



WOUNDED WARRIOR PROJECT

Statement of Lt. Gen. Michael S. Linnington (Ret.) Chief Executive Officer

On

Wounded Warrior Project's 2024 Legislative Priorities

March 6, 2024

Chairmen Tester and Bost, Ranking Members Moran and Takano, distinguished members of the Senate and House Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement that highlights our legislative priorities for 2024. Our commitment to honoring and empowering wounded warriors is as strong as ever and we are grateful for this opportunity to share how our experience serving veterans across the country has shaped our recommendations to improve their lives through public policy.

In 2023, WWP celebrated our 20th year of service to America's post-9/11 wounded warriors. We are proud to serve over 200,000 veterans and more than 50,000 of their family support members. Recently we have surpassed 1.8 million program transactions ranging from connection, mental health and wellness, physical health, financial wellness assistance, and long-term support for the critically wounded; published our 2023 Women Warriors Report; and launched the MyWWP mobile app and web portal to provide more opportunities for registered warriors and family members to connect, stay in touch, and sign up for WWP services, events, and programs. In just the last year (October 1, 2022, to September 30, 2023), WWP:

- Provided warriors and family members with more than **66,300** hours of treatment for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance use disorder (SUD), military sexual trauma (MST), and other mental health conditions;
- Placed more than **19,500** emotional support calls to warriors and their families to help mitigate psychological stress and improve quality of life and resilience;
- Delivered over **241,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them live more independent lives for as long as possible;
- Helped place over **1,500** warriors and family members with new employers;
- Secured over **\$175 million** in Department of Veterans Affairs (VA) disability compensation benefits for warriors;
- Facilitated over **2,100** warrior-only peer-to-peer support group meetings; and
- Hosted more than **7,800** virtual and in-person events and programming engagements, keeping warriors and their families connected and out of isolation.¹

¹ For more information on WWP's programming impact, please see Appendix.



While we stand proud of our efforts, we also recognize that no one organization can do it alone. Our work extends even further thanks to our amazing community partners. WWP proactively collaborates with best-in-class military and veterans service organizations, acknowledging that no single organization can meet the care and support needs of all wounded, ill, or injured post-9/11 veterans, families, and caregivers. Since 2012, WWP has supported 212 military and veteran-connected organizations through grants, reinforcing our programmatic efforts and expanding impact in alignment with our mission to honor and empower wounded warriors. Through these targeted investments, WWP is helping to reduce duplicative efforts across the community and grow a comprehensive network of support. In FY 2022 alone, WWP grants to partner organizations extended our impact to more than 55,000 veterans, caregivers, family members, and military-connected children. Through these partnerships, WWP invests in programs that address overall quality of life, reduce suicide risks, and support high-need populations within the focus areas of connection, family resiliency, financial readiness, and visible and invisible wounds.²

Our legislative priorities for the remainder of the 118th Congress reflect many of the same calls to action that we provided in 2023. A broad invitation to enhance veterans' financial security was answered with the *Veterans Compensation Cost-of-Living Adjustment Act* (P.L. 118-6) while a specific ask to make VA disability claims files available through easy, secure online portals was addressed by the *Wounded Warrior Access Act* (P.L. 118-21). And as we look ahead to the remainder of the Second Session, several specific bills have been introduced that provide tangible actions Congress can direct to improve the lives of wounded warriors:³

Mental Health and Suicide Prevention: Mental health conditions continue to be the leading service-related health issues reported by WWP warriors. The top three are PTSD (75.9%), anxiety (75.7%), and depression (74.3%). We support:

- *Not Just a Number Act* (S. 928, H.R. 4157)
- *Making Community Care Work for Veterans Act* (S. 2649)
- See page 4 to read more about our calls to action related to community alignment, opioid and substance use disorders, residential care, telehealth, and psychedelic assisted therapy.

Women Veterans: Women represent the fastest growing population in both military and veteran communities and why WWP initiated our Women Warriors Initiative in 2020 and is currently gathering data for our third edition of the WWP Women Warriors Report. Women warriors face unique challenges while they serve in the military and as they transition to civilian life. We support:

- *Maternal Health Care for Veterans Act* (H.R. 3303)
- *Edith Nourse Rogers STEM Scholarship Opportunity Act* (H.R. 5785)
- *Servicemembers and Veterans Empowerment and Support Act* (S. 1028, H.R. 2441)
- See page 10 to read more about our calls to action related to gender-specific care, military transition, and mental health.

² For more information on WWP's partners, please see Appendix.

³ Figures that follow are informed by WWP's 2022 Annual Warrior Survey. A full copy of the report can be viewed at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

Financial Security: Many warriors sustained injuries and health conditions that can make their financial situations more difficult to navigate. Inflation, lower-paying jobs, and unemployment have made it especially difficult for some. We support:

- *Major Richard Star Act* (S. 344, H.R. 1282)
- *GROW for Our Veterans Act* (H.R. 1786)
- *Employing Veterans to Feed America Act* (H.R. 5014)
- See page 14 to read more about our calls to action related to concurrent receipt, warrior employment, and Veteran Readiness & Employment.

Toxic Exposure: Health care eligibility and an improved disability benefits process for veterans with a history of toxic exposure were the central tenets of our efforts to help pass the *Honoring Our PACT Act*, but our work is not finished. We support:

- *Veterans Exposed to Toxic (VET) PFAS Act* (H.R. 4249, S. 2294)
- *Aviator Cancer Examination Study (ACES) Act* (H.R. 4886)
- See page 18 to read more about our calls to action related to PACT Act implementation, PFAS exposure, cancer incidence in missileers, and cancer incidence in military aviators.

Brain Health: Our nation's most severely wounded warriors and their families deal with complex, life-altering injuries that require ongoing, specialized support particularly as they age and face additional health complications stemming from their injuries. We support:

- *Traumatic Brain Injury Program Reauthorization Act of 2024* (H.R. 7208)
- *Expanding Veterans' Options for Long-Term Care Act* (S. 495, H.R. 1815)
- *Innovative Cognitive Care for Veterans Act* (H.R. 5002)
- See page 22 to read more about our calls to action related to TBI research and long-term care and support.

Caregivers: The Program of Comprehensive Assistance for Family Caregivers (PCAFC) must continue to support veterans who require great care and attention, even if they are not completely dependent on their caregivers. Caregivers themselves also require special help. We support:

- *Elizabeth Dole Home Care Act* (S. 141, H.R. 542)
- *Caregiver Outreach and Program Enhancement (COPE) Act* (H.R. 3581)
- See page 25 to read more about our calls to action related to PCAFC eligibility, caregiver health needs, and caregiver finances.

Quality of Life: Where veterans live, where they travel, and how they spend their leisure time are all decisions that can shape quality of life. We seek to address factors affecting quality of life that go beyond these individual decisions. We support:

- *Military and Veterans in Parks Act* (H.R. 6342)
- *Air Carrier Access Amendments Act (ACAAA)* (S. 545, H.R. 1267)
- *Autonomy for Disabled Veterans Act* (H.R. 2818, S. 3290)
- See page 28 to read more about our calls to action related to federal lands, air travel, home adaptations, accessibility, rural veterans, and underserved populations.

VA Workforce and Modernization: Nearly all WWP warriors have a service-connected disability rating (91.9%) and rely on VA for at least some part of their health care (90.5%). A high-functioning VA is critical to helping veterans reach their best physical, mental, and financial health. We support:

- *VA CAREERS Act* (S. 10)
- *Mental Health Professionals Workforce Shortage Loan Repayment Act* (S. 462, H.R. 4933)
- *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S. 3430)
- See page 32 to read more about our calls to action related to workforce and electronic health care modernization.

MENTAL HEALTH & SUICIDE PREVENTION

Improving veterans' mental health and preventing suicide continue to be WWP's highest priorities. According to our Annual Warrior Survey, more than 7 in 10 WWP warriors self-report at least one mental health condition and over 65% report visiting a professional in the past 12 months for help with issues like stress, emotional, alcohol, drug, or family problems. Our research shows that PTSD, anxiety, and depression all result in a negative overall impact on the warriors' quality of life.

The top reported mental health condition, PTSD, is also associated with higher rates of suicidal thoughts among WWP warriors and over 28% of warriors report having had suicidal thoughts in the past 12 months. Further, nearly one in five warriors report attempting suicide at least once in their lifetime. Unfortunately, this trend is not unique to the post-9/11 veteran community but has been felt in the veteran community as a whole. To address these challenges, we are focused on the areas outlined below.

Ensure community alignment

As we continue to address mental health and suicide prevention within the WWP community, we believe this crisis requires a large, coordinated response across the entire community. Data can and should drive our decisions on where to allocate resources. The *Not Just a Number Act* (S. 928, H.R. 4157) will improve reporting on veteran suicide by creating annual reporting requirements for VA and standardizing the data that is included. The bill would require VA to release the *National Veteran Suicide Prevention Annual Report* before the end of September of each year. The bill will also require VA to include data on VA benefits and services usage, including VA home loans, GI bill benefits, and disability compensation.

This additional information – and its consistent collection and presentation – will allow for valuable insight into how these benefits may mitigate a veteran's risk of suicide and help the community more effectively track what interventions are most effective in saving veteran lives. We urge Congress to pass this legislation and believe it will make important improvements to how VA reports on veteran suicide, allowing the community to do more to prevent veteran suicide.

Oversight of existing community-driven programs will also help. One significant way veteran suicide has been addressed in the last several years is through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, which was established by the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act (Hannon Act)* (P.L. 116-171). In Fiscal Year 2023, the second year of the three-year pilot program, VA awarded \$52.5 million to 80 organizations that provide or coordinate a range of suicide prevention programs for veterans and their families.⁴ Last month, VA announced that applications for the third round of \$52.5 million in funding had opened and are due in April.⁵

As Congress begins to consider reauthorizing the Fox Grant pilot or making it permanent, we believe several adjustments could be made to improve the program based on concerns raised by organizations WWP has worked with. First, we should identify a healthier balance between administrative work and delivering services. Some participants have shared that the application and compliance requirements are burdensome. Organizations participating in the program must ensure that a veteran meets definitions set out at Section 201(q)(4) of the *Hannon Act*, which includes consideration of several health, environmental, and historical risk factors for suicide. This requires them to have early and direct conversations about suicide, often before a foundation of trust has been established. This approach can discourage veterans from being honest with their responses or being willing to accept and engage in services. Alternatively, allowing time to establish a relationship before engaging in these more difficult conversations, is more likely to result in a more immediate connection to services and a lessened risk of suicide, but also makes the delivery of these services ineligible for grant purposes. Additionally, some have raised concerns that the high volume of veteran assessments required to be eligible may result in organizations using incentives for completion that could skew the quality of data gathered.

Second, the delivery of clinical care should be more grounded in practical considerations for connecting veterans to evidence-based mental health care. At present, grantees must refer eligible individuals at risk of suicide or other mental or behavioral health conditions to VA for follow-on care. If grantees do not do this, any care they provide is at their own expense.⁶ However, as we know, some veterans are uncomfortable or unwilling to receive care at VA. This creates a difficult situation where grantees are either forced to stop providing care or provide care at their own expense, something many smaller grantees may not be able to afford. Lastly, if a grantee is part of VA's community care network and receives grant funds to expand services (by offering peer support services, for example)⁷, that grantee would still be required to get additional VA authorization to provide a veteran follow-up care. We urge your Committees to consider these concerns and work to find ways the process can be improved so veterans at risk of suicide are more easily and quickly connected to the care they need.

⁴ Press Release, U.S. Dep't of Vet. Affairs, VA Awards \$52.5 Million in Veteran Suicide Prevention Grants, Announces Key Updates in the Fight to End Veteran Suicide (Sept. 20, 2023), *available at* <https://news.va.gov/press-room/va-awards-veteran-suicide-prevention-grants/>.

⁵ *Funding Opportunity: Staff Sergeant Fox Suicide Prevention Grant Program*, 89 Fed. Reg. 5310 (Jan. 26, 2024).

⁶ *Id.*

⁷ For the list of comprehensively defined "suicide prevention services" that grant funds can be used for, see 38 CFR § 78.5.

Lastly, we believe that crisis and suicide-specific trainings should be regularly facilitated for all staff and volunteers across VA's community of practice, including for grantees. To fully address this crisis across both government and non-profit sectors, it is essential that everyone in regular communication with this high-risk population be trained and capable of intervening with an individual thinking about suicide. WWP has undertaken this initiative and currently trains all warrior-facing staff in LivingWorks' ASIST course and facilitates delivery of the same curriculum to our community partners. We believe that extending suicide intervention skills as far as possible will save lives and should be considered for Fox Grant recipients as well as participants in Mission Daybreak and the Governor's Challenge to Prevent Suicide, which are critical parts of VA's public health approach to ending veteran suicide.

Increase focus on opioid and substance use disorders

Opioid and substance use disorders (SUDs) continue to be one of the most common and challenging issues faced by veterans. Our most recent Annual Warrior Survey found that over two in five WWP warriors screened positive for potentially hazardous drinking or active alcohol use disorders (43.5%) and over 6% showed a moderate to severe level of problems related to drug abuse. SUD is also a factor in veteran suicide. Veterans with SUD are at an increased risk for suicidal ideation, suicide attempts, and death by suicide. Among veterans with recent encounters with the Veterans Health Administration (VHA) that died by suicide, 58% had a mental health or substance use disorder diagnosis in 2021.⁸

One of the factors driving opioid use amongst warriors is chronic pain. Over 75% of warriors report experiencing moderate or severe pain and over half of WWP warriors (51.5%) report they are managing their pain with prescription pain medication. Additionally, from 2001 to 2021, suicide rates rose for recent veteran VHA users with diagnoses of opioid use disorder.⁹ Given these trends and the national opioid epidemic, we encourage the Committees to provide veterans with more options to prevent and treat addiction. One way to do this is with oversight of VA's Opioid Safety Initiative. This initiative, launched in 2013, has had a number of positive outcomes, including reducing prescription opioid use in patients within VA by 64% and reducing the number of patients on long-term opioid medications and the number of patients on very high doses of opioids.¹⁰ Oversight may reveal other results worth exploring from the Initiative.

Another way Congress can address opioid use disorders amongst the veteran population is by tailoring approaches for VA that are currently being used outside of the VA health system. One example is the *Non-Opioids Prevent Addiction In the Nation (NOPAIN) Act* (P.L. 117-328) which directed the Centers for Medicare & Medicaid Services (CMS) to provide separate Medicare reimbursement for non-opioid treatments used to manage pain in both the hospital outpatient department and ambulatory surgery center settings, resulting in expanded non-opioid options for patients. As TRICARE is statutorily required to reimburse like Medicare, this will

⁸ OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, 2023 NATIONAL SUICIDE PREVENTION ANNUAL REPORT (Nov. 2023).

⁹ *Id.*

¹⁰ Press Release, U.S. Dep't of Vet. Affairs, VA Reduces Prescription Opioid Use by 64% During Past Eight Years (July 3, 2020), available at <https://news.va.gov/press-room/va-reduces-prescription-opioid-use-by-64-during-past-eight-years>.

ultimately be implemented by TRICARE as well. While we were disappointed with CMS's decision to wait until 2025 for implementation, we encourage the Committees to explore the option of using this framework within VA's health system, such as by maintaining more non-opioid prescription options in the VA National Formulary.¹¹

Congress should also pass the *Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Reauthorization Act* (S. 3393) and include the Senate HELP Committee's provisions to increase the investment into substance use and co-occurring mental health programs. This legislation will provide crucial resources to address the growing rates of Americans, both veterans and non-veterans alike, that are experiencing behavioral health conditions and addiction.

Improve access to residential care

Given the high rates of mental health conditions and SUDs within the veteran population, it is essential that veterans in need of inpatient residential care can access it in a timely and efficient manner. At VA, the Mental Health Residential Rehabilitation Treatment Program (MH RRTP) are inpatient and residential mental health units that represent the most clinically intensive treatment program for veterans with mental health conditions and SUDs. Current access standards, contemplated by the *VA MISSION Act* (P.L. 115-182 § 104) and established in the Code of Federal Regulations (38 C.F.R. § 17.4040) do not extend to MH RRTP care. Instead, VA has relied on VHA Directive 1162.02, which establishes a priority admission standard of 72 hours or routine admission standard of 30 days before a veteran must be offered alternative residential treatment or another level of care that meets the veteran's needs and preferences at the time of screening.

In practice, this has resulted in too many veterans waiting too long for care that is desperately needed. The lack of a consistently applied access standard and local policy variations have regularly complicated WWP's efforts to get warriors into care. This pattern has also been observed by the VA's Office of the Inspector General (OIG), who found a number of instances of local VA's failing to follow VHA Directive 1162.02.¹² Even when appropriate community-based providers are identified and available to provide treatment, veterans waiting longer than VHA's policy-backed access standards have no clear and consistent recourse to be referred for that care.

We appreciate that VA and Congress have begun to take steps to address these challenges since the start of the 118th Congress, including several congressional oversight hearings and administrative policy changes. Recently, VHA announced several changes to MH RRTP access standards, the screening and admission process, the veteran experience, and the referring

¹¹ *Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction*, 88 Fed. Reg. 49552 (July 31, 2023).

¹² OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, NONCOMPLIANCE WITH COMMUNITY CARE REFERRALS FOR SUBSTANCE ABUSE RESIDENTIAL TREATMENT AT THE VA NORTH TEXAS HEALTH CARE SYSTEM (Jan. 2023).

provider experience that they plan to begin implementing. These include shortening access standards for priority admissions to 48 hours (from 72 hours) and 20 days (from 30 days) for routine admissions. The screening and admission process will also be standardized across VISNs and provided 7-days a week. Other changes include a single step for screening and admission decisions and provider input into admission decisions and assessment of urgency. We applaud VHA for their work to improve access to this important program but believe additional steps can be taken to ensure veterans are receiving treatment in a timely and efficient manner.

In addition to adopting some of the operational changes that VHA is implementing, the *Making Community Care Work for Veterans Act* (S. 2649) would require VA to update the policies and operational guidance for the MH RRTP. The legislation would require that an appeals process be established for any veteran denied entry to the program or not offered a timely placement and VA would be required to update and conduct training for VA providers and care coordinators regarding these changes. The bill also includes a requirement that a method for tracking availability and wait times for all MH RRTP facilities be established and made available in real time to specific VA staff and leadership.

Other bills addressing this issue include the *Veterans' Health Act* (S. 1315) and the *Veteran Care Improvement Act* (H.R. 3520). We want to thank the Committees for taking steps to address this issue and have confidence that a negotiated version will enhance accountability, transparency, and oversight of this critical program and improve outcomes for veterans.

Continue to leverage telehealth

VA has been a leader in providing telehealth since the start of the COVID-19 public health emergency. While VA saw a 3000% increase in telehealth visits during the pandemic, WWP has also seen an increase in the number of warriors using and asking for telehealth options.¹³ Of warriors offered a telehealth appointment in the last 12 months, nearly 90% report using that option. For warriors not offered a telehealth appointment, almost 64% said they would use telehealth if given the option. Telehealth is also quite common for the provision of mental health, with 55% of VA mental health appointments provided through virtual platforms.¹⁴ With significant barriers to care, including long driving distances, work schedules, the need for childcare, and a severe shortage of providers in many areas of the country, we believe telehealth is a cost-effective method of connecting more veterans to care and more should be done to ensure veterans have access to it.

While we support the expansion of telehealth to bring more veterans into care, it is also important that veterans maintain an option to choose in-person care. Telehealth is not the preferred option for every veteran, and we believe telehealth should satisfy VA's access standard requirements only when a veteran has agreed to it. Further, veterans should have the option to switch from telehealth to in-person care and community care should be made available to them if

¹³ Treva Lutes, *VA Telehealth Services Celebrates 20 Years*, U.S. DEP'T OF VET. AFFAIRS (May 1, 2023), <https://news.va.gov/118570/va-telehealth-services-celebrates-20-years>.

¹⁴ Jacqueline Ferguson et al., *A New Equilibrium for Telemedicine: Prevalence of In-Person, Video-Based, and Telephone-Based Care in the Veterans Health Administration, 2019-2023*, ANNALS OF INTERNAL MED., 262-64 (2024).

VA is unable to meet access standards. We appreciate that Congress is looking to address this telehealth question through the *Making Community Care Work for Veterans Act* (S. 2649) and the *Veterans' HEALTH Act* (S. 1315), and are encouraged to see that both bills ensure that a veteran's voice is protected and considered.

Unfortunately, telehealth is not an option for every veteran due to accessibility gaps. 2.2. million veteran households lack either fixed or mobile broadband connections at home and veteran households subscribe to mobile broadband services at lower rates than households without veterans.¹⁵ Some of this disparity may be explained by cost, especially given the fact that almost 7% of veterans live below the poverty level and use libraries or community centers to access the internet.¹⁶ More can and should be done to connect veterans to broadband service. This can benefit veterans in a number of ways, not only by giving them access to telehealth but also improving their career opportunities, providing access to online education, offering them ways to improve their overall health and wellness, and for those with the most disabling injuries, increase their independence and their quality of life.

To this end, we support continued funding for the Affordable Connectivity Program (ACP). The ACP is a Federal Communications Commission benefit program that helps to ensure households can afford the broadband they need for work, school, health care and more. The program provides a discount of up to \$30 per month toward internet service for eligible households and up to \$75 per month for households on qualifying Tribal lands. Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute more than \$10 and less than \$50 towards the purchase price. To date, over 800,000 veterans have utilized the ACP, however funding is expected to be exhausted by April 2024. WWP supports the *Affordable Connectivity Program Extension Act* (S. 3565, H.R. 6929), which will appropriate an additional \$7 billion of funding for this program, until it can be made permanent.

Innovative mental health therapies

Veterans deserve the highest quality, cutting-edge, and evidence-based treatment available. While we have several effective treatments for PTSD, there is no one-size-fits-all solution. MDMA-assisted psychotherapy for PTSD has shown great promise in multiple studies and is safe when used in clinical trials. There is optimism surrounding MDMA potentially becoming the next FDA-approved medication, in combination with psychotherapy, for PTSD. This is a significant development considering the last approved medication for PTSD dates back to 1999.¹⁷

¹⁵ JOHN HERRIGAN & MAEVE DUGGAN, PEW RESEARCH CTR., HOME BROADBAND 2015 4 (Dec. 2015), *available at* <https://www.pewresearch.org/wp-content/uploads/sites/9/2015/12/Broadband-adoption-full.pdf>; COLIN RHINESMITH ET AL., BENTON INST. FOR BROADBAND & SOC., THE COMPLEXITY OF 'RELEVANCE' AS A BARRIER TO BROADBAND ADOPTION (Jan. 2016), *available at* <https://www.benton.org/blog/complexity-relevance-barrier-broadband-adoption>.

¹⁶ U.S. DEP'T OF VET. AFFAIRS, *Veterans Poverty Trends Report 3* (May 2015), *available at* https://www.va.gov/vetdata/docs/specialreports/veteran_poverty_trends.pdf (noting an 8.7% increase in veterans living in poverty in the 2010-2012 time period, compared to the 2005-2007 time period).

¹⁷ Currently, only sertraline (Zoloft) and paroxetine (Paxil) are approved by the Food and Drug Administration (FDA) for PTSD.

Wounded Warrior Project is committed to advancing veteran care, actively funding innovative research into cutting edge treatments for veterans, through WWP's Warrior Care Network. As an example, we are funding an Emory Healthcare Veterans Program study on MDMA in combination with exposure therapy (PE) for veterans with PTSD. The results will contribute to expanding our understanding of the therapeutic potential of MDMA in the context of veteran mental health.

Although the recent announcement from VA to fund MDMA assisted therapy research in unquestionably positive,¹⁸ the field still has fundamental questions to answer. It is understood that VHA will not be able to absorb the demand for MDMA-assisted therapy for PTSD once it is approved by the FDA. While several VA locations are primed to provide this modality of treatment on a limited basis – as potential psychedelic treatment centers – we know the need for treatment has the potential to overwhelm the system, further straining capacity.

As Congress monitors these developments at VA and other corners of the federal government, WWP urges investment in further research. Studies to help determine clinical indications for appropriateness of MDMA-assisted therapy versus existing evidence-based PTSD treatment would help organizations like ours educate and guide veterans toward care. We should also strive to understand how to best incorporate MDMA-assisted therapy into the culture care delivery model and how to scale treatment to meet large numbers of veterans who need PTSD treatment. The long-term impact of MDMA-assisted therapy and the need for tailored follow-on care are also natural areas to explore.

Finally, we stress the need to work with the manufacturing community, clinical providers, and the VSO community to ensure that veterans have access to clear and reliable information as other “psychedelic” drugs and therapies come to the treatment market. While we have discussed MDMA here, dozens of companies are developing drugs using psilocybin, LSD, ibogaine, and other substances and are progressing through various stages of development. Broad discussion of psychedelic assisted therapy should be careful to differentiate these various products and their myriad health impacts and delivery methods. In this same context, and much like the conversation around cannabis, we stress the need be transparent about the impact that therapies of this variety can have on employment and encourage Congress and federal agencies to protect veterans – where possible – from adverse administrative actions if participating in a reputable and well-governed research or clinical trial.

WOMEN VETERANS

Women veterans are the fastest-growing segment of the veteran population. Wounded Warrior Project recognizes that as the population grows, there is a greater need for unique services to provide support. Congressional and VA actions to address this growth have been welcomed and timely, but additional opportunities remain to address women veterans' needs while providing advocacy and support for them in the process.

¹⁸ Press Release, U.S. Dep't of Vet. Affairs, To Improve Care for Veterans, VA to Fund Studies on New Therapies for Treating Mental Health Condition, *available at* <https://news.va.gov/press-room/to-improve-care-for-veterans-va-to-fund-studies-on-new-therapies-for-treating-mental-health-conditions/>.

In 2023, as part of our Women Warriors Initiative, WWP released the Women Warriors Report, which provided insights into women veterans' experiences and challenges. Critical findings in the report show that, among more than 5,212 participants, WWP women warriors feel lonelier and more depressed than their male counterparts. Additionally, they spoke to the need of having access to culturally competent gender-specific care that is offered in safe environments. With over 34,000 women warriors registered with WWP, we appreciate and celebrate the efforts made by Congress in recent years, including the passage of the *Deborah Sampson Act* (P.L. 116-215 §§ 5101-5503), the *MAMMO Act* (P.L. 117-135), and the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271). We also look forward to continued engagement with Congress to support women veterans throughout the remainder of the 118th Congress.

Expand gender-specific care

Gender-specific care for women refers to medical, psychological, and social services tailored to address the unique health needs and challenges faced by women. Ensuring that female-specific care is easy to access – whether it be reproductive health care, breast and cervical cancer screening, or menopause management among others – is an intuitive priority. However, our Women Warriors Report concluded that many WWP women warriors notice discrepancies in accessing care related to nutrition, support for weight-related concerns, and pain. While in general those services are not specific to women, gender differences are apparent in body composition and needs for health care support, especially as it relates to self-reported pain.¹⁹ For example with pain, male warriors report higher prevalence rates of bone breaks or nerve injuries, but women warriors report higher prevalence rates of military sexual trauma (MST). Women veterans have been noted to have hesitancy in seeking treatment for pain due to gender, more so than their male counterparts, and report more barriers to VA care.²⁰ WWP continues to believe that increasing access for women veterans to VA-facilitated gender-specific care should be a top priority.

Women warriors would also benefit from more tailored tools for navigating VA's healthcare system. Allowing them to weigh in on what community care providers they are referred to for services, especially for infertility and gender-specific care, would be another potential avenue of building trust and empowering women veterans to play active roles in their health care journeys. Publishing an online directory of VA-approved community care providers specializing in women's health care is an additional supportive way we can help women veterans make more informed decisions about their care.

Aligned with recommendations in our Women Warriors Report related to gender-specific care, cultural competence trainings specific to women veterans' mental health would be beneficial for both staff and women veteran population. Enhancements to the Women Veteran Call Center, which were authorized as part of the *Deborah Sampson Act* (P.L. 116-315 § 5109), are set for launch in 2024 and should warrant oversight as they are implemented. Potential other areas of opportunity include the development of cultural competence trainings focused on women veterans for staff members of the Veterans Crisis Line (VCL) and for VA to continue

¹⁹ Melissa Echevarria Baez et al., *Psychological and Personality Differences Between Male and Female Veterans in an Inpatient Interdisciplinary Chronic Pain Program*, J. APPLIED BEHAV. RSCH., e12146 (2019).

²⁰ Sally Haskell et al., *Pain Among Veterans of Operations Enduring Freedom and Iraqi Freedom: Do Women and Men Differ?*, PAIN MED., 1167, 1167-1173 (2009).

working in collaboration with the community to ensure the appropriate dissemination of cultural competency focused efforts to destigmatize accessing mental health or crisis services.

Wounded Warrior Project continues to support oversight of legislation that impacts women veteran health care, including key provisions of the *Deborah Sampson Act* (P.L. 116-315 §§ 5101 (Office of Women's Health), 5107 (Programs on Assistance for Child Care for Certain Veterans), 5108 (Availability of Prosthetics for Women Veterans), 5111 (Sense of Congress on Access to Facilities by Reservists for Counseling and Treatment related to Military Sexual Trauma), 5201 (Staffing of Women's Health Primary Care Providers at Medical Facilities)). WWP also supports the *Maternal Health Care for Veterans Act* (H.R. 3303), which we believe would markedly improve access to maternity care information and coordination for women veterans in the VA health care system. We thank the members that have sponsored these important pieces of legislation and worked diligently to provide oversight for the implementation of the efforts.

We also encourage Congress and VA to evaluate and expand VA clinic hours and days of operation, specifically those clinics that provide services for women veterans. WWP women warriors were more likely to identify as their family's primary caretaker and personal schedule conflicts with the existing hours of operation of health care facilities. As VA is working to build trust with women, meeting their needs by offering convenient times for appointments that allow the women veterans to be empowered in their navigation of the VA healthcare system. This could further demonstrate the importance of women veteran specific clinics, as more convenient hours of operation could lead to an increase the number of women veterans who have access to those facilities. Furthermore, this is also a model that could be replicated in other health care areas of need.

Support efforts related to military transition

Wounded Warrior Project celebrates women veterans and the sacrifices they made while in the Armed Forces and we support providing tools and resources that promote their healthy transition to civilian life. Results from our Women Warriors Report showed that WWP women warriors feel less recognized and respected (78.3%) than male warriors (83.7%) in their communities as veterans and a majority of women warriors endorsed a belief that people who are not connected to the military do not understand their experiences (89.5%). Women warriors also feel less positively about their military experience than male warriors (66.0% vs. 82.3% reported viewing their military experience positively). Fortunately, we think there are ways for support and connection that would be beneficial for women veterans.

Wounded Warrior Project continues to believe that as women leave the military and transition to veteran status, women-only mentorship and peer support programming can be beneficial. We recommend that VA and the Department of Labor collaborate to create a professional mentorship program, connecting women veterans with professional mentors. As the unemployment rate is higher among WWP women warriors than their male counterparts, better mentorship can create stronger professional and community bonds for women veterans and help them develop their career paths.

Educational programs like the Post-9/11 G.I. Bill and Veteran Readiness and Employment (VR&E) provide support for pursuits of higher learning and professional training, but VA has other unique scholarships that are currently underutilized. One in particular – the Edith Nourse Rogers STEM Scholarship – can help drive women towards careers where skills are in high demand and where women are currently underrepresented. STEM careers (those covering fields in science, technology, engineering, and math) are trending in the U.S. economy and it has been found that STEM workers earn more on average than non-STEM workers regardless of sex, race, ethnicity, or disability status.²¹ Within the STEM workforce, higher education leads to higher pay.²² In 2023, the STEM workforce included 12.3 million women (35% of the workforce), and is projected to increase.²³

To this end, WWP supports the *Edith Nourse Rogers STEM Scholarship Opportunity Act* (H.R. 5785) that would expand eligibility for veterans seeking education in STEM related fields, which we believe would encourage more women veterans to pursue efforts in STEM. In addition, we appreciate the role your Committees have had to help provide oversight for the implementation and administration of existing programs and encourage sustained attention on how many of these VA programs can aid in the transition process for women veterans.

Improve mental health care and benefits

Through our Women Warriors Initiative, WWP has learned that women warriors often struggle with connections in their community after military service. Key findings in our research showed that women veterans experience loneliness at higher rates than their male counterparts. Additionally, women warriors are more likely to present with moderate to severe symptoms of PTSD (50.7%), depression (58.7%), and anxiety (49.3%) than male warriors. Importantly, the rates of suicidal ideation (29.1%) and the prevalence of at least one attempted suicide (33.2%) are higher among women warriors than male warriors. Women warriors have spoken about issues in consistency of care and issues related to reliving their traumatic experiences in having to retell their statements to multiple providers as well as feeling that their experiences were being minimized from providers who lack cultural competence. Women warriors also spoke about a desire for holistic and non-pharmaceutical options for mental health and whole health care, which aligns with research that demonstrates that younger veterans are interested in new technologies, programs, and options as they relate to health care.²⁴ We believe that mental health for women veterans is a key issue where gaps currently exist.

A potential impacting factor to mental health for women veterans is military sexual trauma (MST). Over two-thirds (64.9%) of women warriors reported having experienced sexual harassment and more than two in five (44.0%) indicated having experienced sexual assault, which the latter is more than two times higher than females in the U.S. general population

²¹ NAT'L SCI. BD., NAT'L SCI. FOUND., THE STEM LABOR FORCE OF TODAY: SCIENTISTS, ENGINEERS AND SKILLED TECHNICAL WORKERS (Aug. 2021), available at <https://ncses.nsf.gov/pubs/nsb20212>.

²² Liam Knox, *Measuring Outcomes in Income*, INSIDE HIGHER EDUC. (May 4, 2023), <https://www.insidehighered.com/news/students/careers/2023/05/04/measuring-outcomes-income>.

²³ NAT'L CTR. FOR SCI. ENG'G STATS., NAT'L SCI. FOUND., DIVERSITY AND STEM: WOMEN, MINORITIES, AND PERSONS WITH DISABILITIES 2023 (2023), available at <https://ncses.nsf.gov/wmpd>.

²⁴ David Albright et al., *Cannabis Use Among Individuals with Depression Symptoms: Differences Among Military-Connected and Civilian Clients*, J. Subst. Use (2023).

(44.0% vs. 17.6%).²⁵ While the effects of MST are wide-ranging, women warriors have described feeling a sense of isolation, experiencing a lack of support in the wake of traumatic events, and struggling to avoid further traumatization when seeking treatment or benefits.

We appreciate the efforts made by Congress, the Administration, VA, and the Department of Defense (DoD) in recent years. By implementing changes in the investigation and court martial structure for cases involving MST through Executive Order 14103 to the passage of the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271), legislative and policy efforts have changed how MSTs are handled and supported in beneficial ways. While we look forward to continued oversight over the implementation of these new programs and efforts, we believe more can be done to integrate MST-informed care across disciplines and programs. This includes in the benefits process, where the evidentiary standards have been improved to accept direct evidence as well as indirect evidence in the process of filing a claim to provide opportunities for veterans who may have not reported their MST while in service. However, a recent study found that MST related claims were denied 27.6% of the time, which is higher than the 18.2% denial rate for combat-related PTSD claims.²⁶

Oversight and improvements to MST claim processing can be realized by passing the *Servicemembers and Veterans Empowerment and Support Act* (S. 1028, H.R. 2441). This bill would lower burden of proof established in VA policy nearly 20 years ago and ensure that this relaxed evidentiary standard is appropriately extended to all mental health conditions (not just PTSD) resulting from sexual assault.

FINANCIAL SECURITY

Along with physical and emotional health, financial security is an important factor in overall wellness and a key component to a veteran's success after service. A warrior's ability to meet current or future financial responsibilities can impact their health and well-being. Unfortunately, more than six in ten (64.2%) warriors said they did not have enough money to make ends meet at some point in the past twelve months and eight in ten (81.8%) said that the increasing cost of goods (e.g., food gas, rent) was a top cause of their financial strain. 38.7% of warriors met the threshold for being food insecure. This strain was not limited to veterans as the survey results were reported during a period of extremely high inflation which impacted most Americans.

Pass the Major Richard Star Act

In 2004, Congress passed a law allowing military retirees with at least 20 years of service who are rated at least 50 percent disabled to collect their full DoD retirement pay and their full VA disability compensation benefits. For these individuals, DoD retirement is no longer reduced

²⁵ RAINN, Victims of Sexual Violence: Statistics (last visited Feb. 26, 2024), <https://www.rainn.org/statistics/victims-sexual-violence>.

²⁶ Aliya Webermann et al., *Military Sexual Trauma-Related Posttraumatic Stress Disorder Service-Connection: Characteristics of Claimants and Award Denial Across Gender, Race, and Compared to Combat Trauma*, PLOS ONE (2024), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10783784/>.

dollar-for-dollar according to VA disability income. Unfortunately, those with combat-related injuries and less than 20 years of service were left behind. These medical (Chapter 61) retirees must give up a portion of their monthly retirement pay due to combat-related injuries or illnesses that shortened their military careers.

Wounded Warrior Project strongly believes that DoD retirement pay and VA disability compensation are distinct benefits established by Congress for two different purposes. One amount is for past service while the other is to help compensate for future lost earnings. The *Major Richard Star Act* (S. 344, H.R. 1282) – which currently has 71 supporters in the Senate and 326 supporters in the House – would allow Chapter 61 retirees whose disabilities arose from combat-related activities (and eligible for Combat Related Special Compensation) to receive both their DoD retirement pay and their VA disability compensation concurrently. When passed, approximately 52,300 veterans will be allowed to receive all the distinct benefits they have earned.²⁷ In June of last year, this legislation was unanimously passed out of the House Armed Services Committee and is now waiting to be called to the floor for a vote. We call on Congress to pass this legislation on its own or, in lieu of a floor vote, to be included in the base text of the *National Defense Authorization Act (NDAA)* for Fiscal Year 2025.

Increase wounded veteran employment

One of the most critical keys to success for the wounded, ill, and injured post-9/11 veterans we serve is maximizing the value of VA's employment programs and services. Despite high levels of education (42.3% with a bachelor's degree or higher) and a declining unemployment rate (6.8% in 2022 compared to 13.4% in 2021) over a quarter (26.8%) said they worked but did not earn enough money. Congress can help by focusing oversight on programs to help veterans find better paying jobs, particularly those that help veterans develop vocational skills that are in high-demand or create legislation that streamlines the process for gaining employment in the federal government and reauthorizing those who have proven successful. Veterans Employment Through Technology Education Courses (VET TEC), a five-year pilot program that is set to expire in April 2024, and SkillBridge are two examples of programs that can help connect warriors with a rewarding career.

In addition, employing veterans in the federal workforce with jobs that optimize their unique skillset is advantageous to both parties. When a Service member transitions out of the military, they bring with them inherent qualities of a model employee. Veterans are, by and large, team-oriented, driven, disciplined employees who have succeeded in high-stress environments. Many seek to continue their public service after serving in the military. However, wounded warriors have found that certain barriers to employment exist because of their unique experiences. According to WWP's 2022 Annual Warrior Survey (AWS), the two main barriers reported were mental health or psychological distress (48%) and difficulty translating military skills to the civilian workforce (37%).

One way to close this gap is by focusing on hiring in positions that can help improve veterans' mental health. Working outdoors – much like spending recreational time outdoors – can provide health benefits. Research has shown that direct sunlight exposure and being in

²⁷ U.S. DEP'T OF DEF., STATISTICAL REPORT ON THE MILITARY RETIREMENT SYSTEM FY 2022, October 2023.

nature can lead to reduced depression, improved physical and psychological well-being, social connection, resilience, and other benefits. Most military occupations involve large amounts of time working outdoors either hiking, working with heavy equipment, or maintaining training grounds. These types of jobs leave many veterans with knowledge of topography, weather patterns, and other skills that are beneficial to working outdoors. In addition, many veterans leave the service with the physical conditioning needed to work around farms, livestock, and in rugged environments.

Some solutions for veterans may arise from existing legislation. The *GROW for Our Veterans Act* (H.R. 1786) directs the Department of the Interior to create a pilot program that fills vacant positions with veterans in conservation that are primarily outdoors (e.g., Wildland Firefighter, Park Ranger, Equipment Operator, etc.). The *Employing Veterans to Feed America Act* (H.R. 5014) directs the Department of Agriculture to create a pilot program that fills vacant positions with veterans in agriculture (e.g., food inspection, Commodity Grader, Animal Care Inspector, etc.). Working in agriculture could be seen as a very enticing future, especially for those veterans who live in more rural areas and find the stability of federal employment appealing without having to relocate. Lastly, the *Veterans Border Patrol Training Act* (S. 774) would create a pilot program that utilizes DoD's SkillBridge program to train and hire transitioning Service members as Border Patrol Agents for U.S. Customs and Border Protection. Many veterans who live in border states and who had served in infantry, motor transportation, or other similar occupations would have experience with the same type of training needed to cover that type of rough terrain and physical duties of that job.

Wounded Warrior Project believes that legislation like the *GROW Act*, the *Employing Veterans to Feed America Act*, and the *Veterans Border Patrol Training Act* could assist veterans who are looking for employment in the Federal Government in a job that utilizes their military skills and that can help keep them healthy and active. We ask Congress to pass these bills and encourage federal agencies to hire veterans in all positions, especially those that afford the opportunity to work outside utilizing the warrior's knowledge of the environment and passion for the outdoors.

Veteran Readiness and Employment (VR&E)

The VR&E program provides job training, employment, resume development, and job-seeking skills coaching for veterans whose service-connected disabilities make it hard to prepare for, obtain, or maintain employment. A meaningful number of WWP warriors – one in five (20.7%) – have used, or are using, the VR&E program. Beyond veterans, vocational training can have broad economic impact. Vocational Rehabilitation Agencies for disabled Americans are present in state governments throughout the United States and have proven to be an effective resource for those looking to resume gainful employment. The Social Security Administration notes that for every one dollar spent on these programs, ten dollars in tax revenue are generated from the re-employed.²⁸

²⁸ Jody Schimmel Hyde & Paul O'Leary, *Social Security Administration Payments to State Vocational Rehabilitation Agencies for Disability Program Beneficiaries Who Work: Evidence from Linked Administrative Data*, 78(4) SOCIAL SECURITY BULLETIN (2018), available at <https://www.ssa.gov/policy/docs/ssb/v78n4/v78n4p29.html>.

Despite these positive indicators of value, VA's VR&E program has an arbitrary delimiting date that leaves many veterans unable to use the program. Under current regulations, a veteran is only eligible for VR&E for 12 years from the date of their military discharge or the date they received a compensable disability evaluation.²⁹ The regulations do not consider whether a veteran's condition deteriorates after the initial rating or whether additional service-connected conditions have been recognized.

This issue was partially addressed by the enactment of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315 § 1025), which removed this delimiting date for all veterans who were discharged after January 1, 2013. To bring parity across all generations of service, WWP asks that the 12-year delimiting date be removed for all veterans. VA already has the authority to waive the 12-year rule on a case-by-case basis if the veteran is determined to have a "serious employment handicap."³⁰ However, the standards used to make that determination are not clear and, without specific guidance to follow, a Vocational Rehabilitation Counselor (VRC) is ultimately left to make a subjective decision whether to grant the veteran eligibility to the program. Wider and more predictable participation should be the goal. Congress can help by removing the delimiting date for VR&E eligibility for all veterans, regardless of discharge date, to ensure maximum utilization of this important employment program.

Accreditation

Wounded Warrior Project is proud to assist post-9/11 veterans in their pursuit of VA disability compensation and other benefits at no charge as we recognize that access to VA compensation is one of the contributing factors to financial wellness. Our national service officers are all VA-accredited and, over our 20-year history, have helped veterans file claims on over 280,000 issues and secure over \$1.1 billion in service-connected disability compensation. More broadly, we are committed to ensuring that wherever a veteran may look for assistance that they have the tools and knowledge to identify and avoid predatory practices in an era when financial scams and fraud loss are becoming too common.

Wounded Warrior Project strongly believes that veterans should not have to pay to access their benefits. Additionally, as highlighted by VA's recently released *Equity Assessment and Action Steps for Mental Health Compensation Benefits*, there are less equity discrepancies when veterans use a VA-accredited Veterans Service Organization (VSO). We are grateful for your Committees' engagement on this topic and your oversight hearings to protect veterans from financial exploitation. As your work progresses towards a legislative solution, we believe that four specific items should be addressed and included in any legislation being considered to change the accreditation process.

First, VA benefits should remain protected by current assignability and exemption provisions in the law (38 USC § 5301). An entity's ability to withhold or directly receive VA benefits as a form of payment for claim assistance should be prohibited. The current law currently includes contracts, liens, or settlements based on future VA benefit payments. Second,

²⁹ 38 CFR § 21.41.

³⁰ 38 U.S.C. § 3103(c).

to the extent fees-for-service become permitted under law, fees should only be payable for work that is performed by the entity that is charging for them. When working with former clients of non-accredited consultants, VSOs have learned of times that these clients often receive invoices from the consultant for work performed by the VSO. Third, practices that encourage medical fraud should be strictly prohibited. Any legislation considered should include a strong medical fraud preventing section which will hold accountable any entity that would hire, contract with, or refer veterans to providers who will fraudulently fill out Disability Benefits Questionnaires. Finally, VA accreditation should not be granted if VA cannot complete a deliberate and complete application review. VA-accredited advocates must have the character and ability to represent veterans.

We appreciate action that has already been taken. The *Wounded Warrior Access Act* (P.L. 118-21) amended 38 USC § 5901 to require that VA incorporate warnings, tools, and education related to accreditation and predatory practices whenever a user logs in to VA claims portals. In addition to items discussed above, progress can be made by providing the VA Office of General Counsel with personnel and technology to improve VA's ability to hold bad actors accountable; by improving VA's current database (website) of accredited individuals and entities, which is outdated and difficult to navigate; and by encouraging VA collaboration with other federal agencies to develop stronger enforcement and reporting mechanisms to protect veterans from predatory practices.

TOXIC EXPOSURE

The *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* (P.L. 117-168) comprehensively addressed the multigenerational impact of military toxic exposures, including post-9/11 veterans who were exposed to burn pits and other substances while deployed to Iraq, Afghanistan, and other locations. This legislation represented the largest expansion of veterans' health care and benefits in decades, and VA deserves praise for moving swiftly to implement this historic law. Since the *PACT Act* was signed on August 10, 2022, VA has enrolled nearly 260,000 new veterans who served in areas of known exposure, conducted over 5.2 million toxic exposure screenings, and received over 1.4 million *PACT Act* related claims.³¹ This can be credited in large part to VA's robust communication efforts, which have included *PACT Act* outreach events in all 50 states, as well as individual letters, e-mails, and texts sent directly to veterans to inform them of potential eligibilities under the new law.

Further PACT Act implementation

Of the total *PACT Act* claims received by the Veterans Benefits Administration (VBA), over one million have been completed with an approval rate of 75.2 percent. Although VBA's backlog of claims pending over 125 days has grown since the *PACT Act* became law, WWP sees this as a natural consequence of ensuring that exposed veterans, many of whom have been filing claims unsuccessfully for years, are finally able to access the benefits they earned. To address

³¹ VET. BENEFITS ADMIN., U.S. DEP'T OF VET. AFFAIRS, VA PACT ACT PERFORMANCE DASHBOARD (Feb. 16, 2024), available at <https://department.va.gov/pactdata/#current>.

the increased workload, the *PACT Act* provided new funding and authorities to hire new employees. As a result, VBA has successfully increased its workforce from approximately 28,000 to over 32,000 between May of 2023 and January of 2024.³² However, VBA must ensure that these employees are properly trained. It has been over a year and a half since the *PACT Act* became law, and WWP national service officers continue to find common errors in *PACT Act* claims, such as overdevelopment of claims for presumptive conditions and incorrect effective dates. One observation they make is that the “PACT Act Information Page” – designed for use by claims processors – is cumbersome and poorly organized into 38 different sections. They suggest better organizing this information so that VBA employees do not have to navigate 38 different resources to find answers to common questions that arise when processing claims.

With respect to access to health care, the *PACT Act* created a 10-year enhanced enrollment period for recently discharged combat veterans (raised from a 5-year enrollment period after discharge), and a one-year open enrollment period for those discharged over 10 years ago which closed on September 30, 2023. For exposed veterans who missed the one-year open enrollment, there was a 10-year phase-in for permanent access to health care enrollment based on discharge date, but the law also granted the Secretary authority to modify the phase-in to an earlier date if the necessary resources were available. VA recently announced that it would accelerate the phase-in using this authority. WWP applauds this decision as it will immediately grant those exposed veterans, who are an at-risk population for developing serious health conditions at any time, permanent access to VA care if they need it.

The *PACT Act* also established a permanent VA Working Group to continuously review scientific evidence on all potential exposure-related conditions and make recommendations to the Secretary on whether to establish new presumptive conditions in the future. On July 25, 2023, VA announced the beginning of a review to determine if there is a relationship between three conditions – acute leukemias, chronic leukemias, and multiple myeloma outside of the head and neck – and toxic exposures among veterans who served in *PACT Act*-covered locations. WWP strongly supports this action which could potentially grant benefits to exposed warriors suffering from these serious conditions.

When conducting future reviews, WWP encourages the Working Group to expand the types of conditions it considers for post-9/11 exposures beyond the two categories of presumptive conditions established by the *PACT Act* – respiratory conditions and cancers. In our most recent Annual Warrior Survey, veterans most frequently cited neurological problems as the condition most likely to be related to their toxic exposures (35.1%). Hypertension (33.2%), Chronic Multisymptom Illness (24.4%), immune system problems (10.5%), and liver conditions (7.8%) are also conditions that survey respondents commonly believe are associated with in-service exposures. We also anticipate that ongoing research mandated by the *PACT Act*, specifically studies on the mortality of veterans who served in Southwest Asia (section 503), health trends of post-9/11 veterans (section 504), and cancer rates among veterans (section 505), will further inform which conditions the Working Group should prioritize in the future.

³² U.S. DEP'T OF VET. AFFAIRS, VA WORKFORCE DASHBOARD (Feb. 23, 2024), available at <https://www.va.gov/EMPLOYEE/Workforce-dashboard/>.

Address PFAS exposure

Per- and Polyfluoroalkyl Substances (PFAS) are manmade, long-lasting chemicals that can cause serious illnesses in people who are exposed to certain levels. Since the 1970s, the DoD has been using aqueous film forming foam (AFFF), which contains PFAS, for fighting fuel fires. According to DoD, over 600 military installations have been potentially contaminated by PFAS as of 2019.³³ PFAS breaks down very slowly and can build up in the environment, including soil and drinking water. Now, many veterans and their family members are concerned about the levels of PFAS they may have been exposed to while living on military bases.

The *Veterans Exposed to Toxic (VET) PFAS Act* (S. 2294, H.R. 4249) would address this issue by creating a presumption of service connection for certain conditions for any veteran who served at a military base where individuals were exposed to PFOA or other PFAS. With respect to exposure to PFOA, these include a list of conditions for which scientific research has already determined a probable link: diagnosed high cholesterol, ulcerative colitis, thyroid disease, testicular cancer, kidney cancer, and pregnancy-induced hypertension.³⁴ With respect to exposure to other PFAS, it specifies that VA may add conditions based on future scientific research. The bill also extends VA health care eligibility for covered conditions to exposed veterans and their family members who resided at covered locations. WWP supports the *VET PFAS Act* which would grant veterans and their families who were exposed to these potentially harmful chemicals and are now struggling with serious illnesses the care and benefits they deserve.

Research cancer incidence in missileers

One area of growing exposure concern in the military and community is among those who operate and support the operation of intercontinental ballistic missiles (ICBMs). These Service members often perform their duties in underground launch control centers where they could potentially be exposed to contaminants that others are not. Recently, members of the missile community have come forward reporting unusually high rates of cancer diagnoses, particularly Non-Hodgkin's Lymphoma (NHL). Although studies from prior decades have found no link between missile service and cancer, this renewed concern among missileers has prompted the U.S. Air Force to approve a new study to reexamine this potential relationship, which began in March 2023 and is currently being conducted by the U.S. Air Force School of Aerospace Medicine.³⁵

The current study has two components, both of which are ongoing. First, testing is being conducted to identify potentially harmful environmental factors at all three ICBM Wings in Montana, Wyoming, and North Dakota, as well as other select locations. Initial sampling results from the ICBM Wings were recently released, showing the presence of Polychlorinated

³³ U.S. DEP'T OF DEF., PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS) TASK FORCE, PROGRESS REPORT, MARCH 2020, *available at* https://media.defense.gov/2020/Mar/13/2002264440/-1/-1/1/PFAS_Task_Force_Progress_Report_March_2020.pdf.

³⁴ C8 SCIENCE PANEL, <http://www.c8sciencepanel.org/index.html> (last visited Feb. 26, 2024).

³⁵ U.S. DEP'T OF VET. AFFAIRS, *Missile Community*, <https://www.publichealth.va.gov/exposures/missileers/> (last visited Feb. 26, 2024).

Biphenyls (PCBs) at all three facilities. PCBs are multipurpose manmade chemicals that are known human carcinogens, and their production has been banned in the United States since 1979. Although most samples detected were below the Environmental Protection Agency's threshold for remediation, the Air Force is taking steps to remove PCBs from all locations where they were detected at any level.³⁶

The second component is an epidemiological study to determine if there is a link between missile service and an increased risk for 14 cancers, including NHL. This review is expected to be completed in June 2024.³⁷ If a relationship is found for any of these cancers, WWP will urge VA to use its authority to establish presumptive service connection for those conditions in members of the missile community. In the meantime, WWP would support legislation guaranteeing VA health care enrollment eligibility for that population, to ensure that any veteran missileers who are diagnosed with cancer or other serious conditions have access to potentially lifesaving care.

Investigate cancer incidence in military aviators

Another population that has reported higher than normal cancer rates is the military aviator community. A January 2023 DoD report mandated by the *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021* (Public Law 116–283) found that military aircrew with service dating back to 1992 had an 87 percent higher rate of melanoma, a 39 percent higher rate of thyroid cancer, and a 16 percent higher rate of prostate cancer when compared to a demographically similar sampling of the general U.S. population.³⁸ While these numbers are alarming, the scope of the study did not include an examination of whether potential exposures that are unique to military aviators are linked to elevated cancer risks.

Wounded Warrior Project supports legislation that would address this research gap. If enacted, the *Aviator Cancer Examination Study (ACES) Act* (H.R. 4886) would require VA to contract with the National Academies of Science, Engineering, and Medicine (NASEM) to conduct a study on the prevalence and mortality of cancers among military aircrew. Specifically, it would identify the agents, chemicals, and compounds to which they may have been exposed, and determine any scientific associations between those exposures and the increased incidence of cancer. This information will enable VA to establish presumptive service connection for that population if warranted, ensuring that the military aviation community has access to the health care and benefits they deserve.

³⁶ Press Release, U.S. Air Force, Missile Community Cancer Study Round 1 Environmental Sampling Results Release (Dec. 20, 2023), *available at* <https://www.airforcemedicine.af.mil/News/Display/Article/3622930/missile-community-cancer-study-round-1-environmental-sampling-results-release/>.

³⁷ *Id.*

³⁸ U.S. DEP'T OF DEF., PHASE I-A – STUDY ON THE INCIDENCE OF CANCER DIAGNOSIS AND MORTALITY AMONG MILITARY AVIATORS AND AVIATION SUPPORT PERSONNEL, JANUARY 2023, *available at* <https://www.health.mil/Reference-Center/Reports/2023/02/09/Study-on-the-Incidence-of-Cancer-Diagnosis-and-Mortality-among-Military-Aviators-and-Aviation-Support-Personnel>.

BRAIN HEALTH

Brain health plays a crucial, yet often overlooked, role in overall quality of life for many of the warriors that WWP serves. Unfortunately, brain trauma, more specifically traumatic brain injury (TBI), is not uncommon for post-9/11 veterans. The Defense and Veterans Brain Injury Center reports that almost 414,000 Service members worldwide suffered from TBIs between 2000 and late 2019.³⁹ Amongst our warrior population, nearly 3 in 4 (73.2%) report being injured and experiencing symptoms typical of head-related trauma immediately following those events. Approximately 36.5% of warriors self-report experiencing TBI during their military service.

Research shows that TBI can have a serious impact on a veteran's mental health. Of warriors who self-reported experiencing TBI, 72% visited a mental health professional within the last 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems. 60% presented with moderate to severe symptoms for two or more mental health conditions. Warriors who self-reported experiencing TBI are also more likely to report suicidal thoughts in the past 12 months. Overall, TBI contributes to a decline in quality of life, presents as an elevated risk factor for suicide, and drives mental health symptom reporting and substance use dependence.

Expand research on traumatic brain injury (TBI)

Based on these concerns, more can and should be known about the expected course of neurological and cognitive functioning after TBI and how veterans can expect to rely on VA for long-term care and support. WWP supports a commitment to research and policies to identify and expand access to effective treatments and community-based support for veterans with brain injury. This issue has become especially relevant given recent reports of widespread TBI from blast exposures among Service members in Iraq and Syria.⁴⁰

In 2022, the RAND Corporation published a report, *Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan*, commissioned by WWP. This report made several recommendations based on the long-term outcomes of veterans with TBI and the future needs of the population. In particular, it highlights the need to continue to collect and integrate better quality data through longitudinal studies and with shared information from the DoD, VA, and community-based care. The report also recommends further investment in research, so more can be understood regarding a variation in outcomes and across different populations for veterans with TBI and evidence-based treatments for TBI.

Congress can help to bolster research into brain injury and TBI by passing the *Traumatic Brain Injury Program Reauthorization Act of 2024* (H.R. 7208). The *Traumatic Brain Injury Act*

³⁹ OFF. RSRCH & DEV., U.S. DEP'T OF VET. AFFAIRS, *Traumatic Brain Injury (TBI)*, <https://www.research.va.gov/topics/tbi.cfm>.

⁴⁰ Dave Phillipps, *The Gunners Who Came Home Damaged*, N.Y. TIMES, Nov. 5, 2023, available at <https://www.nytimes.com/2023/11/05/us/us-army-marines-artillery-isis-pentagon.html>; Corey Dickstein, 4 US Troops Diagnosed with Brain Injuries in Weekend Missile Attack on Base in Iraq, STARS AND STRIPES, Jan. 23, 2024, available at https://www.stripes.com/theaters/middle_east/2024-01-23/troops-iran-militants-iraq-attack-brain-injuries-12772576.html.

(P.L. 104-166), initially passed in 1996, was the first federal legislation to address TBIs through prevention, research, and the delivery of grants to states to support the needs of the 5.3 million individuals living with disabilities from TBI. Since that time, the legislation has been reauthorized four times, including provisions that created a new Centers for Disease Control and Prevention (CDC) public awareness and education campaign and requirements for the Department of Health and Human Services (HHS) to make grants to states to establish TBI registries to improve data collection.

While we support the *Traumatic Brain Injury Program Reauthorization Act* as written, we also endorse improvements to the legislation outlined by Representative Pascrell in his recent testimony before the House Energy and Commerce Subcommittee on Health.⁴¹ Most notably, we support increasing the authorization level for the TBI State Partnership Program from \$7.321 million to \$19 million for fiscal years 2025-2029. This increase will allow for adequate funding for the 31 states currently participating in the Administration for Community Living's (ACL) State Partnership Program, a program established to provide aid and support independent living for those living with TBI. It has resulted in higher levels of community participation and life satisfaction on average for survivors of TBI in the states participating. We also support Rep. Pascrell's request to include \$6 million in funding for the ACL Protection and Advocacy Program and to allow Protection and Advocacy access to federal facilities, including VA facilities.

Recently, we have been encouraged by steps to support additional research into brain injury. The *Support the Resiliency of Our Nation's Great (STRONG) Veterans Act* (P.L. 117-328, Div. V § 303) included \$5 million for ongoing and future research at VA on brain health and TBI, which we eagerly anticipate. The *National Defense Authorization Act (NDAA) for FY 2023* (P.L. 117-263) also included the "Warfighter Brain Health Initiative," an initiative launched by DoD in 2023 aimed at coordinating efforts between the operation and medical communities to optimize Service member's brain health. We urge the Committees to continue this trend and prioritize efforts to research and address TBI.

Promote long-term care and support

With the rise in veterans suffering from brain injury, WWP has seen a related rise in veterans with a need for more intensive care and services. Long-term services and supports, such as VA's facility-based services, end-of-life services, geriatric outpatient programs, and home and community-based services, are increasingly in demand from the population that we serve. We believe it is essential to support policies that promote the utilization and success of VA's long-term care programs for younger veterans, including those who have suffered TBIs in service.

This is also supported by recommendations from RAND's *Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan* report. Because of limited long-term care options for veterans, they conclude that expanded access to long-term care is necessary to address the expected needs of veterans with TBI as they continue to age. The report also

⁴¹ *Legislative Proposals to Support Patients and Caregivers: Hearing Before the Subcomm. on Health of the H. Comm. on Energy and Commerce, 118th Cong. (Feb. 14, 2024) (statement of Rep. Pascrell).*

recommends expanding awareness and access to multidisciplinary treatments for veterans with TBI, who are often either unaware of treatment options or unable to access them due to geographic limitations and other barriers.

To address these concerns, Congress should pass the *Elizabeth Dole Home Care Act* (S. 141, H.R. 542). This legislation would improve veterans' access to long-term support services through provisions that would instruct VA to provide informal Geriatrics and Extended Care (GEC) program assessment tools to help veterans and caregivers identify expanded services they are eligible for. Other provisions would codify existing GEC programs and provide assistance to caregivers that are denied or discharged from the Program for Comprehensive Assistance for Family Caregivers into other VA provided support. These provisions will help to provide additional resources to veterans with complex needs, many suffering from the effects of TBI. We also urge you to include the important provision that would increase the non-institutional expenditure cap from 65% to 100% to help ease the economic burden that some of these veterans and their families face.

Another piece of legislation that will improve options for veterans with TBI is the *Expanding Veterans' Options for Long-Term Care Act* (S. 495, H.R. 1815). While VA is generally prohibited from paying for housing, this bill would require VA to implement a three-year pilot program that will assess the effectiveness of providing assisted living services to eligible veterans. This would allow veterans with serious needs more flexibility and the option to live more independently while potentially demonstrating cost-savings to VA, as these assisted living services can sometimes be provided in lieu of more expensive nursing home care. Lastly, the *Innovative Cognitive Care for Veterans Act* (H.R. 5002) would establish a pilot program at VA to partner with private organizations, nonprofit foundations, and other community support entities to provide veterans access to telehealth and other innovative technologies that slow the progression of cognitive disorders through interactive engagement and stimulation solutions. Given that TBI often results in cognitive issues, this program will give veterans with TBI access to new, innovative care that we believe will result in overall improved mental health outcomes.

We would also encourage the Committees to revisit VA's policy of not paying for room and board in assisted-living facilities. The Assisted Living for Veterans with TBI (AL-TBI) pilot program, which ran from 2009 to 2018, provided veterans with moderate to severe TBI who needed long-term neurobehavioral rehabilitation placement with placement in private TBI rehabilitation facilities. After the program ended, an evaluation by VA concluded that participants had experienced improvements in physical and emotional health, TBI symptoms, and other outcomes. Currently, a veteran who wishes to participate in VA's Traumatic Brain Injury-Residential Rehabilitation Program must pay for their own room and board, something many veterans cannot afford. Legislation to remove this financial barrier to care would improve access for veterans with increased needs.

CAREGIVERS

At WWP, we know caregivers make immense sacrifices every day to ensure that our nation's most severely injured Service members and veterans are taken care of. Because of this, we are dedicated to providing support for both the warriors and their caregivers. In 2023, we provided over 240,000 hours of in-home and local care to the most severely injured warriors, many of whom rely on caregivers, through our Independence Program. Warriors in the Independence Program are provided a specialized case management team to support them and their caregivers to live more independent lives through highly individualized support and resources.

Wounded Warrior Project also provides support to caregivers and warriors by partnering with organizations that provide specific services or programming directly to caregivers. These partnerships allow WWP to make an even greater impact and deliver better quality of life and care. Since 2012, WWP has supported 18 organizations that provide direct programs to caregivers – including clinical mental health services, respite, and other resources. These are the programs and partners that inform our perspectives below.

Monitor caregiver program eligibility and appeals

Many of the most severely injured warriors that WWP serves rely on additional support from VA and other organizations to participate in daily activities and tasks. One of the most significant is the Program for Comprehensive Assistance for Family Caregivers (PCAFC). Currently, of the nearly 16% of WWP warriors that receive aid and assistance from another person due to service-connected injuries or health problems, approximately 30% are participating in PCAFC. After the *VA MISSION Act* (P.L. 115-182 § 161) was signed into law in 2018, the program was expanded to include veterans of all eras. Eligibility criteria was also modified from a system that paid stipends to family caregivers based on the number of hours spent providing personal care services to veterans to a system that requires the caregiver to provide personal care services every time a veteran completes one of several activities of daily living (ADLs).

We remain concerned that the new system excludes too many veterans with moderate and severe needs that the program was originally designed to cover. Amongst the warriors and caregivers in our community with a service-connected disability rating of 70 percent or more (a criteria for the new PCAFC eligibility), less than two percent of warriors are completely dependent on someone else to complete the ADLs that are considered as part of PCAFC eligibility. Due to these concerns, we remain thankful for VA's decision not to discharge or decrease any support for the program's legacy participants until 2025. We also urge Congress to keep these considerations in mind as they continue to monitor the program to ensure that veterans and caregivers in need of heightened support are receiving the care they need.

Additional ways that Congress can ensure veterans and caregivers are receiving the support they need is by passing the *Elizabeth Dole Home Care Act* (S. 141, H.R. 542) and the *Caregiver Application and Appeals Reform (CARE) Act* (S. 1792, H.R. 4518). The *Elizabeth Dole Home Care Act* helps to ease the transition of caregivers who are ineligible or are discharged from PCAFC by automatically enrolling them in the Program of General Caregiver

Support Services (PGCSS) and providing them with additional resources such as information on other programs they may be eligible for and a Caregiver Support Coordinator to help them navigate the process. Additionally, the *CARE Act* would improve PCAFC by allowing Veterans Service Organizations (VSOs) and other accredited agencies to advocate for veterans applying for entry into the program, a process that can be complicated for veterans and caregivers to navigate. The bill would make additional improvements including requiring VA to employ qualified medical specialists to evaluate applications into the program and requiring them to include more detailed information in denial letters. We encourage members of the Committees to support both pieces of legislation and Congress to quickly pass them into law.

Address caregiver needs

Given the immense sacrifices most military and veteran caregivers make to ensure their loved one is well taken care of, many of them experience a great toll on their own mental health and wellbeing. According to a recent study on caregiving in the U.S., over 35% of caregivers report high emotional stress and over 20% report that caregiving makes it difficult for them to take care of their own physical health.⁴² Concerningly, over half of caregivers “said caregiving increased their level of stress, worry, concern for the future, and anxiety” and 40% said they “rarely or never feel relaxed.”⁴³ It is clear that more needs to be done to ensure caregivers are provided with adequate services for mental health and wellness.

One way to help address caregivers’ needs is by passing the *Elizabeth Dole Home Care Act*. The bill would ensure at least 30 days of respite care is provided to caregivers of veterans enrolled in the Program of General Caregiver Support Services (PGCSS), allowing the caregiver time to rest, take care of their own health needs, or see friends and family. It would also commission a VA report with recommendations on how VA can expand mental health services and support for caregivers.

We are pleased by proactive steps VA is already taking to increase their support of caregivers. Recently, VA has announced plans to install a respite subject matter expert at every VA medical facility and to begin piloting a Veteran Directed Care-Respite Initiative at 11 sites in Fiscal Year 2024. The Caregiver Support Program has also funded respite liaisons at each of the Veteran Integrated Service Networks (VISNs) to improve access to respite for veterans and their caregivers. However, more should be done to ensure that caregivers are getting the respite they need. We would encourage the Committees to do this by enhancing outreach and education on available programs, improving access for rural veterans, increasing respite care funding, addressing the nationwide shortage of home and community-based services providers, and increased collaboration between various federal respite programs.

Congress can also help to address this issue by passing the *Caregiver Outreach and Program Enhancement (COPE) Act* (H.R. 3581). The *COPE Act* would provide additional resources to address the mental health needs of veteran caregivers by authorizing VA to provide

⁴² AARP RESEARCH, A LOOK AT U.S. CAREGIVERS’ MENTAL HEALTH (July 2023), <https://www.aarp.org/content/dam/aarp/research/topics/ltss/family-caregiving/caregivers-mental-health.doi.10.26419-2Fres.00706.001.pdf>

⁴³ *Id.*

grants to organizations that support caregiver mental health and well-being. Additionally, the bill would require VA to provide outreach to caregivers about the resources available to them and provide Congress with research on the program and its outcomes. We urge Congress to pass this legislation and to continue to find additional ways to provide resources to our veteran caregivers.

Plan for financial future

Veteran caregivers face additional burdens beyond their mental and physical health. Research shows us that caregivers also pay a financial toll for taking on the duties of caregiver. While the figures that follow are inclusive of caregivers to veterans and non-veterans, they are nevertheless illustrative of the fact that the financial future for many caregivers is unclear. Approximately 68% of caregivers today are also financial caregivers, providing financial support towards the recipient's expenses.⁴⁴ On average, family caregivers are spending \$7,200 per year in out-of-pocket expenses for things like housing, home modifications, and medical and transportation costs.⁴⁵ Family caregivers also report spending 26% of their income, on average, on their caregiving activities, an amount that substantially increases for Black and Hispanic/Latino caregivers.⁴⁶

Caregiving duties can also greatly impact the caregiver's ability to maintain a career, placing them in even deeper financial uncertainty. Many caregivers face challenges finding employment that allows for the flexibility that caregiving requires. Nearly one-third of caregivers report having to change their work schedules to accommodate their caregiving duties and nearly 20% say they've had to work fewer hours.⁴⁷ These strains can negatively impact the caregiver's ability to advance in their career and place them further behind financially. Caregivers that do not have outside employment also have the burden of not having contributed to Social Security, leaving them without an additional safety net. Assisted living options for veterans with higher needs – and which can potentially ease caregiver responsibilities and free up time to pursue gainful employment – come at great financial cost until VA is able to assist with room and board costs. Congress should continue to look at ways these issues can be addressed to ensure that caregivers can establish better financial security.

⁴⁴ TIAA INST. & NEWCOURTLAND CTR. AT THE UNIV. OF PENN. SCH. OF NURSING, PLAYING THE LONG GAME: HOW LONGEVITY AFFECTS FINANCIAL PLANNING AND FAMILY CAREGIVING (NOV. 2023), <https://www.tiaa.org/content/dam/tiaa/institute/pdf/insights-report/2023-10/tiaa-institute-upenn-how-longevity-affects-financial-planning-ti-november-2023.pdf>.

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ AARP RESEARCH, CAREGIVING OUT-OF-POCKET COSTS STUDY (June 2021), https://www.aarp.org/content/dam/aarp/research/surveys_statistics/lrc/2021/family-caregivers-cost-survey-2021.doi.10.26419-2Fres.00473.001.pdf.

QUALITY OF LIFE

Access to Federal Lands

Throughout our organizational history, WWP has explored new and innovative ways to offer care and support to those we serve. Several current programs promote outdoor recreation in programming due to the multitude of health benefits from exposure to direct sunlight and nature, and these nation-wide adaptive-capable offerings may include activities like biking, hiking, fishing, hunting, archery, camping, and snow and water sports in pursuit of improvement in social, physical, and mental well-being. Measurable outcomes include physical and mental well-being; improvements in physical activity, sleep, nutrition; and reductions in symptoms of depression and chronic pain.

In this context, WWP is proud to support the *Military and Veterans in Parks Act*, or the *MVP Act* (H.R. 6342), which would help disabled veterans, Service members, and surviving families access our nation's public lands for activities to improve their mental and physical health and well-being. The bill would require the establishment of at least three new accessible trails and at least two new accessible recreation opportunities in each region managed by the United States Forest Service the National Park Service, the Bureau of Land Management, and the United States Fish and Wildlife Service. The Departments of Interior and Agriculture would be required to create a joint national strategy to increase visits to federal recreational lands by veterans, Service members, and Gold Star Families and partner with VA and DoD to inform veterans and Service members about the location of accessible opportunities. It would also add veterans' organizations to Recreation Resource Advisory Committees.

According to our most recent Annual Warrior Survey, 54.6 percent of responding warriors reported using physical activity to deal with stress, emotional challenges, and mental health concerns. As more warriors continue to experience these benefits, we have heard firsthand from warriors seeking to relocate to areas with greater access to adaptive sports and, from their caregivers, sharing stories about how accessible recreational activities have made the veteran in their lives happier, more talkative, and more eager to push their perceived limits.

The MVP Act, originally introduced by Rep. Jen Kiggans (R-VA-2) has subsequently been incorporated into the *Expanding Public Lands Outdoor Recreation Experiences (EXPLORE) Act* (H.R. 6492), introduced by Rep. Bruce Westerman (R-AR-4), Chairman of the House Natural Resources Committee. WWP believes that the provisions of the *EXPLORE Act* that incorporated language from the *MVP Act* will greatly improve outdoor recreation opportunities available to disabled veterans on public lands.

Accessible Air Travel

Air travel can be a stressful experience for anyone, but it presents unique challenges for veterans with severe disabilities, especially those who use assistive devices. Veterans who use wheelchairs often experience significant obstacles simply trying to board and deplane from aircraft. Since plane aisles are frequently too narrow to accommodate wheelchairs, veterans, and other people with disabilities, must often check them like luggage and be provided loaner chairs

that may not be medically suitable. Like luggage, wheelchairs may then be damaged in the cargo hold or lost before reaching the final destination. According to the most recent Air Travel Consumer Report, over 800 wheelchairs were mishandled by airlines in November 2023 alone.⁴⁸ In order for a veteran who uses a wheelchair to board the plane, they sometimes must allow an airline employee to lift them, a dangerous practice that can result in people being dropped and injured.

To improve the experience and promote the safety of wheelchair users and other individuals with disabilities aboard commercial aircraft, WWP supports the *Air Carrier Access Amendments Act (ACAAA)* (S. 545, H.R. 1267). This legislation would require the Department of Transportation to prescribe regulations improving aircraft accessibility standards, including boarding and deplaning equipment, proper in-cabin and cargo hold stowage of assistive devices, and seating accommodations including in-cabin wheelchair restraints (if technologically feasible). Both the House and Senate versions of legislation to reauthorize the Federal Aviation Administration (H.R. 3935, S. 1939) included these provisions of the *ACAAA*, along with additional requirements to improve training for airline personnel to properly assist passengers who use wheelchairs and handle assistive devices. WWP believes this would greatly improve the ability of disabled veterans to travel on airplanes with the safety and dignity to which they are entitled.

Another instance in which disabled veterans may encounter significant barriers to air travel is when negotiating Transportation Security Administration (TSA) checkpoints. The process of having to remove prosthetics or other assistive devices, vacate wheelchairs, or make other accommodations to go through security can not only take quite a bit of a time but also leave a veteran stressed and frustrated. Furthermore, although *Federal Aviation Administration Act of 2018* (P.L. 115-254) established an advisory committee to identify barriers and recommend improvements for passengers with disabilities, disabled veterans continue to report a lack of awareness by TSA agents about how to handle medical devices, service animals, and other conditions requiring accommodations, sometimes leading to embarrassing or medically compromising searches.

To address these issues, WWP supports legislation that would provide TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. This benefit is already offered to Active Duty, Reserve, and National Guard Service members. This legislation should also include provisions to enhance training for TSA agents on proper screening procedures for people with disabilities, with an additional emphasis on cultural competencies related to disabled veterans. WWP believes this would allow veterans a more dignified travel experience and would also improve safety and efficiency at airport security checkpoints.

Home Adaptations

For many veterans with disabilities, navigating their homes while performing everyday tasks can be difficult or even dangerous. Home modifications are often necessary for them to

⁴⁸ OFF. OF AVIATION CONSUM. PROT., U.S. DEP'T OF TRANSP., AIR TRAVEL CONSUMER REPORT (Jan. 2024), <https://www.transportation.gov/sites/dot.gov/files/2024-02/January%202024%20ATCR.pdf>.

live safely and independently. While the VA Specially Adapted Housing (SAH) grant program provides the necessary resources for veterans to buy, build, or modify existing homes to meet their accessibility needs, this program is restricted to veterans with certain service-connected disabilities such as loss, or loss of use, of certain limbs, blindness in both eyes, or severe burns. Other veterans with disabilities that require home modifications, including elderly veterans, may qualify for grants under the VA Home Improvements and Structural Alterations (HISA) program. These grants are intended to allow those veterans to make modifications such as altering home entrances and counters, or installing wheelchair ramps, handrails, or roll-in showers.

Currently, the maximum allowable amount under the HISA program for veterans to make modifications to address a service-connected disability (or who have a disability rated 50 percent or greater) is \$6,800. For all other veterans, the maximum allowable amount is \$2,000. These amounts have not been increased to keep pace with rising home construction costs since 2009. As a result, HISA grants often do not cover the full cost of the modifications, and veterans who cannot afford additional out-of-pocket costs may be left with partially adapted homes or unfinished projects.

The *Autonomy for Disabled Veterans Act* (H.R. 2818, S. 3290) would provide needed updates to the HISA program by increasing the maximum grant amounts and providing automatic annual increases based on rising prices in the future. While H.R. 2818 would increase the current amounts of \$6,800 and \$2,000 to \$10,000 and \$5,000 and provide annual increases based on the consumer price index, S. 3290 would increase both amounts to \$9,000 and provide annual increases based on the residential home cost of construction index. WWP has endorsed both bills and looks forward to working with the Committees to resolve these differences in order to support the passage of legislation that will fully modernize the HISA program.

Access to VA Services

Of the approximately 18 million veterans nationwide, nearly 5 million (27 percent), have a service-connected disability.⁴⁹ Many other veterans have disabilities that may not be related to their service. To deliver the care and benefits to which these veterans are entitled, VA infrastructure, services, and information technology must be fully accessible. At a minimum, this requires VA compliance with all federal disability access laws, including physical access standards under the *Architectural Barriers Act of 1968* (P.L. 90-480) and Section 508 of the *Rehabilitation Act of 1973* (P.L. 93-112), which requires federal agencies to provide individuals with disabilities access to electronic information. However, a December 2022 report issued by Sen. Bob Casey (D-PA), Chairman of the Senate Special Committee on Aging, found significant Section 508 violations across multiple VA websites.⁵⁰

⁴⁹ News Release, Bureau of Labor Stat., U.S. Dep't of Labor, *Employment Situation of Veterans – 2022* (Mar. 21, 2023), available at <https://www.bls.gov/news.release/pdf/vet.pdf>.

⁵⁰ SPECIAL CMTE. ON AGING – MAJ. STAFF, U.S. SENATE, UNLOCKING THE VIRTUAL FRONT DOOR: AN EXAMINATION OF FEDERAL TECHNOLOGY'S ACCESSIBILITY FOR PEOPLE WITH DISABILITIES, OLDER ADULTS, AND VETERANS (Dec. 2022), https://www.aging.senate.gov/imo/media/doc/unlocking_the_virtual_front_door_-_full_report.pdf.

To address these concerns, WWP supports the *Veterans Accessibility Act of 2023* (S. 2516), introduced by Sens. Bob Casey (D-PA) and Rick Scott (R-FL), Chairman and Ranking Member of the Senate Special Committee on Aging. This legislation would establish a Veterans Advisory Committee on Equal Access, which would consist of veterans with diverse disabilities, individuals with expertise in disability access and discrimination law, and VSO representatives. The Advisory Committee would issue regular reports to VA and Congress evaluating VA compliance with federal disability law and providing recommendations on improving access to VA websites, services, and buildings for people with disabilities. They would also provide advice on improving accessibility of community care facilities, as well as products services purchased through the VA acquisition process. WWP supports the *Veterans Accessibility Act of 2023* and urges its swift passage.

Rural Veterans

There are an estimated 4.4 million rural veterans in the U.S. with approximately 2.7 million enrolled in VA health care.⁵¹ Rural veterans report experiencing challenges in accessing care due to geographic challenges, transportation, and availability of services. While offerings such as mobile units and telehealth services have expanded the availability of services in hard-to-reach areas, a lack of awareness of opportunities and limited access to broadband can still provide barriers. Challenges such as housing instability, food insecurity, and suicidality are persistent.^{52,53} In the VA's 2023 National Veteran Suicide Prevention Annual Report, the suicide rate for veteran VHA users were higher for rural residents.

Community care has provided opportunities for VA to serve veterans comprehensive health care needs while also building networks of supportive care throughout the community. However, veterans still experience challenges in navigating the community care process, from requesting or receiving a consult in a timely manner to knowing of the services available to them in the community. One way of building out greater rapport with community providers and expanding one offering for veterans pursuing VA disability benefits would be to pass an effort WWP has endorsed, the *Veterans Exam Expansion Act* (H.R. 5938), which would expand the authority to contract with health care providers for any location in the United States to conduct compensation and pension medical exams of veterans. Furthermore, the *Veteran Medical Exams for Distant Areas Act* (H.R. 5470) would allow VA-providers to conduct compensation and pension exams across state lines, which would increase the availability of qualified providers to perform such exams. WWP believes both of these legislative efforts would be beneficial for the warriors we serve in rural areas.

Many veterans must travel to VA facilities for appointments and based on the locale and area of the country, veterans may experience challenges, including financial barriers, while transiting to their appointments, including having to travel from a long distance. The current VA

⁵¹ OFF. OF RURAL HEALTH, U.S. DEP'T OF VET. AFFAIRS, *Rural Veterans*, <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp>.

⁵² Thomas Byrne et al., *You Don't See Them on the Streets of Your Town: Challenges and Strategies for Serving Unstably Housed Veterans in Rural Areas*, 30(3) HOUSING POLICY DEBATE 409–30 (Feb. 2020).

⁵³ Brian Shiner et al., *Recent trends in the rural–urban suicide disparity among veterans using VA health care*, 44 J. BEHAV. MED. 492–506 (Aug. 2021).

beneficiary travel mileage rate is 41.5 cents per mile, which is lower than the Government Services Administration (GSA) federal mileage rate for privately owned vehicles owned by government employees on official business (67 cents per mile in 2024). WWP supports the *Driver Reimbursement Increase for Veteran Equity (DRIVE) Act* (S. 592, H. R. 1278), which would require and clarify VA authority to adjust the mileage for beneficiary travel rate to be equal to or greater than the GSA rate. As rural veterans report poverty level conditions at a higher rate than urban veterans, this would be a great benefit for many veterans who have to travel long distances or to limited facilities.

Underserved Populations

The veteran population is a diverse population with individuals representing many racial, ethnic, and cultural identities. VA has made a priority of addressing disparities in how these populations are served and we appreciate how many of their commitments were memorialized in the February 2024 release of VA's Equity Action Plan. The plan outlines several strategies to ensure equitable outcomes and improved service delivery and patient experiences centered around benefits, health, access, economic security, and data. Of particular note, we are encouraged by VA's commitment to achieving parity in the percentage of approvals and denials of VBA benefits claims across several domains (e.g., age, race, ethnicity, gender identity) and its vision for applying Assessing Circumstances and Offering Resources for Needs (ACORN) insights to the delivery of health care and social support to veterans in underserved communities.

Independent of VA, we continue to recognize that outreach and connectivity are challenges experienced with underserved populations for many reasons. A low level of awareness, elements of mistrust, or even an unwillingness to engage can stem from a lack of visibility of VA programs within rural communities. Partnerships and collaborations with the VSO community and other supportive organizations would be one way for increased engagements, especially in hard-to-reach areas where VA facilities and services are limited. To close at least one notable gap in service and connection, WWP supports the *Care for Compact of Free Association (COFA) Veterans Act* (S. 1913, H.R. 3948). This legislation would allow VA to provide medical care to veterans living in the freely associated states – the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia—which have all entered into Compact of Free Association with the United States. Among its most critical provisions, the bill permits VA to provide health care (whether through clinics, community providers, or telehealth), ship medications, and reimburse veterans for travel to the U.S. to receive care for service-related conditions.

VA WORKFORCE AND MODERNIZATION

Support VA workforce improvements

In our 2023 testimony before your Committees, we observed that VA was coming off a 20-year high in its VHA staff turnover rate and facing one of its biggest health and benefit hiring challenges ever with the rollout of the *PACT Act*. In 2024, we are pleased to reflect on marked improvements and success with staffing at our most important partner in meeting the needs of wounded warriors. In Fiscal Year 2023, VA set all-time records in health care and benefits

delivery – fueled in large part by record hiring. VBA grew by more than 20 percent and now has more than 32,000 employees for the first time in its history. VHA now has more than 400,000 employees for the first time in history and realized a 20% decrease in turnover rate among VHA employees from 2022 to 2023.⁵⁴

To build upon this success, WWP supports actions to help further bolster VA hiring tools and expand the U.S. workforce in professions that are needed to meet the demand for care, particularly in mental health. While the most recent VA Workforce Dashboard from January 2024 is encouraging, we are still informed by Office of Inspector General findings from August 2023⁵⁵ that severe occupational staffing shortages persisted despite gains in onboard employees. Social work, psychiatry, and psychology remained among the most frequently reported severe shortage areas. To address this, we encourage Congress to pass the *VA CAREERS Act* (S. 10) which would notably increase pay caps for physicians (including psychiatrists), lower out-of-pocket costs for licensure exam costs and continuing education for other positions (like psychologists).

We note the impact on the mental health care field above to underscore the importance of addressing the national shortage of mental health care providers. Ensuring that VA can build and maintain a sufficient mental health workforce to meet demand is one of our goals, but VA will likely need a robust network of community providers to complement their efforts – and to ensure that there is no wrong door when a veteran seeks care. According to the National Institutes of Mental Health⁵⁶, more than 57 million U.S. adults live with a mental illness. However, due to a lack of accessible care, only 47 percent of those adults with a mental illness will receive mental health treatment. And as reported by the Health Resources and Services Administration (HRSA)⁵⁷, over 160 million Americans currently live in federally designated mental health professional shortage areas, and by 2025, there will be an estimated shortage of over 250,000 mental health professionals⁵⁸.

The data above tells us that we simply need more providers in the field regardless of whether they choose to practice at VA or in the community. To that end, we support several bills that will help develop and sustain a mental health workforce that can begin to close the gap with demand for services. One way for Congress to act outside of the VA system – but nevertheless helping veterans, particularly those in underserved areas – is to pass the *Mental Health Professionals Workforce Shortage Loan Repayment Act* (S. 462, H.R. 4933). This bill would authorize the federal government to repay up to \$250,000 in eligible student loan repayment for

⁵⁴ Press Release, U.S. Dep't of Vet. Affairs, VA Sets All-Time Records for Care and Benefits Delivered to Veterans in Fiscal Year 2023 (Nov. 6, 2023), *available at* <https://news.va.gov/press-room/va-all-time-record-care-benefits-veterans-fy-2023/>.

⁵⁵ OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FISCAL YEAR 2023 6 (Aug. 2023).

⁵⁶ NAT'L INST. FOR MENTAL HEALTH, *Mental Illness*, <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited Feb. 27, 2024).

⁵⁷ HEALTH RES. & SERVS. ADMIN., U.S. DEP'T OF HEALTH & HUMAN SERVS., *Health Workforce Shortage Areas*, <https://data.hrsa.gov/topics/health-workforce/shortage-areas> (last visited Feb. 27, 2024).

⁵⁸ NAT'L CTR. FOR HEALTH WORKFORCE ANALYSIS, U.S. DEP'T OF HEALTH & HUMAN SERVS., NATIONAL PROJECTIONS OF SUPPLY AND DEMAND FOR SELECTED BEHAVIORAL HEALTH PRACTITIONERS: 2013-2025 (Nov. 2016), *available at* <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>.

mental health professionals who provide substance use disorder care in mental health shortage areas. Congress can also pass the *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S. 3430) which would provide incentives under Medicare and Medicaid to health care providers to provide mental health and substance use disorder treatment in health professional shortage areas.

Modernize VA electronic health records

Wounded Warrior Project supports the vision of a single, common federal electronic health record (EHR) that enables a familiar, dependable, and seamless health care experience from the time a Service member joins the military, through their transition to civilian life, and throughout their lifelong care as a veteran. The intent of the new system is to connect VA medical facilities with DoD, the U.S. Coast Guard, and participating community care providers, allowing clinicians to easily access a veteran's full medical history in one location. We believe a successful deployment of a modern EHR will provide efficiencies and greater quality in patient and prescription data, all of which will lead to greater quality of care; better identification of high-risk patients related to suicide, toxic exposures, and opioid abuse; and a greater quality of life for all veterans. For that reason, we want to commend your Committees for your vigorous oversight of the critical task before VA to modernize its electronic health records so this vision can be realized across the largest integrated health system in the United States.

While VA is expected to complete the enterprise-wide implementation in several years, the program has not been short of challenges. VA has delayed future deployments of the new EHR until challenges with the system can be addressed and functional optimization can be achieved for veterans and VA health care personnel. However, there is optimism, as DoD has demonstrated its ability to deploy the Military Health System's Genesis (MHS Genesis) successfully fully across all DoD facilities – except for the joint DoD-VA facility in Chicago, which is slated to go live in March 2024 – illustrating what VA can achieve with the right oversight.

Wounded Warrior Project shares the community's concerns with the status of VA's EHRM efforts, but we believe that a fully interoperable EHR between DoD, VA, and community providers should still be the goal for the community and encourage your Committees to continue this path. WWP is concerned by current efforts to abandon this goal and would suggest Congress play a larger role in oversight to ensure all stakeholders are held accountable. WWP believes Congress needs to exercise vigilant oversight of the implementation process to ensure high levels of interoperability and data accessibility between VA, DoD, and commercial health partners. The Committees can provide oversight in the following ways:

Standardization: We are grateful for VA and Oracle's respective transparency and communication with veteran service organizations during the current EHR modernization project reset that was announced in April 2023. Continued progress and ultimate success are critical, and Congress must continue to play a role in ensuring both. One of the challenges identified by both VA and Oracle has been the decentralized governance structure and variance in customization requests across the VA enterprise. Governance and decision-making practices at VA that facilitate progress and accountability; and development and adherence to clear

benchmarks, milestones, and success criteria from VA that will ultimately get the EHR modernization back on track and completed. We were pleased to learn that VHA held its first of its kinds conference across VHA stakeholders to understand the value of standardization and to drive needed holistic standardization effort. Continued oversight and ensuring that there is a single point of accountability within VA, responsible for establishing and enforcing standards, is critical to the program's success.

Improving Interoperability: A significant stride toward improved interoperability involves delivering a single, common federal EHR at scale, spanning across the VA, DoD, the U.S. Coast Guard, and other partners. Congress should enact oversight as needed to ensure the EHR is able to provide seamless health care from a Service member's entry into the military through their lifelong care as a veteran, with a unified longitudinal record accessible wherever they choose to seek care. Furthermore, enhanced interoperability between VA and community care must be achieved through additional connectivity into the Joint Health Information Exchange (JHIE), linking the VA to over 90% of all community health care providers.

Additionally, it is critical that VA's EHR is able to connect with all DoD systems to ensure at-risk populations are properly identified. As we noted in previous testimonies, among the requirements of the *PACT Act*, DoD and VA are required to coordinate regarding Service members' and veterans' ability to update exposure records in the Individual Longitudinal Exposure Record (ILER). This application is used by the DoD and VA to track, record, and assess environmental and occupational exposure to potentially hazardous substances, data that is crucial to health care interventions and treatment for exposed warriors and can help VA better identify high-risk individuals. Capturing critical exposures in the ILER record, or similar systems, is irrelevant if that critical information is not able to be migrate into a Service member or Veteran's EHR. As Congress exercises its oversight powers, we encourage you to also consider integration of critical systems into the EHRM efforts so that VA is not trying to solution for them after the fact.

Above all else, we wish to state unequivocally that a fully interoperable EHR between DoD, VA, and community providers should still be the goal for the community. We encourage the Committees to continue this path and believe that efforts to abandon the EHR modernization project would be against the best interest of veterans and their future care.

CONCLUSION

Wounded Warrior Project thanks the Senate and House Committees on Veterans' Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. Your actions over the remainder of the 118th Congress will have a significant impact on the next steps VA, and the greater community, take to better serve veterans while considering questions related to its care, programming, assets and infrastructure, workforce, technology, and more. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

APPENDIX



WOUNDED WARRIOR PROJECT®

★ FISCAL YEAR 2023 IMPACT ★

197,500+ WARRIORS | 49,000+ FAMILY MEMBERS | 72 NEW REGISTRANTS EACH DAY

Wounded Warrior Project® (WWP) is transforming the way America's veterans are empowered, employed, and engaged in our communities. Our direct service programs focused on connection, independence, and mental, physical, and financial wellness create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection, which are known to reduce the risk of veteran suicide. The following statistics represent program activity and impact during the 2023 fiscal year (10.01.22 - 09.30.23).

MENTAL HEALTH

ABOUT THREE IN FOUR WWP WARRIORS REPORT MENTAL HEALTH CHALLENGES LIKE PTSD, ANXIETY, AND DEPRESSION.* WWP ENSURES THEY NEVER HAVE TO FACE THESE CHALLENGES ALONE.

66,300+

hours of treatment for PTSD, traumatic brain injury, substance use disorder, and military sexual trauma

PROVIDED TO

3,500+

warriors and family members



19,500+

emotional support calls conducted with warriors and family members

RESULTING IN

69%

experiencing an improvement in their mental and emotional health

AND

55%

becoming more resilient, a key factor in preventing suicidal ideation



9,800+

warriors and family members were connected to mental health programs or services through WWP

PHYSICAL HEALTH

POOR SLEEP AND CHRONIC PAIN ARE TOP ISSUES AMONG WWP WARRIORS.* OUR PROGRAMS ARE DESIGNED TO HELP THEM SLEEP BETTER AND GET BACK TO ENJOYING LIFE.

Among warriors who participated in WWP Physical Health and Wellness coaching:

51%

experienced an improvement in sleep quality

AND

45%

experienced a reduction in pain, reducing the interference of physical injuries on daily life

AND

66%

experienced an improvement in mobility



52%

experienced an improvement in their mental and emotional health, demonstrating the importance of physical health on mental well-being



93%

of participants in WWP Soldier Ride® events say they have greater self-confidence after participating in the event

FINANCIAL WELLNESS

WWP WARRIORS FACE HIGHER RATES OF UNEMPLOYMENT AND FINANCIAL DISTRESS THAN THE GENERAL POPULATION.* WWP'S FINANCIAL WELLNESS PROGRAMS EMPOWER THEM TO OVERCOME THESE OBSTACLES.

63,800+

career coaching services provided, including resume review, interview prep, and post-placement counseling

RESULTING IN

1,500+

warriors and family members achieving employment



\$175.7M

economic impact of VA benefits claims handled by WWP

WITH A

85%

approval rate



2,200+

participants in the WWP Financial Education program, which helps warriors build a strong financial foundation through resources like educational seminars and one-on-one counseling

CONNECTION

WWP FOUND SOCIAL SUPPORT TO BE A PROTECTIVE FACTOR AGAINST SUICIDAL IDEATION AMONG WWP WARRIORS.* OUR PROGRAMS AND EVENTS HELP KEEP WARRIORS CONNECTED AND OUT OF ISOLATION.

4,400+

virtual and in-person events, keeping warriors and their families connected and out of isolation

Among those who participated in these events:

96%

reported that they feel socially connected to their peers

AND

95%

said they have people they can depend on



2,100+

warrior-only peer-to-peer support group meetings held

INDEPENDENCE

241,800+

hours of in-home and local care provided to the most severely injured warriors, helping them live more independent lives for as long as possible

*WWP 2022 Annual Warrior Survey

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WOUNDED WARRIOR PROJECT®

COMMUNITY PARTNERSHIPS



Wounded Warrior Project® (WWP) believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. Our Community Partnerships team reinforces our programmatic efforts and expands our impact by investing in like-minded military and veteran support organizations. Please refer to this list of current partners as you seek out resources beyond WWP:



Wondering which of our partners might best suit your current needs?
The WWP Resource Center can help! Call 888.WWP.ALUM (997.2586)

Current List Of Partner Organizations (10.1.23)