

STATEMENT OF
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BEFORE THE

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

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Chairmen Tester and Takano, Ranking Members Moran and Bost, members of the Senate and House Committees on Veterans’ Affairs, it is my honor to be with you today on behalf of the more than 1.5 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary—America’s largest war veterans organization.

I would like to begin by thanking the members of the committees on your hard work for veterans in the 117th Congress. During a time of divisive partisanship and a global pandemic you have worked across the aisle and across chambers to pass legislation to improve care and benefits for America’s veterans and our families. The House and Senate Committees on Veterans’ Affairs continue to remain as examples of how work should be conducted in Washington, D.C.

For decades, veterans have returned home from war with an array of unexplained health conditions and illnesses associated with the toxic exposures and environmental hazards they encountered in service. Today is no different, and toxic exposure has become synonymous with military service. For this reason, THE TIME IS NOW for Congress to change the way veterans receive health care and benefits to help save lives.

Toxic Exposures

At this joint hearing last year and in hearings in April and May of 2021, the VFW called upon Congress to work in a bipartisan manner and with Veterans Service Organizations (VSOs) to develop a comprehensive solution for toxic exposure. You heard our message and took several pieces of VFW-supported legislation and put them together. The VFW supports Senate bill, S. 3003, *COST of War Act of 2021*, and House bill, H.R. 3967, *Honoring our PACT Act of 2021*. We are also encouraged by the bipartisan and bicameral efforts to move each section of these larger bills across the finish line.

These are historic pieces of legislation that would help millions of toxic-exposed veterans. They would address the still lingering conditions and locations for Vietnam War veterans exposed to Agent Orange and take care of Atomic veterans and veterans from the K2 base in Uzbekistan. Each has a significant focus on burn pits and improving the Department of Veterans Affairs

(VA) disability claims process. The time is now to pass these bills and finally address the needs of sick and disabled veterans.

Both the *COST of War Act* and the *Honoring our PACT Act* focus on the following key areas: health care for toxic-exposed veterans, a concession of exposure to burn pits for veterans who served in certain locations, a list of presumptive conditions related to burn pit exposure, and a framework for VA to review and grant new presumptive conditions for any toxic exposure in the future. Additionally, the bills include critical training necessary for VA health care providers to better diagnose and treat veterans with conditions related to toxic exposures and for VA disability claims processors to understand how to properly rate and adjudicate toxic exposure claims.

Health Care

The health care expansion within these two bills is vital for toxic-exposed veterans who need treatment for current conditions and for preventive care. In the same way that Vietnam era veterans have access to VA health care, so should the Post-9/11 era of veterans who were exposed to burn pits and other environmental toxins. Veterans today have earned access to health care and compensation.

This shift would indeed increase the number of users of the VA medical system, but this is certainly necessary after more than twenty years of conflict and is something VA should have anticipated. By providing veterans care now, VA could deliver lifesaving, early detection for serious and rare conditions. Delaying access to medical care will only create a larger and potentially more costly problem in the future as some veterans will require significant care as their conditions worsen.

Concession of Exposure

VA reporting indicates that nearly eighty percent of toxic exposure disability claims related to burn pits are denied. The most difficult aspect veterans face in applying for these benefits is the inability to prove that an exposure took place. Without documentation from their service records, veterans often lack evidence that provides a nexus to their health condition and the in-service event, which is a requirement to be granted service-connection.

In 1991, after decades of advocacy, Vietnam War veterans were finally presumed to have been exposed to herbicides such as Agent Orange. This is a “concession of exposure.” It is important because it is an acknowledgement that service members at certain locations during certain time periods were exposed to particular toxins, removing the burden of proof from the veteran. The *COST of War Act* and the *Honoring our PACT Act*, both include a concession of exposure to burn pits for those who served in Iraq, Afghanistan, and other key locations during the Global War on Terrorism. This would help veterans with serious health conditions more easily access the care and benefits they so desperately need.

Presumptive Conditions

Another important aspect of these comprehensive bills is that they include lists of presumptive conditions related to burn pit exposure. While the number of conditions in each bill differs, they both consider scientific findings which relate serious cancers and respiratory conditions to the burning of waste. It will always be difficult to fully replicate and study the exact components of every burn pit that was used over the last twenty years of conflict. There already exists a large body of research pointing to the health effects of humans exposed to burning trash where jet fuel is the most common accelerant. The conditions listed in the bills address some of the most serious conditions that veterans are facing and are an integral part of accessing vital care and benefits in a timely manner.

Framework

The process in which VA reviews and considers new presumptive conditions is fundamentally broken. Under the authority of the *Agent Orange Act of 1991*, VA entered into an agreement with the National Academy of Sciences (NAS)— now part of the National Academies of Sciences, Engineering, and Medicine (NASEM)— which assessed the strength of association between herbicide exposure and various health conditions. The legislation also provided VA with timelines to review the findings of NAS, determine whether a presumption of service connection was warranted for each condition, and issue proposed regulations. Under this framework, the majority of Agent Orange presumptive conditions were determined, but the two conditions of hypertension and monoclonal gammopathy of undetermined significance (MGUS) remain. NASEM determined in 2018 that there was sufficient evidence of an association for these two conditions, which is a level of association higher than some of the other conditions on the Agent Orange list. The fact that VA still has not added those conditions to the list points to the now-expired authority of the legislation and VA’s unwillingness to adhere to this scientific body, or any other on its own, without the passage of new legislation.

The VFW supports adding hypertension and MGUS to the Agent Orange list of presumptive conditions. In addition, we strongly believe that a new presumptive process is needed at VA. This framework should use what worked well from the past—a transparent process with timelines, an independent scientific review board, and a decision-making model based on positive association.

The VFW acknowledges that VA is currently in the process of developing a new presumptive pilot program, with the expressed goal “to lower the burden of proof for Veterans impacted by exposures and speed up the delivery of health care and benefits they need.” We have not yet been presented with the full details of the pilot, nor have Veterans Service Organizations (VSOs) been included in its development, so we cannot assess its merits at this stage. This does not change the fact that we believe a new and effective framework must be codified by statute so that future administrations will continue to be held to the same standard.

Training

Toxic exposure claims can be extremely complex and difficult for VA claims processors to accurately process. In a September 2021 VA Office of Inspector General (OIG) report, it was assessed that VA had made inaccurate rating decisions in nearly half of Blue Water Navy claims. The report indicates that claims processors did not fully understand how to apply the changes made through the *Blue Water Navy Vietnam Veterans Act of 2019*, nor were the established procedures followed correctly.

Training on these complex toxic exposure claims will be critical for VA staff to ensure accuracy and prevent veterans from having to go through the lengthy appeals process. Training will also be necessary for VA medical providers, in order to for them to properly identify and treat conditions related to toxic exposures, as most do not have any specific training in this area.

Ending the Piecemeal Approach

The components of the *COST of War Act* and the *Honoring our PACT Act* are necessary as a complete package to fix the broken system at VA regarding toxic exposures. Without one part, the process will continue to create significant barriers for suffering veterans. Without health care access, veterans may lose the opportunity for early detection and preventive care. Without a concession of exposure, veterans with conditions not on a presumptive list may still be denied their benefits. Without proper training for VA staff, the delivery of both health care and benefits are at risk.

We must work together to reconcile these two comprehensive legislative packages and pass a final bill swiftly. We must learn from the past and not delay any longer. It is time to end the piecemeal approach of addressing the problem one disease and one location at a time. The time is now to fix the process for veterans of the past, present, and future.

VA Benefits Issues

Veterans faced unprecedented challenges in accessing and understanding their rights to competent representation for the preparation, presentation, and prosecution of benefit claims before VA due to the chaos of the COVID-19 pandemic. As a result, bad actors seized the opportunity to aggressively target veterans online, seeking to charge predatory fees to assist with benefit claims. Organizations like the VFW continue to serve our veterans unabated by leveraging technology to overcome the challenges of reaching veterans during the COVID-19 pandemic. We have learned a great deal about how to better communicate the right to no-cost, competent, accredited representation in the claims process. We are grateful for the attention that the current Veterans Benefits Administration (VBA) team has paid to this issue alongside the VFW and our accredited partners to help veterans access their earned benefits and weed out predators.

Recently, VBA has worked to improve its consumer resources to better inform veterans of the right to accredited representation and what to expect from the process, including working closely with states to weed out bad actors seeking to exploit veterans and, in some cases, defraud VA.

Furthermore, the VFW is working closely with the Veterans Experience Office, VA Office of General Counsel, and VBA's Office of Transition and Economic Development to better communicate the right to representation and how to select an accredited representative as part of the military transition process.

The VFW and our partner VSOs know that there is plenty of accredited help for veterans in communities across the country, whether they seek the help of a VFW representative or from another VSO, a state or county representative, or an accredited agent or attorney. Veterans can experience challenges when finding the right representative who carries VA accreditation and is mandated to abide by the laws and regulations that govern the process. We look forward to continuing to work with VBA and other business lines across VA to spread this message and ensure veterans can choose the highly trained and accredited representatives that are right for them.

We are thankful that Congress and Secretary McDonough have been listening to the VFW and our partners, and are willing to work together to hold VA accountable, institute key policy changes, and reinstate veteran-centric business processes. The VFW looks forward to continued collaboration with VA and your committees to implement these critical reforms, offering our veterans reliable access to the benefits they have rightly earned.

Reinstate Pre-Decisional Review

On April 30, 2020, VA informed VSOs that it would eliminate the 48-hour, pre-decisional review process for claims. The VFW continues to be vocal in our opposition to the elimination of this decades-old practice and insists on its restoration. To address this, we have pursued litigation, which is currently underway. This review served as the final quality check that our advocates could perform on behalf of our clients to ensure that their rating decisions were correct the first time, as they rightfully deserve.

Appeals Modernization Act Implementation

As a collaborative partner in the development of the *Appeals Modernization Act* (AMA), the VFW is encouraged by VA's efforts to seek congressional support and include VSOs at multiple levels. To be clear, the VFW believes that AMA is largely working as intended. We believe that the framework for veterans to seek review of decisions remains sound and we have been encouraged by the timeliness with which VBA has recently adjudicated Higher Level Reviews under AMA. Moreover, the changes to the Board of Veterans Appeals (BVA) business processes under AMA have allowed organizations like the VFW to reimagine ways in which we serve the needs of our clients, improving efficiency and clarity in how veterans can seek review of their decisions.

We thank VBA for leaning forward on the Claims Accuracy Review (CAR) pilot program, which is made possible through the AMA framework. We have seen some success in quickly correcting decisions, but accredited representatives are skeptical that CAR is the best solution in its current form. Thankfully, this is an iterative process and we look forward to working with VBA to continually improve this process to meet the needs of veterans.

The VFW understands that legacy appeals will continue to demand our team's attention as VBA handles its remand workload and as appeals resulting from the Beaudette v. McDonough decision arrive at BVA for adjudication. The VFW stands ready to ensure that VBA administers these remands in a timely manner and that BVA has the business processes in place to handle the influx of Beaudette appeals.

Supplemental Claims and Intent to File

The VFW continues to have concerns with VA's interpretation of AMA language on Supplemental Claims. In the time since the AMA was enacted, the VFW and other VSOs have had numerous discussions with VA on the matters of prohibiting Intent to File (ITF) on Supplemental Claims and the requirement to submit anything that VA considers to be a supplemental on the required VA Form 20-0995.

Thankfully, the courts threw out VA's regulations restricting ITF, but to fully resolve this issue, VA must start to accept Supplemental Claims on any complete application for VA benefits, as Congress intended when it passed the AMA. We truly believe that this is a commonsense solution that will not only improve access to benefits for veterans, but also simplify VBA business processes, resulting in more timely and accurate benefits delivery.

The AMA was designed to simplify the claims process for veterans, and in most instances, we believe that it has succeeded. If we can work together to resolve this final Supplemental Claim issue, we believe we will have achieved the solid framework for benefits delivery that your committees, VA leaders, and the VSO community worked so hard to build.

21st Century Tools to Access Benefits

VA should be applauded for quickly migrating from a paper-based benefits system to a digital claims environment through the implementation of the Veterans Benefits Management System (VBMS). Since the introduction of this system, the VFW has sought to work with VA on new and innovative ways to provide quality advocacy for our veterans by leveraging technology.

In 2016, the VFW laid out a strategic vision for our global network of accredited representatives through which we would be able to provide quality claims assistance anytime, anywhere, through a reliable internet connection. When the COVID-19 pandemic hit, the objective to provide real-time claims service via the internet took on a whole new significance. Fortunately, the VFW was prepared to meet this challenge, and we continue to provide high quality claims assistance to our veterans even when we cannot always meet with them face-to-face.

As we navigate this changing world and the shifting manner in which we all deliver our services, it is imperative that VA works with its trusted partners like the VFW to ensure we can provide access to earned benefits regardless of the obstacles. For years, we worked in lockstep with VA to stand up systems like Stakeholder Enterprise Portal (SEP), Digits 2 Digits, Claims Management Portal, and others to allow our advocates and our clients to navigate their benefits electronically. VA also worked closely with accredited representatives to issue the required

electronic credentials to access VA information systems to provide the quality advocacy that our clients expect.

The VFW participated in a roundtable discussion with the House Veterans' Affairs Subcommittee on Technology Modernization in late 2019 and articulated our vision for a 21st century claims process. Since this meeting, our plans to improve our digital connection with claimants has continued to grow, with the VFW looking at ways to better link our claims management database directly with VA systems. The VFW also seeks to create a client-facing portal that allows claimants to interact with our accredited representatives in a secure manner, allowing us to more efficiently share and submit the information necessary to advance a benefit claim in partnership with VBA and our vendor, Tyler Technologies.

Current VA leadership has invited dialogue on improving digital tools for accredited representatives and veterans. The most substantial collaboration to date is the creation of VBMS. To the VFW, this is a game-changer on how we advocate for our claimants. In the past, we had to rely on cumbersome printed paper decisions. Keeping track of notifications was unwieldy and inefficient for both VA and our accredited representatives. For years the VFW has asked for electronic notification and we are grateful that VBA was finally able to deliver. We look forward to working with VBA on next steps in this process, to include simplifying VA systems access by moving away from the antiquated PIV badge system and building modern multifactor authentication for accredited representatives to access the systems we need.

Last summer, VBA surveyed VSOs on the needs of our accredited representatives in accessing VA systems. The goal of this survey was to build a new service provider system on VA.gov for accredited representatives. Our understanding is that VBA has taken this feedback and is looking to build a new system in 2022. We believe this system will help move VSOs closer to providing quality, real-time claims assistance to veterans from any reliable internet connection, and we look forward to working with VBA on this project.

Veterans are entitled by law to competent representation in the VA benefits process. Through continued collaboration and by accomplishing the VFW's objectives, VA is moving closer to providing veterans advocates with the same advocacy rights in the digital environment as were allowed in the paper-based claims process, and hopefully beyond. Aside from satisfying these statutory obligations, the VFW believes that VA will also achieve greater efficiency in the delivery of benefits to veterans.

Separation Documents

The Reserve Component does not have a single, comprehensive separation document like the DD Form 214 (DD-214). As the widely accepted standard form proving military service, only the Active Component receives a DD-214 on a predictable basis. Reserve Component members receive a DD-214 only under certain conditions and can receive many throughout a career, thereby increasing chances of lost forms and potentially lost access to benefits. Moreover, a 2019 RAND Corporation study found that the DD-214 neither captures cumulative service for these members nor includes Reserve-Component-specific data, complicating access to the full breadth of their earned benefits.

The VFW believes the Department of Defense (DOD) should adopt a uniform separation document that fully captures military members' unique service characteristics, regardless of the component in which they served. Accordingly, we urge Congress to pass S. 1291, *Record of Military Service for Members of the Armed Forces Act of 2021*. Moreover, the document must be available and accessible to service members to retrieve as needed, similar to a certificate of eligibility that a veteran would receive from VA to use their education benefits.

C&P Exams

Compensation and Pension (C&P) exams are a critical part of the VA disability claims process. The VFW supports S. 3163, *RURAL Exams Act of 2021*, which would improve data collection of C&P exams to better track timeliness, quality, and veteran satisfaction. The VFW has asked for this information to better understand the quality of both VA and contract exams in all parts of the country. It would also provide performance-based incentives for contractors to provide high quality exams in rural areas and would require inspections of contractor facilities to ensure exams are conducted in safe and appropriate locations.

VBA IT Upgrades

The COVID-19 pandemic continues to impact disability compensation claims processing resulting in a current backlog of over 260,000 claims. Some veterans who missed their C&P exams in 2020 were still able to reschedule and attend either in-person or virtual appointments during 2021, while others were hesitant to attend in-person exams as infection rates fluctuated throughout the country. The backup of exams continues to contribute to the growing backlog of pending claims.

During 2021, pressure intensified from VSOs, veterans, and the public on the need for VA to recognize presumptive conditions related to burn pits, Agent Orange, and a range of other toxic and environmental exposures due to military service. In August, VA added three new presumptive conditions associated with particulate matter exposure and has since hired 2,100 personnel to address the growing number of claims.

To address the growing backlog of disability claims, the VFW believes that there are limits to hiring more personnel and it will take time to train the new influx of hires. VBA also needs significant investment in its information technology (IT) claims processing infrastructure to move to a single, unified system that includes the latest in automation and artificial intelligence technologies. A digital benefits upgrade, similar in scope to the Digital GI Bill modernization in Education Services, would first require a significant investment in VA's budget, followed by strong collaboration with private industry peers and VSOs that provide claims representation, to build, iterate, and test a true 21st century claims system. VBA needs these critical IT improvements to increase efficiency in processing large numbers of claims in a timely manner as well as providing resources to accredited representatives to more efficiently assist claimants.

Improvements to Survivor Claims Process and DIC Increase

Part of VA's mission is to assist surviving spouses and children following the death of their

service member or veteran. The VFW finds that survivors are usually not prepared for the dramatic financial impact and have difficulty understanding the benefits to which they are entitled. While VFW Service Officers do assist survivors, improvements are needed from DOD and VA to better prepare, educate, and communicate with survivors during their time of need.

Dependency and Indemnity Compensation (DIC) is paid to the survivors of service members who died in the line of duty or to veterans who died from service-connected injuries or illnesses. This benefit has only minimally increased since it was created in 1993. Currently, DIC is paid at forty-three percent of one hundred percent permanent and total disability while all other federal survivor programs are paid at fifty-five percent. The VFW supports H.R. 3402 / S. 976, *Caring for Survivors Act of 2021*, to finally increase DIC payments to survivors, reaching parity with other federal agencies.

Health Care Issues

The COVID-19 pandemic changed the dynamic of the American health care system. As Veterans Health Administration (VHA) facilities and other health care systems throughout the nation applied a public health response, health care providers converted patient appointments to communication through telephone or video. The COVID-19 pandemic highlighted critical issues like expedited staff hiring and telehealth appointment platforms that the VFW hopes VHA continues beyond the pandemic. The VFW continues to monitor the safety and effectiveness of VA care at major medical facilities, outpatient clinics, and VA nursing homes to ensure the best possible care for those who have earned it.

Before the pandemic, VA had roughly 45,000 unfilled vacancies, including approximately 2,500 primary care physicians, more than 700 psychologists, and 1,900 social workers. Over the last two years VHA relaxed hiring policies, and *Coronavirus Aid, Relief, and Economic Security (CARES) Act* funding allowed VHA to hire new employees by the thousands. Although, as of the fourth quarter of fiscal year (FY) 2021, VHA had 47,310 vacancies for full-time employees, which is 16,732 more than the same quarter last year. The top five occupations with the most vacancies in VHA are nurses, medical support assistants, medical officers, social workers, and housekeeping aids. As the pandemic continues, the VFW urges Congress to pass *VA Nurse and Physician Assistant RAISE Act*, which would increase the pay rate to retain and incentivize these valuable health care professionals.

As new variants appear and COVID-19 cases surge, telehealth continues to play a critical role in maintaining veterans' mental and physical well-being during a time of social distancing and quarantine. Forty-one percent of veterans who responded to the VFW's COVID-19 survey in April 2021 stated their routine care appointments were converted to telehealth, which is slightly lower than the forty-seven percent from our 2020 survey. Telehealth appointments allowed veterans to gain access to their care in the safety and comfort of their own homes. By retaining telehealth as a tool to access, barriers such as transportation, inconvenience, unpaid time off from work, and child care were decreased. However, new issues arose such as limited access to high-speed internet, technology illiteracy, or lack of access to smartphones, tablets, or computers.

As COVID-19 vaccinations and boosters are given, veterans and their caregivers hear conflicting messages about who can receive the vaccination and how, or they receive no information from their VA medical centers. The first 133 VA facilities to receive the vaccination for distribution were VA medical centers and a few outpatient clinics. Many rural veterans rely on outpatient clinics as they are closer than the nearest VA medical center, which may be hours away by car. The VFW urges VA to keep the line of communication open regarding the COVID-19 pandemic, vaccination supplies, and scheduling appointments.

We would like to thank Congress for the swift passage of the *SAVE LIVES Act*. The VFW knows we cannot come out of this global pandemic until herd immunity is achieved, and we cannot accomplish that without whole households being vaccinated. Expanding VA's vaccination authority to immunize all veterans and their caregivers, will protect individuals and their communities. As of the end of January 2022, VA has fully vaccinated over 4.3 million individuals. Almost eighty-nine percent of the 2021 VFW COVID-19 survey respondents received at least one dose of the COVID-19 vaccine, and most were given at VA.

Mental Health and Suicide

The critical issue of suicide and mental health remains a priority for the VFW. Veteran suicide prevention requires a multi-faceted approach. An upstream perspective can examine root causes and support protective factors before mental health reaches a breaking point. This social-ecological model brings together the individuals, family and friends, and communities to create connectedness, strengthen life and coping skills, empower a purpose, and address social determinants of health to improve outcomes and reduce the risk of suicide.

VA's 2021 National Veteran Suicide Prevention Annual Report stated a decrease of 7.2 percent in the veteran suicide rate between 2018 and 2019. The report needs to include VBA information that can truly inform our decision-making on VA programming that affects social determinants of health. The VFW believes that VBA has significant data regarding recipients of these benefit programs, and that VA should easily be able to cross reference this data as it already has with VHA and now the National Cemetery Administration (NCA) to produce the annual suicide prevention report that provides a complete picture of how this change occurred.

All VFW members are eligible to use Vet Centers, and yet they are often overlooked as points of care offering various services such as individual and family counseling, benefits explanation, substance abuse assessment and referral, and many others. The VFW urges Congress to pass the *Vet Center Improvement Act of 2021*, which would require VA to develop and implement a staffing model and assess the productivity of Vet Centers.

The COVID-19 pandemic forced us to shelter in place, isolate, and social distance from each other, thereby increasing loneliness, anxiety, depression, and other mental health concerns. Telehealth played a large part in accessibility and timeliness of connecting veterans with mental health professionals. The continuum of care could carry on in the virtual world and build on existing trust between a veteran and their mental health provider. The VFW was the first partner with VA and Philips to roll out our five ATLAS sites, which provide telehealth services including mental health counseling to rural veterans. As of the beginning of February 2022,

VFW ALTAS sites hosted over ninety-four VA appointments at VFW Posts in Eureka, Montana; Linesville, Pennsylvania; Los Banos, California; Gowanda, New York; and Athens, Texas.

Although the data recently released from VA show a slight decline in veteran suicides, the number must be reduced to zero and remain there. There is movement in the right direction, but more needs to be done. The VFW urges Congress to pass the *STRONG Veterans Act of 2022*, which would improve substance use disorder treatment programs, increase Vet Center workforces, and provide oversight of the Veterans Crisis Line. Expanding VA mental health resources and research will support the comprehensive public health approach to suicide prevention. Additionally, the VFW urges strong oversight for all VA prescribing practices, to avoid overreliance on pharmaceuticals, specifically mental health related prescriptions is properly administered.

Veteran suicide prevention awareness is not just a VA, congressional, or veteran organization issue, it is an everyone issue. The VFW commends the members of these committees for their commitment to passing legislation such as the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, and ensuring VA implements the law as written and intended.

Mental Health and Suicide in Service

The issue of suicide and mental health in service also remains a priority for the VFW. In 2020, DOD found that the suicide rate within the Active Component has increased since 2015, while the Reserve Component experienced no change. Moreover, the study found that service members who are enlisted and young remain at heightened risk for suicide. While 2020 U.S. population suicide data were not yet available at the time of reporting, 2019 data indicated that, after correcting for sex and age, suicide rates for all service members were on par with the U.S. population. Many programs currently exist within DOD to mitigate suicide. However, it is unclear to what extent they are effective in decreasing the incidence of suicide within the ranks. Moreover, suicide-related definitions are not necessarily consistent across the services, which challenges accurate data collection, analysis, and reporting.

The VFW was pleased to see important steps being taken on these matters as part of the *National Defense Authorization Act (NDAA) for FY 2022*. We are eager to see the effect of improved suicide-related definitions on our understanding of the underlying causes of suicide among service members. Similarly, we look forward to the outcomes of the independent review of suicide prevention and response programs on military installations and urge Congress to implement associated recommendations. Finally, the VFW calls on Congress to pass the *Ensuring Veterans' Smooth Transition (EVEST) Act*, which would help ensure continuity of health care and decrease financial uncertainty in obtaining health care after service.

Military Sexual Trauma

Sexual assaults and harassment that occur during military service, known as military sexual trauma (MST), affect service members of all backgrounds, gender, and sexual orientation, and continue to be a problem that VA and DOD fall short in properly addressing. In 2018, DOD

estimated that nearly 20,500 service members had experienced some type of assault. An estimated 6.3 percent of active duty service women and 0.7 percent of service men have been sexually assaulted, while an estimated 25 percent of service women and 6.3 percent of service men have been sexually harassed. From FY 2012 to FY 2020, reported sexual assault cases increased from 2,828 cases to 6,290 cases. In 2019, sexual harassment complaints in the military were at just 1,600, while a 2018 survey of active duty troops indicated roughly 119,000 instances of harassment. The discrepancy between estimated prevalence and actual reporting of sexual assault and harassment among service members indicates MST is more pervasive than reporting alone would suggest. While DOD has continued to increase its efforts to reduce or eliminate sexual trauma within the ranks, the number of service members affected by MST has been slow to decline.

The VFW applauds Congress' inclusion of provisions in the FY 2022 NDAA that will substantially change how sexual assaults are handled under the Uniform Code of Military Justice (UCMJ). We are also relieved to see President Biden signed an executive order making sexual harassment a crime under the UCMJ. However, we believe there is still more to be done with regard to sexual harassment. While the FY 2022 NDAA made sexual harassment an offense punishable under the UCMJ and directs independent investigation, the definition for what constitutes "independent" is more loosely defined than for sexual assault. In the eyes of the UCMJ, the VFW believes sexual harassment should be handled in the same manner as sexual assault without room for interpretation. The VFW also urges Congress to ensure all recommendations of the 2021 Independent Review Commission on Sexual Assault in the Military are implemented with urgency and fidelity across DOD, regardless of component.

VA's national screening program screens all patients enrolled in VA for MST. National data from this program reveal about one in three women, and one in fifty men, respond affirmatively to having experienced sexual trauma while serving their country. All veterans who screen positive are offered a referral for free MST-related treatment, which notably does not trigger the VBA disability claims process. The VFW believes this should start an automatic process that allows veterans who have experienced MST to begin the claims process immediately. In addition to VA medical centers, VHA offers MST-related treatment at community-based and mobile Vet Centers.

VA's aim to end sexual harassment and abuse within its own walls falls short. Veterans and VA employees continue to experience some form of sexual harassment. Congress must provide oversight on programs and initiatives that were introduced in the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*. In September 2021, VA announced the release of the Online Bystander Intervention Training for veterans, which provides tools and techniques on how to respond if a veteran witnesses harassment or sexual assault at a VA medical facility. The VFW recommends promoting this training more widely through all communication channels, but also suggests that posters and flyers be displayed throughout all VA facilities, so it is clear to veterans where to report inappropriate behavior.

Military Sexual Trauma Claims

Sexual assault in the military directly affects the lives of service members once they transition out of the military. However, VA disability claims related to MST are incredibly complex. According to an August 2018 VA OIG report, VA incorrectly adjudicated half of the reviewed post-traumatic stress disorder (PTSD) claims for MST. The OIG indicated six specific recommendations for VA to review and correct denied claims and implement a series of changes needed to improve claims processing for MST. Regrettably, the most recent OIG report from August 2021 found that VA had not effectively implemented those recommendations, did not ensure adequate governance over MST claims processing, and that fifty-seven percent of the previously denied claims reviewed by VA had still not been processed correctly. This is incredibly troubling. The VFW is concerned that VA's lack of improvement to accurately process MST claims has unfairly denied veterans their benefits, forcing those willing to continue the process to go through unnecessary and emotionally distressing appeals.

It can take many years for survivors to even acknowledge a trauma occurred, and sharing details with advocates and care providers can be extremely difficult. Survivors of sexual assault often report feeling retraumatized when they must recount their experiences to disability compensation examiners. Therefore, we encourage VBA to employ the clinical and counseling expertise of sexual trauma experts within VHA or other specialized providers during the compensation examination phase.

The VFW supports H.R. 5666 / S. 3025, *Servicemembers and Veterans Empowerment and Support Act of 2021*, which would require VA to modernize the MST definition to include technological abuse, update the standard of proof for MST disability claims, review VBA's MST training for quality, and examine barriers and challenges MST survivors experience for inpatient mental health service. This bill is a necessary step to ensure veterans' MST claims are handled respectfully and veterans are given the much-needed support services from VA.

Caregiver Support Program

2021 marked the first full year of phase one applicants to VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). Since October 2020, VA received over 127,500 applications and approved thirteen percent of them. The majority of denied applications were because of program ineligibility or eligibility during phase two. As in any program expansion, there have been bumps along the way. VA met with VSOs to announce updates and created a VA Caregiver VSO Toolkit.

The VFW believes a veteran has the right to appeal non-medical determination by PCAFC. This is the right thing to do. Over a six-month period starting in November 2021, almost 450,000 letters will be mailed to veterans and their caregivers who received PCAFC denial decisions to explain the process to appeal. The VFW urges Congress to oppose any legislation that would overturn the Beaudette decision and remove the rights of veterans and their caregivers. With phase two PCAFC expansion this year, the VFW urges Congress to maintain oversight and ensure VA opens phase two applications on or before October 1, 2022.

Minority Veterans

Minority veterans' health outcomes are affected by real or perceived biases. As the population of minority veterans continues to grow, VA needs to adapt to meet the need for access to both health care and benefits services. Women, LGBT, and racial and ethnic minority veterans face barriers and challenges across different life domains. VA's "Minority Veterans Report: Military Service History and VA Benefit Utilization Statistics" from March 2017 states that in 2014 less than a quarter of the total veteran population was comprised of minorities, and this number is expected to increase to 35.7 percent in 2040. Nothing has been updated and published on the public-facing website since.

Gathering a veteran's background characteristics, such as race, ethnicity, sexual orientation, and self-identified gender identity, brings awareness to the veteran population and provides a clear picture of disparities in health care access and outcomes affecting them. Understanding a veteran's race and ethnicity can help health care providers address specific health care concerns for which the veteran may be at a higher risk. The VFW urges VA to ensure all VA forms and research captures this valuable information to correctly track needs, benefits, and services. Until this is corrected, inconsistent data hinders proper and inclusive research. VA recently included gender identifier in the medical record. By understanding a veteran's sexual orientation or self-identified gender identity, the health care provider's ability to provide appropriate care increases and LGBT veterans' risk of discrimination decreases.

Racial and ethnic disparities affect veterans' health care outcomes. According to the Government Accountability Office (GAO) report "Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities," VA's action plan and advancing health equity is lacking performance measures and accountability. The VFW believes that VA should adopt a culture of trust and action to achieve positive health outcomes for minority veterans. To begin this process, VHA must first consistently collect the correct race, ethnic, and sexual orientation data in the electronic health record system. Collecting basic demographic information is the first step in understanding the needs of a diverse veteran population.

Women Veterans Issues

Reproductive health follows a woman veteran throughout the seasons of her life. Women veterans will soon account for almost eleven percent of the national veteran population, and they comprise twenty percent of the veteran population ages 18-35. The average age of women veterans is fifty-one years old, which is almost fifteen years younger than for male veterans. Presumably, a significant portion of women veterans require family planning resources, prenatal and maternity care, or premenopausal and perimenopausal care.

Our VFW women veterans have routinely stated that VA must improve privacy at women's health clinics, access to gender-specific health care, prenatal and maternity care, mental health care to treat MST and postpartum depression, and targeted outreach to women to ensure that no veteran is left to wonder what benefits she is eligible to receive. Reproductive health services, family planning counseling, and contraception must be available as a matter of principle. There is absolutely no room for debate on providing in vitro fertilization to treat service-connected reproductive difficulties for younger female veterans. Military service has been linked to lower fertility rates, and genitourinary injuries, particularly from blast exposures, are a signature

battlefield trauma of operations in the Global War on Terrorism. Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. The VFW urges Congress to pass legislation that would expand VA services to include fertility preservation, and reproductive, adoption and child care assistance.

Mammography and other services to address health conditions that are more prevalent in women must be readily accessible. The VFW urges Congress to pass the *Making Advances in Mammography and Medical Options for Veterans Act*, which would require VA to develop a breast imagining strategic plan and upgrade to 3D digital mammography. In addition, this bill would create a telemammography pilot program, which would centrally locate radiologists in an adequately equipped room to read mammograms and digitally enter their diagnoses into veterans' electronic medical records.

The *Isakson-Roe Act of 2020* contains the majority of the *Deborah Sampson Act*. This forward-looking legislation will break the cultural barriers impacting women veterans by requiring VA to address privacy concerns and improve access, expand the amount of time new mothers are given to find health care coverage for their newborns, increase staff cultural competency, eliminate harassment and assault, and make other much-needed improvements to women veterans' health care. Understanding barriers and challenges to care, gap analysis on services for homeless women veterans, the availability of prosthetics for women, and research and studies specifically tailored toward women veterans will create a path to meet the future needs of women veterans. However, there is more work to be done. The VFW also urges congressional oversight of the Deborah Sampson portion of the *Isakson-Roe Act of 2020* to ensure proper implementation of this critical provision.

More and more women veterans are admitted to treatment programs and the number continues to rise. A majority of women veterans in treatment programs are there due to alcohol abuse, and use of cocaine and opiates. Women veterans with substance use disorders (SUD) have distinct needs and barriers to treatment. The VFW supports the *Women Veterans Transitional Residence Utilizing Support and Treatment (TRUST) Act*. The VFW also supports the *STRONG Act of 2021*, which would require VA to conduct a study on veteran access to inpatient mental health and substance abuse treatment programs.

Parity of Health Care Services

From the VFW's research and member feedback, as well as studies by RAND Corporation, NASEM, and other leading institutions, we know that VA provides high-quality health care. We also know that veterans tend to prefer treatment from VA, once they are eligible. A VA study published in August 2020 concluded that VA care ranked higher than community care in overall provider rating, communication, and coordination. DOD care, through both the direct care system and TRICARE, offers state-of-the-art treatment options at an extremely reasonable cost. Research done by VA and DOD has and continues to yield innovative new therapies and research that contribute to amazing advances in medical science, making health care better not just for service members and veterans but for all Americans and people the world over. Parity with the best options of civilian treatments, however, is often an issue in both VA and DOD.

The rapid innovation of research and development means that therapies and diagnostics, such as in vitro and laboratory-developed tests that focus on specific diseases, are available to the general public and are reimbursed by commercial insurance but are not covered by VA or DOD. Some reproductive health services that are readily available and are a common standard of care from civilian providers and commercial insurers are not covered by VA or DOD. Conversely, VA rehabilitation programs, prosthetics, and inpatient mental health and substance abuse treatment lead the way for the nation.

VA and DOD should develop more agility in their certification and procurement processes to take full advantage of changing standard-of-care treatments. VA and DOD health care is first-class and must remain responsive to ensure that America's service members and veterans do not receive lesser care or fewer options than other Americans.

The VA formulary currently carries all categories of pharmaceuticals deemed preventive by the U.S. Preventive Services Task Force. However, VA is exempt from requirements to provide preventive care and services without cost shares. Cost is a significant barrier for veterans who use VA health care, who have been found to have a lower income on average than veterans who do not use VA health care.

There are currently eleven categories of preventive medications found to be effective, such as aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for the cost of preventive medication to prevent such birth defects. Vitamin D is another preventive medicine that is often prescribed to prevent bone fractures, which benefits traumatic brain injury patients with hindbrain injuries. There is also breast cancer prevention medication that is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible disease and to be health care cost savers.

Preventive dental care can significantly impact veterans' health and quality of life, including job security. However, only veterans who are one hundred percent service-connected disabled, certain homeless veterans, and those who have a service-connected dental condition are eligible for VA dental care. The majority of veterans enrolled in VA health care are unjustly denied access to VA dental care. Instead, they are offered the ability to purchase dental insurance through VA, which has high costs and poor coverage. The VFW urges Congress to expand eligibility and resources regarding the VA Dental Insurance Program.

Women veterans who use VA health care for family planning services are also concerned that VA requires copayments for preventive prescription drugs, such as contraceptives. This is counter to industry standards for private health insurance plans, which do not require out-of-pocket costs for preventive care prescriptions. The VFW supports the House-passed *Equal Access to Contraception for Veterans Act*.

VA Infrastructure

Over the past decade, the VA health care system has faced significant challenges and undergone historic reforms to improve veterans' access to timely and high-quality health care. The *VA MISSION Act of 2018* was enacted to improve veterans' access to medical care by expanding VA's internal capacity to deliver care, and by developing new community care networks to integrate within the VA health care system to serve as a supplemental source of care if VA were unable to provide needed services or do so in a timely manner. The law also established an Asset and Infrastructure Review (AIR) process to modernize, realign, and rebuild VA's health care facilities. VA is also currently engaged in a ten-year, sixteen-billion-dollar modernization of its Electronic Health Record Management (EHRM) system. As these truly pivotal transformations continue during the COVID-19 pandemic, it is important for VA to incorporate critical lessons about how to safely and effectively expand and improve the delivery of care today and in the future.

While VA has received increased funding levels to support the veterans' health care system and an increasing number of veterans are seeking VA care, the lack of resources for facilities management and modernization, sufficient health personnel to meet demand for care and benefits, and replacement of aging systems of support continues to negatively impact accessibility. VA's aging infrastructure not only causes many veterans to wait too long and travel too far care, but also potentially endangers the health and lives of veteran patients and VA personnel.

The past year has shown VA's strengths and weaknesses, and has spotlighted areas where VA needs improvement. As a result, the VFW is closely monitoring the progress of the VA Market Assessments and the upcoming AIR process. We believe the AIR commission is vital to the future of VA care and must be administered correctly. The bipartisan work that took place to ensure a proper AIR process should not be undermined by hasty partisan efforts. The VFW recommends that the AIR commission implements a methodical review process and produces a report detailing the future needs of VA assets and infrastructure. We urge Congress to immediately provide funding for all necessary changes and recommendations resulting from the AIR commission's report, separate from the other outstanding infrastructure needs.

Problems with VA's Planning, Budgeting, Management and Oversight of Infrastructure

While VA's Strategic Capitol Investment Planning (SCIP) process ostensibly provides a consolidated and prioritized list of all VA major construction, minor construction, non-recurring maintenance (NRM), and lease projects, VA's budget request regularly fails to include the full SCIP funding estimates or priorities. The SCIP process does not provide a chronological list of anticipated repairs, renovations, and replacements of facilities necessary to develop an actuarial schedule of facility lifecycle repair and replacement costs. At best, SCIP provides nonbinding suggestions to the VA budget process, which are regularly ignored, resulting in an ever-increasing backlog of overdue maintenance and construction projects. Furthermore, as long as funding for VA infrastructure remains part of its discretionary budget, it must compete with other VA health care and benefit delivery priorities in an era of rising deficits and debt, budget caps and sequestration. In this limited fiscal environment, VA is forced to choose between properly funding the maintenance of existing facilities or making overdue modernizations and

expansions to meet veterans' future health care needs. As a result, the annual discretionary appropriations process has resulted in more than two decades of inadequate funding and a rising backlog of critical VA health care construction projects and leasing requirements. This underprioritizing has led to some of the needs of the AIR commission, and we hope this committee stands ready to remedy all VA infrastructure needs.

Inefficient VA construction management and congressional oversight procedures are obstacles to timely and cost-effective infrastructure maintenance and construction. Neither VA's Office of Construction and Facilities Management nor individual VA facilities have the manpower or expertise required to plan or oversee VA's infrastructure. VA's multi-step planning, contracting, funding, and approval process is consistently plagued by delays and cost overruns, and low funding thresholds for minor construction and NRM, as well as PAYGO scoring rules, have unnecessarily limited clinical treatment.

To overcome VA's infrastructure challenges, Congress must not only provide significantly increased funding to fully address these long-standing issues, but also enact comprehensive planning, budgeting, management, and oversight reforms to ensure more effective use of those funds. The VFW recommends VA's construction budget should be approximately three percent of its overall operating budget, which would be between six and seven billion dollars annually. This three percent should also be separate from the AIR recommendations. We also recommend partnering with the Army Corps of Engineers to help reduce the SCIP backlog.

Electronic Health Record Modernization

VA is transitioning to a new EHRM system that would store all health information and track all aspects of patient care. EHRM is planned to take ten years to be fully implemented and is scheduled to be completed in 2028. Once fully implemented, the new system will 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. This new platform will improve quality of care, patient safety, the ability to connect medical systems, and will streamline workflows through multiple connection technologies. Data acquired from medical devices will be directly populated into the record for verification, reducing data entry. The VFW has been working closely with VA and Cerner Corporation to inform veterans of the new changes, help them navigate the new online service, and monitor the implementation.

The VFW understands the high cost and challenges associated with implementing this new health care system and recognizes that this is a necessary step to improving the overall quality of VA health care. However, recent OIG reports revealed significant costs were unreported, underreported, or unknown. Findings from the OIG indicate possibly as much as fifteen percent of total costs were not identified due to inadequate physical infrastructure conditions, such as heating, ventilation and cooling, electrical work, and cabling. Moreover, the OIG found that other critical success factors, such as key stakeholder inclusion and proper user training were not prioritized in the initial EHRM rollout at Mann-Grandstaff VA Medical Center in Spokane, Washington. This misidentification of infrastructure needs combined with inadequate emphasis on VA staff could jeopardize the overall success of the modernization program.

The VFW supports the *VA Electronic Health Record Transparency Act of 2021*, which would require VA to identify any amount expended on infrastructure projects necessitated by this program. In addition to authorizing and appropriating funds to upgrade infrastructure, we urge Congress to ensure marked improvements are realized with each subsequent EHRM rollout. Moreover, the VFW recommends full funding of the joint program office to oversee the implementation of the two programs. Making sure there is seamless coordination between DOD and VA is integral to the development of this program, and proper funding for the entirety of the process is critical to its success.

Employment And Education Issues

The first year of the COVID-19 pandemic had significant impact on employment nationwide, including veterans, as our country saw a halt to the longest period of economic growth since the end of World War II. At its peak, the unemployment rate for veterans has nearly doubled from 3.1 percent in 2019 to 5.5 percent during the pandemic. Over the past year, veteran unemployment rates have recovered as unemployed veterans have seen relief through passage of legislation such as the *Isakson-Roe Act of 2020* and the *American Rescue Plan Act of 2021*, which expanded programs such as Veterans Rapid Retraining Assistance Program (VRRAP) and Veteran Employment Through Technology Education Courses (VET TEC). The education and training provided via VET TEC has allowed over 3,200 veterans to reskill and gain certifications in high-demand technology fields, with education providers held accountable to support gainful employment. Congress must pass legislation to ensure funding for programs such as VRRAP and VET TEC that show measurable outcomes and help put veterans in high-demand jobs.

The success of graduates in the VET TEC program for subsequent job placement has demonstrated the value short-term job training and credentialing has for veteran economic security. The VFW is interested in improving private sector and civilian credentialing for certain military occupational specialties and ensuring veterans can leverage their military skillsets to the maximum extent possible. For decades, DOD has had difficulty translating military training and professional development education into civilian terms in ways that were easily communicated to service members. The VFW is encouraged by new initiatives to revamp DOD's Credentialing Opportunities Online (COOL) programs through the launch of the new MilGears platform in 2021. This tool, which finally aggregates military training in a centralized location for tailored assessment for future career opportunities, will allow a better chance to seamlessly apply for a professional license after transition from military service—a solution the VFW has long called for. We are eager to learn outcomes from DOD regarding the success of this launch and urge Congress to require reporting and data collection on the use of MilGears and opportunities for expanded outreach or partnerships on a regional level to provide the most tailored experience possible.

Additionally, we are happy to see strides made by the Army in recognizing the importance of credentialing pathways and establishing Credentialing Assistance in addition to Tuition Assistance, expanding opportunities for soldiers to pursue credentials that lead to high-demand jobs. The VFW hopes to learn outcomes from the Army's program and how DOD might implement this broadly across services. As VBA expands its training opportunities to align with current employment opportunities through programs such as VET TEC, it is critical that DOD

Voluntary Education (VoLED) programs are paralleled to ensure a seamless transition for service members.

The VFW continues to be concerned about military spouse unemployment. DOD estimates the spouse unemployment rate to be one in four, or twenty-five percent, which is nearly seven times the national average. Underemployment estimates among military spouses are as high as fifty-one percent. Several factors influence spouses' ability to maintain gainful employment including frequent relocations, as well as affordable and timely access to quality child care. Bolstering interstate agreements for licensing portability and expanding child care programs and facilities would help support access to stable and qualification-appropriate employment for military spouses. Military spouses were already operating at this deficit before the COVID-19 pandemic hit, when an additional thirty-four percent who were previously employed lost their jobs due to the pandemic. Despite some economic recovery, military spouse employment and child care stability challenges remain. The VFW is happy to see comprehensive research of military spouse employment funded within the FY 2022 NDAA, and we look forward to meaningful action and policy changes made in accordance with subsequent findings.

Additionally, we urge Congress to move forward with legislation to expand tax incentives for businesses to hire both veterans and military spouses who offer unique skillsets that can be overlooked by employers. We seek innovative ways to encourage businesses to bolster workforce and best highlight their valuable skills. The VFW supports and hopes for quick action to pass H.R. 3582, *Veteran Employment Recovery Act*, and H.R. 2914, *Military Spouse Hiring Act*, both which would expand Work Opportunity Tax Credits (WOTC) for the military and veteran community in ways needed in the wake of the pandemic.

Veteran Readiness and Employment (VR&E) Services

Vocational rehabilitation for disabled veterans has been part of this nation's commitment to veterans since Congress first established a system of veterans' benefits upon entry of the United States into World War I in 1917. Today, Veteran Readiness and Employment (VR&E) is charged with providing wounded, ill, and injured veterans with an array of services designed to enable them to obtain and maintain suitable and gainful employment. In the case of those veterans with more serious service-related disabilities, VR&E is authorized to provide independent living services. Veterans are eligible for VR&E services and programs if their military discharge is other-than dishonorable and they have a VA service-connected disability rating of at least ten percent or, a VA memorandum rating of twenty percent or more. The VR&E program is also accessible to active duty military personnel expecting to be medically discharged with the anticipated disability rating of at least twenty percent or more from DOD and VA.

The 116th Congress passed legislation to expand VR&E eligibility. Previously, all eligible veterans were required to apply for VR&E benefits within twelve years of the date of separation from active duty or the date a veteran was notified by VA of a service-connected disability rating. The *Isakson-Roe Act of 2020* removed the twelve-year delimiting period for veterans who separated on or after January 1, 2013. The twelve-year application eligibility deadline can be extended, however, if vocational rehabilitation counselors determine veterans have a serious employment handicap. Service-connected disabilities usually get worse with time, and veterans should not be at the mercy of counselors to determine if their disabilities are severe enough to

waive the twelve-year limitation. The VFW calls on Congress to eliminate the twelve-year delimiting period for VA Chapter 31 VR&E services for veterans who separated before January 1, 2013, to ensure disabled veterans with employment handicaps, including those who qualify for independent living services, qualify for VR&E services for the entirety of their employable lives.

Congress must provide proper oversight of the VR&E program. After years of stagnant funding levels, the VR&E office was finally given enough resources to achieve a 1:125 counselor-to-client ratio at the national level and underwent IT modernization upgrades to allow for increased counselor-to-client interaction. Despite these improvements, veterans using VR&E still consistently report difficulty contacting their VR&E counselors and a general lack of responsiveness. Veterans also report they are often stonewalled by their counselor regarding their desired career path and that decisions regarding approval for education programs are not consistent from counselor to counselor for veterans with similar disabilities and career goals. The VFW asks Congress to perform periodic oversight of the recent changes to the VR&E program to determine if the resources are sufficient or if further changes are necessary, including the 1:125 counselor-to-client ratio and further codifying policy for program approvals. The VFW also recommends a change to the reporting of the ratio to reflect the VA Regional Offices (VAROs), instead of a nationwide counselor-to-client ratio. This will help address the needs of specific offices and more directly help veterans.

In concert with this oversight, the VFW asks Congress to require reporting on the effectiveness of VR&E counselors at VetSuccess on Campus (VSOC) centers and data on institutional requests and approvals. The VSOC program is designed to help veterans, service members, and their qualified dependents thrive on campus through on-campus benefits assistance and counseling. In part, this is accomplished by having a VR&E counselor assigned to each VSOC. Many veterans report that despite having a VSOC on their campus, the VSOC counselor may still be assigned to multiple VSOCs and not as dedicated support. The VFW asks Congress to incorporate VSOC use and implementation into comprehensive VR&E oversight, to include the number and type of institutions requesting and being approved for VSOC establishment.

A GAO report in July 2021 found that many veterans are unaware of their eligibility for VR&E when making decisions about using their GI Bill benefit or seeking employment. GAO recommended VA conduct further outreach to ensure eligible veterans are aware of all their options. In April 2021, VA also announced a change to its interpretation of the “48-month rule,” which would now allow veterans pursuing education through VR&E to keep their Post-9/11 GI Bill eligibility, instead of this time consuming their eligible GI Bill months. The VFW recommends that Congress requires VA to provide outreach in line with GAO recommendations to ensure all veterans are aware of VR&E eligibility and the changes to the 48-month rule, and that VA measures the impact of this rule change on veteran choice and outcomes through VR&E and Post-9/11 GI Bill use.

GI Bill

Despite the extreme value of the Post-9/11 GI Bill and its correlation to upward mobility, VA reports there has been a seventeen percent decline in GI Bill use over the past six years, with

barriers to obtaining financial support cited as a major factor in this decline. The VFW recommends a thorough re-evaluation of Monthly Housing Allowance (MHA) and adjustments made so this allowance is comprehensive of the cost of attendance beyond tuition, to include housing and other costs such as child care. Student veterans oftentimes bear responsibilities not shared by their non-military counterparts. VA data indicate that roughly forty-seven percent of student veterans have children, whereas approximately only twenty percent of non-veteran students are parents. Securing consistent and affordable child care is a barrier to degree completion and can result in poor academic performance.

The VFW believes the current scale for GI Bill Monthly Housing Allowance (MHA) does not offer parity for students attending school online. The current payment rate of GI Bill MHA for students attending school exclusively through Online Training is half the national average. In 2020, the COVID-19 pandemic pushed most education classes to an online-only format for certain periods of time. The *REMOTE Act* that passed in December 2021 extended existing protections to allow students enrolled in courses that were intended to be on campus but had been pushed online due to the pandemic to still receive the higher-paying MHA for resident courses. As these protections have now extended beyond two years, the inequity for students enrolled in online courses prior to the pandemic is that much more glaring. As these changes to campus programs push into a third year, some changes will no longer be temporary, and some elements of higher education and student choice will be forever altered. With that, the support allowances provided along with GI Bill use must also be altered to support the needs of current students and allow them to persist to graduation.

The need for this legislation to extend protection for student veterans, which also included protection for associated delimiting dates based on school closures resulting from the COVID-19 pandemic, has also highlighted the need for permanent policy addressing the GI Bill during times of national emergency. The VFW believes Congress must pass legislation that would immediately extend these protections to students using GI Bill and VBA education benefits during a time of national emergency that impacts the ability to participate in coursework as intended.

Furthermore, we would like to ensure that members of the National Guard and Reserve are credited for all activations in support of federal service missions. Within the past few years, members of the National Guard and Reserve have been activated to assist during events of national urgency. The VFW was pleased to see the House pass the *Guard and Reserve GI Bill Parity Act*, and urges this legislation to quickly pass the Senate so these service members can begin to see this long-overdue equity.

Lagging IT infrastructure has been a consistent barrier to VA efficiency that different business lines need to work around daily. The VFW has been pleased to hear of the consistent meeting of milestones as VBA continues making strides toward automation to enhance user experience when executing GI Bill benefits following the reallocation of the *Coronavirus Aid, Relief, and Economic Security Act* funding for the Digital GI Bill. The VFW urges Congress to track and remedy any deficiencies in funding to achieve Digital GI Bill success to ensure this project stays on course to completion. Additionally, Congress must ensure that additional funding for the

Digital GI Bill is accounted for in concert with any legislation related to the GI Bill, such as the *Guard and Reserve GI Bill Parity Act*.

The VFW also supports proposals to set limits on federal funds that may be received by for-profit institutions. The 90/10 loophole has existed for years, and the VFW believes closing this loophole is a great step in the right direction to help protect service members, veterans, and their families. Currently, schools accepting Title IV Pell Grants must abide by the 90/10 ratio of funding from students using federal funds versus students paying on their own. Closing the 90/10 loophole by defining federal funds to include payments from VBA and DOD, such as GI Bill and military tuition assistance, is the correct course of action. The VFW believes this is a straightforward change that aligns all federal funding for the purpose of the 90/10 ratio. This step to protect student veterans and active duty service members from predatory schools is not meant as a measure against for-profit institutions. The VFW recognizes the value certain institutions provide for student veterans and would not want this loophole closure to negatively impact students due to the nature of their institution. That is why we recommend a waiver clause placed in any 90/10 GI Bill proposal to ensure good schools are not categorized with predatory institutions.

In addition to closing the 90/10 loophole, the VFW believes a critical element in protecting GI Bill users against predatory institutions is to ensure information in the GI Bill Comparison Tool is comprehensive, accurate, up to date, and user friendly so veterans can make informed decisions regarding education programs of choice. The Digital GI Bill has begun to make strides toward the user interface of the GI Bill Comparison Tool. However, the VFW urges Congress to pass commonsense legislation that would provide practical updates to content and enhance transparency for service members and veterans, to include passing the *Student Veterans Transparency and Protection Act of 2021*.

Public Service Loan Forgiveness

The VFW has been very encouraged by the Department of Education (ED) action in October 2021 to fix years of a broken Public Service Loan Forgiveness (PSLF) program. For many years, service members and veterans who rightfully believed their time on active duty would allow them to have their federal loans forgiven were shocked when they were denied approval due to the nature of their repayment plan. Additionally, many service members and veterans were never even made aware that their active duty service would qualify for them to eliminate this financial burden. Under the current PSLF overhaul, loan borrowers will have a limited time through October 2022 to request a waiver that will allow all repayment types to count toward PSLF. The VFW asks Congress to provide oversight to ED that would ensure there is sufficient outreach to all eligible loan borrowers, that these borrowers have adequate time to complete these waivers, and that all eligible service members and veterans are granted the PSLF to which they are entitled. Additionally, we request Congress to determine if any funding is needed to provide automation between DOD and ED to ensure that eligible service members are provided this relief without unnecessary red tape.

We were also extraordinarily pleased by ED's decision as part of the 2021 PSLF overhaul to remove a barrier for military loan borrowers and allow deferral months while active duty service members are deployed to count toward eligible repayments. Given this current rule change, the

VFW urges Congress to codify these policies and ensure these protections stand the test of time by passing H.R. 3486, *Recognizing Military Service in PSLF Act*.

Fourth Administration

VA is currently comprised of three administrations—the National Cemetery Administration, the Veterans Benefits Administration, and the Veterans Health Administration. VBA oversees not only compensation and pension, but also the GI Bill, vocational rehabilitation, housing and business loans, and the broadly defined transition assistance program, which is shared with the Departments of Labor (DOL), Defense, and Homeland Security.

The VFW believes our nation’s focus on the economic opportunities of our veterans must be permanent. In reality, not all veterans seek VA health care when they are discharged, they do not need assistance from NCA, and they do not all seek disability compensation. However, the vast majority are looking for gainful employment and/or education. Congress should recognize the value of these programs by separating them into their own administration focused solely on their utilization and growth.

The VFW has long proposed that Congress creates a fourth administration under VA with its own under secretary whose sole responsibility is the economic opportunity programs. This new Under Secretary for Economic Opportunity would refocus resources, provide a champion for these programs, and create that central point of contact for veterans, VSOs, and Congress within VA to oversee benefits such as the GI Bill, VR&E, home loan, transition, and other economic-opportunity-centered benefits. The VFW was pleased in 2021 when the House passed H. R. 2494 to establish this fourth administration, and we urge the Senate to also move this legislation quickly into law.

Adaptive Automobile Grants

The current adaptive automobile grant for disabled veterans is an incredible benefit for those who need this program. VA is authorized to provide a one-time grant of \$21,488.29 to veterans who are unable to drive due to a service-connected disability. This grant may be used for the purchase of a specially equipped automobile. However, the one-time use of this grant does not take into account modern vehicular needs for veterans and vehicles in the 21st century. A one-time grant for vehicle adaptations is not enough considering the average American buys multiple vehicles in their lifetime. Veterans who have previously received a grant must pay any expenses associated with the purchase of a new vehicle themselves. The cost of replacing a modified automobile with a used or new vehicle ranges from \$21,000 to \$65,000, which is a substantial sum for most consumers. These substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service. The VFW urges Congress to pass the *Advancing Uniform Transportation Opportunities (AUTO) for Veterans Act*, which would permit veterans to receive an automobile grant every ten years in an amount equal to the grant maximum at the time of vehicle replacement.

Homelessness and Food Insecurity

The VFW commends VA and the Department of Housing and Urban Development (HUD) for making significant strides toward ending veteran homelessness. Temporary legislative measures during the COVID-19 pandemic to alleviate homelessness and housing insecurity among veterans were successful and impactful. However, as these issues continue to plague veterans, as well as the service providers, permanent legislation is needed to ensure continuity of these services. The VFW strongly supports and urges Congress to quickly pass the *Building Solutions for Veterans Experiencing Homelessness Act*.

A homeless person is federally defined under the *McKinney-Vento Homeless Assistance Act of 1987* as an individual or family lacking fixed, regular, and adequate nighttime residence, as well as those fleeing domestic violence or other dangerous or life-threatening conditions. VA is not precluded from assisting veterans who are temporarily living with friends or family, commonly referred to as “couch surfing.” Yet, it has elected not to do so. This is particularly burdensome for women veterans who often do not feel safe due to violence or sexual assault in a homeless shelter, as well as for veterans with dependent children. The VFW urges Congress and VA to expand this definition so VA can provide more benefits and services to homeless veterans who are in intermediary situations, especially in the current housing crisis from the fallout of the COVID-19 pandemic.

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

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

For veterans on the verge of homelessness, there is currently little VA can do. Several benefits require veterans to literally be living on the streets before they are deemed eligible. Many veterans who are on the verge of homelessness know they are being evicted, and nearly half of homeless veterans report temporarily staying with friends or family. This is why the VFW recommends Congress works with VA and HUD to ensure veterans who are facing eviction or are temporarily staying in another person’s home are allowed to obtain assistance. The VFW also strongly urges Congress to pass a bill to provide cost-free child care to veterans living below the

poverty line, or who are already homeless while using VA and the DOL Veterans' Employment and Training Service (VETS). If a veteran is not able to afford rent or is working to avoid homelessness, then it is impractical to assume the veteran can afford child care services.

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

An estimated 160,000 enlisted active duty troops have difficulty feeding themselves and their families. While affecting all enlisted ranks, food insecurity is predominantly experienced by junior enlisted families (E1–E4) and is influenced by factors such as low pay, spouse unemployment, child care challenges, and inconsistent eligibility for programs like the Supplemental Nutrition Assistance Program (SNAP). Accordingly, even though military readiness is paramount, many service members cannot fully engage their missions since their families struggle to eat and satisfy other basic necessities. To help combat this problem, the VFW has partnered with Humana to provide one million meals to service members and veterans in need.

The VFW believes Congress' creation of a Basic Needs Allowance (BNA) via the FY 2022 NDAA was a vital step in the right direction, as it will bring needed relief to many military families. We believe there is still room for improvement, however. Congress should work to exempt Basic Allowance for Housing (BAH) from the federal calculation for SNAP eligibility, which would enable wider access to this lifeline program. Moreover, the VFW believes Congress must continue to identify and remove barriers to gainful spouse employment and strengthen access to quality child care. Last, we call on Congress to pass legislation to ensure an acceptable living wage.

VA Home Loan

The VA home loan guaranty service has long been providing opportunities for upward economic mobility to the military community by opening the door to homeownership. The unique elements of the VA home loan program, which include allowing veterans to purchase a home without a down payment and to save thousands of dollars by not requiring mortgage insurance, make it invaluable among the benefits provided to veterans. Through this program, VA guarantees to over 1,500 nationwide approved lenders that it will back at least twenty-five percent of loans if the loans were to default. This has made these loans some of the safest in the market and allowed veterans to gain access to a housing market from which they may otherwise have been excluded. However, the competitive housing market that arose in 2021 showed many veterans the barriers to using these loans. This housing market highlighted both misconceptions and realities surrounding how difficult and time consuming accepting a VA-guaranteed loan can be. The VFW recommends that Congress passes legislation that would fund and require VBA to conduct outreach and marketing to lenders, real estate agents, and the general population on the benefits of accepting and using VA-guaranteed loans and the reality of how closely the timeline for these loans match that of conventional loans.

Additionally, the VFW recommends Congress conduct oversight over VA-guaranteed home loan use to determine where true pain points may exist, to include analysis of the Minimum Property Requirements waiver use and rates of approval and denial. The VFW also recommends that Congress conducts analysis of the use of the Energy Efficient Mortgage program, and fund VA to conduct outreach and marketing to promote the program, as well as provide funds to increase maximum loan dollars to match current market prices for the most effective eligible energy-efficient upgrades.

Transition Assistance

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

Today's military has experienced two decades of continuous war, and this extended time of conflict has shaped the experiences of all men and women who have worn the uniform defending our country. This reality of heightened conflict makes successful transition back to the civilian world that much more important. Only a small percentage of Americans serve their country in the armed forces, so transitioning from military service can bring its own set of trials and tribulations.

Transitioning service members (TSMs) face many hardships that include unemployment, financial difficulty, lack of purpose, separation anxiety, and many unknowns. There are programs set in place to ease the hardship of this change, and the VFW believes these programs are paramount. Transition programs such as the Transition Assistance Program (TAP) and Soldier For Life are key stepping stones to a seamless transition to civilian life. The information provided to service members on VA benefits, financial management, higher education, employment, and entrepreneurship is invaluable.

We were pleased the five-day TAP classes were restructured and enhanced as part of the *National Defense Authorization Act for Fiscal Year 2019*, and we are eager to see what benefits the more efficient and holistic approach has generated. However, the VFW sees additional areas for improvement, such as including accredited service officers in the formal TAP curriculum. As the law requires, we would like a connection made between TSMs and resources in the community to which they are transitioning, with an emphasis on specialized transition service organizations that receive grant funding. We would also like the timely return of TAP classes to an in-person format across DOD, while ensuring adherence to COVID-19 precautions. Such provisions would help ensure veterans are equipped to succeed after leaving military service.

The VFW is happy to see changes that have been made in TAP in the past few years to bring a more tailored, personalized experience to TSMs and increase access to family members. We believe TAP is a critical program that should be accessed as early and as often as needed by

service members and by their family members. We are excited to learn this year of outcomes from DOL's newly launched Employment Navigator (EN) and Partnership Pilot (ENPP) and discover the impact of providing individualized counseling to help TSMs find their paths. We look forward to data on these results, and recommendations for improvement of this program and expansion beyond its current eighteen locations.

In 2019, DOD established a tiered evaluation system to allow for a one-on-one analysis of an individual's readiness for transition. As a byproduct of these evaluations, if a service member were deemed ready for transition and had a transition plan for success, the individual could choose to forgo the previously required two-day track focused on accessing higher education, career training, entrepreneurship, or employment. In the most recent VFW Benefits Delivery at Discharge (BDD) survey for TSMs, over sixty percent reported not having completed a two-day focused track. While the VFW is pleased that TAP is providing a more individualized approach and increasing overall access, we are concerned that service members may be waived of track requirements to their detriment. We ask Congress to require in-depth reporting on the use of this tier system, its impact on track participation, and its overall effect on outcomes following transition. Additionally, we ask for reporting on military spouse and dependent participation and overall outcomes to assess any needed improvements to programming tailored to family members.

The VFW is also encouraged by significant changes that have been made by DOL to revamp transition programming available for veterans and those without installation access. We are excited by the newly launched Off-Base Transition Training Program (OBTT), which will allow both in-person and virtual opportunities in key geographic transition hubs. We are also pleased to learn that the VFW's recommendations have been heard, and these resources will be interactive and provided under a facilitator. The VFW believes that access to transition resources and support is integral throughout a veteran's journey and should not and cannot be limited to just their time in service. Like ENPP, we look forward to learning from DOL and veterans about the successes and challenges of the pilot, and how it can best be expanded and improved.

VFW Service Officers have been a resource for TSMs since 2001, and they continue to aid these men and women during this difficult time of change. We provide pre-discharge claims representation at twenty-four bases around the country and are available for TSMs at the same time they receive their training in TAP. While the primary role for the VFW staff in the BDD program is to help service members navigate their VA disability claims, we are also able to assist with many other benefits and available opportunities.

Our BDD representatives offer guidance and information for many different transition opportunities that may not be covered in the TAP classes. They are trained in education, employment, and other benefit eligibility, and can be additional resources to the ones offered during TAP classes. Service members who utilize additional resources such as BDD representatives are likely to face fewer unknown hurdles during transition.

Though the BDD program is critical to post-military success for many veterans, the VFW remains concerned that VA's decision to compress the time in which a TSM may file a BDD claim remains problematic. Prior to 2017, TSMs could file BDD claims between 180-60 days

before leaving the military. Service members with fewer than sixty days could file claims through the Quick Start program. In 2017, VA arbitrarily moved the goalposts back for BDD, allowing service members to file only between 180-90 days and eliminating the Quick Start program altogether. In the years since this policy was changed, the VFW has seen problems in delivering benefits for TSMs. Of note, some service members, particularly those who work in high-intensity military occupations, have trouble meeting this timeline due to the constraints of their jobs. A 90-day window also creates compliance issues with military treatment facilities in furnishing service members with their full health records in a timely manner to satisfy the requirements of the BDD program. Complicating matters, some locations can take up to thirty days to provide records after service members request them.

These hurdles have only been exacerbated by the sunset of the Quick Start program. While it remains true that service members can still technically file regular claims before separation, many times VA intake sites on military installations turn these BDD-excluded claims away, or VA fails to act on them in a timely manner due to a future effective date showing in VBMS. Though affected service members lose no benefits because of this bureaucratic hurdle, it can significantly delay the delivery of benefits until long after members have transitioned.

VA's changes were an unnecessary step backward all in the name of efficiency on paper. However, these reported efficiencies come at the expense of the needs of TSMs. The VFW urges Congress to direct VA to revert to the old parameters of its BDD program and reinstitute Quick Start so that VA can once again ensure TSMs have a smooth experience accessing their earned VA benefits.

Full Concurrent Receipt

The VFW has long argued that DOD retired pay and VA service-connected disability compensation are fundamentally different benefits, earned for different reasons. Military retired pay is earned through twenty or more years of service in the United States Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years. Service-connected disability compensation is a benefit meant to supplement a veteran's lost earning potential as a result of the disabilities he or she incurred during service. However, military retirees who are less than fifty percent service-connected disabled are required to offset their retiree pay with the amount of VA disability compensation they receive.

The *National Defense Authorization Act for Fiscal Year 2004* allowed for the gradual phase-in over ten years of full concurrent receipt for certain military retirees who have a service-connected disability rating of fifty percent or more. The phase-in period ended in 2014, which means military retirees with at least twenty years of service and a VA disability rating of at least fifty percent no longer have their military retirement pay offset by the amount of VA disability compensation they receive. However, service-connected disabled military retirees with VA ratings of forty percent and below, and service members who were medically retired with less than twenty years of military service, are not provided the same benefits. The only purpose for this offset is to balance the federal budget on the backs of America's disabled veterans. They are different benefits paid by two separate government entities for separate reasons.

The VFW acknowledges that eliminating full concurrent receipt would be a costly endeavor. However, Congress should chip away at the unjust practice by first eliminating the offset for medical disability retirees who served less than twenty years and receive Combat Related Special Compensation (CRSC). Service members found to be unfit for continued service due to physical disability may be retired if the condition is permanent and stable, and the disability is rated by DOD as thirty percent or greater. These veterans are referred to as Chapter 61 retirees. Furthermore, retirees who have combat-related disabilities can receive CRSC from their respective branches of service, provided they waive their VA disability compensation from their retired pay. CRSC is afforded to combat injured retirees to make up for lost retirement pay, but often does not fully replace it. There are currently over 50,000 veterans affected by this unjust practice. The VFW thanks our supporters for introducing the *Major Richard Star Act*, and we continue to call on Congress to pass this important legislation immediately.

Guard and Reserve Burial Equity

Only certain veterans are eligible for burial at cemeteries managed by VA's National Cemetery Administration. This includes service members who died on active duty, those who served on active duty and received an other than dishonorable discharge, and those who served in the National Guard or Reserve for at least twenty years and received an other than dishonorable discharge. Service members of the National Guard and Reserve who serve for less than twenty years and have no time on active duty, even if discharged under honorable conditions, do not qualify.

Service members of the National Guard and Reserve, many of whom also have access to VA health care, education benefits, and VA home loan, should have the right to be buried in a state veterans cemetery. States that choose to broaden the eligibility of veterans beyond what NCA currently allows should not be restricted from receiving critical VA cemetery grant funding.

The VFW supports H.R. 3944 / S. 2089, *Burial Equity for Guards and Reserves Act of 2021*, which would ensure state cemeteries that choose to bury veterans from the National Guard and Reserve with honorable discharges remain eligible for funding through the Veterans Cemetery Grants Program.

DOD Health Care

Many of our members utilize the Military Health System (MHS) for their health care. Just like our preference with VA's health care system, we believe DOD should be the primary provider of health care. We believe community care is an important supplement to the system, but it should never be used as a replacement for DOD- or VA-provided care. We are seeing too much of a shift toward the community for care provided to DOD beneficiaries, and we urge Congress to shift the primary role back to DOD.

Additionally, many members of the Guard and Reserve utilize MHS. Switching back and forth between private health coverage and MHS during periods of active duty can be stressful and leave gaps in coverage. The VFW would like to increase the availability of full-time MHS

coverage for those individuals because proper health care is a readiness issue for our Reserve Component troops.

Military Housing

Military housing has been plagued with issues for years. In the past few months disturbing reports about housing at Joint Base Pearl Harbor-Hickam and Walter Reed have highlighted some of the problems our troops face with housing. Most service members' housing is either Government-owned and Government-controlled (GO-GC) or privatized. Unaccompanied and overseas family housing is largely GO-GC, while continental United States family housing is primarily privatized. GO-GC housing is the ultimate responsibility of base commanders, with day-to-day oversight generally falling to individual units. Conversely, in 1996, the Military Housing Privatization Initiative (MHPI) began as a result of DOD's struggle to build and maintain adequate housing. Under MHPI, contractors signed a fifty-year leasing agreement with the government that gave them custody of existing base housing and the responsibility to build and maintain military homes. Currently, over 200,000 military family housing units across the United States are controlled by a handful of private corporations.

In recent years, the MHPI program has been plagued with widespread complaints of neglected or careless repairs and unsafe conditions including mold, lead-based paint, asbestos, poor water quality, and sewage. Moreover, one of the primary contractors, Balfour Beatty Communities, was recently convicted of rampant fraud across many military housing communities, marking a stark example of corporations' strong financial incentives not to hold units vacant for lengthy repairs or renovations. Similarly, reports of mold persist in GO-GC housing, among other safety issues. In response, DOD implemented a bill of rights to ensure tenants receive quality housing and fair treatment, but this only applies to service members and families in MHPI housing. There have also been reports of contractors circumventing elements of the bill of rights. Complicating matters, Congress and service members do not have a centralized tool that allows for feedback and provides information about all base housing and related housing company performance, making proactive oversight and informed housing decisions difficult for those who are eligible.

As a result, the VFW proposes that DOD develop a base housing feedback tool that acts as a central information center for Congress and service members. Based on the model of the GI Bill Comparison Tool, it would enable military members and families to submit direct feedback about their housing conditions, while helping eligible service members make informed decisions about whether to live on or off base. Additionally, it would allow for oversight of both GO-GC and MHPI housing situations at each base around the country, so problems could be addressed in an appropriate and timely manner. The VFW calls on Congress to direct DOD to develop and implement a feedback tool for base housing.

Defense POW/MIA Accounting Agency

Currently, over 81,600 DOD personnel are unaccounted-for from WWII to Operation Iraqi Freedom, seventy-five percent of whom are in the Indo-Pacific area, and more than 41,000 are presumed lost at sea. For decades the VFW has been intimately involved in the fullest possible accounting mission, and since 1991 we have been traveling to sites across the world to assist in

this noble endeavor. It has been the mission of the Defense POW/MIA Accounting Agency (DPAA) to recover missing personnel who are listed as a prisoner of war (POW) or missing in action (MIA), from past wars and conflicts and countries around the world. Within that mission, DPAA coordinates with hundreds of countries and municipalities around the world in search of missing personnel.

Our nation's ability to bring our fallen heroes home is not guaranteed and is extremely limited by the lack of funding and the dwindling numbers of eyewitnesses who can assist in identifying possible recovery sites, among other factors. That is why the VFW has been partnering with DPAA to work with foreign governments to help American researchers gain access to foreign military archives and past battlefields. Since 1991, the VFW is the only VSO to return to Southeast Asia annually, and Russia and China periodically, and we have made it our goal to not rest until we achieve the fullest possible accounting of all missing American military service members from all wars.

The process to bring a missing service member home often takes years and requires predictable funding. Before a recovery team is deployed to a potential site, researchers and historians examine host nation archives, investigate leads in Last Known Alive cases, and obtain oral histories from foreign military and government officials that may have broad information about a particular region or a specific battle. Investigative Teams follow up on leads by interviewing potential witnesses, conducting on-site reconnaissance, and surveying terrain for safety and logistical concerns.

Once a site has been located, recovery teams that include civilian anthropologists and military service members are deployed to conduct an excavation. Each mission is unique, but there are certain processes each recovery has in common. Depending on the location and recovery methods used on site, the standard recovery missions last thirty-five to sixty days. Recovery sites can be as small as a few meters for individual burials to areas exceeding the size of a football field for aircraft crashes. Artifacts and remains discovered during excavations are transported to one of DPAA's two forensic laboratories. The main laboratory is located at DPAA's facility on Joint Base Pearl Harbor–Hickam. The Hawaii laboratory is responsible for forensic analysis of all evidence associated with service members unaccounted-for from conflicts in the Indo-Pacific region. The other laboratory is found on Offutt Air Force Base in Nebraska. The Offutt laboratory is primarily responsible for analyzing remains and material evidence associated with The USS Oklahoma, and specific European losses such as the 92nd Infantry Division, known as the "Buffalo Soldiers."

DPAA has the largest and most diverse skeletal identification laboratory in the world and is staffed by over thirty anthropologists, archaeologists, and forensic odontologists. Due to DPAA's efforts, the remains of 142 Americans were accounted for in FY 2021. However, government budgetary uncertainty in the past interrupted DPAA operations, as it did for many DOD organizations.

Congress must continue to support full mission funding and personnel staffing for DPAA, as well as its supporting agencies, such as the Armed Forces DNA Identification Laboratory and the military service casualty offices. The fullest possible accounting mission remains a top priority

for the VFW, and we will not rest until every possible missing American military service member is brought home.

Chairmen Tester and Takano, Ranking Members Moran and Bost, and other distinguished members of these committees, speaking for all the members of the Veterans of Foreign Wars and its Auxiliary, and on behalf of millions of service members, veterans, and their families around the world, I would like to thank you for your time and attention to these critical issues. I will conclude with my call to action, and remind everybody that the TIME IS NOW to take care of these critical issues for those on whose behalf we are here to advocate.

Thank you, this concludes my remarks, and I am prepared to answer any questions you may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in fiscal year 2022, nor has it received any federal grants in the two previous fiscal years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.