the end of the year, how can Congress, working with the VFW, ensure that the rollout is smooth and that we take care of these issues and we do not have a problem, you know, with that young Marine that you met with, that said, you know, people denying him access to his benefits, which, to me, is 100 percent uncalled for and we cannot allow that to happen. So how can Congress, working with the VFW, make sure that we get a smooth transition of the Forever GI Bill?

Mr. LAWRENCE. One of the key ways is to bring in veteran group schools to make sure that it is implemented properly. That way VA does not develop their changes in a vacuum. That was a lot of the problem.

But also with any type of electronic transition, one, the personnel utilizing those systems has to be trained properly and the system is only as good as the people inputting the information. I think that is the first step.

Mr. CISNEROS. You know, like many of my colleagues here had said today, transition assistance or the TAP program is something that is very important to me, and I also serve on the House Armed Services Committee. And I just want to let you know that this a key issue that I am going to continue to work on, on both committees that I serve on, to make sure that our veterans get that smooth transition from active duty service into veteran status. I think the problem too often is that the emphasis is put on the individual to go out and seek the benefits from the. We have got to finish that and make sure that the benefits are given to the individual when they get out of service.

So I just want to make this commitment to you, that I am going to continue to work on that, as I serve on both of these committees, because we need to take care of our veterans and make sure that they are getting the health care that they need, making sure that they are getting the education benefits that they need, and all the benefits that they deserve and that they committed part of life of service to that they earned.

So I just want to thank you all again for being here, thank you for your service to our country, and God bless all of you.

[Applause.]

Senator TESTER. Thank you, Congressman. Next we have the co-sponsor of the Deborah Sampson Act that will allow our women veterans to get the promises that we have made to them, my good friend from Arkansas, Senator Boozman.

SENATOR JOHN BOOZMAN

Senator BOOZMAN. Thank you, Senator Tester, very much, and thank you, Commander, for being here and sharing your thoughts as to what we need to be doing, the priorities, and then also your great team. They do a tremendous job. I am afraid of my boss. He is a big guy. I am afraid he will whip me.

But the other thing I would like to say is how much appreciate the Auxiliary. We know who is the backbone of the group and does a tremendous job, so thank you all for your service.

And as I have said before to the groups, you know, we are up here, and this is a very bipartisan group, as you can see, trying to get the job done. We are kind of the tip of the spear but we cannot do it without your help. And the fact that you look out and you see standing room only, that is the most important think. And so thank you, all of you, for making the trip and being part of this, talking to your Senators or Congressmen, telling them how important these things are, and reminding them that these are not give-mes. These are earned benefits.

I want to give a special shout-out to our folks from Arkansas. Can you wave your hand? Very good. We appreciate you guys.

[Applause.]

Senator BOOZMAN. Nobody does a better job than they. And like the rest of you do a great job of communicating to myself and my staff how the policies that we are talking about impact the veterans of Arkansas.

I want to really concentrate on two things today. I would like to talk a little bit about the implementation of the Mission Act, which is such a big thing, and then also, as was pointed out by Senator Tester, the efforts in trying to make it such that we can better accommodate our women veterans in the force.

Commander, in your testimony you said the VA, Congress, veterans' organizations must work collaboratively to ensure that the Mission Act is implemented in the way that it needs to be done. You also noted that you were disappointed in the VA not using the voices of your 1.6 million members out there in the decision-making process of access standards, the development of that.

What do you believe the VA should do to better ensure, going forward, that they are bringing veterans and VSOs into the process?

Mr. LAWRENCE. First and foremost, let me be clear. In past years we have not had or seen obstacles with the VA that we are seeing today as it pertains to what I spoke about. For some reason when it came to access standards it was a big secret. It was like we were working on a special project and nobody could get a hold of the information, and quite frankly, we did not know about it until it was released.

If VA would have taken the time to, one, recognize the valuable input that the veteran service organizations could lend to developing those access standards, they set themselves up in a better arena not to fail. We know what our veterans want and need as it comes to health care. We asked repeated. As a matter of fact, as an example, we kept being told, "We will let you know next week. We will let you know next week." Next week never came. Finally, the final rollout came and then we—that is where we discovered that there were some issues with the access standards.

Just gathering that valuable information ahead of time, it could have saved VA from having some issues with the access standards.

Senator BOOZMAN. Very good, and I agree totally as does, I think, the Committee.

In regard to the Deborah Sampson Act we appreciate Senator Tester's leadership in that area. We came forward, reintroduced that this year, and we appreciate your support of the bill, and we are going to work really hard to make sure that we get it done.

In this year's bill we have increased reporting requirements for women's health care providers and for infrastructure needs unique to women's health care delivery so that we can make the best resource decisions to improve care for our women veterans.

And we very much, in the spirit of what you just talked about, you do have a tremendous group out there, many of them women, and so we will be looking to you all for leadership.

Very quickly, in just a minute, do you have any suggestions in that regard now as to what we need to focus on? It is kind of an open-ended question.

Mr. LAWRENCE. I know where you are going. Thank you.

Yes, we definitely need to continue our focus on expanding mental health expertise for postpartum disorders. We need to definitely improve gender-specific competencies and, as you know, expand newborn care in the child care pilot. And we continue seeing concerns among our women veterans—we hear it repeatedly, as it pertains to privacy. We have a large women veterans voice. In fact, with me today I have seven women veteran commanders of their prospective states that are in leadership roles in the VFW.

[Applause.]

Senator BOOZMAN. Thank you. Senator Tester.

Senator TESTER. Senator Blumenthal.

SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. Thanks, Senator. Thank you all for being here. Thank you to you, Commander Lawrence, for your service and your leadership, and to all of the VFW members from Connecticut. If there are any here, please stand so I can thank you personally.

[Applause.]

Senator BLUMENTHAL. Thank you. Thank you for being here. Thank you for your leadership.

I cannot tell you how important you are as a presence and as a face and voice, the veteran service organizations, and most particularly this one has played such a vital role in expanding health care, as well as job opportunities and skill training, really across the board, and still we have a lot more to do. And so I really want to commit to you that we will be listening—we will be listening to the VFW going forward.

I hope that the VA will be listening to you as well. I hope the VA will heed and hear views of your members as I have done in my state of Connecticut, because you are the source of insight and wisdom for them as well, and most especially on the Blue Water Navy Veterans Act. I came within a hair of gaining unanimous consent in the Senate for this measure. I will not use my time to go through the labyrinth of delay and obstacles that we almost overcame.

But now we have the opportunity, not just through legislation but through the VA declining to take an appeal. All the VA has to do to provide this vital assistance to the Blue Water Navy veteran is to decline to take an appeal from the recent court decision. I hope they will hear from you, to tell them the court has decided there is no reason for any more delay in treating the Blue Water Navy veterans fairly and effectively.

[Applause.]

Senator BLUMENTHAL. Likewise, on other kinds of legislation where there were toxic substances on the battlefield, whether it is the Fairness for Korean DMZ Veterans Act, the Agent Orange Exposure Fairness Act, which I did as a result of one of my constituents, Jerry Wright, championing this measure, ride across the country with “Sprayed and Betrayed” on the back of his motorcycle. And, in fact, some of you probably know Jerry. Jerry is a tireless advocate for our veterans.

And I want to say, as well, Commander, that these issues of exposure to toxic substances, I know the VFW has done some great work on it, do you plan to continue that work?

Mr. LAWRENCE. Most definitely. We are going to continue that work until all of our veterans receive the care they deserve.

Senator BLUMENTHAL. Thank you.

[Applause.]

Senator BLUMENTHAL. On the VA access standards for private health care, I am really delighted and grateful that Chairman Isakson has said to us today that there will be a hearing on the VA's implementation of the Mission Act. I hope you agree that congressional oversight is necessary before the final publications of regulations for the Mission Act. I hope we have your agreement on that.

Mr. LAWRENCE. You do.

Senator BLUMENTHAL. Thank you, sir.

Let me say, finally, the President, yesterday—I am sure it has been observed before—has established a task force on veteran suicide. I welcome that action, but I hope also that the VA will commit to using the funds that have been appropriated for veteran suicide and outreach to veterans who may be at risk of suicide, so they can be brought into the system and that they can be provided with the excellent care that is available for them.

So I hope that the VFW will support our efforts to require the VA to use the existing money for greater outreach.

Mr. LAWRENCE. Yes, sir. I also agree. The Executive order is going in the direction we are looking for. I believe it is going to take a collaborative effort on all of our parts, if we have any hope of putting an end to veteran suicide, and definitely we need to ensure the funding is available for those programs and the outreach and counseling that the veterans need for that.

Senator BLUMENTHAL. Thank you very much. Thank you, Commander. Thank you to your excellent team, and thank you for being here today.

Thank you, Mr. Chairman.

Senator TESTER. Yeah. Thank you, Senator Blumenthal.

[Applause.]

Congressman Banks.

REPRESENTATIVE JIM BANKS

Mr. BANKS. Thank you to the Ranking Member and Chairman Takano. It is great to be with you, Commander, to the VFW team. As a proud member of the VFW myself I am reminded how important of an investment that I make—

[Applause.]

Mr. BANKS— every year when I pay my dues, when I see you.

This has been a good week for veterans, right, from the President's Executive order that the Senator just talked about to what happened in the House yesterday, passing the Burn Pit Registry Enhancement Act, that will impact veterans from the war in Afghanistan, like myself, and other veterans who are here in the room today. That is piece of legislation that passed with broad bipartisan support in the House that we need to see passed through the Senate as well.

None of that is possible without your work and your activism on Capitol Hill, so that is why I am proud to welcome all of you here today.

I understand we have a number of Hoosier veterans in the room. If you would stand it would be great to see your faces.

[Applause.]

I appreciate your leadership at the state level and every time you come and visit me. Rich Mrozinski, Eric Bellman, Michael Sims, Greg Baker, Troy King, Corey Mahan, thank you very much. God bless you for the work that you do for our Hoosier veterans and our veterans nationwide.

I will be brief and end with that, but again, we cannot do our job in advocate as effectively as possible for veterans without your support, and the VFW is second to none in your activism and we appreciate all that you do.

Thank you, and have a great day. I yield back.

[Applause.]

Senator TESTER. Thank you, Congressman. Senator Blackburn.

SENATOR MARSHA BLACKBURN

Senator BLACKBURN. Thank you to the Ranking Member and the Chairman, and especially thank you to each of you for taking the time to be here and to advocate for your issues. I have had the opportunity to visit a couple of times this week with our Tennessee delegation and I bet they are in this room somewhere, wearing their orange ties. Raise your hands.

There you go. I told you.

[Applause.]

Senator BLACKBURN. You know, we are ready for some UT basketball, are we not? We are going to win.

But I do want to say thank you for your service and I know that I do not stand alone in saying our hope is that the service we give the country honors the service that you have given, and we appreciate, more than you know, what you have done.

We are focused on your issues and know them well. The burn pit registry, we have discussed this with some of our Tennesseans, making certain that we deal with the Blue Water Navy issues, the

concerns that are there, the women's health issues for women veterans, looking at the contribution of our spouses, making certain that we deal with the issues that affect our spouses and widows of our veterans, and, of course, as we have mentioned already, the mental health issues.

I want you to know, too, that we are going to continue to work on access to health and health care. This past Friday, I had the opportunity to go to the Gallatin, Tennessee, Veterans Clinic that was opening. And I have four veterans that are members of our team. Three of them were with me for that clinic. And I appreciated so much that this is a whole-of-life clinic, one of the new models of clinics that are opening that deal with every specter of health care that you all need, and it is all right there in one place.

And, Commander, during that visit, as we opened that clinic, there was a lot of talk about expanding the Mission Act and allowing a veteran to take their card and go to a clinic in their home community for primary care and be able to get that and then come to a specialized clinic for specialized care, but utilizing telemedicine and digital imaging and some of these health care technology advancements that we have had.

And I would love to hear from you, just a second, your thought very quickly on what you would like to see us do to expand the Mission Act and to expand those choices and options for our veterans.

Mr. LAWRENCE. The veteran must always have the choice when it comes to health care. The veteran should always receive high-quality health care in a timely manner. I think there is not one easy answer, because as we know, the private sector, studies show the private sector cannot always provide that care faster than the VA. We still see issues where a veteran goes out into the private sector only to find out, oh, now my appointment time is going to be three months in the private sector, so then they come back to the VA and they are put back in the back of the queue again.

That is what we are trying to avoid. We are trying to avoid those long wait times and that delayed care.

Senator BLACKBURN. I appreciate that, and that is one of the reasons I think the new style clinic is so vitally important, because you can get mental health, you can get women's health, you can get primary care, you can have telemedicine available for behavioral health, and then you can receive those referrals right there in that clinic. And my hope is the VA will pick up the pace and get more of these clinics deployed in communities across the country.

We are so grateful that you all are here. Thank you so very much, and I yield back my time.

Senator TESTER. Thank you, Senator.

[Applause.]

Congressman Cunningham.

REPRESENTATIVE JOE CUNNINGHAM

Mr. CUNNINGHAM. Well, it is almost afternoon so I will say good afternoon and thank you all for coming. I represent the First Congressional District of South Carolina. It stretches from Charleston all the way down to Hilton Head, and is objectively the best district in the entire country. I can say that. And I can say also that the veterans have realized that as well, as our district has the highest percentage of population of veterans in the entire state of South Carolina.

And, you know, I was honored to have a female veteran come into our office just yesterday and bring to our attention that in the entire state of South Carolina there are only two OB-GYNs employed by the VA in the entire state. And so I guess my question to you, Commander, is do you think that is anywhere near enough, and what can we be doing to take care of the women's health care as the number of women veterans are expected to rise and rise, and what can we be doing in South Carolina and within the VA itself?

Mr. LAWRENCE. I do not think it is South Carolina- specific. I can tell you right now, two OB-GYN positions is not enough.

But on a serious front, that is actually what we have been advocating for. As we know, the VA has over 40,000 openings of staff, openings that need to be filled. With that we would advocate that they need to seek out aggressively and get practitioners in to answer the needs of our women veterans. Women veterans still have—they still want to choose the gender of their medical practitioner and they can only do that, one, if the VA is staffed appropriately and if the VA takes the time to take into consideration the specific needs of our women veterans.

[Applause.]

Mr. CUNNINGHAM. I appreciate that. Can you give any other advice or guidance as to what VA can be doing to do a better job of recruiting, retaining, and expanding that practice for future?

Mr. LAWRENCE. Well, they have to have the flexibility and support to attract those medical physicians and specialists to want to come to the VA to work, but the VA cannot do that if their hands are tied. They need to be able to offer incentives or whatever they need to do to get folks to come work for them.

Mr. CUNNINGHAM. I appreciate that, Commander. Thank you for time. Thank you, each and every one of you, for your service as well.

[Applause.]

Senator TESTER. Thank you, Congressman.

Well, we have come to the most entertaining part of this hearing, because since Johnny gave me the gavel I am going to call on Senator Sullivan first, followed immediately by Senator Tennis, regardless if a Democrat comes in or not, simply because we can talk about the metrics of how many veterans are in each one of these guys' states.

So, Senator Sullivan, you have the floor.

SENATOR DAN SULLIVAN

Senator SULLIVAN. Thank you, Mr. Chairman, and I appreciate that, and I am glad you previewed a little bit of my comments. I do want to just do a quick shout-out and ask for my fellow veterans from Alaska. If you are here can you please stand? How about a round of applause for them? All right. There we go.

[Applause.]

Senator SULLIVAN. David and Bill, Walter, Todd, Charlotte, Liz, thank you for being here. You know, you are right. We all brag about our states, but we are all doing it for the right reasons because we are so proud of all of you. I mean, you know, there is a lot of talk about the 1 percent in America. I like to say this is the actual less than 1 percent of America, the less than 1 percent who have the courage to raise their right hand to support and defend the Constitution and possibly die for their country. So how about a round of applause for the real 1 percent.

[Applause.]

Senator SULLIVAN. And we also, you know, like to brag a little bit about our states as it relates to veterans. My state, the great state of Alaska, has more vets per capita than any state in the country. Now Senator Tillis and I, he is from North Carolina, we joke about some metrics and I am sure he will have some counter-punches. So I just will not raise the fact that Alaska is 14 times the size of North Carolina, I am not going to raise that. It is a little embarrassing so I will not raise it here in this Committee.

I also want to just mention, you know, I have been a member of this Committee my whole time in the Senate, but I had always thought that the rules did not allow you to join the VFW if you were still serving in the military, in the Reserves. I am still in the Reserves. I am a colonel in the Marine Corps Reserves.

[Applause.]

Senator SULLIVAN. That is right, for the Marines here. Oorah. But, Bill Yudiskas, one of the great former commanders in Alaska has been a good advocate and has convinced me that the rules do not say that, that if you qualify to be a VFW member you can join, even if you are still serving in the Reserves. So I want to say

proudly to Bill and others from Alaska, this is my first hearing as a full-fledged member of the VFW.

[Applause.]

Senator SULLIVAN. There is my card. Post 9785 in Eagle River, Alaska. So I am proud to join this great organization, finally. So thank you, Bill, for your strong advocacy—I would say your incredibly relentless advocacy.

So, Commander, I actually wanted to ask a serious question. In your testimony you mentioned some of the reforms in the 2019 NDAA. I also serve with Senator Tillis on the Armed Services Committee that drafts that bill, that talks about some of the Transition Assistance Programs. And I always think is an area where we can do better.

You may have seen—I am sure you all did—I just came from a hearing on the Commerce Committee that talked about the maritime industry. You may have seen yesterday the President issued an Executive order to make it easier to get our veterans into the maritime industry, because our veterans have so many skills that they learn in the military and they can take to private industry. And now with this very low unemployment rate in the country our companies need the great opportunities that they have to hire veterans more efficiently, more quickly.

What are some of the things that you can recommend, to either this Committee or the Armed Services Committee, that we can make improvements on that? I am assuming you all support what the President did with his Executive order in the last couple of days with regard to the maritime industry, but what more can we do, because I think we can be doing a lot better in this area, and your organization is the perfect one to provide us recommendations for that.

Mr. LAWRENCE. Three of the key points that we look at in that area, one is reopen transition assistance in the community program for veterans, so recently discharged veterans can revisit those TAP classes.

Senator SULLIVAN. Right now they do not have the opportunity to go back on base and do that?

Mr. LAWRENCE. Correct.

Senator SULLIVAN. Okay.

Mr. LAWRENCE. Provide grants. We can provide grants for organizations that connect recently transitioned veterans with meaningful jobs, and conduct oversight to ensure that DoD is doing its job to help these servicemembers prepare for life after they get out of the military.

Senator SULLIVAN. And you think the TAP program at most bases is efficient or it is just kind of a check-the-box thing that members want to get through and then move on?

Mr. LAWRENCE. Well, I think that in a lot of cases we— I just recently returned from Europe, visiting some of our troops there, and I think awareness of what those classes actually have to offer. And I do not know if the answer is to provide more outreach to them, to let them know, you know, this is important and this is what you have available to you to make that transition.

Senator SULLIVAN. Well, we want to work with you on that. I will tell you one other area that I think is exciting. A lot of the unions, like in Alaska, a lot of the building trades, you know, the operators, the laborers, steelworkers, these are all organizations that have a lot of vets. They want to bring our vets in quickly, because they are such good workers. So we look forward to working with you on that issue. It is an important issue. We are making some progress but I think we can do better.

So thank you. Thank you, Mr. Chairman.

Senator TESTER. Thank you, Senator. Senator Tillis.

[Applause.]

SENATOR THOM TILLIS

Senator TILLIS. Well, as a Senator from one of the states that was a part of the original colonies I am glad that we did the hard work to lay the groundwork for Alaska to become a state. This whole banter back and forth between my buddy, Senator Sullivan, and I came from a discussion where—Senator Sullivan is a fierce advocate for Alaska. That is why I like him so much. But he made a comment that he has a higher population per capita of veterans than any other state in the nation.

Senator SULLIVAN. That is true.

Senator TILLIS. And I told Dan, I have got more veterans than you have got people—

[Laughter.]

Senator TILLIS. —which is also true.

Senator SULLIVAN. That is true too.

Senator TILLIS. But the reason I say that, on the one hand it is just fun to banter between two buddies, but on the other hand it also demonstrates the diverse nature of the challenge that we have. You know, a state like North Carolina, that you rightfully tell me is several times smaller than Alaska, with these number of veterans in urban centers, different provider networks, have very different approaches to providing quality care and access than Alaska.

And so we have to, as we implement the Mission Act and as we implement tweaks to it, we need to make sure that we do not come across with this concept that it is a one-size-fits-all approach.

We also need to make sure that we are doing a better job of working with the states to overcome some of the hurdles that are, in part, limits of state policy on health care—telemedicine across state lines, those sorts of things, where we have got to provide an incentive for the states to get engaged to provide a better standard of care. There is no reason, if someone in Alaska needs help and it is a service that can be provided through telemedicine, let us just find a professional somewhere in this great country that can provide on that telemedicine.

So we need to just continue to hone and provide, I think, some reasonable solutions to some kinks that we are going to have in the Mission Act.

One other thing I will tell you, in terms of attracting talent to the VA, is we need to make sure we send a very clear message that we have got some kinks to work out but it is a good system. The brick-and-mortar presence is critically important. I do not believe there is anybody in Congress who seriously thinks that we should just completely privatize and leave for the private sector to serve our veterans. It would be wrong because you would be walking away from an extraordinary health care and an institution that is dedicated to veterans.

So what we need to do is make sure that while we rightfully point to think that need to get better we also point out there is a lot of hard-working people in these VA health care facilities. About half of them are veterans themselves. They care about the care that they are giving to people, and it is an honorable profession, that we just need more people. We need more doctors, more nurses, more therapists, more people coming into these facilities so that we can eliminate the wait times and all the other challenges.

In my remaining time, Commander, I happen to have the privilege of being on the Veterans' Committee but I am also the Chair of the Personnel Subcommittee in Senate Armed Services, so TAP is right in my lane. And I think the one thing that we are going to do—I have spoken with the Committee staff—is that we really do need the veterans' perspective on how better to prepare someone to transition to veteran status.

And I do believe that in some cases it is a check-the-box, and in some cases it is a one-size-fits-all. You know, somebody as old as him going through TAP is going to have a different set of needs than some 20-year old. So we have got to figure out how to tailor and identify ways that we are really beginning to focus on the likely challenges and opportunities someone is going to have, based on

the skills that they have gained while they served and the challenges that they are going to have when they ultimately transition into veteran status.

So we need a lot of feedback on how to do that better, particularly going into the NDAA and going into this Congress, suggestions that you all could provide us would be very helpful, suggestions that you can provide us for employment, which again, in many instances, is going to be taking some of the skills that someone has gained, either in active duty, Reserves, National Guard—and I guess in the case of Reserves and National Guard they have occupations— but others may be able to take skills that they have learned while they are serving that should translate into certifications and jobs that right now are a little bit difficult.

Again, most of those are the purview of the state. We can provide some incentive for states to enter compacts so that it is easier for someone with medical experience to move into a nursing field or CDL driver's license or any number of skill sets that they are prepared for in their service and that we should find a way to get them employed and make them productive in their post-service life.

So I am here to thank you all and I am also here, Ranking Member and Chairman, I would like to make one suggestion. I do not know if they are here, but this morning when I was walking in it was cold, and I happened to see two gentlemen waiting in line. I went up and said, "You here for the hearing?" "Yes." "You a veteran?" "Yeah." "You cold?" "Yeah." "Do you want to skip line?" "Yeah." So I brought them in.

[Laughter.]

Senator TILLIS. If we are going to continue—and there they are. So, you know, I think a week ago I probably had about 40 come through because they happened to be all in line at the same time. I would urge, if we are going to continue to have these hearings during cold weather months or inclement weather, that we try to figure out a rally point with your home states or with other members so that we can figure out how to get these people through, because I do not think these folks should have to wait in line. Thank you.

[Applause.]

Senator TESTER. Thank you, Senator Tillis, and I agree, although when I came walking up this morning all the folks from Montana had their coats off because it is so damn warm here.

[Laughter.]

Senator TILLIS. Tell me about it.

Senator TESTER. Look, being the last one and everything has been said but not everybody said it, so it is my turn. I just want to thank you for being here, Commander Lawrence. I also want to

echo what was said earlier about Bob and Carlos. They are top-flight guys. They do a great job for the VFW here in Washington, D.C., making sure that you guys' voices are being heard.

I also want to thank you, Commander, for what you are doing to destigmatize mental health. This is a huge issue in this country. It has already been pointed out, it is both in the civilian sector and with our veterans. The key is that the VA is going to be the one that figures out the solution. And with your help and with our help and everybody else, I think it requires a team of folks to get their arms around this.

But I want to thank you for your leadership on this issue. It is an important one. It is one we have got to get our arms around, because it ain't getting any better.

And then I just want to—and there are some folks from Montana here and I want to describe a situation because they will back me up on this, where you go to the VA and you go get an appointment, and say you have got a shoulder problem and they do not have the kind of person they need. They ship you into the private sector. That is what the Mission Act is for.

What is happening in Montana right now, because we do not have our physicians filled, is a veteran will call in and before they even schedule them for the VA they pump them into the private sector. Nobody up here wants privatization but that is de facto privatization. We cannot allow that to happen. The VA is the largest health care system in this country. The folks I talk to that are veterans want that VA there. It is there.

I have said this before. We can outsource the service but cannot outsource the responsibility. So I appreciate, in your testimony, talking about exactly that, Commander.

I have a couple of questions here, and that is, do you believe that your members prefer health care from the VA?

Mr. LAWRENCE. Yes, sir, I do.

Senator TESTER. Okay. Do you believe that community providers should be held to the same standard as the VA providers?

Mr. LAWRENCE. Yes, sir, I do.

Senator TESTER. So would the VA support an expansion of care into the community or more convenient access if it meant reduction in quality or timeliness?

Mr. LAWRENCE. There should never be a reduction in quality or timeliness when it comes to serving our nation's veterans.

Senator TESTER. Amen, brother.

[Applause.]

Senator TESTER. And does the VA actively engage the VFW in its process for developing market area assessments and strategic plans?

Mr. LAWRENCE. No, they do not, and that is where they are missing the boat.

Senator TESTER. Okay. And so—

[Applause.]

Senator TESTER. Right on. And so I think you have already said this but I want to repeat it. The organization—was your organization consulted on the VA's development of proposed wait time and drive time standards?

Mr. LAWRENCE. No, sir, they were not.

Senator TESTER. Okay. And if you would have been consulted, would you have had input?

Mr. LAWRENCE. We would have a whole lot of input.

[Laughter.]

[Applause.]

Senator TESTER. Well, look, they are probably not here although there might be some from the VA here, but I guarantee you they are watching it on TV. And I will tell you that I have a tremendous amount of respect for Secretary Wilkie and I do, and I do not know why, but we have had the conversation before, that if he wants to be successful—and I want him to be successful—we need good leadership at the VA. If we are going to have good leadership at our VISNs and different VAs around this country he has got to take input from the VSOs. You guys are on the ground. We have to take input from the VSOs as we are making policy that affects you.

God bless every one of you and thank you for being here.

[Applause.]

Chairman TAKANO. The proceedings are adjourned.

[Whereupon, at 12:11 p.m., the Committees were adjourned.]

APPENDIX

Material Submitted for the Hearing Record

STATEMENT OF
VINCENT "B. J." LAWRENCE
COMMANDER-IN-CHIEF
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE

JOINT HEARING
COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE AND UNITED STATES HOUSE OF REPRESENTATIVES

WEDNESDAY, MARCH 6, 2019
WASHINGTON, D.C.

Chairmen Isakson and Takano, Ranking Members Tester and Roe, members of the Senate and House Committees on Veterans' Affairs, it is my honor to be with you today with representatives of the more than 1.6 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary — America's largest war veterans organization.

Blue Water Vietnam Veterans Act: The VFW thanks the committees for your devotion and hard work to ensure Blue Water Navy veterans finally receive the benefits they have been wrongfully denied for more than a decade. The VFW is glad to see the U.S. Court of Appeals for the Federal Circuit recently reversed a years-old ruling that potentially paves the way for the restoration of benefits for some 90,000 aptly named Blue Water Navy veterans from the Vietnam War.

The case, *Procopio v. Wilkie*, was supported by the VFW and a number of other veterans service organizations and advocates. It had Secretary of Veterans Affairs Robert L. Wilkie Jr. being sued by Navy veteran and VFW Life member Alfred Procopio Jr., who was denied service connection for prostate cancer and diabetes mellitus because he never stepped foot on dry land or served within Vietnam's inland waterways. Mr. Procopio was assigned aboard the aircraft carrier USS Intrepid, which was stationed inside Vietnam's 12-mile territorial waters. Both of his illnesses are listed among the Department of Veterans Affairs' (VA) 14 presumptive diseases associated with exposure to Agent Orange.

The Federal Appeals Court focused on the intent of the 1991 Agent Orange Act, which was to grant a presumption of service connection for certain diseases to veterans who "served in the Republic of Vietnam." At issue was whether service within territorial waters constituted service in the "Republic of Vietnam." By a 9-2 decision, the Appeals Court ruled it did.

While the VFW is pleased with the ruling, the decision can be appealed and overturned. Congress must pass H.R. 299, the *Blue Water Navy Vietnam Veterans Act of 2019* to make certain Blue Water Navy veterans never have their benefits taken away again.

The *Blue Water Navy Vietnam Veterans Act of 2019* also includes the extension of much needed benefits for Korean Demilitarized Zone (DMZ) and Thailand veterans. The VFW supports

expansion of benefits for Korean DMZ veterans who suffer from diseases and illnesses directly linked to Agent Orange exposure. While many of these veterans receive presumptive disability compensation for their service-connected disabilities, hundreds of them are left out, despite clear congressional intent for them to be included. This legislation would provide them the benefits they have been unjustly denied.

This legislation would also provide benefits to children suffering from spina bifida because of their parents' exposure to Agent Orange while serving in Thailand during the Vietnam War. Spina bifida is a debilitating birth defect, which has been found to be more prevalent among children of veterans exposed to Agent Orange. Children of Vietnam War and Korean DMZ veterans are eligible for this benefit, but children of veterans exposed to Agent Orange in Thailand are not provided the same support. This bill would make equal the level of benefits that other children receive due to their parents' exposure to Agent Orange.

The 115th Congress failed to restore care and benefits for Blue Water Navy veterans because one senator did not believe Agent Orange made Blue Water Navy veterans sick and another senator was concerned about the cost. Congress cannot fail these veterans again.

MISSION Act Community Care: The VFW is proud to have worked with Congress, VA and other veterans organizations for more than four years to analyze, improve, and build on lessons learned from the Veterans Choice Program. The VFW truly thanks committee members and staff for their hard work to shape and pass the VFW-supported *VA MISSION Act of 2018*. Now it is time to focus on the implementation of this multifaceted law. VA, Congress, and veterans organizations must work collaboratively to ensure it serves the intended purpose of improving the health care a grateful nation provides its veterans.

The VFW thanks VA for its quick implementation of the authority to provide veterans access to urgent care clinics in their communities. Doing so will fill the gap between emergency room care and outpatient care for veterans who do not have access to a VA medical facility in their area or are not able to be seen same-day at VA. However, the VFW strongly opposes the plan to charge veterans for service-connected urgent care. Any cost share associated with emergent or urgent care eligibility must be aligned with VA's current copayment structure, which exempts veterans who do not have the financial means to afford copayments and veterans who receive care due to service-connected disabilities.

VA intends to waive copays for the first two urgent care visits. Additional visits would require a \$30 copay. To the VFW, charging veterans for non-service-connected urgent care to deter over-reliance on more expensive urgent care instead of routine care is acceptable, but VA cannot charge for service-connected care, regardless of where such care is provided. Doing so would violate VA's sacred mission to care for those who have borne the battle. VA must cover the full cost of caring for service-connected conditions, regardless of where such care is provided.

While the Veterans Choice Program has provided more than a million veterans with improved access to much needed health care, VFW members are looking forward to the day it is replaced with the new and improved VA Community Care Program. The VFW thanks the committee for the common sense and veteran-centric community care eligibility standards required by the *VA*

MISSION Act of 2018. The VFW continues to believe that veterans must have access to care when and where they need it. The law established eligibility standards, such as when care is not available at VA or if community care is in the best medical interest of veterans, which accomplish that goal.

The law also grants VA broad authority to determine two of the six eligibility standards. One of those is access standards to replace the Veterans Choice Program's arbitrary and confusing 30-day and 40-mile standards. While we are glad VA has finally published its plans for the access standards, we are disappointed VA chose not to incorporate the voice of our 1.6 million members in the decision-making process. As a result, VA is repeating previous mistakes. Twenty days is just as arbitrary as 30 days, and once again adopting TRICARE Prime Service Area standards is not in the best interest of veterans.

The VFW has provided substantive feedback and helped develop how America cares for her veterans since even before the Veterans Administration was created in 1930. VA executive leadership should be embarrassed that they have discounted VA's collaborative relationship with the VFW and chosen to make arbitrary decisions without consulting with those who most intimately understand VA's mission and the needs of the veterans community. We repeatedly asked for constructive discussion on access standards, only to be fed ridiculous excuses as to why they could not share what they were planning.

The VFW has made clear time and time again that VA must back away from setting arbitrary standards for when patients using VA are given the option to use community care. VA chose to ignore lessons learned from the Veterans Choice Program and recommendations from industry experts, such as the *Transforming Health Care Scheduling and Access: Getting to Now* independent review conducted by the National Academy of Medicine. VA must adopt standards that are tailored to the unique users of the VA health care system.

It is important for VA to establish access standards that define objective criteria for access to VA community care networks based on the needs of its unique system. The *VA MISSION Act of 2018* provides VA the opportunities to do so by conducting Market Area Assessments, which must be used to align how and where VA provides health care to the needs and preferences of the veterans it serves. VA must establish standards that are sensible for VA's capacity, and comparable to measures of local health care systems outside VA. Access and quality standards must balance the need to maintain the unique features of VA that effectually serve veterans, which cannot be reproduced in the private sector. While the VFW does not oppose VA's proposed access standards, we feel VA missed an opportunity for veteran-centric reform. Instead, it chose to continue flawed wait time standards and readopt standards from the Military Health System, which serves a different population.

Continuing to base eligibility for community care on wait times is also counter to the peer-reviewed study published in the *Journal of the American Medical Association*. VA even lauded the findings of the study titled "Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers," which found VA wait times have improved and outperform the private sector. The VFW was not surprised by the results of this study. VFW members report that the timeliness and quality of care they receive

from VA continues to improve. The 20-day and 28-day eligibility standards are based on the false assumption that the private sector can meet the need when VA is unable to do so.

The success of the new community care program should be judged on how it improves health outcomes for veterans. Community care providers who wish to be part of the program must demonstrate a high level of expertise in veteran health, significant cultural competency about the veteran and military experience, and a commitment to improving and maintaining their skills and expertise.

The VFW also urges VA to account for how the implementation of a new electronic health care record impacts productivity. In partnership with the Defense Health Agency (DHA), the VFW has kept a keen eye on the implementation of the Military Health System GENESIS electronic health care record, which is the same system VA has elected to adopt for the VA health care system. While the VFW hopes VA adopts lessons learned from DHA to ensure a more seamless implementation, we are certain VA medical facilities will experience a temporary reduction in productivity that comes with change management. However, military treatment facilities report an eventual increase in productivity after full implementation. The VFW suspects VA medical facilities will experience a similar trend in productivity, which will lead to a temporary increase in demand for community care.

This and other temporary spikes in demand for community care, such as retirees who spend their winters in warmer climates, known as snowbirds, will require VA to adjust its community care networks and VA medical facility capacities to ensure veterans can receive the care they need where they need it. VA must make certain that temporary increases in demand for community care do not jeopardize the long-term viability of capacity at VA medical facilities. That is why the VFW urges VA and Congress to consistently evaluate whether VA should be expanding its community care networks or increasing internal capacity. This must be done by hiring more doctors or having VA deploy a quick reaction force of VA doctors to areas facing temporary spikes in demand for care.

VA facilities with service lines that fail to meet established quality standards will undergo remediation. Patients who rely on the 36 service lines that fall under the quality standards will have the opportunity to choose if they would rather stay with a VA doctor or use private sector doctors in their community. The VFW is disappointed VA chose not to include remediation plans in the recently published proposed rule. Remediation is vital to ensuring veterans get care based on their needs and preferences. VA must also take into account the ability for VA medical facilities to provide severely disabled veterans, such as those in spinal cord injury centers or polytrauma network sites, a full continuum of care. Simply closing such service lines in favor of community care would fail veterans who prefer to see a VA doctor and those who are unable to use community care. Allowing these decisions to be made by VA bureaucrats would be worse.

MISSION Act Staff Shortages: As of August 31, 2018, there are over 45,000 vacancies within VA. It is essential that VA be provided sufficient resources and tools to make VA the preferred employer for medical professionals. The VA MISSION Act contains numerous provisions to strengthen, expand, and create new programs, including the VA Health Professional Scholarship Program; Education Debt Reduction Program; VA Specialty Education Loan Program; Veterans

Healing Veterans Medical Access and Scholarship Program; Recruitment, Relocation, and Retention Bonuses; and Pilot Program on Graduate Medical Education and Residency. Additionally, the law expands VA's authority to operate telehealth programs across state lines and requires VA to develop new health care programs specifically targeted to rural and underserved areas, both of which must remain priorities for VA. The VFW is proud to have partnered with VA and Philips to assist in expanding telehealth options for rural veterans as part of Project ATLAS. In this partnership, VA has identified highly rural areas where veterans must travel far distances to receive VA health care. The VFW identifies posts in those areas to serve as access points for VA health care. Once the post is modified to VA's specifications, it is equipped with Philips-donated telehealth technology to provide veterans access to their VA health care at a convenient veteran-centric location. More than 20 VFW posts have been identified as possible telehealth centers. The VFW hopes this pilot is expanded to other communities.

Caregiver Program: With the passage of the VA MISSION Act, VA's Program of Comprehensive Assistance for Family Caregivers (Caregiver Program) was finally expanded to include veterans who served before September 11, 2001. An estimated 76,000 veterans will enter the program — an increase from the roughly 19,000 currently accessing these services. To avoid mishaps, VA must first ensure its administrative and IT capacity are prepared to manage an expanded caregiver program, followed by a two-phase expansion, beginning as early as 2019 for WWII to Vietnam War era veterans, followed two years later for post-Vietnam War veterans. The VA MISSION Act requires that an IT system be in place to properly manage and support the Program, avoid delays in access, and immediately identify resource needs. The law required such implementation to be no later than October 1, 2018. According to VA, it has implemented a permanent IT solution for current program participants. This system, however, is insufficient to support extending program eligibility, but VA is looking at other options.

Issues of insufficient resourcing and ineffective hiring processes for Caregiver Support Coordinators have significantly burdened the program. Congress must provide VA with sufficient resources for the management and staffing of this program. Without sufficient staff to respond to the needs of veterans, any efforts at successful expansion will be severely compromised. As noted by an August 2018 Office of Inspector General report, VA has not established a staffing model to ensure medical facilities are well-equipped to manage the current program's workload, including processing applications and routine monitoring of veterans and caregivers. It is of utmost importance that VA has sufficient staffing numbers, and revises its program governance and workload to make this expansion a success. The VFW supports VA's moratorium on discharges and decreased from the caregiver programs while it reviews and corrects these issues.

However, VA must take corrective action immediately so expansion of the program can proceed as soon as possible. Pre-9/11 veterans should not be forced forgo the choice of staying at home with their loved ones in lieu of inpatient long-term care simply because VA is too slow to fix issues it has known about for years.

As the regulations for the *VA MISSION Act of 2018* continue to be drafted and published, the VFW will work to ensure VA properly implements the remaining sections of this important law. This includes working with VA and Congress to perfect billing, market assessments, expansion

of the caregiver program, provider education and training programs, and the asset and infrastructure review.

Appeals Modernization: As a chief contributor to the development of the Appeals Modernization Act (AMA), the VFW is encouraged by VA's efforts to seek congressional support and include stakeholders at multiple levels. Such collaboration demonstrates VA's willingness and desire to improve the lives of veterans with innovative programs. As we have testified previously, we caution VA to heed the concerns and recommendations of those who represent a collective five million veterans in claims and appeals before VA. Often, the rush to implementation ends up being detrimental to those who are in need the most.

The process to overhaul appeals was lengthy, and involved disparate ideas and opinions. Negotiations were at times contentious, but it produced a product in which everyone involved has not just a stake but proprietorship. VA, to their credit, took all of these elements into account during development to make it something of value to help provide more timely benefits to veterans. We are also grateful that VA incorporated veterans service organizations' concerns and expertise in crafting the federal regulations that now govern this new, modernized effort.

We have crossed the Rubicon — the new appeals framework is now available to all veterans who disagree with their rating decisions. The VFW continues to support this new framework that offers veterans more options to resolve benefit disputes in a clear and timely manner. We believe that the system has the ability to work as intended, yielding positive results for veterans when the regulations VFW helped craft are applied impartially and as intended. VA should be applauded for deploying such substantial changes expeditiously. The VFW was eager to offer input and honest critiques as we navigate this new system together, and VA can expect continued oversight and input from us as we move forward with a modern system for modern times.

The VFW certainly understands the scope of the task at hand, which is why, in light of these successes, it is our obligation to call out potential problems in the system and work constructively with VA and these committees to make sure they are resolved. In our past testimony before the House Committee on Veterans' Affairs, we highlighted three areas that needed improvement: informal conference through Higher Level Review (HLR), development errors at the VA Regional Office (VARO), and information technology (IT) infrastructure.

Now that the new framework is fully implemented, the VFW is concerned with the Board of Veterans Appeals' (BVA) ability to handle its legacy appeals backlog, and interpret its own regulations on supplemental claim actions and veterans' intent to file. Though VA assured Congress that it had a plan to address the legacy appeals backlog, we worry that VA is potentially setting itself up for failure through some of its recent actions.

More troubling is BVA's inability to accurately certify legacy appeals. Before VSO representatives at the BVA can begin working on legacy appeals, the BVA must first. For years the VFW has been concerned about the number of legacy appeals waiting at the BVA just to be certified so we could begin our work. We have long called case storage at BVA appeals "purgatory." This is where legacy appeals went to die and was one of the driving forces behind simplifying the process under AMA to directly certify appeals to the BVA.

In the past, appellants waited unreasonably long periods of time for their appeals to be certified at the VARO and activated by the BVA. We had no clear way to know exactly how many VFW-represented veterans had their appeals waiting in case storage. Unfortunately, in recent months, we have learned how bad the case storage backlog really was. Throughout 2018, the VFW would routinely receive between 300-500 new cases for our action each month. In January 2019, the BVA activated more than 1,900 new cases for the VFW. We feel this was done in haste to prepare for the new appeals process with no real assurance of accuracy. Such sloppy work and lack of quality control fails to identify the correct issues being appealed, and even leads to BVA erroneously assigning work to the wrong VSO. Coupled with the influx of appeals under the new framework, this is an unmanageable workflow for VSO staff stationed at the BVA, and does a disservice to the legacy appellants who have already waited years while the BVA sat on their claims. The BVA must correct this issue by improving its quality assurance and working with VSOs to develop and implement an effective strategy to address the legacy backlog.

Next, the VFW recently learned that VAROs are no longer accepting Intent to File (ITF) forms from veterans who seek to reopen previously denied claims years after a final decision was rendered. This is done to preserve the effective date of their claims when veterans do not have all the requisite documentation to file their claims. Their justification is that under AMA, veterans have recourse to continue benefit disputes indefinitely, but only if they meet the one-year filing deadline. While we certainly support the new framework whereby veterans have one year to continue claim actions and preserve their initial effective date, we believe that VA is misinterpreting the spirit of the AMA by not allowing ITFs after the expiration of the one-year appeal period.

VA explained that since the threshold to reopen a claim is now “new and relevant” as opposed to “new and material,” that veterans do not need as much time to develop reopened claims. The VFW disagrees. Moreover, how is the average veteran going to be able to delineate on future claims between reopened conditions, secondary conditions, new conditions, or increased conditions? VA’s current guidance is that veterans who wish to reopen after the one-year appeal period must still use the supplemental claim form, VA Form 21-0995. VA requires claimants to use VA Form 21-526EZ for any other claim actions, such as increases or secondary conditions. Requiring veterans to submit a supplemental claim form beyond the one-year appeal timeline is harmful for veterans and unmanageable for VSOs.

We compel VA to honor the ITF as a place holder for all future claims, including reopened claims, once the one-year appeal period has lapsed. We further compel VA to accept all future claims on the standard claim form, including reopened claims, once the one-year appeal period has lapsed. The VFW worries that this requirement will lead to veterans erroneously being denied benefits. The AMA was designed to simplify the claims process for veterans.

AMA Informal Conferences: When the VFW last testified on Appeals Modernization, we called attention to significant inconsistency in how VA would schedule and conduct informal conferences for Higher Level Review claims. The VFW even commented on this provision through the Federal Register process. We pointed to examples in Seattle and St. Petersburg where Decision Review Officers (DROs) cold-called VFW representatives, and never offered the opportunity to schedule an informal conference.

The VFW's understanding of the informal conference, as presented by VA, is that DROs should be reaching out to the party identified by the veteran on their HLR election to schedule a mutually agreeable time to conduct the conference. We did not see this happening consistently under RAMP. Instead, we saw that DROs were loosely interpreting VA's requirement to make a "reasonable effort" to contact the VSO as any effort to contact any accredited representative, not necessarily the representative identified by the veteran in their election.

We have been assured by VA that this is not the standard for informal conferences. However, the lack of standardization across VA requires VSOs and Congress to strictly monitor this necessary component of appeals reform. VA must more clearly define reasonable effort, and provide explicit guidance on how reviewers will contact veterans' designees to conduct informal conferences. While VA did not address this issue in the final AMA regulations, VA did adapt its forms and draft internal business processes to improve informal conferences. We have seen this situation improve and we believe that moving forward, VA will follow through on informal conferences keeping with congressional intent and the intent of the VSOs who requested this capability.

The VFW has seen very positive results for veterans when an informal conference is completed. This interaction is critical to the success of the AMA and ensuring that claim disputes are resolved at the lowest possible level, but it requires due diligence from VA.

AMA Information Technology Issues: When the VFW last testified on AMA, we expressed significant concerns on VA's ability to deploy its required IT infrastructure on time. We see that VA was able to deploy the minimum requirements before the February 19, 2019, implementation deadline. This is a positive step, but one that must not be taken for granted.

In order to manage AMA, VA enlisted the help of U.S. Digital Service to create the Caseflow platform to track appeals. The VFW thanks VA for offering Caseflow access to all accredited VSOs when AMA was launched. However, much of our appeals work must still be completed through other systems, like the older Veterans Appeals Control and Locator System (VACOLS). We have been assured by VA that VACOLS will remain operational for the foreseeable future. However, we must keep a close eye on the further development of Caseflow to make sure that it functions properly for the tracking and processing of both legacy appeals and appeals filed after implementation of AMA.

It has been nearly 100 years since the VFW presented our first claims to the federal government for benefits for deserving veterans. The system has changed dramatically since 1919, and the VFW has been proud to be there every step of the way in building veteran-centric benefit programs. However, the VFW knows that changes to programs that were slow to mature last century move far more rapidly today. Training and oversight are key to the success of every VA business line. We have been given powerful tools to make the quality of life for veterans and their families better every day. Appeals modernization and the aggressive timelines it promises are going to be beneficial to many veterans, if they are implemented properly.

The VFW believes that VA is generally on the right track, since it has worked directly with stakeholders every step of the way to improve the process. We further believe that the roll out of

the new appeals framework on February 19 was generally successful. However, we are not yet ready to declare the new framework a success, as veterans and VSOs are still stress testing the new system to see if it will fully function as intended. We look forward to working with VA and your committees to make sure the issues we discussed today are addressed and that the new appeals framework can deliver on its promise to veterans.

Poor Development at the VA Regional Offices: Another persistent problem is continued poor development of claims and appeals across VA, particularly at the VARO level, as the VFW has testified multiple times in recent months. Remand is a dirty word for veterans who have been waiting months for claims decisions and years for appeals to be heard. The AMA was developed with this in mind. Cases get entrapped in a vicious cycle of legal finger-pointing due to overlooked evidence, developers and raters overstepping their authority, or the general lack of responsibility. Lack of training and supervision lend themselves to this shortcoming.

While policies have been hashed out and best practices have been developed, the VFW worries that simply implementing the new appeals framework without addressing the broader training shortfalls in VA will only result in a rush to denial and more appeals being filed. We believe that VA shares this concern in some part. In conversations with VA, they have been candid that it does not anticipate a significant change in overall workload, but rather many veterans who are now waiting years for appeals in the legacy appeals system will request multiple avenues of recourse at lower levels through supplemental claims or higher level reviews.

Under the new framework, we believe that VA will be able to meet its objective of delivering supplemental rating decisions in a timely manner, but our goal is to help VA get it right the first time. That requires a greater commitment to the quality of work at the VARO level.

Fiscal Year 2020 Budget Request: The VFW, in partnership with the Independent Budget (IB), produces annual budget recommendations for each of VA’s major funding accounts and compares them to the Administration’s request. More complete details on the IB recommendations can be found at: www.independentbudget.org/.

VA Accounts for FY 2020 and FY 2021 Advance Appropriations				
FY 2019	FY 2020	FY 2020	FY 2021	FY 2021
Appropriation	Adv Approp	Appropriation	Adv Approp	Adv Approp
		IB	Administration	IB

Veterans Health Administration (VHA)*	76,761,626	88,984,713	90,822,684
General Operating Expenses	3,486,961	3,574,056	
Departmental Admin. and Misc. Programs	5,717,836	6,650,216	
Construction Programs	1,972,000	3,842,000	
Other Discretionary	202,196	204,825	
Total, Discretionary Budget Authority (including Medical Collections)	88,140,619	103,255,810	

* - On June 6, 2018, Section 510 of Public Law 115-182 provided an additional \$5.2 billion to be deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) and remain available until expended.

The VFW was pleased to see the bipartisan budget agreement from this past year provided relief from the sequestration budget caps for veterans, service members and their families. Specifically, the agreement included \$4 billion to address urgent VA infrastructure needs and increases the non-defense discretionary caps, which enabled VA to begin implementing its seamless VA Department of Defense (DOD) electronic health care record, fund the recent executive order to reduce the rate of suicide among recently discharged veterans, and improve access to health care for veterans.

Due in large part to landmark laws passed by these committees and the 115th Congress, VA will need a significant increase in appropriations for fiscal year 2020. This includes more than \$9 billion for implementation of the *VA MISSION Act of 2018*. However, the bipartisan budget deal expires after fiscal year 2019, when sequestration spending caps, which were created in 2011, are set to be reinstated. Sequestration has already taken a massive toll on programs critical to our military and veterans. Congress must repeal the remaining sequestration spending caps and adopt a budget that meets our obligation to America's service members, veterans, their families and survivors.

Medical Cannabis: VA must continue expanding research of non-traditional medical treatments, such as medical cannabis, for alternative therapies and less harmful ways of addressing health care issues for veterans within VA. VA must be proactive in finding solutions to responsibly treat veterans.

In the past several years post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) have been thrust into the forefront of the medical community and the general public in large part due to suicides and overmedication of veterans. Medical cannabis is currently legal in 33 states and the District of Columbia. This means veterans are able to legally obtain cannabis for medical purposes in over half the country. For veterans who use medical cannabis and are also VA patients, they are doing this without the medical understanding or proper guidance from their coordinators of care at VA. This is not to say VA providers are opting to ignore this medical treatment, but that there is currently a lack of federal research and understanding of how medical marijuana may or may not treat certain illnesses and injuries, and the way it interacts with other drugs.

This is regardless of the fact that many states have conducted research for mental health, chronic pain, and oncology at the state level. States that have legalized medical cannabis have also seen a 15-35 percent decrease in opioid overdose and abuse. There is currently substantial evidence from a comprehensive study by the National Academy of Sciences and the National Academic Press that concludes cannabinoids are effective for treating chronic pain, chemotherapy-induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia — all of which are prevalent in the veteran population.

The VFW urges Congress to pass legislation to require VA to conduct a federally funded study with veteran participants for medical cannabis. This study should include participants who have been diagnosed with PTSD, chronic pain, and oncology issues.

Women's Health Care: VA reports that nearly 492,000 women veterans used the VA health care system in fiscal year 2017, which was a nearly 150 percent increase since fiscal year 2003, and these numbers will continue to increase in years to come. VA has worked to improve the gender-specific care for this population of veterans, but more work needs to be done. Women veterans using VA often have complex health care needs that require specialty care for service-connected conditions such as post-deployment readjustment challenges, PTSD due to war-related trauma and sexual trauma, mental health care, and substance use disorders — services which, on average, they use at higher rates and more often than male veterans. The VFW is disappointed not a single piece of legislation became law in the 115th Congress to address the needs of women veterans. This must change in the 116th Congress.

Peer-to-peer support has proven time and again to be invaluable to veterans and VA. This is why the VFW advocates so strongly for the constant expansion of peer-to-peer support programs. The VFW urges Congress to pass legislation to expand these programs for women veterans, providing them more peer and gender-based one-on-one assistance from others to whom they can relate and connect. This is extremely crucial in instances where a woman may suffer from mental health conditions, but especially in instances where a female veteran is on the verge of homelessness. In a VFW survey of women veterans 38 percent of women who reported experiencing homelessness also have children. These women face unique barriers to overcoming homelessness, and frequently commented on the lack of people who actually understand those barriers. By providing peer-to-peer support for women with others who have gone through the same hardships, VA would provide a level of understanding and trust they desperately need. This is why the VFW also urges Congress to pass H.R. 840, or S. 319, the *Access to Childcare Act*. Which would provide access to childcare to veterans seeking employment training who have an income at or below their states poverty line. Doing this would serve as a way to attempt avoiding homelessness.

According to VA, the majority of women veterans are assigned to Designated Women's Health Primary Care Providers (DWHP). VA and its Center for Women Veterans have worked to increase those numbers, and the VFW asks Congress to provide VA with the resources they need to continue expanding outreach for knowledge of and access to providers with necessary gender-specific specializations. Surveys conducted by the VFW have found women veterans overwhelmingly prefer to receive their health care from women primary care providers, and are more likely to be satisfied with their VA health care experience when they receive care from

women providers. That is why the VFW has urged VA to allow women veterans to choose the gender of their provider when enrolling in health care.

While the DWHP program continues expanding and providing above-satisfactory care to patients, the VFW understands there is still a need for trained gynecologists within VA. Gynecology is a specialty that has traditionally been understaffed at VA medical facilities across the country. While some providers are able to provide certain procedures that gynecologists specialize in and are able to treat, it is important to increase the number of doctors trained in the specialization of gynecology.

For women veterans who rely on VA for postnatal care, the VFW urges Congress to extend the number of days which newborn care is covered by VA. Typically, in private sector health care, a new mother has a month to enroll her newborn child into an insurance program. Currently, VA only covers newborn care for seven days. One week of coverage is not enough to provide coverage if anything goes wrong — even in the relatively common instance of false-positive newborn disease testing — nor is it enough to ease the new mother of unnecessary stress.

The VFW urges Congress to pass S. 514, *the Deborah Sampson Act*, which would also expand newborn coverage for veterans who use VA while receiving maternity care. In addition to expanding this care, the legislation would provide many other improvements women veterans needs within VA. Some of these improvements including increased privacy for women's clinics, addressing lacks in gender specific care, further research, improving access to benefits, legal assistance and more.

The VFW applauds VA and Congress for their work to provide more access to gender-specific health care providers for women veterans. While overall progress has been made, gender-specific mental health care is still lacking. In VFW surveys, women veterans have voiced concerns over what they view as a lack of gender-specific training for mental health care providers. Congress and VA must work to ensure every VA medical center has mental health care providers who are well trained in conditions such as postpartum depression and conditions that stem from menopause or sexual trauma.

Women service members and veterans have also been found to be at increased risk for eating disorders, which have serious consequences for both physical and psychological health as well as high mortality rates. Some of the risk factors which contribute to women veterans struggling with eating disorders include military sexual trauma and combat exposure. As VA continues toward meeting the demands and needs of women veterans, it is important VA establish a comprehensive program for treatment of eating disorders.

The VFW has noticed a much lower utilization and awareness of benefits among older women veterans compared to their younger counterparts. In one of the VFW's surveys, we found older women veterans were less likely to report receiving disability compensation, but equally as likely to have been injured or made ill as a result of their military service. Similarly, older veterans were less likely to report that they use VA health care, but equally as likely to report being eligible for VA health care than their younger counterparts. We were also concerned that several

respondents who reported being 55 years old or older believed they did not rate the same benefits as their male counterparts, which is an egregious misperception that must be addressed.

No veteran should be left to wonder what, if any, benefits they are eligible to receive. Furthermore, it must be clear that women veterans have earned the exact same benefits as their male counterparts. That is why the VFW urges Congress and VA to continue improving outreach to women veterans and conduct targeted outreach to older women veterans to ensure they are aware of all the benefits and services VA provides.

Mental Health and Suicide: Eliminating suicide among our nation's veterans continues to be a top priority for the VFW. As VA and Congress have continued to prioritize veteran suicide prevention, VA in cooperation with other government agencies continues to release annual data regarding veteran suicide. In September 2018, VA released its most recent analysis of veteran suicide with data from 2016. This data is expected to begin being released on a quarterly basis. The most recent data found suicide has remained fairly consistent within the veteran community over recent years. An average of 20 veterans and service members die by suicide every day. While this number must be eradicated, it is worth noting that as the number of veteran suicides has remained consistent in recent years, non-veteran suicides have continued to increase.

One death by suicide is one too many. Congress must ensure sufficient resources are available and used for effective VA suicide prevention efforts, including to identify veterans at higher risk of suicide, to adopt new interventions, and to effectively treat those with previous suicide attempts. Programs such as the Veterans Crisis Line (VCL); the placement of suicide prevention coordinators at all VA medical centers (VAMC) and large outpatient facilities; integration of behavioral health into primary care, and joint campaigns between DOD and VA should be continued to aid in anti-stigma efforts, and to promote suicide prevention efforts alongside community partners like the VFW.

The Government Accountability Office (GAO) has identified several key barriers that deter veterans from seeking mental health care. These include stigma, lack of understanding or awareness of the potential for improvement, lack of child care or transportation, and work or family commitments. Early intervention and timely access to mental health care can greatly improve quality of life, promote recovery, prevent suicide, obviate long-term health consequences, and minimize the disabling effects of mental illness.

Over the past decade, the VA Office of Mental Health Services has developed a comprehensive set of services while seeing a significant increase in the number of veterans receiving care. VA provided specialty mental health services to 1.6 million veterans in fiscal year (FY) 2015. In 2016, the MyVA Access initiative was announced to address urgent health needs of veterans, with a plan to make same-day primary care and mental health services available at all VAMCs. From the beginning of FY 2016 through June 2017, VA completed over one million same-day appointments for more than 500,000 unique patients through the primary care mental health integration or regular mental health clinics.

Since 2012, VA has worked to increase staffing of new mental health providers. Despite these efforts, according to an annual Office of Inspector General (OIG) report determining Veterans

Health Administration (VHA) staffing shortages, FY 2018 saw that the most frequent staffing shortage within VA is psychiatry and the fourth most frequent in psychology. Out of 141 facilities surveyed, 98 had a shortage for psychiatrists and 58 had a shortage for psychologists. By not adequately staffing VA, the capacity to serve veterans and provide the necessary access to mental health care needed by so many veterans will continue to be limited. Having a limited capacity cannot be sufficiently addressed by using community care programs. The VFW urges Congress to work with VA on hiring efforts, and to keep this staffing shortage in mind as hiring incentives from the VA MISSION Act are used.

Veterans who served in Iraq and Afghanistan require a significant proportion of VA specialized mental health services. Without an end date for the Global War on Terror, this cohort will continue to grow, as will the need for specialized mental health services. Alarming, VA's annual suicide data report has continuously shown veterans ages 18-34 have the highest rates of suicide. These numbers have continuously risen over the past three years, which is particularly worrisome as 54 percent of post-9/11 veterans fall into this age range. Studies show post-9/11 veterans who leave the military are also at increased risk of suicide during their first three years after service.

The VFW is grateful to the current administration for issuing Executive Order 13822, which required VA, DOD, and Department of Homeland Security to coordinate an interagency plan to provide seamless access to mental health treatment and suicide prevention resources for veterans during their first year of transition from military service to civilian life.

Additional framework was built into the Joint Action Plan (JAP) to provide more support for veterans at increased risk for suicide. This includes using current algorithms already implemented to identify veterans within VA who are at the highest risk of suicide. The overall goals of the JAP, which are still being implemented, include better assurance that all new veterans know how to access VA services.

There are also provisions in the plan that call for increasing partnerships between VA and private sector providers. The VFW understands that at times there is a need for care to be supplemented from within the community, but also firmly believes non-VA providers must be held to an equally high standard of care. It is imperative that veterans recently leaving their military service are able to access knowledgeable, evidence-based care through VA. Current reports show the care provided outside VA is of lower quality, and these providers prescribe veterans opioids at higher rates.

The VFW is proud to have partnered with VA on our Mental Wellness Campaign, along with other community and corporate partners like Give an Hour, the Elizabeth Dole Foundation, One Mind, PatientsLikeMe, and Walgreens. Beginning in fall 2016, this outreach campaign was launched to raise awareness, foster community engagement, improve research and provide intervention for those affected by invisible injuries and emotional stress. Since launching this campaign more than 200 VFW posts and 13,000 volunteers have successfully reached 25,000 people through our annual Day to Change Direction, hosted in partnership with Give an Hour's Campaign to Change Direction. This event consists of the VFW, VA, and other partners conducting community service, spending time educating veterans, their families, and people in

the community about emotional distress. Participants learn the five signs of emotional suffering – personality change, agitation, being withdrawn, poor self-care and hopelessness. VA also provides information about programs and opportunities for assistance from VA and local community partners.

Another population at increased risk of suicide are veterans who received other than honorable (OTH) discharges. Veterans with this particular discharge have rapidly increased in recent years, and mostly received these discharges for administrative purposes without any due process, rendering them without access to VA. With the goal of eliminating veteran suicide in mind, Congress authorized and VA expanded access to mental health care for veterans who received an OTH discharge in July 2017. At the end of FY 2018, just over 100 veterans had utilized this care. The VFW urges Congress to provide oversight of this program and to work with VA on outreach programs educating veterans of its availability. The VFW also urges VA to open eligibility for all health care to veterans with an OTH discharge.

Surveys conducted by the VFW show veterans prefer using VA for reasons such as continuum of care and cultural competency. VA must continue developing ways veterans may access mental health care. VA must continue expanding telehealth options for veterans seeking mental health who are in rural areas and may struggle to access any form of health care. It is also crucial VA provide telemental health for women, LGBT, and racial/ethnic minorities who face unique barriers such as travel difficulties, lack of access to childcare, or increased concern of stigmas. VA must also expand mental health programs beyond trauma. Veterans need access to these appointments for issues related to families and lifestyles, as well as gender-specific needs such as post-partum struggles or during menopause.

Along with traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) is closely correlated with post-9/11 veterans. PTSD is the psychological impact of experiencing or witnessing something traumatic. Like TBI, the effects of PTSD can be of an acute nature where veterans recover, or they can be chronic, resulting in symptoms that veterans may have for the rest of their lives without proper treatment. Regrettably, multiple deployments with intense exposure to combat have put many veterans at high risk for developing chronic PTSD.

VA has trained thousands of clinicians in the evidence-based protocols proven to be effective in addressing PTSD — cognitive processing and prolonged exposure therapies. Yet, treatment becomes more challenging as more veterans come to VA struggling with comorbidities. Common comorbidities include PTSD, military sexual trauma (MST), or TBI with Substance Abuse Disorder (SUD) and chronic pain. Many affected individuals experience high levels of anxiety or depression and exhibit difficulty with self-regulation, judgment, and concentration. Diagnosis is further complicated by the fact that veterans often may have coexisting conditions of TBI and PTSD. Symptoms of PTSD may significantly impair veterans' ability to re-engage with their community and put them at higher risk for developing SUD, or death by suicide.

Unfortunately, many veterans have more than one mental health disorder. Patients with more than one diagnosis are often among the most difficult to treat. Current estimates of the prevalence of coexisting PTSD and SUD vary, although most findings suggest significant portions of the population with PTSD also have SUD. Researchers from the VA National Center

on PTSD cite a large epidemiologic study, finding almost half of those in the general population with lifetime PTSD also suffer from SUD. This is why it is incredibly important for VA providers to take the proper steps to prevent at risk veterans from self-medicating, while also responsibly treating patients with chronic pain.

VA has also taken steps to ensure it appropriately uses pharmaceutical treatments. Under the Opioid Safety Initiative (OSI), VA has reduced the number of patients to whom it prescribes opioids by more than 22 percent. Prescribed use of opioids for chronic pain management has unfortunately led to addiction to these drugs for many veterans, as well as for many other Americans. VA uses evidence-based clinical guidelines to manage pharmacological treatment of PTSD and SUD to ensure better health outcomes. However, many veterans report being abruptly taken off opioids which they have relied on for years to cope with their pain management, without receiving a proper treatment plan to transition them to alternative therapies. Doing so leads veterans to seek alternatives outside of VA or to self-medicate. Congress must provide oversight of VA's opioid reduction efforts to ensure they are effective and serve the best interest of veterans.

Military Sexual Trauma: MST continues to be a problem within DOD for all active, reserve, and guard components and it affects service members and veterans of all backgrounds without regard to age, gender or race. Most survivors of MST are males, but women are disproportionately affected. While DOD continues to increase its efforts to reduce or eliminate sexual trauma within the military service, the number of service members affected by MST is slow to decline. Congress must ensure DOD and VA improve their collaborative effort in awareness, reporting, prevention, and response among both service members and veterans. VA's national screening program screens all patients enrolled in VA for MST. National data from this program reveals about one in four women, and one in 100 men, respond affirmatively to having experienced sexual trauma while serving their country. All veterans who screen positive are offered a referral for free MST related treatment, which notably does not trigger the VBA disability claims process. Previous years of VA data show growing numbers exceeding 100,000 veterans receive care for MST related treatment.

In FY 2017, 3,681 men and 8,080 women submitted claims to VBA for health problems related to MST. Of those claims, 55 percent of men's and 42 percent of women's claims were denied. This is why the VFW encourages Congress to hold oversight hearings on VA care related to MST and VBA's process of handling MST claims. It can take many years for survivors to even acknowledge a trauma occurred, and sharing details with advocates and care providers can be extremely difficult. Survivors of sexual assault often report they feel retraumatized when they have to recount their experiences to disability compensation examiners. Therefore, we encourage VBA to employ the clinical and counseling expertise of sexual trauma experts within VHA or other specialized providers during the compensation examination phase.

Burn Pits: The use of open air burn pits in combat zones has caused invisible, but grave health complications for many service members, past and present. Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins — the destructive compound found in Agent Orange — and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds that are unavoidable to those in close proximity.

While the VFW is glad to see that more than 140,000 veterans have enrolled in VA's Airborne Hazards and Open Burn Pit Registry, we are concerned that the results of the National Academies of Science's study on the burn pit registry have not been fully implemented. The VFW urges Congress pass the *Burn Pit Registry Enhancement Act*, which would require VA to act swiftly on recommendations from this important study.

For example, a similar registry operated by Burn Pit 360 allows the spouse or next-of-kin of registered veterans to report the cause of death for veterans. VA must add a similar feature to its registry to ensure VA is able to track trends. Other improvements include streamlining the registration process, updating duty locations based on records provided by the Department of Defense (DOD), and eliminating technical glitches to ensure veterans are able to register. Another concern the VFW hears from veterans is the lack of outreach from the registry. Veterans expect to receive notifications or updates from VA on current research and VA's progress to identify and treat conditions associated with exposure to burn pits.

Much of a veteran's long-term health is dependent on what happened while in the military. Burn pit exposure can cause problems while in service, and this information must be shared with VA to ensure proper care is given. The VFW has long advocated for better sharing of information to include the location of burn pits, types of materials burned in the pits, data collected by industrial hygienists regarding exposures, data collected from post-deployment health assessments, and all information associated with a medical retirement caused by health conditions related to burn pit exposures. That why the VFW supports the *Burn Pits Accountability Act*.

Such information from DOD will go a long way to make certain veterans receive the care and benefits they deserve. The VFW urges Congress to ensure VA and DOD finish developing the Individual Longitudinal Exposure Record, which is intended to track when and where service members are deployed and to which toxins they were exposed. This program will have a tremendous impact on our ability to identify, prevent, and treat harmful health conditions associated with exposure to burn pits and other toxins.

The National Academy of Medicine report on the VA's Airborne Hazards and Open Burn Pit Registry noted that there was a connection between burn pit exposure and numerous health conditions including emphysema, chronic obstructive pulmonary disease (COPD), and asthma. A peer-reviewed study entitled *New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan*, published in the *Allergy & Asthma Proceedings* and conducted by staff at the VA Medical Center in Northport, New York, also found a connection between deployment to Iraq and Afghanistan and asthma among the 6,200 veterans reviewed. Other studies have shown similar evidence of association between pulmonary conditions and exposure to toxic burn pits. While more research can and should be continued to be conducted, the VFW believes it is time to grant veterans benefits for pulmonary conditions, which we all know are associated with deployments to the wars in Iraq and Afghanistan.

Additionally, the National Academies of Sciences Engineering and Medicine found in its recent report entitled *Gulf War and Health, Volume 11: Generational Health Effects of Service in the Gulf War*, that certain birth defects and reproductive issues are associated with exposure to toxic substances and illnesses which are prevalent in Iraq and Afghanistan. It is vital that VA and

Congress address this report and ensure the generational impacts of burn pits are not allowed to go unrecognized.

Fort McClellan: From 1943 until its closure in 1999, Fort McClellan, Alabama, was home to thousands of soldiers in the Women's Army Corps, the Army's Military Police Corps, and the Army's Chemical Corps. It was forced to close in 1999 due to investigations by the Alabama Department of Public Health, the Alabama Department of Environmental Management, the Agency for Toxic Substances and Disease Registry, and the U.S. Environmental Protection Agency, which discovered evidence of polychlorinated biphenyls (PCB) contamination in Fort McClellan's neighboring town, Anniston.

The VFW has heard from several veterans suffering from deteriorating health conditions consistent with PCB exposure that they are unable to obtain the care and benefits they need because their service at Fort McClellan is not considered presumptive exposure to toxic substances. The VFW calls on Congress and VA to devote more time and attention to the health effects associated with exposure to PCBs at Fort McClellan, and to ensure exposed veterans have access to the care and benefits they deserve.

Camp Lejeune: Thanks to efforts by members of these committees, VA is authorized to provide no-cost health care to veterans and their families for 15 health care conditions that have been found to be associated with exposure to contaminated water on Camp Lejeune. However, VA expanded presumptive disability compensation benefits for only eight of the 15 conditions. As a result, veterans who served 30 or more days at Camp Lejeune between 1953 and 1987 and have been diagnosed with esophageal cancer, breast cancer, renal toxicity, female infertility, lung cancer, hepatic steatosis, miscarriage, and neurobehavioral effects, are eligible for no-cost VA health care, but still have an uphill battle obtaining disability compensation benefits. The VFW urges Congress and VA to review the medical research linking these conditions to the contaminated water at Camp Lejeune and determine if VA's presumptive list is accurate.

Thailand: When Agent Orange was sprayed on bases in Thailand during the war in Vietnam, it created yet another group of American service members who would later suffer from the effects of this poison. Currently, veterans must prove they worked on the perimeter of the base to which they were assigned to have their disability compensation claims considered under more streamlined presumptive rules.

U.S. forces in Thailand were supporting military operations in Vietnam and Agent Orange was used for the same purposes as in Vietnam. The spraying of vegetation allowed for the substance to go from a liquid state to one which is a mist that could float to other portions of the base. It is not incomprehensible for veterans in other parts of the base to have been exposed to Agent Orange. The VFW urges Congress to pass legislation to expand benefits to all veterans who served in Royal Thai bases where Agent Orange was used.

Single Gulf War Illness Disability Benefits Questionnaire Form: Unlike nearly all other service-connected conditions, Gulf War Illness (GWI) is intrinsically difficult to diagnose and treat. GWI has no clear and concise set of rules. In other words, no singular set of symptoms allows for an unmistakable diagnosis. GWI presents itself as a conglomeration of possible

symptoms to which countless members of the general public with no military experience can also be subject. As such, Persian Gulf veterans have a steeper hill to climb in relating the symptoms to service — the most critical link in establishing service-connection.

As a component of the VA disability compensation claims process and to better manage its workload, VA developed disability benefits questionnaire (DBQ) to assist in adjudicating claims. Since GWI is constituted by medically unexplained chronic illnesses, VA adjudicators often order examinations for each GWI symptom before considering the indicators that one illness is connected to the multiple symptoms.

The VFW is concerned that the current system of assigning separate DBQs for each symptom being claimed in association with GWI is the leading cause of high denial rates for GWI claims. VA must be required to provide additional testing and examinations deemed necessary by this examination. The VFW firmly believes that the creation of a singular DBQ for GWI claims would facilitate more timely and accurate consideration of disability compensation claims for veterans who suffer from GWI.

An overall lack of training for VHA medical staff who conduct medical examinations has also led to inaccurate processing of GWI disability compensation claims. To improve accuracy of claims and to ensure Persian Gulf War veterans receive accurate decisions, VA must require medical staff to complete periodic GWI-specific training before being authorized to conduct medical examinations for GWI disability compensation claims.

Expand the Definition of Persian Gulf War Veteran: Several scientific studies have found that veterans who have served in Afghanistan suffer from undiagnosed conditions at similar rates as those who have served in the Iraq. Additionally, veterans who served in support of Operation Desert Shield and Operation Desert Storm while stationed in Israel, Egypt, Turkey, Syria, and Jordan have also presented similar symptoms as veterans who served in Iraq. However, current law limits the definition of Persian Gulf War veteran to those who served on active duty in the U.S. Armed Forces in the Southwest Asia theater of operations, which is limited to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, Gulf of Aden, Gulf of Oman, and the waters of the Persian Gulf, the Arabian Sea, and the Red Sea.

As a result, veterans who have served in Afghanistan, Israel, Egypt, Turkey, Syria, and Jordan are denied access to presumptive disability compensation benefits afforded to Persian Gulf War veterans, despite evidence which shows such conditions are common among them. Furthermore, they are being considered Gulf War veterans for reporting and demographic purposes. Veterans who served in Israel, Egypt, Turkey, Syria, and Jordan in support of Operation Desert Shield and Operation Desert Storm are even eligible for the Southwest Asia Service Medal, but are denied access to streamlined disability compensation for disabilities they incurred during their service in Southwest Asia. Congress must expand the definition of Persian Gulf War veterans to include such veterans.

Expand VA Wartime Benefits to Early-Vietnam Veterans: On November 1, 1955, the U.S. Military Assistance Advisory Group (MAAG) Vietnam was officially established following the

defeat of the French in Vietnam and the establishment of the 1954 Geneva accords. Records show that up to 10,000 U.S. military personnel served with MAAG-Vietnam and other U.S. military groups in Vietnam between November 1, 1955 and February 27, 1961. At least twelve US military personnel were awarded the Purple Heart in Vietnam prior to February 28, 1961 and ten U.S. military personnel were killed in Vietnam during the same time frame and are listed on the Vietnam Wall.

However, veterans who served in Vietnam from November 1, 1955 to February 27, 1961 are not considered wartime veterans and are ineligible for wartime VA benefits such as low-income wartime pensions. Congress must expand VA wartime benefits to include these veterans, known as Early Vietnam veterans.

Hearing and Tinnitus: Veterans who serve in combat are exposed to high levels of acoustic trauma. Many pre-service and discharge examinations, particularly for World War II and Korean War veterans, were usually accomplished with the highly inaccurate whispered-voice test which was discontinued many years ago. Many veterans in those cases were not afforded a comprehensive audiological examination upon entrance and/or discharge from military service. In the latest VBA Annual Report from September 2018, the most prevalent service-connected disabilities are hearing loss and tinnitus. In 2005, the Institute of Medicine (IOM) released a study that showed nearly all service members are exposed to acoustic trauma at some point during their military service and that many experience hearing loss and/or tinnitus as a result.

The VFW calls on Congress to establish presumptive benefits to combat veterans diagnosed with hearing loss or tinnitus. The Secretary of the VA must amend the Schedule for Rating Disabilities to provide a minimum compensable evaluation for any service-connected hearing loss for which a hearing aid is medically indicated.

Blast Injuries: While the face of war has changed over the past century, the nature of how they are fought has not. Now more than ever, we are seeing service members who are returning from combat with injuries as a result of their exposure to explosions. VA has been slow to provide a long-term solution that would address these injuries, despite the overwhelming evidence that suggests service members who are exposed to explosions or sustain concussions often times may experience delayed onset of symptoms ranging from headaches and cognitive impairments to even more severe neurological complications. The VFW calls on Congress to amend Title 38 to grant presumption of service connection for conditions associated with blast exposures.

Vocational Rehabilitation and Employment Services: Vocational rehabilitation for disabled veterans has been part of this nation's commitment to veterans since Congress first established a system of veterans' benefits upon entry of the United States into World War I in 1917. Today, Vocational Rehabilitation and Employment (VR&E) is charged with providing wounded, ill, and injured veterans with an array of services designed to enable them to obtain and maintain suitable and gainful employment. In the case of those veterans with more serious service-related disabilities, VR&E is authorized to provide independent living services.

Veterans are eligible for VR&E services and programs if their military discharge is other-than dishonorable and they have a VA service-connected disability rating of at least 10 percent, or a

memorandum rating of 20 percent or more from VA. The VR&E program is also accessible to active duty military personnel expecting to be medically discharged with the requisite discharge and anticipated disability rating of at least 20 percent or more from DOD and VA.

The period of eligibility to apply for VR&E services cannot currently exceed 12 years from either the date of separation from active duty, or the date veterans are notified by VA of a service-connected disability rating. This 12-year application eligibility period can only be extended if a Vocational Rehabilitation Counselor determines a veteran has a serious employment handicap. Participants in VR&E also cannot exceed 48 months of entitlement. The 48-month period of entitlement, however, may also be extended in unique circumstances. The VFW calls on Congress to eliminate the 12-year delimiting period for VA Chapter 31 VR&E services to ensure disabled veterans with employment handicaps, including those who qualify for independent living services, qualify for VR&E services for the entirety of their employable lives. Congress must pass H.R. 444, the *Reduce Unemployment for Veterans of All Ages Act of 2019*.

VR&E's incentive structure for veterans remains primarily aligned with education and training programs with no financial incentive for those seeking immediate employment. Considering the basic costs of living, veterans may be unable to wait until the completion of their program to generate some sort of income. They may be forced to leave the program prematurely simply to provide for themselves or their families. Child care vouchers for veterans who have families and are involved in VR&E could help these veterans remain in the program.

We ask Congress to change the eligibility requirements for the VR&E program to increase access to services while increasing subsistence allowances for veterans with dependents. Veterans' service-connected illnesses and injuries are life-long consequences of service to our nation, and so too should veterans have the ability to utilize VR&E benefits throughout their lifetimes. Providing a payment to all VR&E users similar to the housing payments made to GI Bill recipients would allow for the disabled veterans utilizing this program to continue doing so without as much of a financial burden.

Finally, Congress must provide sufficient resources for VR&E to establish a maximum client-to-counselor standard of 125:1 or better, and explore new methodologies to formulate a proper client-to-counselor ratio based on the challenges associated with more severely disabled veterans. The VFW recommends changing reporting of the ratio to reflect the VAROs, instead of a nationwide client-to-counselor ratio. This will help address the needs of specific offices and more directly help veterans.

GI Bill: The 115th Congress was responsible for a great number of new benefits and programs, and one of the highlights was the passage of the Forever GI Bill. This incredible benefit removes the end date for future beneficiaries, adds benefits for STEM programs, and expands eligibility for Purple Heart recipients, families, and survivors. This was the largest expansion of the GI Bill since 2008, and the VFW is incredibly grateful for the overwhelming bipartisan support to make this happen.

While Congress did its job in passing the Forever GI Bill, VA struggled to do its job in implementing it. Many of the provisions in the Forever GI Bill were easily adopted, but

implementing the Basic Allowance for Housing (BAH) changes proved much more difficult than originally expected. During the fall 2018 semester, almost 200,000 student veterans received delayed or incorrect BAH payments, leading to unnecessary hardships.

Proper implementation of programs like the Forever GI Bill is something that cannot be overlooked. The negative impact on student veterans' lives along with the time and money wasted this past fall is unacceptable. VA must work with Congress and VSOs in order to make sure that benefits are implemented correctly and are being used properly by the beneficiaries. While we feel VA may be on the right track to correct this issue, we hope it has learned from its mistakes regarding collaboration and communication.

Transition Assistance: The VFW believes a proper well rounded transition from the military is one of the most important things our service members need in order to ease back into our society with minimal hardships. To that extent the VFW places great emphasis on ensuring veterans receive the best counseling and mentorship before they leave military service. Veterans who make smooth transition by properly utilizing the tools and programs available will face less uncertainty regarding their move from military to civilian life.

Today's military has faced almost two decades of continuous war, and this extended time of conflict has shaped the experiences of all men and women who have worn the uniform defending our country. This experience of heightened conflict makes transitioning to the civilian world that much more important. Only a small percentage of Americans serve their country in the Armed Forces, so transitioning to the civilian world can bring with it its own set of trials and tribulations.

Transitioning service members face many hardships that include unemployment, financial difficulty, lack of purpose, separation anxiety, and many unknowns. In order to make this transition as easy as possible, there have been programs set in place to ease the hardship of this change. The VFW believes these programs are paramount in easing service members out of military life and into the civilian world.

The VFW views transition programs such as the Transition Assistance Program (TAP) and Soldier For Life (SFL) as key stepping stones in order to seamlessly transition to civilian life. The information provided to service members on VA benefits, financial management, higher education, and entrepreneurship are invaluable tools.

We are glad to see the five-day TAP classes was restructured last year, and we are eager to see what benefits the more efficient method of information delivery will bring. However, there were many other important provisions to reform TAP that were unfortunately left unfinished at the end of the 115th Congress, such as providing grants to organizations specializing in transition services, connecting transitioning service members with resources in their communities, and inclusion of accredited VSO's into the formal TAP curriculum. Doing so would ensure veterans can succeed after leaving military service.

The VFW's accredited service officers have been a resource for transitioning service members since 2001, and we continue to provide assistance to these men and women during this difficult

time of change. We provide pre-discharge claims representation at 23 bases around the country and have been available for transitioning service members at the same time they receive their training in TAP. While the primary role for the VFW staff in the Benefits Delivery at Discharge (BDD) program is to help service members navigate their VA disability claims, they are also able to provide assistance for many other benefits and opportunities available.

Our BDD representatives offer guidance and information for many different transition opportunities that may not be covered in the TAP class. Our representatives are trained in education, employment, and financial management opportunities, and can be additional resources to the ones received during TAP classes. Service members who utilize additional resources such as BDD representatives are likely to face less unknown hurdles during transition.

Fourth Administration: VA is comprised of three administrations: National Cemetery Administration (NCA), Veterans Health Administration (VHA), and Veterans Benefits Administration (VBA). The VBA is in charge of, not only, compensation and pension but also the GI Bill, vocational rehabilitation, housing and business loans, and the broadly defined transition assistance program, which is shared with the Departments of Labor, Defense, and Homeland Security. Many of these programs are currently under the Office of Economic Opportunity (OEO) which is overseen by a Deputy Under Secretary. However, this position has been left vacant and that does not appear to change anytime soon.

Currently, the OEO programs are enmeshed with the myriad of entities that make up the VBA. Compensation, is the largest program and dominates the attention of the VBA which makes it difficult for the OEO programs to get adequate funding, specialized resources, and other prioritization. For example, while the VBA has been focused on the modernization and streamlining of the claims and appeals process, other important programs such as VR&E have seen a stagnation of resources and oversight. Between 2014 and 2018, VR&E participation has increased by approximately 17 percent while its funding has risen just under two percent despite a 2014 GAO report that recommended further performance and workload management improvements were needed.

This nation should have as much focus on the economic opportunities of our veterans as it does on their health care and benefits. In reality, not all veterans are seeking VA health care when they are discharged, they are not needing assistance from the NCA, and they are not all seeking disability compensation. However, the vast majority are looking for gainful employment and/or education. Congress should recognize the value of these programs by separating them into their own administration focused solely on their utilization and growth.

The VFW has long proposed that Congress enact legislation to separate from the VBA all programs currently in the OEO and create a fourth administration under VA with its own under secretary whose sole responsibility is the EO programs. This new Under Secretary for Economic Opportunity would refocus resources, provide a champion for these programs, and create that central point of contact for VSOs and Congress.

Homelessness: The VFW commends VA and the Department of Housing and Urban Development (HUD) for making significant strides toward ending veteran homelessness. The

Annual Homeless Assessment Report census for 2018 shows promise in eliminating homelessness in the veteran population, with current numbers showing less than 40,000. This is a remarkable difference since 2010 when the number of homeless veterans was 74,087.

A homeless person is federally defined under the McKinney-Vento Act as an individual or family lacking fixed, regular and adequate nighttime residence, as well as those fleeing domestic violence or other dangerous or life-threatening conditions. VA is not precluded from assisting veterans who are temporarily living with friends or family — commonly referred to as “couch surfing.” Yet, it has elected not to do so. This is particularly burdensome for women veterans who often do not feel safe due to violence or sexual assault in a homeless shelter, as well as for veterans with dependent children. The VFW urges Congress and VA to expand this definition so VA can provide more homeless benefits and services to homeless veterans who are couch surfing instead of living in a shelter or under a bridge.

Veterans with dependent children face diverse burdens with access to their earned benefits, including access to child care. Currently, VA has four pilot programs which offer on-site child care. These programs have been successful in increasing access to care and benefits. The VFW also encourages Congress to work with VA to provide more separate living arrangements for veterans with children and veterans who have survived sexual trauma. Congress and VA must work together to better understand that individuals face homelessness for different reasons, and their needs to overcome homelessness are equally unique.

VA’s homeless programs are holistic in nature and include medical, dental, and mental health services, as well as specialized programs for PTSD, sexual trauma, substance use disorder (SUD), and vocational rehabilitation. VA adopted a model of housing veterans first — rather than requiring them to be in recovery or treatment for mental health or SUDs prior to receiving housing assistance. Homeless prevention coordinators and peer mentors are imperative to the success of the program by helping veterans navigate the system and get the services they need. The VFW urges Congress and VA to consider increasing the use of peer specialists, particularly for veterans who are in recovery from SUDs and/or have experienced homelessness. Peers who have had similar experiences are often able to connect on a more personal level and can help homeless veterans overcome challenges they face in maintaining housing and sobriety.

For veterans on the verge of homelessness, there is currently little VA can do. Several benefits require veterans to be on the streets before they are deemed eligible. Many veterans who are on the verge of homelessness know they are being evicted, and nearly half of homeless veterans report temporarily staying with friends or family. This is why the VFW recommends Congress work with VA and the U.S. Department of Housing and Urban Development (HUD) to ensure veterans who are facing eviction or are temporarily staying in another person’s home are afforded the opportunity to obtain assistance. The VFW also strongly urges Congress to pass legislation that would provide cost-free child care to veterans living below the poverty line, or who are already homeless while using VA and DOL VETS employment training. If a veteran is not able to afford rent or is working to avoid homelessness, then it is impractical to assume the veteran can also afford child care services.

Veterans fortunate enough to obtain HUD-VA Supportive Housing (VASH) vouchers also face difficulties. VFW service officers have reported in various cities that homeless veterans sometimes prefer sleeping under a bridge rather than living in the unsafe neighborhoods for which their vouchers are eligible. The VFW urges Congress, VA, and HUD to work together with local VA facilities to ensure HUD-VASH vouchers put veterans in safe and secure housing.

Electronic Health Record System, Modernization: The VFW was pleased VA elected to adopt the same electronic health care record (EHR) system as DOD, putting an end to the saga of not being able to efficiently integrate military treatment records into veterans' treatment plans. This plan will greatly improve the delivery of care to ill and injured veterans, and ensure truly integrated care as service members transition from the Military Health Care System to the VA health care system.

Additionally, VA must ensure clinicians are driving the implementation effort so VA can provide a truly seamless transition for our service members and our veterans, while ensuring the best clinical outcome for veterans.

Nursing Homes: VA eligibility for nursing home care is limited to veterans with a service-connected disability rating of 70 percent or higher, or for those seeking care at a nursing home for conditions related to their service-connected disabilities. Nursing home care is the only form of long-term service and support that is not included in the health benefits package — which VA acknowledges in their own statements is inconsistent with principles of medical practice and does not support continuity of care veterans are supposed to receive at VA. Congress must pass legislation to amend VA's health care benefits package to include nursing home, just as all veterans are eligible to receive home and community-based services.

Preventive Medicine & Services: The VA formulary currently carries all categories of pharmaceuticals deemed preventive by the U.S. Preventive Services Task Force. However, VA is exempt from requirements to provide preventive care and services without cost shares.

Cost is a significant barrier for veterans who use VA health care, whom have been found to have a lower income on average than veterans who do not use VA health care. There are currently 11 categories of preventive medications found to be effective by the U.S. Preventive Services Task Force, such as prescribing aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for the cost of preventive medication to prevent such birth defects. Vitamin D is another preventive medicine which is often prescribed to prevent bone fractures, which benefits TBI patients with hindbrain injuries. There is also breast cancer prevention medication which is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to not just prevent possible disease, and to be cost-saving.

The VFW calls on Congress to swiftly the *Veterans Preventive Health Coverage Fairness Act*, which would eliminate this inequity and ensure veterans have access to lifesaving preventive medicine.

Health Disparities for Minorities & LGBT: According to VHA's Offices of Patient Care Services and Health Equity, an estimated one million LGBT veterans face unique challenges to accessing the quality health care they have earned through their service. As a result, LGBT veterans experience overall lower health statuses in both clinical settings and their personal health. LGBT individuals also experience mental health problems and death by suicide at a higher rate than their heterosexual counterparts. Other high-risk conditions for LGBT veterans include heart disease for gay and bisexual men, as well as intimate partner violence, obesity, and early death from cancer for lesbian and bisexual women. Older LGBT veterans are less likely to receive care from adult children and may experience discrimination in nursing homes or community living centers, or live in fear of such scenarios if their sexual orientation or gender identity is not publicly known. These health disparities also change and worsen for LGBT veterans who are racial or ethnic minorities. Just as post-9/11 veterans face different health care challenges than those who served in the Vietnam War, and just as women veterans face different health care challenges than their male counterparts, LGBT veterans have specific, medically necessary needs that must be met.

Since VA's first directive for transgender veterans in 2011, the number of veterans enrolling in VHA who identify as transgender has been steadily increasing. To assure providers are able to deliver the highest quality of care to transgender veterans, VA's Health Equity Action Plan (HEAP) was established in 2016 to undertake, advance, and achieve equitable health for all veterans. The action plan includes cultural and linguistic competency, as well as data, research, and evaluation.

To improve cultural competency, VA suggested improving the diversity of its health-related workforce. While this recommendation was made in 2016 as part of HEAP, there is no current data available regarding VA's LGBT staffing numbers to note any areas of improvement in diversifying staff. The remaining recommendations are supportive of the inclusion of educational curriculum in training, and partnerships to improve inclusion of cultural competency in training and activities. Yet, these recommendations have not been addressed in internal directives, and there are still no requirements of formal training for medical staff.

VA must ensure the National LGBT Health Program positions are staffed. This includes the national program director position at the VA Central Office, every LGBT Veterans Integrated Service Networks (VISN) lead, and all LGBT veteran care coordinators. The VFW urges congressional oversight to assure these positions are filled, and the Center for Minority Veterans to be authorized to work with LGBT veterans.

HEAP also calls for improving data availability and coordination, utilization, and diffusion of research and evaluation outcomes. Yet, the only National Veteran Health Equity report published in 2016 details care for veterans receiving care in FY 2013. This is the most recent data available based on race/ethnicity, gender, age, geography, and mental health status. Having such minimal

and outdated data makes identifying health inequities and systematic failures difficult for LGBT veterans who deserve the same quality of care that all veterans have earned through their service.

One area with timely data is VA pharmacies. Since 2012, when the U.S. Food and Drug Administration approved the first drug to reduce the risk of HIV infection in uninfected individuals who are at high risk of HIV infection, VA has annually increased the Pre-Exposure Prophylaxis (PrEP) prescription rates. In FY 2018, VA pharmacies filled 84,425 30-day equivalent prescriptions. While these prescription rates seem high, they average just over 7,000 per month and are not nearly high enough for the current population of LGBT veterans. This is why VA must work to conduct a strategic outreach campaign to educate LGBT veterans who are at increased risk of contracting HIV compared to their heterosexual counterparts, that PrEP is available at VA pharmacies.

According to VA's Office of Research and Development, health care is distributed unevenly in the United States. Minority populations often receive less care or care of lesser quality compared to their Caucasian peers.

The minority veteran population makes up 22 percent of all veterans and accounts for over 34 percent of the women veteran population. Health disparities faced by racial and ethnic minorities compared to Caucasians include higher rates of chronic illnesses such as diabetes and high blood pressure, higher rates of cancer, and mental illness diagnosis.

There are no simple answers to these disparities. These disparities are prevalent across the entire American health care ecosystem and are still demonstrated within VA, where many financial barriers to receiving care are minimized. With this in mind, Congress must commit to providing racial and ethnic minority veterans with high-quality care in an equitable manner. To do this, research must be conducted and analyzed on how to eliminate racial and ethnic disparities. Recent research found health disparities among racial and ethnic minority veterans for arthritis and pain management, cancer treatment, cardiovascular disease, diabetes, HIV and Hepatitis C, mental health and substance abuse, rehabilitative and palliative care, dental procedures, use of new medical technology, preventive and ambulatory care, among others. VA must also be able to conduct outreach to those who are not actively trying to obtain health care so they can be brought into the system for care. The need is evident as studies published by the American Journal of Public Health have found mortality rates are higher for black veterans.

Solving these health disparities will not come with a straightforward or simple solution. While access to health care is certainly a major piece of this puzzle, other factors – including income, life experiences, education, support, and social context are all components of why these disparities exist. VA will not be able to address racial and ethnic health disparities without a holistic approach.

Burial Benefits: The cost of funeral expenses in the private sector have increased nearly seven-fold since 2001, but VA benefits to cover such costs have failed to keep pace with inflation. The VFW urges Congress to ensure the loved ones of veterans who do not have access to a state or national veterans cemetery within 75 miles are not required to accumulate debt to provide their loved ones a final resting place that honors their sacrifice to our nation.

The VFW calls on Congress to pass H. R. 497, *the Burial Rights for America's Veterans' Efforts (BRAVE) Act*, which would increase the funeral and burial benefit for eligible veterans. This important bill would also ensure burial benefits are indexed for inflation.

Mare Island Naval Cemetery: The U.S. Navy used the Mare Island Cemetery as the final resting place for more than 800 veterans, including three Medal of Honor recipients. This cemetery is in disrepair and the VFW will never stand by as the final resting place of veterans is neglected and forgotten. The VFW strongly supports passage of H.R. 570 or S. 127, which would transfer ownership of Mare Island Naval Cemetery to VA.

VA Construction and Infrastructure Review: For more than 100 years, the government's solution to provide health care for our military veterans has been to build, manage, and maintain a network of hospitals across the nation. This model allows VA to deliver care at 1,753 facilities, but has left it with more than 5,600 buildings and 34,000 acres, many of which are past their building lifecycle. Many of these facilities need to be replaced, some need to be disposed of, others need to be upgraded and expanded. All buildings being utilized need to be regularly maintained. The current process to manage this network of facilities is the Strategic Capital Investment Plan (SCIP). SCIP identifies VA's current and projected gaps in access, utilization, condition, and safety, in order of priority.

The VFW calls on VA to immediately begin a review of its capital Infrastructure priority lists and set in place a plan to work through the list of current projects within ten years, regardless of the outcome of the upcoming Asset and Infrastructure Review mandated by the VA MISSION Act. Once the reviewed priority list is established, VA needs to ensure all seismic and life safety issues are placed at the top of the SCIP list and remain at the top until they are rectified. Having seismic deficiencies on the SCIP list year after year is unacceptable and could lead to catastrophic events if left unresolved.

A key component of the VA MISSION Act is to conduct an Asset Infrastructure Review to determine how VA physical assets should be best utilized. Conducting market assessments in order to right size the physical footprint of VA is an incredibly important and complicated task, and we insist that VA be as inclusive and transparent throughout the entire process so the correct outcome is achieved. Inclusion of veteran groups and key stakeholders is vital to make sure that VA gets it right the first time.

VA also needs to prioritize non-recurring maintenance (NRM) as these oftentimes represent critical deficiencies which directly affect patient safety on a daily basis. For example, the need for heating and cooling system repairs, or generator upgrades may not immediately stand out as critical, but failures of these systems could lead to life safety issues. Additionally, deferring regular maintenance issues and upgrades is typically not prudent as this often exacerbates problems which necessitates more costly future remedies.

The VFW recommends shifting VA's construction model to an Integrated Design Build (IDB) model for its construction projects in order to maximize efficiency and cost savings. This will allow the VA to shorten the overall length of major construction projects, by overlapping the three phases of the project.

The VFW also recommends for VA to explore using a more standardized modular design and building model. There always needs to be room for different buildings or layouts to be utilized in individual cases, but moving towards a standardized layout and construction could lead to a faster and more streamlined building of facilities. There is no need for VA facilities to be designed based on aesthetics. Facilities should be built with the patients in mind, meaning getting from groundbreaking to ribbon cutting in the most effective and simplified manner possible. The example of the Rocky Mountain Regional VA Medical Center in Denver must not be repeated. The impractical design never had the patients in mind and this type of mistake can be corrected by simplifying the design and build of medical facilities.

Concurrent Receipt & SBP/DIC: The VFW has long argued that retired pay and VA service-connected disability compensation are fundamentally different benefits, earned for different reasons. Military retired pay is earned by 20 or more years of service in the United States Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years.

Service-connected disability compensation is a benefit meant to supplant a veteran's lost earning potential as a result of the disabilities he or she incurred while in service. However, military retirees who are less than 50 percent service-connected disabled are required to offset their retiree pay with the amount of VA disability compensation they receive. Congress must pass H.R. 303 or S. 208, the *Retired Pay Restoration Act*, which would enable disabled retirees to concurrently receive the retirement pay and VA disability compensation they have earned and deserve, without offset.

Since military retirement pay cannot be passed on to a survivor, military retirees opt to pay for the Survivor Benefit Plan (SBP), which is an insurance that helps provide for their surviving family members. The survivors of military retirees who die from a service-connected injury are unjustly forced to endure a dollar-for-dollar offset of their SBP payments and Dependency and Indemnity Compensation, which is granted to survivors of the brave men and women who make the ultimate sacrifice or die from wounds they sustained in service to our nation. Congress must pass H.R. 553, the *Military Surviving Spouses Equity Act*, which would honor the sacrifices of our nation's heroes by ensuring their survivors maintain a modest quality of life, without having to unjustly offset their benefits.

The only purpose for these two offsets is to balance the federal budget on the backs of America's disabled veterans and their survivors. They are different benefits paid by two separate government entities for separate reasons.

POW/MIA Full Accounting Mission: The VFW has been intimately involved in the Full Accounting Mission since as early as 1929 when we conducted a mission financed by Congress and approved by the Soviet Union to recover the bodies of 128 American war dead who died in North Russia fighting the Bolsheviks after the World War I Armistice was signed.

Through the ensuing decades of new conflicts, we remain the only veterans' organization to send our senior leaders to Southeast Asia every year since 1991, to Russia since 2004, and to China since 2008, in order to help American researchers gain deeper access to foreign military archives.

We were also the only organization to engage with President Trump regarding the return of Korean War remains prior to his successful Singapore Summit last year. Our actions resulted in the transfer of 55 boxes of remains by the DPRK, and opened the door for Joint Field Activities to resume in North Korea in the near future.

The fullest possible Accounting Mission remains a top priority for the VFW. With more than 82,000 U.S. service members still unaccounted for globally, the VFW will continue to advocate for full mission funding and personnel staffing for the Defense POW/MIA Accounting Agency, as well as its supporting agencies, such as the Armed Forces DNA Identification lab and the military service casualty offices.

Locating, identifying, and recovering the remains of those who paid the ultimate sacrifice in the service of our country from conflicts spanning nearly 80 years is a difficult and hazardous mission, but it is one of the most important obligations that we have as a country. It is a mission and it is a promise to those serving in uniform today that no matter what, we will travel to the ends of the Earth to return you home to your families. As a veteran who served in Korea, I am honored to have played a role in reuniting fallen veterans whose remains remained behind enemy lines in North Korea with their loved ones.

I know supporting this mission is something we can all agree on, and it is why we urge Congress to ensure this important mission is able to continue in perpetuity, and regardless of any lapse in government funding. It is insufferable that recovery missions or Joint-Field Activities, which take an enormous amount of time, energy and resources to plan and must be conducted during certain times of the year, are suspended simply because Congress cannot do its job.

Finally, we were grateful to see the return of 55 boxes of remains back to the U.S. last year by the Democratic People's Republic of Korea (DPRK). Some see DPRK's decision to do so as nothing more than an empty gesture or one meant to only placate. However, to the families of the 5,200 service members who never came home from the Korean War, those boxes represent hope and closure. It is for this reason that we also seek your support to increase the necessary resources to expand recovery operations into North Korea and to support the remains recovery mission in DPRK as fully as possible.



**Vincent "B.J." Lawrence
Commander-in-Chief
Veterans of Foreign Wars of the United States**

Vincent "B.J." Lawrence was elected Commander-in-Chief of the Veterans of Foreign Wars of the U.S. on July 25, 2018, at the 119th VFW National Convention in Kansas City, Mo.

B.J. served with the United States Army from 1983 to 1986, earning his VFW eligibility by serving in Korea, where he earned the Korean Defense Service Medal.

Upon joining VFW Post 7686 in Alamogordo, N.M., in 2000, he immediately began to dedicate his efforts toward moving the organization forward into the new millennium and beyond. He has proven to be a highly effective and dynamic leader, serving in a myriad of critical leadership positions, to include being elected to command his Post, District and the VFW Department of New Mexico, as well as serving on the National Appeals Committee, and as Vice Chairman of the National Legislative Committee. He was also elected to the VFW National Council of Administration in 2009.



During the 2010 VFW National Convention, he joined the ranks of a select few when he was recognized for his distinctive membership recruiting achievements on the Post, District and Department levels by earning the coveted designation of "VFW Triple Crown Winner."

B.J. attended the New Mexico State Law Enforcement Academy, New Mexico Firefighters Academy, and the United States Drug Enforcement Administration Narcotics Enforcement School. He served his community as a police officer for several years, including time as an undercover agent. Prior to his retirement in 2015, he was a private investigator and owner of Lawrence Investigations.

In 2008 he became a Gold Legacy Life member. He is also a life member of the VFW National Home for Children and the Military Order of the Cootie.

B.J. and his wife, Mary, reside in Alamogordo, N.M.

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7/2018