

STATEMENT OF  
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BEFORE THE

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

THURSDAY, MARCH 18, 2021  
WASHINGTON, D.C.

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 1.6 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 for your clear vision for veterans in 2020. During a time of divisive partisanship, you have worked across the aisle and across chambers to pass legislation to improve care and benefits for America’s veterans and our families.

We would equally like to thank you and your staffs for the bipartisan work to pass this year's National Defense Authorization Act; the *Commander John Scott Hannon Mental Health Care Improvement Act of 2019*; the *COMPACT Act of 2020*, and the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*. All of these significant pieces of legislation will provide care and benefits for millions of veterans. They will allow for expanded care for veterans long overlooked, and hopefully save the lives of veterans who need help now more than ever.

Though our testimony before you this year looks very different from years past, the VFW thanks your committees for the opportunity to testify today. Our legislative priorities for the coming year are outlined in great detail below.

**Toxic Exposures and Other Environmental Hazards**

The VFW calls upon Congress to work in a bipartisan manner and with stakeholder Veterans Service Organizations (VSOs) to develop a comprehensive solution for toxic exposure. We need a solution that will take care of all veterans from past generations, provide current service men and women the reassurance they will be provided for, and have a system in place to ensure that all future generations of service members receive care and benefits if they face exposures as well. The brave men and women who wear our nation’s uniform are asked to serve in the most dangerous and austere environments on earth. They faithfully serve our country with an implicit understanding that any health conditions arising in service or resulting therefrom will be treated

by the Department of Veterans Affairs (VA). This understanding is one of the many components of a social contract, the terms to which our nation mutually assents whenever an individual answers the call to service in the armed forces. The obligations of this agreement are no less binding when a veteran has a health condition related to an airborne hazard, a toxic exposure, or the environment in which that individual served.

During the last century, veterans 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, it is time for Congress to change the framework through which VA benefits are granted for individuals with conditions associated with toxic exposures and environmental hazards.

First, the VFW recommends that a commission, independent from the Department of Defense (DOD) and VA, be established to identify toxic and environmental exposures incident to military service. Once sufficient information exists regarding the presence of a toxic or environmental exposure, the commission would be charged with conducting a study on the adverse health effects associated with the exposure.

This proposal is consistent with a recommendation from the September 2020 National Academies of Sciences, Engineering, and Medicine (NASEM) report entitled *Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations*. In that report, the committee recommended, inter alia, that VA establish an independent panel of experts to evaluate diagnoses assumed to be associated with exposure to burn pits, including pulmonary pathologists, toxicologists, and epidemiologists to evaluate these diagnoses. The report states that “such a committee is critical to ensuring that VA has a consistent approach in establishing or denying a diagnosis and evaluating its possible service connection . . . [and that veterans] are receiving a fair review that uses the best science.” This recommendation is consistent with the VFW’s belief that conditions related to toxic exposures should be referred to an independent commission as part of the greater framework.

Second, the VFW recommends that NASEM review and evaluate the available scientific evidence regarding certain diseases and exposure to toxic substances. In light of institutional experience gained through the implementation of the *Agent Orange Act of 1991*, the VFW believes that NASEM is well-suited to conduct such analysis. Furthermore, NASEM should conduct its evaluations on toxic exposures and environmental hazards based on the recommendations of the independent commission.

Finally, the VFW believes Congress should require VA to grant a presumption of service connection for the conditions deemed to be associated with toxic exposures and environmental hazards. To effectuate this requirement, VA would consider the conclusions reached by NASEM, resolving any doubt regarding associations in favor of veterans. In other words, VA should grant a presumption if the scientific evidence suggests that a disease is at least as likely as not to be associated with a toxic exposure or environmental hazard. Any other standard would be a stark departure from Congress’ historical approach to toxic exposure law and would pose an unreasonably high bar to the establishment of presumptive benefits.

Former VFW Washington Office Executive Director Larry Rivers provided testimony on this very issue in May 1990 before the House Veterans' Affairs Subcommittee on Compensation, Pension, and Insurance in connection with H.R. 3004, a precursor to Public Law 102-4, the *Agent Orange Act of 1991*. During that hearing, Mr. Rivers observed that the pursuit of a "perfect understanding predicated upon scientific certainty" had stalled efforts to provide comprehensive benefits to veterans who were exposed to Agent Orange. To overcome this paradox, the Agent Orange Act implemented a process for establishing a presumption of service connection based on a "significant correlation" between exposure and the onset of disease. Then, as now, we believe this represents a fair and compassionate solution to a complex problem, and that the pursuit of scientific certainty of causation is both elusive and futile.

The framework we suggest is very similar to that of the Agent Orange Act. Until the expiration of the VA Secretary's authority to promulgate regulations under that act, the Agent Orange model proved to be an efficacious method of granting presumptive benefits to veterans. For this reason, the VFW believes Congress should enact legislation that would establish an independent commission to identify toxic exposures and environmental hazards and trigger additional studies, require NASEM to evaluate the scientific evidence regarding the association of health conditions and toxic exposures and environmental hazards, and require VA to grant presumptive service-connected benefits for conditions associated with toxic exposures and environmental hazards based on NASEM's findings.

### **Update the List of Presumptive Conditions for Agent Orange**

Vietnam veterans have long suffered from the ill health effects of Agent Orange exposure. Thousands have died and many have been left to endure these negative health consequences from diseases that have been scientifically linked to Agent Orange. This issue has become more acute during the current pandemic as many conditions linked to Agent Orange create a greater risk of death from the COVID-19 virus.

The 116th Congress passed legislation to provide care and benefits for veterans diagnosed with three additional diseases associated with Agent Orange. However, NASEM has found sufficient evidence of an association between exposure and two additional diseases: hypertension and monoclonal gammopathy of undetermined significance (MGUS). Accordingly, the VFW urges Congress to pass legislation to establish a presumption of service connection for these two diseases.

### **Burn Pits**

The VFW urges Congress to ensure VA and DOD finish developing the Individual Longitudinal Exposure Record, which is intended to track when and where service members were deployed and to which toxins they were exposed. This program would have a tremendous impact on our ability to identify, prevent, and treat harmful health conditions associated with exposure to burn pits and other toxins.

NASEM's report on the VA Airborne Hazards and Open Burn Pit Registry noted that there was a connection between burn pit exposure and numerous health conditions including emphysema,

chronic obstructive pulmonary disease (COPD), and asthma. A peer-reviewed study entitled “New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan,” published in the *Allergy & Asthma Proceeding* and conducted by staff at the VA Medical Center in Northport, New York, also found a connection between deployment to Iraq and Afghanistan and asthma among the 6,200 veterans reviewed. Other studies have shown similar evidence of an association between pulmonary conditions and exposure to toxic burn pits. Although additional research is needed, the VFW urges Congress to pass comprehensive legislation that would provide for a presumption of service connection for serious respiratory illnesses and cancers for veterans who were exposed to burn pits.

Additionally, in its recent report entitled “Gulf War and Health, Volume 11: Generational Health Effects of Service in the Gulf War,” NASEM found that certain birth defects and reproductive issues are associated with exposure to toxic substances and illnesses which are prevalent in Iraq and Afghanistan. VA and Congress must address this report immediately to ensure the generational impacts of burn pits are met with the attention they require.

### **Fort McClellan**

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

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

### **Camp Lejeune**

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

## **Thailand**

When Agent Orange was sprayed on bases in Thailand during the war in Vietnam, it created a group of American service members who would later suffer from the effects of this poison. Currently, veterans must prove they worked on the perimeter of the base to which they were assigned to have their disability compensation claims considered under more streamlined presumptive rules. It is not incomprehensible for veterans in other parts of the base to have been exposed to Agent Orange. The VFW urges Congress to expand benefits to all veterans who served in Royal Thai bases where Agent Orange was used, without regard to where on the base the veteran was located or what military occupational specialty the veteran performed.

## **Karshi-Khanabad (K2)**

From 2001 to 2005, thousands of service members were stationed at the Karshi-Khanabad base in Uzbekistan, commonly known as K2. This former Soviet base was heavily contaminated with remnants from chemical weapons, radioactive uranium, and other toxic hazards. Veterans from K2 have reported high rates of cancers, neurological disorders, and other serious conditions that develop quickly and have led to permanent disability or death. Even though many who served at K2 photographed warning signs related to the toxic substances present there and glowing pond water evidencing radiologic contamination, VA consistently denies these veterans' claims for benefits. The 116th Congress passed legislation to require VA to study the onset of cancer and other illnesses among K2 veterans. The VFW now urges Congress to pass the *K2 Veterans Care Act* to establish a presumption of service connection for veterans who served at K2.

## **Veteran Unemployment During the COVID-19 Crisis**

The COVID-19 pandemic is having disastrous consequences in the United States. The virus halted the longest period of economic growth since the end of World War II. Countless Americans are out of work, and many have difficulty providing for basic needs.

Veterans have not been spared this harsh reality. The unemployment rate for veterans has nearly doubled from 3.1 percent in 2019 to the current rate of 5.5 percent. Accordingly, legislation is desperately needed to address the rise in unemployment during the COVID-19 pandemic and to get veterans back to work. Congress must pass the *Veterans Economic Recovery Act*, which would create a rapid retraining program to provide unemployed veterans and reservists with 12 months of educational benefits to pursue training in high-demand occupations.

## **Fourth Administration**

VA is comprised of three administrations—the National Cemetery Administration (NCA), the Veterans Benefits Administration (VBA), and the Veterans Health Administration (VHA). VBA is in charge of not only compensation and pension, but also the GI Bill, vocational rehabilitation, housing and business loans, and the broadly defined transition assistance program, which is shared with the Departments of Labor (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 the 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 create a fourth administration under VA with its own undersecretary 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 VSOs and Congress. We urge Congress to introduce legislation that would establish a fourth administration in VA to oversee benefits such as the GI Bill, Veteran Readiness and Employment (VR&E), Home Loan, and other Economic Opportunity centered benefits.

### **Veteran Readiness and Employment Services**

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

Veterans are eligible for VR&E services and programs if their military discharge is other-than-dishonorable and they have a VA service-connected disability rating of at least 10 percent or, a memorandum rating of 20 percent or more from VA. The VR&E program is also accessible to active duty military personnel expecting to be medically discharged with the anticipated disability rating of at least 20 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 12 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 *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* removed the 12-year delimiting period for veterans who separated on or after January 1, 2013. The 12-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 12-year limitation. The VFW calls on Congress to eliminate the 12-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.

Finally, 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. The VR&E office has also undergone recent IT modernization upgrades that should allow for more counselor-to-client interaction, instead of counselors doing administrative work. The VFW asks Congress to perform periodic oversight of the recent changes to the VR&E program to see if the resources are sufficient or if further changes are necessary, including the 1:125 counselor-to-client ratio. 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.

## **GI Bill**

The VFW believes the current scale for GI Bill Military 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. This highlighted the need to revamp the Basic Allowance for Housing (BAH) payment scale for Online Training. The VFW recommends a standardized payment model for all online education training that sets a standard rate closer to the in-person payment rates for all GI Bill beneficiaries utilizing online or distance learning. Online platforms for learning have evolved much closer to the in-person classroom experience in recent years. While the VFW still believes in-person classes offer many tangible and intangible advantages, the development of online platforms has significantly closed the gap between online-only and in-person classes.

Additionally, student veterans oftentimes bear responsibilities not shared by their non-military counterparts. VA data indicate that roughly 47 percent of student veterans have children, whereas approximately only 20 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. Accordingly, Congress should introduce legislation to provide subsidies for student veteran parents for child care.

Furthermore, we would like to ensure that members of the National Guard and Reserves are credited for all activations in support of federal service missions. Within the past few years, members of the National Guard and Reserves from several states have been activated to assist during events of national urgency. Indeed, some of these troops are currently deployed to Washington, D.C., in the aftermath of the attack on the United States Capitol on January 6. Congress must introduce legislation to create parity between active duty and reserve component education benefits so that service members receive credit toward their education benefits for all federal activations.

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

While Congress did its job in passing the Forever GI Bill, VA struggled to do its job in implementing it. Many of the provisions in the Forever GI Bill were easily adopted, but implementing the BAH changes proved much more difficult than originally expected. During the fall 2018 semester, almost 200,000 student veterans received delayed or incorrect BAH payments, leading to unnecessary hardships.

The 116th Congress had the important job of implementing the final changes to this incredible benefit. In 2019, VA worked with key partners to identify the problems in the initial implementation of the Forever GI Bill, and to avoid pitfalls like BAH failure going forward. Communication with key stakeholders such as student advocates, school certifying officials, and veterans organizations helped VA roll out a proper fix for the housing issue in December 2019. VA recognized the importance of collaboration with multiple stakeholders to bring about a complicated fix for an even more complicated problem.

A consistent thorn in VA's side is the lagging IT infrastructure that different business lines need to work around daily. If VA's Education Services (VAES) had modern IT platforms, errors like the BAH implementation might have been avoided or at least minimized. VAES is currently working with a legacy IT system called the Business Decision Network that is decades old and desperately needs upgrading. For VAES to adequately perform its roles of implementing and maintaining the current system and be ready and able to adapt to any upcoming changes, there must be upgrades to the IT system. The VFW recommends a dedicated one-time influx of IT budgetary dollars to revamp the outdated VAES IT system to a 21st century Digital GI Bill system that is capable of handling today's difficult tasks, as well as tomorrow's upcoming changes.

The VFW also supports proposals to set limits on federal funds allowed to 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 4 Pell Grants have to 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 the GI Bill 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 from predatory schools is not meant as an anti-for-profit institution measure. The VFW recognizes the value certain institutions provide for student veterans and would not want this loophole closure to negatively affect good schools simply because of an institution's tax status. That is why we recommend a waiver clause placed in any 90/10 GI Bill proposal to ensure good schools are not lumped in with predatory institutions.

### **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 in order to ease back into our society with minimal hardships. To that extent, the VFW places great emphasis on ensuring veterans receive the best counseling and mentorship before they leave military service. Veterans who make smooth



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

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

We are glad to see the five-day TAP classes were restructured within the past few years, and we are eager to see what benefits the more efficient method of information delivery will bring. However, there were many other important provisions to reform overall transition that were left unfinished at the end of the 116th Congress, such as providing grants to organizations specializing in transition services, connecting transitioning service members with resources in their communities, and including accredited service officers in the formal TAP curriculum. Such provisions would ensure veterans can succeed after leaving military service. The VFW urges Congress to introduce legislation that would ensure TAP-like resources are made available in the community for veterans after they transition out of service.

The VFW's accredited service officers have been a resource for transitioning service members since 2001, and continue to provide assistance to these men and women during this difficult time of change. We provide pre-discharge claims representation at 24 bases around the country, and are available for transitioning service members at the same time they receive their training in TAP. While the primary role for the VFW staff in the Benefits Delivery at Discharge (BDD) program is to help service members navigate their VA disability claims, they are also able to 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. Our representatives are trained in education, employment, and financial management opportunities, 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 transitioning service

member may file a BDD claim remains problematic. Prior to 2017, transitioning service members could file BDD claims between 180-60 days before they leave the military. Service members with fewer than 60 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 transitioning service members. First, 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.

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 VA's Veterans Benefits Management System (VBMS). For many BDD-excluded claimants, the VFW's cadre of service officers must deliberately hunt down their claims in VBMS, then work with the VARO of jurisdiction to jump-start the claim. Though the veteran loses no benefits because of this bureaucratic hurdle, it can significantly delay the delivery of benefits until long after a veteran has transitioned.

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

The VFW is also interested in improving private sector and civilian credentialing for certain military occupational specialties. Many service members leave active duty to pursue employment in the same vocations for which they were trained during military service. Unfortunately, this is not usually possible because military training does not align with state-issued professional licenses or trade association credentials. Therefore, it is necessary to explore solutions to ensure that service members receive relevant credentials while on active duty and seamlessly apply for a professional license after they transition from military service.

Research has shown that veterans who hold certificates and certifications generally receive higher wages than veterans without certificates or certifications, but they often face challenges in translating their military experience to civilian recognition. DOD establishes, measures, and evaluates performance standards for every occupation within the armed forces, providing some of the best vocational training in the nation to its military personnel. Unfortunately, that training is generally not recognized as fulfilling state and private sector certification and licensure requirements for civilian equivalent occupations. This means many former military personnel who are certified as proficient in their military occupational specialty are not recognized as certified or licensed to perform a comparable job in the civilian workforce.

The VFW, along with our partner organizations in The Independent Budget, recommends that DOD in collaboration with states, unions, and certifying/licensing entities expand its training curriculum to meet the various certification and licensure requirements of applicable civilian equivalent occupations. Congress must facilitate a national dialogue, working closely with DOD, VA, and DOL, as well as state governments, employers, trade unions, and licensure and credentialing entities, to establish clear processes so that military training meets civilian certification and licensure requirements for the states in which veterans choose to live once they leave military service.

The VFW is also concerned about military spouse unemployment. The Bureau of Labor Statistics does not track statistics on military spouse employment, but other organizations estimate this rate is as high as 26 percent, which is more than seven times the national average. Underemployment estimates among military spouses are as high as 51 percent. Many of these men and women move from state to state with their service member spouse, so having interstate agreements for licensing portability would help support employment for military spouses.

### **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 single-use grant for vehicle adaptations is not enough considering the average American owns 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**

The VFW commends VA and the Department of Housing and Urban Development (HUD) for making significant strides toward ending veteran homelessness. The Annual Homeless Assessment Report for 2019 shows promise in eliminating homelessness in the veteran population, with current numbers showing less than 40,000. This is a remarkable difference since 2010 when the number of homeless veterans was 74,087. Furthermore, the 116th Congress passed legislation to reduce and eliminate veteran homelessness.

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

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

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

For veterans on the verge of homelessness, there is currently little VA can do. Several benefits require veterans to be on the streets before they are deemed eligible. Many veterans who are on the verge of homelessness know they are being evicted, and nearly half of homeless veterans report temporarily staying with friends or family. This is why the VFW recommends Congress work with VA and the 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 DOL Veterans’ Employment and Training Service training. If a veteran is not able to afford rent or is working to avoid homelessness, then it is impractical to assume the veteran can also afford child care services.

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

## **Veterans Legal Issues**

The VFW urges Congress to increase funding for legal services programs that specifically benefit homeless veterans. For example, the AmeriCorps Equal Justice Works program, funded by the Corporation for National and Community Service, provides legal services to low-income and homeless veterans across the United States. Equal Justice Works has partnered with numerous nonprofit organizations and educational institutions that provide these legal services. Additionally, an initiative should be created to form a partnership between VA and AmeriCorps to improve outreach to homeless veterans and to permit legal workshops to convene at VA facilities. There are many pro bono legal services offered to veterans, but there is no centralized location to offer these services. Using VA facilities to conduct these workshops would greatly help the outreach and effectiveness of these legal services for veterans.

Some states have implemented creative measures to address certain veterans' legal issues that increase the risk for homelessness. Involvement in the criminal justice system causes many impoverished veterans to become homeless. Veteran Treatment Courts (VTCs) provide an alternative forum for justice-involved veterans. As the name suggests, VTCs are oriented toward providing substance abuse and mental health treatment to address veterans' unmet needs rather than incarceration and other punitive measures. This treatment can help reintegrate veterans into their communities and cure some of the problems that lead to unemployment and marginalization.

There are approximately 600 VTCs and other veteran-specific court programs across the United States. Since VTCs are state initiatives, there exists no federal standard for their operation or administration. Accordingly, Congress should introduce legislation to require VA to conduct a comprehensive study of existing VTCs in order to identify best practices. Such a study could be used as a blueprint for individual states to establish new VTCs.

## **VA Benefits Claims Process**

Over the last two years, the VFW has grown frustrated with the Veterans Benefits Administration and its abrupt, often arbitrary changes to the VA benefits claims process. From failing to properly implement the *Veterans Appeals Improvement and Modernization Act of 2017*, commonly called the Appeals Modernization Act (AMA), to stalling the expansion of Agent Orange presumptive benefits, the previous VA Secretary failed to live up to his obligation to serve our veterans, instead often building new bureaucratic barriers to benefits. When the COVID-19 pandemic hit the United States, VBA should have met the moment by working in close consultation with its partner VSOs to provide the best possible claims assistance that it could during this unprecedented time. More veterans needed assistance because they lost their jobs or lost access to health care coverage.

It was an inflection point that the VFW was ready to address. We are proud that our network of advocates was ready to assist veterans remotely and continues to do so as the vaccine rolls out. Sadly, instead of seizing this moment to meet the needs of our veterans, the VFW believes that VBA seized upon the chaos and distraction to implement further changes to the claims process

that actually made it harder for veterans to claim their earned benefits at a time when they needed them the most.

Thankfully, Congress listened to the VFW and our partners and worked aggressively to hold VA accountable, institute key policy changes, and reinstate veteran-centric business processes. The VFW and our Vietnam veterans thank Congress for establishing three new Agent Orange presumptive conditions when the former VA Secretary refused to do so. Now, Vietnam veterans suffering from bladder cancer, hypothyroidism, and parkinsonism will be able to receive the benefits they deserve. Next, when VA abruptly eliminated private provider Disability Benefits Questionnaires (DBQs) and sought to shutter VA Compensation and Pension (C&P) exam clinics, Congress took action to reinstate DBQs and paused the closure of VA C&P clinics. Thanks to your decisive action, veterans will continue to have a method to submit private medical evidence in a format that is sufficient for VA rating purposes, and veterans will continue to have peace of mind that VA will fulfill its obligation to complete quality medical exams with which to evaluate service-connected disabilities.

However, there is more that we must accomplish together to undo the unnecessary damage wrought on the VA claims process over the last few years, to include passing comprehensive toxic exposure reform, properly implementing the AMA in a way that reflects the intent of Congress, reinstating pre-decisional review of VA rating decisions, building 21st century benefits access tools, and improving notifications to both veterans and their advocates. The VFW looks forward to working with your committees to implement these critical reforms, offering our veterans reliable access to the benefits they have earned.

### **Reinstate Pre-Decisional Review**

Shortly after the COVID-19 pandemic forced the shutdown of most VA face-to-face business, VA informed VSOs that it intended to eliminate the 48-hour review process for claims, effective April 30, 2020. The VFW has been vocal in our opposition to the elimination of this decades-old practice. 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.

This policy was outlined in VA's M21-1 Adjudication Procedures Manual and was not codified in statute. This review process was an efficacious method of ensuring quality control prior to awarding disability ratings in both a paper-based and digital claims filing system. The 48-hour review policy was an essential feature of the VA claims process. During this review process, accredited representatives had the opportunity to review VA decisions to ensure that all claimed conditions had been addressed and properly adjudicated. It also served as an independent quality control check prior to VA's internal review procedure, known as Systematic Technical Accuracy Review.

After reviewing a rating decision, accredited representatives were permitted to notify VA of any irregularities, missed conditions, typographical errors, or other mistakes before a disability rating was formally promulgated. This process allowed for errors to be corrected without requiring veterans to seek redress in the time-consuming and oftentimes costly claims appeals process. In

other words, 48-hour review guaranteed a timelier delivery of benefits to veterans and reduced the workload of VA's appeals infrastructure.

VA provided untenable reasons for this change. First, VA was responding to a decision from the Court of Appeals for Veterans Claims (CAVC), Rosinski v. Wilkie, 31 Vet. App. 1 (2019). In that case, the petitioner—an attorney who represents veteran clients seeking disability benefits from VA—sought a writ of mandamus to compel VA Secretary Robert Wilkie to provide him with access to the same 48-hour review period. In 2014, 2015, and 2017, the petitioner wrote to VA requesting access to claims decisions prior to formal promulgation. In 2017, VA responded via email that it would not provide the petitioner with access to non-promulgated claims decisions. Unlike accredited service officers, attorneys who represent veteran clients are not afforded access to 48-hour review prior to ratings promulgation.

The CAVC held that it was unable to grant the petitioner a writ of mandamus because VA had not yet issued a final decision regarding his request. Instead, the CAVC ordered Secretary Wilkie to issue a decision on the petitioner's request within 30 days of January 24, 2019. Accordingly, it appears that VA's decision to rescind the 48-hour review policy was an effort to make moot Mr. Rosinski's claim for access rather than revise internal IT systems infrastructure to grant access to attorneys. Here, VA chose the path of least resistance instead of expanding the 48-hour review process to accommodate attorneys. This decision has harmed veterans.

VA's reliance on the Rosinski decision belies its own argument. In Rosinski, Secretary Wilkie claimed that the 48-hour review policy was proper because a "historical special relationship" exists between VA and accredited representatives. The Secretary further argued that service officers had a history of providing an additional layer of quality review during the claims process. In light of this special relationship and history of quality review, it is incomprehensible that VA would seek to rescind a policy from which VSOs, VA, and veterans have greatly benefited.

Second, VA believes that the AMA has created a "feedback loop" between service officers and VA to identify and correct errors through supplemental claims, higher-level review, and appeals to the BVA. The AMA has indeed yielded a more streamlined appeals process that leads to a timelier adjudication of veterans' claims. However, VA's argument is entirely without merit. For example, the VFW recently worked with a veteran in Georgia who sought secondary service connection for conditions related to his service-connected diabetes mellitus. The VFW worked with this veteran to file all of the necessary paperwork. The claim moved through the process as expected. The veteran completed his exams and the examiner provided a comprehensive report both confirming secondary service-connection and providing the required DBQs to demonstrate the extent of the disabilities. However, upon reviewing the rating decision, the VFW noticed that the rater seemingly misread the DBQ, conflating two of the diagnoses with the VA Schedule for Rating Disabilities. This error was the difference between a 90 percent and a 100 percent rating for this veteran.

Though we are prohibited from doing so, we sought to resolve this discrepancy informally in October 2020 in the hopes of delivering timely, accurate benefits to the veteran. Our repeated requests were ignored, and so we filed a Higher Level Review. As of this hearing, the veteran is

still waiting for his Higher Level Review to be adjudicated nearly five months later. Meanwhile, this erroneous decision has potentially second- and third-order effects, as the correct 100-percent rating would have entitled the veteran to certain benefits under Georgia state law in the previous calendar year.

Countless veterans have benefited from the 48-hour review policy since the implementation of the AMA on February 14, 2019. The VFW's rating review team routinely found these kinds of errors during the 48-hour review period, correcting most of them within less than a business day, as opposed to now waiting months for VA's formal review period to resolve these minor discrepancies.

VA's justification has been that veterans expect to receive their benefits in a timely manner and that the 48-hour review creates unnecessary delays. What this response indicates is that VA fails to understand that veterans would prefer that their competent representatives take these critical 48 hours to ensure accuracy and quality control rather than litigate their claims in the lengthy appeals process. VA's decision to repeal the 48-hour review policy has unjustly prejudiced veterans by causing an avoidable delay in the claims adjudication process. It has also unnecessarily burdened the appeals infrastructure by preventing correctible errors from being resolved prior to promulgation.

The VFW supported legislation in the last Congress to reinstate this critical quality check. We would similarly support new legislation in this Congress to rightfully reinstate the 48-hour review process to ensure that veterans receive more timely and accurate delivery of benefits.

### **Appeals Modernization Act Implementation**

As a collaborative partner in the development of the AMA, the VFW is encouraged by VA's efforts to seek congressional support and include stakeholders at multiple levels. In the time since the AMA was enacted, the VFW and other VSOs have had numerous discussions with VA and have submitted comments to the Federal Register in connection with VA's rulemaking. These critical recommendations and comments have gone unheeded.

Although the VFW agrees with the legislative framework of the AMA, VA's rush to implement without incorporating feedback from the VSO community has been detrimental to veterans and has undermined both the purpose and intent of the legislation. The VFW certainly understands the massive undertaking of the implementation of the AMA. Last year, the VFW presented these committees with our concerns over the lack of consultation and coordination with VSOs once VA implemented AMA in February 2019.

For nearly two years, VAROs have not accepted Intent to File (ITF) forms from veterans who seek to reopen previously denied claims years after a final decision was rendered. An ITF is filed to preserve the effective date of their claims when veterans do not have all the requisite documentation to file their claims. VA contends that under the AMA, veterans have recourse to continue benefit disputes indefinitely, but only if they meet the one-year filing deadline. While we certainly support the new framework whereby veterans have one year to continue claim actions and preserve their initial effective date, we believe that VA is misinterpreting the spirit of



the AMA through promulgating a regulation that does not allow ITFs after the expiration of the one-year appeal period.

VA further maintains that since the threshold for new evidence has been lowered from “material” to “relevant,” the ITF is no longer necessary for any supplemental claim, even after the one-year appeal period has lapsed. VA also reasons that veterans do not need as much time to develop reopened claims. The VFW strongly disagrees. Evidence is evidence. Veterans who must furnish new evidence for a reopened claim should be afforded the opportunity to preserve the earliest possible effective date outside of the one-year appeal period. When the VFW first raised this issue, VA seemed receptive to the idea of drafting new regulations to honor an ITF for a supplemental claim action after the one-year review period elapsed. VA seemed to agree that the ITF option would be best for veterans and for VA, resulting in more supplemental claims that arrived at VA ready to be worked.

For more than a year, VSOs pressed VA on the progress of new regulations. We were told to expect them “shortly.” However, when the COVID-19 pandemic hit, we sought further clarification, only to be notified by VA that it no longer intended to propose new regulations and stood by the prohibition of ITF for supplemental claims. This is an unnecessary and harmful stance for VA to take, especially at a time when veterans need more reliable access to benefits. The VFW knows that this was never our intent in the framing of the AMA, and based on past hearings, we believe it is safe to say that this was not the intent of Congress either. This should only require sensible action by the new VA Secretary, but failing such action, we ask that Congress works to ensure that veterans’ effective dates are responsibly protected under the AMA.

Moreover, when discussing supplemental claims, the VFW knows that it is nearly impossible for most veterans to delineate between reopened conditions, secondary conditions, new conditions, or increased conditions. VA’s current policy is that whenever veterans file a claim for a “same or similar benefit under same or similar circumstances,” they must file on VA Form 20-0995—a form created specifically for the AMA. As we have seen in the field since the AMA went live in February 2019, this is an unreasonable expectation for both veterans and advocates to ascertain how VA will interpret “same or similar” when a veteran files for a benefit without clear guidance. We have also learned from VA staff that this strict interpretation has created significant confusion at the VARO level, requiring further detailed and often confusing guidance for raters on how to handle these claims.

The VFW understands why VA created the truncated VA Form 20-0995 for claims filed within the one-year appeal period. However, VA’s current policy dictates that the only option for a veteran who wishes to reopen a claim at any point in the future is to file with the mandatory supplemental claim form, VA Form 21-0995. Alternatively, VA requires claimants to use VA Form 21-526EZ for any other claim actions, such as increases or secondary conditions. Even though Form 21-526EZ contains sufficiently complete information with which to process a claim, VA has adopted the unnecessary and unwavering practice of rejecting supplemental claims filed on Form 21-526EZ. Consequently, requiring veterans to submit a supplemental claim form beyond the one-year appeal timeline unreasonably causes harm to veterans, and is both unmanageable for VSOs and wasteful of VA’s time and resources.

Again, the VFW raised this concern with the previous VA Secretary, explaining this not only makes it harder for veterans to claim the benefits they deserve, but also makes it harder for VA to efficiently adjudicate claims. Sadly, our concerns were dismissed because “the Secretary has the authority to prescribe forms.”

The VFW believes the creation of a mandatory form for supplemental claims directly contradicts the intent of Congress in crafting the AMA. We also believe that the requirement of this specific form contradicts VA’s own regulations on what constitutes a sufficiently complete application. Not only should Congress force VA to reverse course on this onerous and capricious interpretation of the AMA, but we would also ask Congress to compel VA to honor the earliest possible effective date for any reopened claim erroneously denied under this policy since February 19, 2019.

The AMA was designed to simplify the claims process for veterans, not to create confusion with unclear regulations and create new bureaucratic obstacles. The VFW has seen firsthand that these arbitrary and senseless requirements have led to the erroneous denial of benefits for veterans, and we stand ready to work with VA and your committees to overturn these ill-conceived policies.

### **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 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 2015, 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 and its global network of advocates were prepared to meet this challenge, and we continue to provide high-quality claims assistance to our veterans even when we cannot meet with them face-to-face.

As we navigate this changing world and the changing 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.

Sadly, under the last VA Secretary, we lost this collaboration and VA started to make assumptions about how it should build or enhance electronic tools for veterans and advocates. As a result, the VFW now believes we are further behind in providing quality electronic tools for our veterans and service providers than we were four years ago. For example, due to the botched implementation of the AMA and the Secretary’s decision to create unnecessary mandatory

forms, veterans can no longer file appeal actions utilizing self-service online tools. Furthermore, veterans who seek to file an appeal with the Board of Veterans' Appeals (BVA) cannot use VA's electronic submission methods, as the BVA lacks the ability to upload documents from these siloed systems. Shockingly, this means that if a veteran seeks to appeal a decision, they must submit the forms either through mail or via fax. To the transitioning service members and younger veterans that the VFW serves, this paper-based process seems absurd in 2021 when most Americans can pay our bills, file our taxes, or even purchase a home utilizing smartphone technology.

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. To truly achieve precision in the digital claims process, the VFW recommends that VA work in close consultation and collaboration with VSOs and Congress to implement the following:

1. Rebuild the SEP to increase functionality for accredited representatives and eliminate the need for VA Personal Identity Verification (PIV) badges, electronic credentials, and electronic systems access. This functionality should include read-only access to VBMS claims files for the veterans for whom each accredited organization holds power of attorney; the capability to populate any VA form, allowing for digital signature by the advocate and secure transmission to benefit clients for digital signature and secure transmission; digital notification of claim actions and rating decisions to a veteran's accredited representative in accordance with title 38 United States Code, sections 5103 and 5104.
2. Update the self-service veteran tools through eBenefits and VA.gov to allow for the digital transmission of any claim action before VA, particularly compensation, pension, review actions, and appeals.
3. Update contractor agreements to allow for the digital transmission of all claim action submissions to the Claims Intake Center to ensure that actions like BVA appeals are efficiently routed to the BVA.

Veterans are entitled by law to competent representation in the VA benefits process. By accomplishing these objectives, VA will provide veterans' advocates with the same advocacy rights in the digital environment as were allowed in the paper-based claims process. Aside from satisfying these statutory obligations, the VFW believes that VA will also achieve greater efficiency in the delivery of benefits to veterans. VA would eliminate the need to issue electronic credentials and antiquated PIV badges to accredited representatives and would improve efficiency and accuracy in claims filing, ultimately improving the timeliness in delivering veterans' earned benefits.

We know that VA can do this. The VFW recently worked with VA to build a similar solution to better handle GI Bill information. We look forward to working with Congress and VA to implement these reforms.

## Improved Notifications

Veterans seeking benefits through VA until recently had the rational expectation of the process being non-adversarial in nature. This is even in the statute. Along with that lofty idea, veterans have been counseled by their advocates that they were entitled to competent representation, as well as proper notification of results or conclusions reached by VA decision-makers based on submission of their evidence.

Make no mistake. In current times, this relationship has been tested over and over despite VA's own procedural manual (M21-1), stating that the relationship with the accredited representatives who engage in such endeavors are to be regarded as "equal partners." We have not been. In the final analysis, it returns to one theme—veterans, their families, and survivors ultimately suffer the indignities of VA's malice. How unfair and unjust when these fellow citizens have been asked to give far more than 99% of the population.

For decades, claims for benefits have been adjudicated in accordance with the United States Code and the Code of Federal Regulation. The right to competent representation is provided for both in code and statute. It is important that we acknowledge these references to convey the intended relationship between VA and the VSO community and how it validates the fundamental role of the accredited representative. It is not too far a stretch to state before this committee that up to the last day of the previous administration, that relationship was "fragile" to say the least.

In a pre-pandemic world, the normal business practice was to provide the claimant and their recognized, professionally trained representative, a notice of the decision that VA rendered as required. The claimant receives a printed copy of the decision, typically through the mail as did the representative. After a discussion with the claimant, a decision is made whether or not to pursue any corrective actions through the appeals process. If no further action is required, the claim is considered perfected.

Last March, the VBA held a meeting with VSO leadership to discuss steps it was taking due to the COVID-19 pandemic. During this meeting, VSOs were informed that because of limited staffing, VBA was suspending the statutorily required notification letters to accredited representatives to ensure that VBA could focus on sending veterans their notification letters with the expected reduction in manpower. In the spirit of goodwill and collaboration, this seemed workable as accredited representatives still received notification of rating decisions in the VBMS at the time utilizing the 48-hour review period.

Almost immediately following the previous ill-handled decision, VBA executive leadership notified VSOs that they were eliminating pre-decisional review for accredited representatives to "get veterans their benefits sooner." It is unknown to us if VBA considered the effects of this imprudent decision, or if this was a philosophy it believed. When VA updated their systems to remove the pre-decisional review option, VSOs fundamentally lost all optics regarding VA notifications, rating decisions, and all other types of communication. We sought to use the limited filtering options made available in VBMS to view whatever rating decisions we could prior to their promulgation. These filters work for only a short period of time between the time a rating is drafted and VA issues the final decision. Given the totally unpredictable way VA moves

work through the National Work Queue, VSOs have practically no ability to see VA decisions that are being sent to veterans. When these concerns were raised, we were told we need to make do with the current IT structure despite its vast limitations as IT updates need to be planned for and budgeted. Even more egregious was the astronomical estimates VA said it would cost to restore this vital functionality which was removed with the push of a button.

Consequently, VSOs are now totally dependent on claimants contacting us to review veterans' files to see rating decisions and any other notifications they have received from VA. This is especially troublesome as VAROs have not yet fully reopened to our staff or the public. VA continues to make erroneous decisions at all levels in the claims process. It continues to reject claims forms with little to no explanation or random implementation of policy, resulting in veterans losing monetary benefits for the sake of meeting an arbitrary production goal.

Stunningly, without input from or consultation with the VSO community, VA all but mandated that as of a date certain, VSOs will be required to identify a single point of contact to receive ALL notifications. This was viewed by many as hasty and untenable. VA could not then and cannot now guarantee that critical mailings with suspense dates would be delivered consistently to the physical addresses identified to receive them. Our business processes, much like those of our fellow organizations, do not have the capability or the sustainability to handle what would amount to thousands of letters a month. In what the VFW equated to “searching for unicorns,” VA stated the notices received at the VAROs for the last two decades by the VFW did not meet the intent of the law according to the Office of General Counsel (OGC) and based this decision on a court case, Trammel v. Brown from 1994. We found it absurd then and we have not changed that position as of today.

In what was initially viewed as hopeful, VBA considered developing an “electronic VSO notification” process that would deliver the required information to accredited representatives in lieu of paper notification. VA proposed the ability for an organization to “opt-in.” VSOs would receive the usual VA notification letters and various related correspondence through a corporate VA mailbox (something else we have been asking for with no consistency) or through the VBMS. Even after a return to normal operations, this would continue to allow our field offices the continuity needed to represent our claimants properly and competently. It would also be beneficial to claimants and accredited representatives because documentation would now be stored electronically and easily recalled when needed for review or other purposes.

Once again, VA balked at the suggestion of alerting the representative of record through electronic means and hinted that it only had the capability of notifying a single point of contact to parse out notifications as needed to their own independent staff. Time and again, we raised objections to all these outlandish ideas. We find this to be insane. VA can track inputs to the individual user and keystroke. It most certainly has the capability to establish corporate mailboxes for all, or at least for an individual with a properly credentialed VA email account that can receive Personally Identifiable Information. To date and their credit, VBA relented and has not raised the issue. We are optimistic if it does pursue this policy, the new VBA leadership will understand the special and necessary relationship between VA and their long-established partners.

The VFW sees an opportunity for a fresh start in this new administration. We recognize the possibilities with new leadership and new points of view that will lead to better and greater outcomes for veterans. The VFW will continue to work for the best possible outcomes for all veterans and we are confident this committee will do the same.

## **COVID-19**

The COVID-19 pandemic changed the dynamic of the American health care system. As 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.

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. VHA hiring policies were relaxed which allowed VHA to hire new employees by the thousands, including 3,300 physicians and more than 12,400 registered nurses. As of the 4th Quarter of FY 2020, VHA had 30,578 vacancies for full-time employees. The top five occupations with the most vacancies in VHA are nurses, medical support assistants, medical officers, social workers, and housekeeping aids.

In the 116th Congress, the *VA Mission Telehealth Clarification Act* was passed to clarify the statute to include health professional trainees under the clinical supervision to provide treatment via telehealth. Health professional trainees are gaining the experience to practice health care through VA telehealth, thereby preparing the next generation to use this tool to increase health care access and improve outcomes.

Telehealth is playing a critical role in maintaining veterans' mental and physical well-being during a time of social distancing and quarantine. During the pandemic, the need for telehealth expanded and VA was ready. The majority 47% of veterans who responded to the VFW's COVID-19 survey in April 2020 stated their routine care appointments were converted to telehealth. 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, the barriers of transportation, inconvenience, economic impact of taking time off from work, child care, and exposure to sexual harassment or assault were decreased. Although, new issues arose like limited access to high-speed internet, technology illiteracy, or lack of access to smartphones, tablets, or computers.

As COVID-19 vaccinations 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 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.

The VFW urges Congress to pass the *VA VACCINE Act of 2021*. 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.

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 Asset Infrastructure Review (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. Because VFW members are heavily invested in VA health care, we would like to be one of the VSO representatives on the commission.

### **Mental Health and Suicide**

The critical issue of suicide and mental health remains a priority for the VFW. The 2020 National Veteran Suicide Prevention Annual Report stated that from 2017-2018 veterans who died by suicide slightly rose one-tenth of a point to 17.6 per day. The VFW commends the members of these committees for their commitment to ensuring legislation such as the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* became law. The VFW urges congressional oversight to ensure VA implements the legislation as written and intended.

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 has teamed with VA and Philips to roll out the ATLAS program to provide telehealth services, including mental health counseling, to rural veterans. Telehealth appointments have already been scheduled at the VFW Posts in Eureka, Montana; Linesville, Pennsylvania; and Los Banos, California. Additionally, there are two VFW sites in the implementation stages and an interest in 22 more locations.

As veterans, our strongest bond is our military service. An invaluable service to veterans and VA is peer-to-peer support within the mental health programs. VA has the opportunity to provide a level of understanding and trust women and minority veterans often need, especially if they are facing hardship. Layering peer-to-peer support with their mental health services can connect them to additional resources.

The PREVENTS Roadmap was released in the summer of 2020. The ten recommendations provide a well-rounded guide. The VFW would like to see the PREVENTS Roadmap recommendations continue to fruition and meet the program's upstream objective to end suicide. According to the 2020 VA Suicide Prevention Annual Report, almost three-fourths of male

veteran suicide deaths and a little less than half of women veteran suicide deaths were from the use of firearms in 2018. The VFW supports lethal means interventions as an important step in reducing veteran suicide.

### **Caregiver Support Program**

In July 2020, VA published the final rule for the caregiver expansion program, VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), per the *VA MISSION Act of 2018*. The VFW reviewed the rule and submitted a statement for public comment to urge VA to be swift and precise during the approval stage and rethink the adjustment of the three-tier stipend structure to a two-tier structure.

After being delayed 16 months, VA's PCAFC opened the application process to accept Phase 1 applicants last October. Unfortunately, veterans and caregivers in Phase 2 will need to wait an additional two years to apply according to VA. The VFW urges Congress to enact legislation to begin phase two of the caregiver program expansion on or before October 1, 2021.

A visually impaired VFW member from Georgia who served in Vietnam relies on his wife for activities of daily living. He has a service-connected disability that is rated permanent and total. They applied for the Phase 1 expansion in October 2020 and had three interviews. In January, they received a denial letter with little information as to why. Attached to the letter was an instruction to appeal the decision by mailing his appeal letter to the address of his Veterans Integrated Service Network. The VFW urges Congress to continue oversight of the caregiver expansion program and hold VA accountable for transparency of data regarding applicants, denial, and appeals.

### **Minority Veterans**

As the population of minority veterans continues to grow, VA needs to adapt to meet the need to access both health care and benefits services. Women, LGBT, and racial and ethnic minority veterans face barriers and challenges across different life domains. In 2014, less than a quarter of the total veteran population was minorities. This number is expected to increase to 35.7% in 2040. Minority veterans' health outcomes are affected by real or perceived biases. According to the U.S. Government Accountability Office (GAO) October 2020 report, "Better Data Needed to Assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender Veterans," VA's electronic health record lacks the standardized field for health care professionals to record a veteran's sexual orientation or self-identified gender identity. Until this is corrected, inconsistent data hinders proper and inclusive research. Also, eliminating a veteran's sexual orientation or self-identified gender identity may affect a health care provider's ability to provide appropriate care and increases an LBGT veteran's risk of discrimination by the provider.

Racial and ethnic disparities affect veterans' health care outcomes. According to the 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. 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 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.

### **Military Sexual Trauma**

Sexual assaults that occur during military service, known as military sexual trauma (MST), affects service members of all backgrounds, gender, and sexual orientation, and continues to be a problem that VA and DOD fall short in properly addressing. In fiscal year FY 2019, DOD estimated that over 20,000 service members had experienced some kind of assault. At least 25% of women service members have been sexually assaulted and up to 80% have been sexually harassed. From FY 2012 to FY 2020, reported sexual assault cases increased from 2,828 cases to 6,236 cases. Yet, it is hard to determine if this number is accurate since an estimated 70% of sexual assaults go unreported. While DOD continues to increase its efforts to reduce or eliminate sexual trauma within the military, the number of service members affected by MST is slow to decline. Congress must ensure DOD and VA improve their collaborative efforts in awareness, reporting, prevention, and response among service members and veterans.

VA's national screening program screens all patients enrolled in VA for MST. National data from this program reveals about one in four women, and one in 100 men, respond affirmatively to having experienced sexual trauma while serving their country. All veterans who screen positive are offered a referral for free MST-related treatment, which notably does not trigger the VBA disability claims process. Previous years of VA data show growing numbers exceeding 100,000 veterans receive care for MST-related treatment.

In FY 2017, a total of 3,681 men and 8,080 women submitted claims to VBA for health problems related to MST. Of those claims, 55 percent of men's and 42 percent of women's claims were denied. 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 have to recount their experiences to disability compensation examiners. Therefore, we encourage VBA to employ the clinical and counseling expertise of sexual trauma experts within VHA or other specialized providers during the compensation examination phase.

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. The VFW urges VA to examine COVID-19 pandemic crowd management policies and adopt best practices regarding congested areas to decrease the opportunity for incidents. "Stand Up to Stop Harassment Now!" campaign materials need to be prominently displayed throughout VA buildings and properties. For example, campaign videos can be played in congested areas like waiting rooms to bring awareness. The VFW urges VA to increase engagement with VSOs to continue to make this culture change. The VFW urges congressional oversight to ensure VA correctly implements sections of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* regarding MST claims, sexual harassment, and assault policies and programs.

## **Women Veterans Issues**

Reproductive health follows a woman veteran throughout the seasons of her life. In FY 2015, 89% of women veterans were between 18-64 years of age. The average age of women veterans who use VA for health care is 51 years old, which is almost 15 years younger than male veterans according to VA data from FY 2017. 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 military sexual trauma and postpartum depression, and targeted outreach to women to ensure that no veteran is left to wonder what benefits she is eligible to receive. Mammography and other services that address health conditions that are more prevalent in women must be readily accessible. 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. 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 Terror.

The *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement 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 pave the path to meet the future needs of women veterans. However, there is more work to be done.

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, twenty percent for cocaine use, then opiates, and other drugs. 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 urges congressional oversight of the Deborah Sampson portion of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* in order to ensure proper implementation of this critical provision.

## **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, at least once they are able to access

care. 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 contributes 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 must also ensure that America's service members and veterans do not receive lesser care or fewer options than other Americans. VA and DOD health care is first-class and must remain responsive.

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 11 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 which is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible disease and to be health care cost-savers.

Preventive dental care can significantly impact a veterans' health and quality of life, including job security. However, only veterans who are 100 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 VA to expand outreach 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 *Equal Access to Contraception for Veterans Act*.

### **Electronic Health Record Modernization**

VA is transitioning to a new Electronic Health Record Modernization (EHRM) system that would store all health information and track all aspects of patient care. EHRM is planned to take 10 years to be fully implemented and is scheduled to be completed in 2028. The new system connects 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 through the new online service, and monitor the implementation of the new system. The VFW understands the high cost of implementing this new health care system and recognizes that this is a necessary step to improving the overall quality of VA health care.

The VFW recommends full funding of the joint program office within the federal EHRM project. Making sure there is seamless coordination between DOD and VA is integral to the development of this program. The joint office oversees the implementation of the two programs, and proper funding for the entirety of the process is critical to its success.

### **Full Concurrent Receipt for Chapter 61 Combat-Related Medical Retirement**

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 by 20 or more years of service in the United States Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years. Service-connected disability compensation is a benefit meant to supplement a veteran's lost earning potential as a result of the disabilities he or she incurred while in service. However, military retirees who are less than 50 percent service-connected disabled are required to offset their retiree pay with the amount of VA disability compensation they receive.

The *National Defense Authorization Act for Fiscal Year 2004* allowed for the gradual phase-in over 10 years of full concurrent receipt for certain military retirees who have a service-connected disability rating of 50 percent or higher. The phase-in period ended in 2014, which means military retirees with 20 or more years and a VA disability rating of 50 percent or higher 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 40 percent or below, and Chapter 61 retirees who were medically retired with less than 20 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 retirement. 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 30 percent or greater. These veterans are referred to as Chapter 61 retirees. As a result, some disability retirees are separated before becoming eligible for longevity retirement, while others have completed 20 or more years of service. There are currently tens of thousands of veterans affected by this unjust practice. The VFW thanks our supporters for introducing the *Major Richard Star Act*, and we call on Congress to pass this important legislation immediately.

### **Military Privatized Housing**

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 50-year leasing agreement with the government that gave them custody of existing base housing and the responsibility to build and maintain military homes. Since then, maintenance issues have gone unresolved since private housing companies have strong financial incentives not to hold units vacant for lengthy repairs or renovations. Currently, over 207,000 military housing units across the United States are controlled by a handful of private corporations and service members. In the past few years, the MHPI program has been plagued by widespread complaints about neglected or careless repairs, unsafe conditions, and residents being exposed to high levels of toxins and environmental hazards especially mold, lead-based paint, asbestos, poor water quality, and sewage. In response, DOD implemented a bill of rights to ensure tenants receive quality housing and fair treatment from the private housing companies. However, before service members move to a new base, they are not given access to historical maintenance records about their new homes, which is inconsistent with standard practice for all new home buyers in the United States.

As a result, the VFW proposes that DOD develop a base housing comparison tool to be a central information center for service members. Based on the model of the GI Bill Comparison Tool, it would provide access to information about the bases and private housing companies to help service members make informed decisions about whether to live on or off base. Additionally, it would allow oversight of the housing situation 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 comparison tool for base housing.

### **Defense POW/MIA Accounting Agency**

Currently, nearly 82,000 DOD personnel are unaccounted-for from WWII to Operation Iraqi Freedom, 75 percent of whom are in the Indo-Pacific area, and more than 41,000 are presumed

lost at sea. Since 1991, the VFW has been intimately involved in the fullest possible accounting mission. 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 Veterans Service Organization to return to Southeast Asia, Russia, and China, and has 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 35 to 60 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 European losses.

DPAA has the largest and most diverse skeletal identification laboratory in the world and is staffed by more than 70 anthropologists, archaeologists, and forensic odontologists. Due to DPAA's efforts, the remains of 120 Americans were accounted for in FY 2020. However, government budgetary uncertainty in the past interrupted DPAA operations, as it did for many DOD organizations.

Congress and the Administration must provide DPAA as well as its supporting agencies with full mission funding and personnel staffing, because it is the right thing to do for our missing and unaccounted-for service members and their families.

## **Vietnam**

The VFW has and will continue to support DPAA efforts to locate the 1,585 Americans who are still missing from the Vietnam War. The challenges DPAA faces in Vietnam include underwater recoveries, weather, terrain, economic development, soil acidity, and aging witnesses. Its goals are to continue to achieve the fullest possible accounting, mitigate resource constraints by finding efficiencies and increasing partnered activity where possible in Vietnam War countries, gain more access to the Vietnamese National Archives for case research, and cultivate new leads from American veterans of the Vietnam War.

The VFW has played a vital role in advancing the POW/MIA mission. In July 2019, during the 120th VFW National Convention in Orlando, Florida, Past-Commander-in-Chief B.J. Lawrence asked Vietnam veterans to send us documents that might help the Government of the Socialist Republic of Vietnam to determine the locations of burial sites in order to find some of their estimated 300,000 missing service members, and personal effects that might help bring comfort to their families.

VFW members and their families answered the call. On October 25, 2019, the VFW provided documents, artifacts, and personal effects to DPAA, which had the locations of battlefields and gravesites of Vietnamese soldiers. Returning these items to the Vietnamese government has helped improve the relationship with the United States. This display of diplomacy will not only help in our efforts to reach our true goal and our promise to American families affected by the Vietnam War, but will help us gain access to future recovery sites. Additionally, the VFW strongly believes that maintaining a vet-to-vet relationship with Southeast Asian governments from a non-bureaucratic and non-political perspective plays a critical role in conducting humanitarian and recovery missions.

Except for 2020 due to the COVID-19 pandemic, VFW senior leaders have traveled back to Vietnam every year since 1991 to help DPAA locate missing and unaccounted-for service members. During our last trip in March 2019, the VFW joined with the staff of DPAA's Detachment in Hanoi to visit active recovery sites. The VFW also met with the Defense Attaché and U.S. Ambassador Dan Kritenbrink at the U.S. Embassy to discuss ways the United States is rebuilding our relationship with Vietnam. One such way has been helping to clean up former Agent Orange sites around the country, which has been seen by the Vietnamese as a very positive development.

As a result of such efforts, the perception of America by the Vietnamese people has improved. However, the Vietnamese government has expressed concern over China's growing military and economic influences in Southeast Asia. Vietnam has the fastest-growing economy in Southeast Asia and tourism is big—as are U.S. investments. The Vietnamese population is young and well-educated, and transportation, energy, and information technology are growing. Therefore, the United States must continue to improve its relationship with Vietnam and other Southeast Asian countries. In November 2019, U.S. Secretary of Defense Mark T. Esper made his first official visit to Vietnam. During a meeting with Vietnam Minister of National Defense Ngo Xuan Lich,

the two leaders exchanged artifacts from the war era. Secretary Esper showed the United States' commitment to working with Vietnam to account for Vietnamese missing in action by presenting a map of a battlefield burial site provided by the VFW.

## **Korea**

The VFW was also the only veterans organization to engage with President Trump regarding the return of remains of U.S. service members unaccounted-for from the Korean War prior to his Singapore Summit in 2018 with Chairman Kim. Our actions resulted in the transfer of 55 boxes of remains by the Democratic People's Republic of Korea (DPRK) and opened the door for the possible resumption of DPAA recovery operations in North Korea in the future. Some see DPRK's decision to do so as nothing more than an empty gesture or one meant to only placate. However, to the families of the 7,567 service members who never came home from the Korean War, those boxes represent hope and closure.

That is why the VFW asked our members and supporters to provide DNA samples, so DPAA can continue to identify the service members who were returned home in the 55 boxes. The VFW urges Congress to amplify our call-to-action and provide DPAA the necessary resources to expand recovery operations into North Korea as soon as that opportunity presents itself.

Locating, identifying, and recovering the remains of those who paid the ultimate sacrifice in the service of our country from conflicts spanning nearly 80 years is a difficult and hazardous mission, but it is one of the most important obligations that we have as a grateful nation. It is a promise to those serving in uniform today that no matter what, we will travel to the ends of the Earth to return you home to your families. As an Air Force veteran who served in Operations Desert Storm and Desert Shield, I am fully aware of the cost of war and the importance of returning fallen veterans to their loved ones.

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 on these critical issues. I would expect, as members of these prestigious committees, that you retain a vision for veterans in these coming years. 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 2021, 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.