

**JOINT HEARING ON THE LEGISLATIVE
PRESENTATION OF THE VETERANS OF FOREIGN
WARS OF THE UNITED STATES**

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

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MARCH 4, 2020
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Formatted for the use of the Committee on Veterans' Affairs



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U.S. HOUSE OF REPRESENTATIVES,
AND U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committees met, pursuant to notice, at 10 a.m., in room G50, Dirksen Senate Office Building, Hon. Jerry Moran and Hon. Mark Takano, Chairmen of the Committees, presiding.

Senators present: Senators Moran, Boozman, Rounds, Tillis, Sullivan, Tester, Brown, Manchin, and Sinema.

Representatives Present: Representatives Takano, Brownley, Lamb, Pappas, Cunningham, Cisneros, Allred, Underwood, Roe, Bilirakis, and Roy.

OPENING STATEMENT OF HON. MARK TAKANO, CHAIRMAN

Chairman TAKANO. Good morning, everyone. I am honored to be here truly with my colleague, Chairman Moran, Senator Tester, who should be joining us, Ranking Member Roe, and all of the members of the House and Senate Committees on Veterans' Affairs.

Today we will hear the testimony from Veterans of Foreign Wars, and before we get started, I would like to recognize our guests from my home state of California. Are you here?

All right. All right. Thank you. We can give them a hand.

[Applause.]

Chairman TAKANO. Well, thank you.

These annual hearings are critical so Congress can hear directly from organizations that work with and support veterans and their families every day. This work provides insights to the challenges faced by veterans and opportunities for improving VA's policies and programs. These committees rely heavily on the veterans service organizations to provide the voice of the veteran, to highlight for us the issues that veterans are facing across the country, and I am grateful to the VFW and other VSOs for providing us that insight.

I am heartened to see that we share many of the same priorities. And, not to steal your thunder, but I would like to underscore just some of the priorities that we do share.

Our veteran population is increasingly more diverse. We must support our women veterans, our LGBTQ veterans, minority veterans, and Native American veterans, and we must ensure that VA

provides culturally competent care for all eligible veterans. We must ensure that VA provides a safe environment of care for veterans who may have experienced military sexual trauma and improve how VA evaluates claims related to those traumatic experiences.

As Chairman, I made reducing veteran suicide my number 1 priority and adopted a comprehensive evidence-based framework to address this crisis from every angle. Our approach takes into account multiple factors that could reduce veteran suicide, everything from lowering economic burdens to increasing access to care—actually, let me say that again—everything from lowering economic burdens to increasing access to care and improving crisis intervention for those at higher risk.

Now, earlier this year, I introduced H.R. 5697, the Veterans Access Act, to ensure all veterans, regardless of their discharge status or eligibility for other VA health care benefits have access to emergency mental health care they need without ever seeing a bill. When a veteran is in crisis, worried about how they will pay for their care should be the last thing on their minds. This legislation is the latest of many actions our committee has taken, and I am looking forward to working with Chairman Moran, Ranking Member Tester, and Ranking Member Roe to pass this bill and save veterans' lives.

We also must do better when it comes to caring for veterans who have been exposed to toxic substances in the course of their service. The Department of Defense and VA must better track those exposures and be better prepared to treat those veterans when they leave the service, and that is why I recently sent a letter with 77 of my colleagues pressing President Trump to take necessary corrective action and add four diseases to the Department's presumptive list that we know to be linked to Agent Orange exposure. This will ensure veterans can access crucial VA health care and disability benefits. We are still awaiting a response from the administration.

You identified concerns in multiple areas that speak to VA's information technology infrastructure, and I agree that we must ensure that VA has the proper funding to ensure a 21st century technology infrastructure to support its multitude of systems.

We must also ensure that VA updates its infrastructure and its aging IT systems while making wise use of taxpayer funds.

I also thank the Veterans of Foreign Wars and other VSOs for holding the line, for taking care of America's veterans, and for keeping Congress and the administration accountable to those brave men and women. I look forward to hearing your testimony and thank you for all the work that you have done in the service of veterans and their families.

I now end my opening remarks, and I would like to recognize Chairman Moran for his opening statement. Mr. Chairman?

OPENING STATEMENT OF HON. JERRY MORAN

Chairman MORAN. Chairman Takano, thank you very much. It has been a pleasure to date to work with you, and I am pleased to join you here today as we welcome the VFW to our Joint Committee hearing.

I welcome the Veterans of Foreign Wars here today as well as the hundreds of VFW members and Auxiliary members who have joined us.

My father, a World War II veteran, was an active member of the VFW in my hometown and its post, and I grew up having highest regard, which has continued through the years, for VFW and its members.

I extend a special welcome to my Kansas VFW members, and not to be outdone by California, I need to ask them to please stand and wave so that we can recognize you.

[Applause.]

Chairman MORAN. Thank you for the relationship, the friendship, and the working times that we have together and for what you do for veterans and in communities across Kansas.

Thank you to all of you from all over the country who took time away from your day-to-day responsibilities to be here, for making the trip to our Nation's Capital. I think it is one of the most significant days, one of the times in which I feel greater levels of hope and optimism is when I walk the halls of these office buildings in the U.S. Capitol, and I see VFW members and the Auxiliary and their presence. We know that you are here, and it reminds us of our responsibilities.

I indicated the other day during a hearing that I often walk down to the Lincoln Memorial for the purposes of walking by the World War II Memorial, for purposes of walking by the Vietnam Wall, and coming back by the Korean War Memorial, and it is a reminder, just as your presence here today is a reminder, that those of us who serve in public office need to use you as role models to those reminders of those walls and those memorials. Not a person there served their country for purposes of Republicans or Democrats. They served their country for purposes of Americans, for their families at home, for making the world a better place. We need that same attitude and approach, and I thank you for being the role models that you are at home and here in the Nation's Capital.

Commander Schmitz, thank you for your advocacy. The work the VFW does on behalf of our Nation's veterans is critical. Thank you for the leadership role that you have assumed, and this Committee is lucky to have you here today, fortunate to hear what you have to say, as we make our decisions in public policy and legislation about what we can do, what we need to prioritize.

My top legislative priority, unless you tell me otherwise in your testimony, is to give the VA and local communities the authority and the resources to help at-risk veterans find hope and stay off the path of suicide. VFW has consistently advocated for a focused and coordinated effort among Congress, the VA, and stakeholders to effectively address veterans' mental health needs and help prevent veteran suicide.

I come from the rural part of Kansas, but I represent the entire State, rural, urban, and suburban. The challenges are there everywhere, and each may need a bit of uniqueness to find the right solution to meet the needs of those who contemplate suicide and those who need mental health services.

I also want to make certain that the MISSION Act, a piece of legislation that I think is one of the most significant for Congress to pass in recent time related to the VA—I want to make certain that the VA is consulting with veterans service organizations, that they are paying attention to the VFW and its members, that they are talking to Congress. If we fail, if the VA fails to implement the MISSION Act in the appropriate way that cares for veterans in their circumstances, we will have missed a tremendous opportunity for and improving VA.

I share these goals. I know with my colleagues here sitting next to me, these ought to be and are bipartisan, bicameral issues that we can resolve.

I was asked this morning what one of my other committees was going to accomplish this year, and unfortunately, the answer that I gave was one I hate, which is, well, it is an election year, so I am not certain we are going to be able to do much of anything. Well, in this place, there are elections all the time. It is an election year seemingly every year, and if that is the excuse that we cannot do something because it is an election year, then we will be unable to do anything always. That is a terrible outcome. It is a terrible outcome for the American people. It is a terrible outcome for those who served our country and sacrificed that our democracy can work.

The person I was talking to said, “Well, it is a good thing that you chair the Veterans Committee because that is still the one place where Republicans and Democrats get along,” and we need to make certain that that is true and that it continues.

I pledge to Chairman Takano and to my colleagues here, certainly to Senator Tester, the Ranking Member, our Ranking Member of our Veterans Committee, that that needs to remain true, and we owe it to you, those who are present with us today.

Commander Schmitz, we look forward to your presentation. I look forward to working together with you.

I enjoyed joining the VFW when you had your convention in Kansas City a year ago, and I look forward to your return. We are honored that Kansas City—President Trump would say, “It is probably in Kansas,” but that Kansas City, Missouri, is the home of the National Headquarters for the VFW. Just like we hold dear and own the Chiefs, we look at your presence in Kansas City as being in Kansas, and we are delighted that that presence exists. We know that you bring from the Heartland and across the country a message for us today, and I look forward to hearing it.

Thank you.

Chairman TAKANO. Thank you, Chairman Moran.

I now call on Ranking Member, Dr. Roe, for his opening statement.

OPENING STATEMENT OF HON. PHIL ROE

Dr. ROE. Thank you, Chairman.

Welcome, Commander Schmitz and VFW members and members of the VFW Auxiliary, the people who do all the work.

[Laughter.] [Applause.]

Dr. ROE. It is a distinct pleasure for me to be here today with Chairmen Moran and Takano and Ranking Member Tester, all

good friends, at the joint hearing today, and I appreciate your attendance.

It has been an honor and a privilege for me to attend these hearings for a dozen years that I have spent in Congress, but this will be the last time I will be with you because I am retiring at the end of this year, and I realize what a good politician I am because I made, in my district, some of the Republicans and all the Democrats happy by my retirement.

[Laughter.]

Dr. ROE. I look out here and I am going to veer from my notes just a moment and tell you that as a veteran, the 2nd Infantry Division, I was in the Army 47 years ago. I look out here at this group of men and women, and you are the reason we have a free country. I was able to be raised on a very small farm in Tennessee, to be able to go to medical school, and to be able to serve this great Nation. You are the reason that I was able to do that because we are free because of the sacrifice that each one of you made for this country and you continue to make because you continue to come here every year and pack this room and advocate for me for the people I will never be able to do enough for.

I got home with absolutely no injuries at all. Some people think I was injured, but I think I am fine.

[Laughter.]

Dr. ROE. Yet, so many people came home with catastrophic injuries. I cannot do enough for those men and women who served this country and sacrificed and changed their entire life because of their service to our great Nation. So, I thank you for what you have done, and I appreciate your service and your continued service to the country, years after many of you left the military.

It is because of organizations like the VFW that my time in Congress has been so fulfilling, and I know that I am leaving this town in very good hands.

The men and women of VFW and thousands of whom are veterans themselves work tirelessly to care for those who bear the wounds of war and empower them to succeed, and before I continue with my opening remarks, I would like to take a moment personally to thank each and every one of you for your sacrifice.

I want to welcome the VFW's national leadership team. It is a pleasure to have you all in the Capitol, and I want to also extend a special welcome to your commander-in-chief, William "Doc" Schmitz. Thank you. We are very glad to have you here. Sir, thank you for your service to our Nation and the Navy and for your leadership within the VFW and for being with us today.

I also want to acknowledge, as I did previously, the members of the Auxiliary. Thank you all for being here.

Many of you wear many hats as spouses, as volunteers, as caregivers, and many more, and your service to those who have served our country does not go unnoticed. I thank all of you for that.

Finally, I want to say a special hello for the VFW members in my home State of Tennessee. If you are in the audience, please hold your hand up or stand, if you can. I know they are here because I have a list of you.

[Applause.]

Dr. ROE. We are undergoing a tough time in Tennessee right now. We have lost at least 25 of our citizens in a terrible tornado around Nashville. So, please keep us in your prayers.

For over 100 years, the VFW has been a leading voice for our Nation's veterans, and with VFW support, the VA has undergone a transformation. Veterans have greater access to care, greater control over their health care decisions at VA than ever before. Veterans can use their GI Bill benefits whenever they choose. Veterans' unemployment has reached near record lows. Veterans are getting their appeals for disability compensation decided faster and more efficiently. Veterans of the Blue Water Navy are finally receiving the benefits they have earned. The widow's tax on dependents and indemnity compensation benefits has been repealed. Fewer veterans are homeless. Fewer veterans are dependent on opioids.

The VA has more funding and more staff and is now one of the top six best places to work in the Federal Government. This success is due to sustained bipartisan congressional commitment to prioritize veterans' needs, the Veteran First focus of the Trump administration, and the continued advocacy of organizations like the VFW.

VFW leaders here in Washington continue to provide valuable information and feedback to Congress to help us ensure that veterans can achieve their full potential. A great example of the importance of our partnership with the VFW actually occurred during last year's joint hearings.

As we were sitting before the VFW and other VSOs to hear your testimony, the House was preparing to vote on and pass H.R. 1112. H.R. 1112 has the potential to add names of over 1.7 million veterans for the service-connected adjudication by VA of mental issues to the FBI's NICS list. If this bill were enacted in its current form, those veterans could be barred from possessing or purchasing a firearm. It is unfair to assume that just because a veteran has a mental health condition that they are a danger to themselves or others. Equating the threat of violence with a mental health diagnosis reinforces dangerous stereotypes and stigma against those with mental illness that can prevent them from getting the help and increase feelings of shame, isolation, and suicidal ideation. Moreover, any decision that would infringe on a veteran's constitutional right should be handled by a judiciary authority and not a VA bureaucrat.

I would like to thank the VFW for bringing the unintended consequences of 1112 to Judiciary Chairman Nadler's attention prior to the House passage of this bill. Due to the VFW's actions, Chairman Nadler committed to addressing the injustice that H.R. 1112 would cause for our Nation's veterans. Regrettably, it has been a year since the VFW raised these issues, and I have yet to see any proposals from the House majority that would correct this problem.

As you can see, our work is not over, but I know that the VFW will continue to be a strong advocate for protecting a veteran's Second Amendment rights, and that together we will be able to keep building our successes for our Nation's veterans and their families.

I salute you, and, Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Dr. Roe.

I now call on Ranking Member Senator Tester for his opening comments.

OPENING STATEMENT OF HON. JON TESTER

Mr. TESTER. Thank you, Chairman Takano, and I want to say good afternoon to everybody that is in the room.

Commander Schmitz, I am honored to have you and your leadership team with us today. You are very well served by your legislative service folks. I cannot tell you how much my team and I depend upon their advice and their perspective.

Representative Roe, I just want to tell you—and it was the same with Senator Corker from your State—this is one Democrat that is not happy with your retirement, OK?

Look, I want to take a moment to recognize the Montanans in the room here today, and I hope they are in the room and not in the anteroom, as with the legion, Chairman Moran.

Tom Johnson, Harold Wheeler, Tim Peters, could you guys stand up? Ron Merwin, Jack Hawley, Art Whidhalm and his wife Marilyn. Thanks, guys.

[Applause.]

Mr. TESTER. I am just going to tell you on a side note, yesterday they were in my office, and we were talking about the priorities of the VFW. These folks presented me with a plaque, as many of you know, because I have brought it out in previous hearings.

As a junior high and high school student, I played Taps at many a funeral. They gave me a plaque with a bugle on it, and it even works. I played the plaque yesterday, guys.

[Laughter.]

Mr. TESTER. I want to thank you, everybody in the room, including my friends from Montana for the work that you do for your individual States and for the Nation.

Commander, I have said this many times before, and it is true today as it was when I have said it previously. We are here because Congress needs to take its cues from you.

VFW members are the beneficiaries of VA health care, and they utilize its programs every day. You know better than any one of us sitting at this dais how the VA is performing nationwide and the improvements that should be made on behalf of the families and the veterans. We hold these hearings because only VSOs can help Congress folks on what veterans need and how to make sure that the VA is equipped to deliver those needs.

Commander Schmitz, I need to hear from the VA whether the VA is operating in a transparent manner as they execute the largest overhaul of veterans health care in a generation; that is, the VA MISSION Act.

I need to know our views on gender disparities at the VA and what Congress can do to push the VA to provide more equitable treatment of our women veterans.

I need to know how toxic exposure impacts your members from Agent Orange, presumption conditions to burn pits.

When it comes to mental health treatment and suicide prevention, I need to know where the VA is doing a good job and where they need to improve.

As you know, a lot was accomplished last year for veterans, including passage of the VA MISSION Act, Appeals Modernization, the Colmery GI Bill. That list goes on. It is imperative that the VA provide regular opportunities to hear from the VFW and other groups about implementing these laws. VA needs to better understand how the decision it makes will affect veterans as they receive veterans benefits, and the VA cannot gain an understanding unless it listens to veterans.

Commander Schmitz, we are here to listen to you. The voice that you and your members provide is an important source of information as we attempt to do right by all veterans.

I want to welcome you again. I want to thank you for what you and your organization do on behalf of disabled veterans, on behalf of veterans and their families. Thank you for being here.

Chairman TAKANO. Thank you, Ranking Member Tester.

Now I would like to recognize VFW Executive Director B.J. Lawrence to introduce the VFW leadership. Mr. Lawrence?

Mr. LAWRENCE. Thank you.

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

From our Auxiliary to the Veterans of Foreign Wars of the United States, our National President, Peggy Haake from Hawaii; Auxiliary Senior Vice President Sandra Onstwedder of Michigan; Auxiliary Junior Vice President Jean Hamil from Florida; Auxiliary National Secretary-Treasurer Ann Panteleakos from Connecticut; Auxiliary Legislative Ambassador Mercie Woolfolk from Illinois; and our VFW Junior Vice Commander-in-Chief's wife, Megan Mihelcic from Illinois.

Now our National Officers of the Veterans of Foreign Wars of the United States, our Senior Vice Commander-in-Chief, Harold "Hal" Roesch from Virginia; Junior Vice Commander-in-Chief Matthew "Fritz" Mihelcic from Illinois; Adjutant General Kevin Jones from Missouri; Quartermaster General Debra Anderson from Missouri; Judge Advocate General J. Douglas "Doug" Whitaker from Nebraska; Surgeon General Curtis "Doc" Bohlman from Oklahoma; our National Chaplain, James "Jim" Jenkins from Kansas; National Chief of Staff Paul R. Phillips from Delaware; Inspector General Duane T. Sarmiento from New Jersey; and our Chairman of the VFW National Legislative Committee, Ronald Rusakiewicz from Connecticut; Director VFW National Legislative Service, Carlos Fuentes from Maryland; Director VFW National Veterans Service, Ryan Gallucci from Maryland.

I would also like to recognize the VFW Student Fellows. These student veterans exemplify the future leaders of our great Nation.

Finally, we have many of our past Commanders-in-Chiefs with us representing our great organization.

Thank you, Mr. Chairman, for allowing me to introduce our leadership team.

[Applause.]

Chairman TAKANO. Thank you, Executive Director B.J. Lawrence.

Now I would like to introduce my colleague, Congressman Tom Reed, to introduce our special guest. Congressman Reed?

STATEMENT OF HON. TOM REED

Mr. REED. Well, thank you very much, Chairman Takano, and to Chairman Moran and the Ranking Members, Senator Tester and Dr. Roe, my colleagues in the House.

Doc, I have been looking forward to this for a little while. I get to introduce you.

Mr. SCHMITZ. That is scary. Yeah.

Mr. REED. I know it is.

I was so concerned because this guy right here works for me, if you guys did not know that, but he has not caused any national incidence or international incidences as he has traveled around the world.

[Laughter.]

Mr. REED. So, let us not break that tradition today.

I just first want to continue the tradition of recognizing the VFW and those members of New York who may be in the room today.

Can we get a round of applause for our New York VFW members?

[Applause.]

Mr. REED. Chairman and Ranking Members, I come here today as a proud member of the Sons of the VFW. My 11 older brothers and sisters were taught in our family the lessons of my father. My father served in World War II, in Korea—multiple Purple Hearts, a Silver Star recipient. I will just tell you when he passed I was 2. I do not have any independent recollection of him. Yet, I do know as I sit and stand in Fort Sheridan at his burial site that the lessons that he installed in our family are deep when it comes to military tradition and military commitment.

I know firsthand watching my mom raise the 12 of us with the help of brothers and sisters from her military extended family that came together in her time of need to raise us, but more importantly, the lesson that was taught from my dad and from my mom to us is that when it comes to our military, you stand with them not only when they are deployed, but also and most importantly, you stand with their families, not only when they are deployed, but also when they come home. We stand with them until their dying day.

I will tell you that we have carried that commitment in our term in Congress because we have people like Doc Schmitz. We have people like Doc Schmitz who is a true leader when it comes to veteran services, his national leadership in regards to the VFW post that he now serves as its National Commander-in-Chief.

And, I have just got to tell you, I have known Doc for many years now, and I met him—and I will never forget the first time I met him. My predecessor's tenure in Congress was coming to an end, and we met on a street right outside of my church in his car. He had indicated to me that he wanted to potentially stay with our office. He recognized that it was a Democratic office and I was a Republican coming into that office, and when we had that conversation sitting in his car, I looked Doc in the eye and I said, "Doc, you are someone who is committed to vets. I do not care if you are a

Democrat. I do not care if you are a Republican. I share that commitment, and I would be honored if you stayed in our office." That started a now 10-year relationship where Doc and I talk incessantly about veterans' issues, veterans' constituent cases.

He still is on my staff. He will call me at many of the State conventions. He will call me from VFWs where he is maybe having a couple of cocktails in the evening, and we will get signed on to legislation in real time because, as I tell Doc, you are my eyes and ears when it comes to veterans' issues. So, if Doc tells me that it is a priority for a vet, I can tell you we will sign on and stand with Doc Schmitz and the VFW to make sure that their priorities are enacted.

Doc served honorably in the U.S. Marine Corps from 1966 to '70. He joined the VFW in our hometown post, Post 524 in Corning, NY, in the year 1971. That is a year very important to me because, as Doc knows, that is the year of my birth. So, that tells you how old this guy is.

[Laughter.]

Mr. REED. And, you are not honoring the facial hair policy of our office. You got to shave that mustache off.

[Laughter.]

Mr. REED. No, that is part of his shtick.

Mr. SCHMITZ. Maybe tomorrow.

Mr. REED. That is part of his shtick.

I will just turn it over to you, Doc Schmitz, and to you, Senator, and to the Members of this Committee. You cannot have a better set of eyes and ears in the veterans community than the National Commander of the VFW and all of the members of the VFW that are represented here today.

But, in particular, Doc, it is an honor to have you on our staff, and it is an honor, most importantly, to call you a friend. Welcome. Love you, Doc.

[Applause.]

Chairman TAKANO. Thank you, Congressman Reed.

Commander Schmitz, you are recognized for 10 minutes to present your opening statement.

STATEMENT OF WILLIAM "DOC" SCHMITZ, ACCOMPANIED BY B.J. LAWRENCE, RYAN GALLUCCI, CARLOS FUENTES, AND RONALD RUSAKIEWICZ

Mr. SCHMITZ. I will time it. Thank you, sir.

Congressman Reed, you said a lot of good stuff about me, but you are the best. You are community-oriented, and I will tell you what, you could not ask for a better guy to represent the district. He is in the district, about the district, about the people, taking care of business, and he listens before he jumps.

Thank you very much, sir. I appreciate that.

Chairmen Moran and Takano, Ranking Members Tester and Roe, it is my pleasure to represent 1.6 million members of the Veterans of Foreign Wars and its Auxiliary.

I have the honor of visiting veterans, servicemembers, and their families around the world, from Eureka, Montana; to New York City; and all the way to Jerusalem. What I have witnessed is impressive, a selfless commitment to defend our country while in uni-

form, and millions still serve long after leaving military service. Your work impacts us every day. That is why the VFW thanks you for effectively securing to pass the Blue Water Navy Vietnam Veterans Act.

[Applause.]

Mr. SCHMITZ. Additionally, 65,000 military survivors can now focus on healing from the loss of their loved ones and taking care of their families and not worried about struggling to pay their bills. This was made possible by the elimination of the widow's tax.

[Applause.]

Mr. SCHMITZ. However, there is a long list of to-dos. The brave men and women who wear the national uniform are asked to serve in the most dangerous environments on earth. They faithfully follow their orders with an implicit understanding that America will take care of them when they return home.

Vietnam veterans did our part. After winning every battle they fought while in Vietnam, many of them have lost their fight to the horrors of health conditions they received from the exposure of Agent Orange. It is unacceptable that the list of conditions presumed to be associated with Agent Orange exposure do not include bladder cancer, Parkinson's-like syndromes, hypertension, and other conditions that scientists have said are connected to military service, but VA keeps on not acknowledging it.

Congress and the VA must get together and take care of their veterans.

[Applause.]

Mr. SCHMITZ. While we are at it, we need to set up a process to ensure that it never happens again. It is time for Congress to benefit—oh, my page got all screwed up here. Look at that. It will not flip. I will bet you never had that problem. Change the framework and provide benefits to individuals who suffer from conditions associated with toxic exposure, which is why the VFW proposes a permanent, comprehensive, and evidence-based framework for granting presumptive benefits for toxic exposure.

For example, veterans who were exposed to burn pits are now suffering from pulmonary conditions and rare cancers not having to wait decisions and benefits like the Vietnam veterans did.

The VFW promised proposed processes of granting benefits would require VA to acknowledge the existing research linking these conditions to their service and establish benefits in support by science.

It is important to ensure veterans suffer from adverse health conditions related to toxic exposure receive benefits, but acknowledging the science also ensures VA can improve the care that 90 percent of VFW members use and prefer. The VFW members prefer the VA because they like the quality of care they receive. The VA understands and knows how to care for the service-connected disability, and it is their service that has earned them the right to be taken care of by the VA.

Our members indicate that the VA health care is trending in the right direction. With VFW-supported VA MISSION Act, less than a year out from implementation, the VA still has a lot of work to do.

The number 1 recommendation of the VFW members on how to improve VA health care is to hire more staff. A recent VA Office

of Inspector General report agrees with us. It found that staffing shortages and ineffective processes at VA medical centers have led to the veterans waiting an average of—hold on to your hats on this one—66 days with 34 of those days waiting for staff to create the authorization. That is a heck of a wait.

VA must fill the nearly 50,000 vacancies with high-qualified applicants and install reforms that expedite workflow to ensure veterans have timely access to high-quality care they deserve.

VFW members are very pleased with the ability to receive urgent care close to home, which was made possible by the VA MISSION Act.

However, the VFW wholeheartedly disagrees with the VA's decision to charge veterans for service-connected urgent care. VA cannot charge for service care, regardless of where it is coming.

[Applause.]

Mr. SCHMITZ. I am pleased to report despite a rocky start, VA, by and large, is doing a good job of implementing the VFW Champion Appeals Modification Act. Veterans are receiving faster decisions on their claim, and their appeals and legacy appeals waiting to be certified by the board have decreased.

What we are concerned about, however, is that the VA has made bureaucratic-centric decisions which delay the timeliness and accuracy of the claims. For example, VA is requiring veterans to use supplementary claim forms. It should not no longer apply to them. This was done to conform report requirements and make things easier for the VA, not the veteran. The VFW does not care about VA reporting requirements. We care about the requirements, meaning claims will be delayed months and maybe even years for the veterans. Submitting the wrong claim? You have got to be kidding me.

Congress must do its part in making sure the VA has resources it needs in IT upgrades and promptly administering benefits. ITs have been a problem, consistently a thorn in the VA's side.

With implementing the VFW Champion Forever GI Bill, if VA's education services had modern IT platforms, errors like the delay in education payment to nearly 200,000 students could have been avoided or at least minimized. To fix overpayment issues, increased oversight, Congress must pass the Protect the GI Bill.

[Applause.]

Mr. SCHMITZ. The VFW has been committed to helping veterans suffering from mental health conditions before they reach the point of crisis. Through our Unmet Needs program, Project Atlas, and hosting A Day to Change Direction events with our partners, Give an Hour, the VFW is leveraging a footprint in communities throughout the world to do our part in reducing the number of veterans who take their own lives.

VFW commands the members of committees that are making efforts to find solutions. This is why we urge Congress to pass the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, which would make significant strides in improving mental health and suicide prevention efforts.

Congress must also pass the Deborah Sampson Act, which would ensure VA is ready and able to care for the fastest-growing cohort of veterans population. It would expand availability of women's

health services through the VA, improve current care such as counseling for sexual trauma and make the VA services more accommodating to women.

[Applause.]

Mr. SCHMITZ. Life-altering Traumatic Brain Injury also merits serious consideration. I recently toured the Tampa VA medical center Post-Deployment and Rehabilitation and Evaluation Program, where medical professionals are helping our special operations get back into the fight by improving functional ability, reducing symptoms, stabilizing psychological distress, restoring confidence, enhancing family relationships, and assisting them in the long-term recovery.

VA and DOD must expand this partnership to provide the same opportunity to all of our men and women who continue to face the harsh reality of living with TBI.

To establish a presumption of service connection of disabilities associated with blast exposure, that is a big boom. Congress must push the Blast Exposure Protection Act of 2020.

[Applause.]

Mr. SCHMITZ. The VFW has long argued that military retirement pay and VA service-connected disabilities compensation are fundamentally different benefits and granted for different reasons. This offset exists to balance the budget on the backs of the American disabled veteran. Congress must enact full concurrent receipt.

[Applause.]

Mr. SCHMITZ. Since 1929, the VFW has worked alongside the Defense POW/MIA Accounting Agency (DPAA) and its predecessors to reunite our fallen heroes with their loved ones. Due to DPAA's efforts, the remains of 203 Americans have been identified in the fiscal year 2018. However, sequestration and continuing resolutions prevent from doing more. Congress must pass the DPAA Support Act, which would exempt DPAA employees who are conducting recovery missions from being furloughed in the event of Government shutdown.

Locating, identifying, recovering the remains of those who paid the ultimate sacrifice is a difficult and hazardous mission. It is a promise to those serving in uniform to day that no matter what, we will travel to the ends of the earth to return you home to your families.

[Applause.]

Mr. SCHMITZ. This includes repatriation of 5,200 servicemembers who never came home from the Korean War.

In conclusion, the VFW stands ready to help you improve care and benefits for American veterans, servicemembers, their families, and survivors.

To this end, I ask you to dare to care and take care of business. God bless America.

[Applause.]

Chairman TAKANO. Well, thank you for your testimony, Doc Schmitz. Thank you very much.

I now want to recognize myself for 3 minutes for questions.

Commander, I want to have you talk a bit about suicide reduction. We have heard from VA in the past that they cannot solve veteran suicide alone. It is going to take a concerted effort among

VA, the Government, and the community, including VSOs, to move the needle on this persistent and stubborn issue.

Can you tell me some of the ways in which VFW is contributing? What is the VFW doing?

Mr. SCHMITZ. Sir, we made sure that we would be at the Atlas grand opening for telehealth where the veterans in isolated communities can literally get to speak to their health care provider via telecommunications.

In our communities, we are engaging our communities by going to various VA veterans meetings and working with the health providers to get the word out and to destigmatize any ridicule, any misunderstandings of the mental health issue. Everybody gets depressed. Everybody does not feel good all the time, and we need to get that out. We network with each other. We call a buddy up once in a while, "How are you doing? I have not seen you in a while. What is going on?" When people are engaged and know people are watching, taking care of them, interacting, that increases their self-awareness and their own personal pride. Hopefully, working strongly with the VA and the advice we get from the health professionals, we can help them get into the community and foster good relationships and drive veterans who are having issues in to get some help.

Chairman TAKANO. Well, thank you. Thank you for your organization's commitment.

I want to turn to veterans homelessness. You mentioned that for veterans who are on the verge of homelessness, there is little that VA can do or is doing. Many of the benefits that are offered require veterans to be on the streets before they are deemed eligible.

How does the VFW help these veterans, and how would you improve the benefit programs to catch veterans before they fall?

Mr. SCHMITZ. We have the Unmet Needs program, which assists veterans who can apply. "The hot water heater broke. I could not get my rent in on time," things of that nature. It is a real quick thing. They owe us nothing. They do not have to be a member. All they have to be is a veteran or a family member of the veteran who is deployed. They can get hold of our Kansas office and get some money to help them over the hump.

Chairman TAKANO. So, you do not actually have to be a VFW member—

Mr. SCHMITZ. No, sir, you do not.

Chairman TAKANO [continuing]. To benefit from this VFW program.

Mr. SCHMITZ. That is correct. And, that is also with our Service Officer program to help them file claims, whether it is a widow or a dependent or the veteran themselves. We are free of charge.

Chairman TAKANO. Do you have any thoughts or any of your staff have thoughts about how we can improve the benefit programs to catch people before they fall?

Mr. SCHMITZ. Mr. Gallucci, please.

Mr. GALLUCCI. Thanks, Doc.

There are a number of ways that we can improve benefits delivery for our veterans. Congress did very well by passing the Appeals Modernization Act, but there are ways that we can improve it.

Doc talked about the issue with standard forms created some bureaucratic hurdles for our veterans in getting through the benefit process. We do not understand why VA went that route, especially with supplemental claims.

Another one that we would have to say is improvements to IT infrastructure. The VFW stands ready to assist the veterans anytime, anywhere from any reliable internet connection, and as VA is building self-service tools for veterans to file claims from any internet collection, we stand ready to assist them in doing the same for competent VA-accredited service providers, like our VFW service officers.

Chairman TAKANO. Well, thank you, Mr. Gallucci.

My time is up. I now want to call on Dr. Roe for his questions.

Dr. ROE. Thank you, Mr. Chairman.

I want to take—this being my last opportunity to be here to thank Carlos. You really have an outstanding member here; he is a great advocate for you. I want to give Carlos Fuentes a shout out. Thanks, Carlos, for your friendship.

[Applause.]

Dr. ROE. Commander, you mentioned the VA staffing, and it is not just a VA problem. It is a health care issue across the country, staffing. We are going to be 120,000 physicians short in 10 short years, nursing shortages, and other health care providers, and it is one of the reasons that when we authored the MISSION Act, we realized that both the private sector and the VA sector were going to be short of people. So, we had to share those resources, and I am glad you mentioned telehealth. That is going to be one of the ways we cover those. The VA has been at the forefront of that.

I have been in many, many VAs across the country, and they are even using it in ICUs, where you will have doctor coverage in an ICU at an offsite where you have critical care nurses and other people to help when they do not have the personnel to. We are going to have to learn how to do better and share our personnel across the country.

Another thing that I want to bring up—and you mentioned appeals just a minute ago—when I got to Congress, there were a million claims in 2000. That is amazing to me, a million backlogged claims in this country, and that number, thank goodness, has been whittled down to a very manageable number now. Mr. Lawrence wants to have that number completely eradicated by July of this year, which I think the VA needs a shout out for that. That was a huge problem for veterans. I heard it every day, and I know every person up here did when they went home. So, I want to give them a shout out.

One of the things very near and dear to my heart is the VA services for women. I am glad—as you know, Commander, the VA was set up basically after World War II for men because that is who mainly served. I was trying to think back when I was in my infantry division in the 2nd ID. I do not remember a single female being there when I was there. Now, it is going to be as many as 20 percent of veterans are going to be women.

The good news is 41 percent of eligible women are using the VA now as opposed to 48 percent of eligible men.

I guess I would ask you. What suggestions do you have to make it a more welcoming place, or how would we make it better for the women who are coming there?

Mr. SCHMITZ. Well, the first thing is establish a couple of committees where you get input, what is going right and what is going wrong, and get that to the appropriate people, the director of the specific facility in relation to whatever. And, I commend you for recognizing the fact of the medical shortages on availability of hiring, but like in yourself when you retire from this wonderful job, you might reengage and do telehealth because you could literally operate right out of your home.

Dr. ROE. I am going to the first CBOCs I can find, Commander. [Laughter.]

Dr. ROE. I thank you for being here, Commander. I really appreciate that.

I yield back.

Mr. SCHMITZ. Thank you, sir.

Chairman TAKANO. Thank you, Dr. Roe.

I now call on—not Dr. Pappas, but Mr. Pappas for 3 minutes.

REPRESENTATIVE CHRIS PAPPAS

Mr. PAPPAS. Almost gave me a promotion there.

Thank you very much, Mr. Chairman and Ranking Member and to the Members of this Committee.

I really appreciate your words, Commander, a really stirring testimony that you gave us here this morning. It is evident that you represent the passion of so many individuals in this room that have given so much to this country. So, I want to salute the leadership of the VFW and Auxiliary as well as the membership who are here who are so effective in delivering this message.

Something you said stuck with me. This is about not making it easier on VA but about making sure the end veteran who put everything on the line for this country is central and is always central to what we are doing on this Committee and ultimately how we are serving those who have sacrificed. So, thank you for delivering that message loudly and clearly. It is received, and we want to do all we can to implement this agenda.

I want to give a shout out to my New Hampshire folks who are here in the room. Please stand up and be recognized if you are here.

[Applause.]

Mr. PAPPAS. Thank you very much. Great to see you guys. Our small, but mighty, State does well caring for veterans. We appreciate your attendance here today.

One of the issues that our Subcommittee on Oversight and Investigations has looked into on the House Veterans' Affairs Committee is the issue of provider networks and ensuring that as community care rolls forward with MISSION Act that we are attracting providers, that they are being paid in a timely fashion, so that community care can open doors to our veterans to receive care in communities near them. That is very crucial, especially in rural districts like mine.

So, I am wondering as you look at the VA's budget request for Fiscal Year 2021 and community care specifically if you feel like

the resources are there to provide the back office support and the framework that is needed to ensure that MISSION Act can succeed.

Mr. SCHMITZ. Thank you, sir.

Mr. Fuentes, please.

Mr. FUENTES. The VFW is proud to partner with DAV and Paralyzed Veterans of America to produce a veterans-specific budget request or recommendation called *The Independent Budget*. We feel that VA is about \$4 billion short specifically on medical care, and we do feel that they need more money to be able to hire more folks but also implement important legislation like the expansion of the Caregiver program.

Mr. PAPPAS. Thank you for the response.

One of the other things I noted in the testimony, you mentioned Transition Assistance Program in the written testimony, and I am wondering if you can elaborate a little bit on some of the changes we are seeing, any concerns you might have as that moves forward.

Mr. SCHMITZ. Mr. Gallucci?

Mr. GALLUCCI. Thanks, Doc.

The VFW has a presence on 25 military installations through the Benefits Delivery at Discharge program. We are able to gather real-time information on what servicemembers are seeing as they leave the military.

We are thankful for the changes that came through the NDAA making sure that servicemembers had to serve a track.

One of the issues that I have to go back to, though, is the parameters the Department of Veterans Affairs has put on servicemembers getting out to file their benefit claims. We used to have the BDD, Benefits Delivery at Discharge, or BDD program and Quick Start where a servicemember anytime from 180 days to separate could file their benefit claim. VA sunset the Quick Start program and moved the goalpost back from 180 to 90 days.

What we see is that many times, the mission dictates that servicemembers cannot meet the strain of that 90-day period to file their benefit claims. Looking at our numbers, probably about—I want to say about a quarter or a third of our claims are excluded from the BDD program, even though we are filing them on base for a servicemember.

I do not understand why VA went back on those programs, but I think here we are, a couple of years later. It is time to revisit this and make sure that we are setting up transitioning servicemembers for success.

Mr. PAPPAS. Thanks for your comments.

[Applause.]

Mr. PAPPAS. I appreciate that, and just to reiterate, we are here to serve you. Thank you for delivering the message loudly and clearly.

I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Pappas.

I now call on Senator Tillis for 3 minutes.

SENATOR THOM TILLIS

Mr. TILLIS. Thank you, Mr. Chair.

Thank you all for being here.

Actually, I want to talk and maybe just go down the line and ask a pretty—well, first off, I should say I met with my—do we have any folks that are either from North Carolina or spent some time in North Carolina when you were in service? If you are out there, stand up.

[Applause.]

Mr. TILLIS. I had the opportunity to meet with some of the gentlemen yesterday, and we were talking about some just incredible cases, the work that you all do for our veterans. It is amazing.

One thing that I would really encourage you to do—and I am sure I speak for every other member—I hear these cases where you are helping veterans get the benefits that they deserve, and I appreciate you doing that. But, make sure that you call on our office to do it first. Do not call on our office when it gets hard. Call on our office to do this casework. That is our job. We have done thousands of cases in North Carolina.

I want to make sure you all have the opportunity to cast a wider net and find other veterans who are not getting the service. So, put the burden on us to do that casework first, and if we cannot or there are particularly complex cases, then maybe they can use your resources. But, make sure that you task us with doing the job because that is a key part of what we are supposed to do, and I would appreciate you all casting a wider net.

Now, I think in the limited time, I would just like to ask you all. What more can we do to cast a wider net? How do we find those veterans who are not in the VA that need benefits and need help? What more do you think we can do as a matter of work within the Congress to get out to those folks who are not connected to the VA, the more than half of the people who commit suicide every single day who have no connection to the VA? Tell us what we should be focusing on as a matter of policy to cast a wider net and do the right thing by our veterans.

We will just start down the line here.

Mr. RUSAKIEWICZ. Thank you, sir. I think what we are doing in the Veterans of Foreign Wars, and I think it is very important for all of us to do, and that is, of course, to get the word out, to let veterans know that there is competent, compassionate medical health care for them in the VA system and help for their families if they need that.

So, I think that it is a big thing: to make sure that the veterans coming out, when they are transitioning out, that that is available to them or that it be told to them so that they understand they are welcome in the VA system, they and their families. I think that is very important.

Mr. TILLIS. As you all go down the line, I chair the Personnel Subcommittee on Senate Armed Services, and what I want to do is figure out what more we can do in transition to make sure that we are doing our part to get them connected and make sure they are taking their benefits.

Mr. GALLUCCI. Thank you, Senator Tillis.

I think in the Transition Assistance Program, making sure that servicemembers have access to the classes and the briefings in a timely manner.

Again, operations will sometimes dictate—we see this a lot with the Navy—that servicemembers cannot get into their transition classes as quickly enough.

VA also should not be afraid to lean on non—I am sorry—DOD should not be afraid to lean on nonmilitary entities to assist, the way that we do on the installations that we serve, but also for servicemembers who are looking to go to college after they leave the military, just take advantage of all the resources that they have, and make sure that servicemembers go to TAP early, that they know that they can go often, that there are people there to answer their questions, and that their family members can attend as well.

Mr. SCHMITZ. Mr. Gallucci hit it right on the head.

You want to catch them before they go, which means you have got to talk to the guys and gals while they are in the military and educate them what is available after.

The follow-up is what about the ones that we have not caught, the Vietnam veterans who will not come forward, the Korean War veterans who will not come forward, maybe Iraqi and Afghan, Beirut. When you legislators pass good legislation that VSOs have encouraged you to pass, that sends a message to all of the ones that are out there that are not in service now that maybe you qualify or come under this, which drives them to our service officers who drives them to the VA, and now we have got them. We have got them, but you folks have to follow through with passing good legislation like the Vietnam Agent Orange thing.

How many years did we wait for that? When that finally came out, the guys and gals that were coming down with the specific problems medically, now they have got a place to go, and it explains what the heck was wrong with them to start with. Thank you very much for doing some of that stuff, each and every one of you. Thank you.

[Applause.]

Chairman TAKANO. Thank you, Senator Tillis, for your questions.

I now want to call on the Chairwoman of our Health Subcommittee and the Women's Veterans Task Force, Julia Brownley.

REPRESENTATIVE JULIA BROWNLEY

Ms. BROWNLEY. Thank you, Mr. Chairman.

Commander, I want to thank you for your 4 years of service as a Marine, and even more importantly, I want to thank you for your lifetime of service to our country and to the veterans throughout our country. I say thank you to you, and I say thank you to your family because I know your family support is very important in all of your endeavors. So, I appreciate it very, very much.

To the California VFW members who are here, welcome, and thank you for being here. I thank each and every one of you in this room for your service to our country. We deeply, deeply are very, very grateful for it.

Commander, I thank you very much for mentioning the Deborah Sampson Act in your testimony. It is an important comprehensive bill. We are hoping very much, knock on wood, that the Senate is going to take some action. Any help you can give us on that, I would appreciate it very, very much.

But, I wonder if you could just sort of weigh in for a moment on just what you believe some of the longer-term challenges are that VA faces to prevent women from receiving adequate services within the VA.

I think we are still working with the Veterans Women's Task Force. We are still working on making the VA a welcoming place, talk about stigma with mental health issues. I think sometimes there is a fear of women sometimes entering a VA facility for fear that they will not be recognized as veterans or maybe just perceived as sort of second class veterans.

But, from your perspective, what do you think are some of the challenges?

Mr. SCHMITZ. Some of the challenges or perspective—I am sure everybody is familiar with Zumba. Two young ladies came out from Zumba to get a beverage, and I walked up to them and said, “Hi. How are you? Are you two veterans?” and one young lady got very indignant and said, “Why would you ask me that?” I says, “Well, because you are like in a veterans VFW post.” The other looks at me, “Well, we are.” I said, “Well, that is good. Where do you serve?” They served in Afghanistan and stuff like that, so we shot the breeze.

Bottom line is—how it works with me is, I do not care what your gender is. If you served in uniform, it is up to me, like up to you, to make sure I look out for your back and you look out for my back because we are both veterans.

And, on that note, I am going to turn it over to Mr. Lawrence.

Mr. LAWRENCE. Thank you, Commander.

We believe the VA, of course, is undergoing a transformational move from caring for mostly males to females. Women veterans, as we know, have different needs which require doctors that know how to treat those needs.

You are absolutely correct. Congress must pass the Deborah Sampson Act to address these important issues.

[Applause.]

Mr. LAWRENCE. Now, on the VA side of the house, they must address not just the services it offers, but first and foremost, the way they deliver those services. At the end of the day, that is what matters to our women veterans.

Women veterans are more likely than nonveterans to suffer from infertility; therefore, VA must improve reproductive health services. I think we are on the right track with VA, but I still think we have got a lot of hurdles to overcome.

We have to improve privacy issues for our female veterans. They need to feel comfortable when they go in for those services, and certainly, the VFW is going to advocate for that until the very end.

All of our veterans, no matter gender, should be able to go to a VA facility and receive timely and adequate health care because that is what they deserve, and that is what we promised them.

Thank you.

[Applause.]

Ms. BROWNLEY. Thank you very much.

Again, I salute you all. Thank you, and I yield back.

Chairman TAKANO. Thank you, Ms. Brownley.

I now call on Senator Sullivan for his 3 minutes.

SENATOR DAN SULLIVAN

Mr. SULLIVAN. Thank you, Mr. Chairman. It is great to be back in front of these wonderful patriotic Americans.

I want to do a shout out to all the Alaskans here. Thank you. How about a round of applause?

[Applause.]

Mr. SULLIVAN. I always say we have got more veterans per capita than any State in the country. Senator Tillis from the great State of North Carolina reminds me his normal rejoinder to that is "Well, we have more veterans in North Carolina than you have people in Alaska," which is a pretty good rebuttal. But, I am still proud of ours, and my constituents certainly get the award for coming the farthest.

Thank you all again, and I want to thank the leadership team here.

I also want to mention VFW Post-9785 in Eagle River, Alaska. That is my VFW post.

We hosted Secretary Wilkie for a roundtable recently. Thank you from not just the Eagle River Post, but all the VFW for allowing us to do that. It was a great event.

I want to talk very briefly, Commander, just really for the whole panel, but the VFW officially endorsed S. 2950. That is my Veterans Burn Pits Exposure Recognition Act. The whole idea there, we just have been dealing with Agent Orange and the Blue Water Navy, and let us face it. That has all been reactive for decades.

What we are trying to do with this bill is to be proactive. We know there are going to be challenges. Let us get in front of it.

What else can we be doing now on the issue of burn pit exposure?

Mr. SCHMITZ. Well, the first thing is we have got to get on it as quick as possible. Otherwise, we are going to lose a lot of good veterans like we did with Agent Orange, before they figured out what the heck they ought to do.

Mr. SULLIVAN. So, your priority is to get the Senate 2950 passed first.

Mr. SCHMITZ. Yes.

Mr. Fuentes has got some information on that.

Mr. FUENTES. Senator, thank you very much for introducing that bill, which will certainly address some of the hurdles that we see now for veterans exposed to burn pits to receive benefits.

We certainly support your bill and urge passage, but what we really need is a permanent comprehensive framework to take a look at the anecdotes and then take it to benefit to look at the research and essentially evaluate. We have enough evidence to now provide benefits.

Mr. SULLIVAN. OK.

Mr. FUENTES. We need those presumptive benefits. Your bill goes a long way, but we still need to establish presumptive benefits.

We do not have a framework now, and we propose to establish a framework not only for Agent Orange, which was successful for Agent Orange, but one that would be forward looking, to take a look at what is out there now, but also set it up in place so that Congress does not have to address each individual exposure when it pops up.

Mr. SULLIVAN. Thank you for that, and we look forward to working with you.

Mr. Chairman, I know my time—

[Applause.]

Mr. SULLIVAN. I know my time is up, but I did want to just mention, since we have two strong veteran supporters here, Senator Sinema and Representative Brownley.

Yesterday, Senator Sinema and I introduced the Reduce Unemployment for Veterans of All Ages Act, which I think the VFW is looking at as one of their priorities as well, and Representative Brownley is the House lead on that. So, I think we have a good team right here on one of your other top priorities.

I am going to submit some questions, additional questions for the record.

Thank you, Mr. Chairman.

Chairman TAKANO. Thank you, Senator.

I now call on Congressman Cisneros for 3 minutes.

REPRESENTATIVE GIL CISNEROS

Mr. CISNEROS. Thank you, Mr. Chairman, and thank you to all the representatives from the VFW that are here today.

If anybody is here from Southern California, I would love to have you stand up and be recognized. There we go. There we go.

[Applause.]

Mr. CISNEROS. My father is a Vietnam veteran, and he is a lifetime member of the VFW. I am a proud Navy veteran as well, and I just recently this year finally purchased my lifetime membership with the VFW.

[Applause.]

Mr. CISNEROS. I am proud to be a member.

Commander Schmitz, you mentioned in your testimony about the importance of the adoptive automobile grant. Can you expand on that, like some of the things why that is important, and what you are hearing from your membership on that issue?

Mr. SCHMITZ. I will defer to Mr. Fuentes again. Thank you.

Mr. FUENTES. What we have seen is that, again, disabilities tend to get worse, and the automotive grant is an excellent way to adapt vehicles to ensure that severely disabled veterans can drive. However, the life of a vehicle is about 10 years. The life of a disability is for the life of that veteran.

We have several veterans, several members, who have had to purchase other vehicles and adapt them from their own pocket, and we fully believe that this benefit should be repetitive. Folks should be able to use it for multiple times, not just that one time.

Mr. CISNEROS. Well, I wanted to let you know today I am working on legislation that, hopefully, will amend the VA Adoptive Vehicle Grant program to allow veterans to qualify for a new vehicle every 10 years, like you just stated.

[Applause.]

Mr. CISNEROS. This is directly due to the issues that we have heard from the VSOs like yourself, the VFW, and hearing from veteran constituents in my district as well. This is definitely a need that we need to make sure we take care of.

Just to kind of change gears here real quick, something that I have been working on is really that transition out of military service into becoming a veteran. I think we can do better with the TAP. That is one of the reasons I actually started a caucus focused on TAP.

I would love to hear from you. What can we learn from the VFW, the DOD, that the different services could put into their TAP classes that is not there right now?

Mr. SCHMITZ. Mr. Lawrence?

Mr. LAWRENCE. Thank you, Mr. Cisneros.

I just recently returned from Naval Base San Diego and Fort Bragg and had an opportunity to see some of the TAP classes and programs in place. Following up on earlier statements from our Commander, one of the first problems we noticed with the TAP classes is we recognized that the individual combatant commanders have the authority to place mission first. That is highly affecting the military member from getting into that TAP class in that allotted window and also give them an opportunity to be exposed to the services.

We think that information as it pertains to VSOs is still highly vital in those tap briefings. We understand and recognize that early on, there were some problems with some contracts as it pertains to the presenters, the private contract vendors that present the TAP classes, but our understanding is that that is now being addressed and hopefully should be ironed out.

The bottom line is we have got to force a way so that military member can get through that program in enough time. Joint Naval Base San Diego, for an example, has 9,000 transitioning servicemembers every year, that is a lot of servicemembers transitioning from the military out into society. We owe it to them to set them up for success and give them the best possible opportunity to transition to civilian life.

Mr. CISNEROS. I could not agree more, and I will tell you as long as I am here in Congress, I will continue to work on that issue.

I just want to thank you all that are here today for your service to our country. Thank you.

I yield back.

[Applause.]

Chairman TAKANO. Thank you, Mr. Cisneros.

I now call on Senator Boozman for 3 minutes.

SENATOR JOHN BOOZMAN

Mr. BOOZMAN. Thank you, Mr. Chairman, and thank all of you for being here.

Where are my Arkansas guys?

[Applause.]

Mr. BOOZMAN. Very good. We appreciate them as being so representative of you. They do a tremendous job in our State.

Thank you for being here. We appreciate the hard work.

We work really hard as a committee in a very bipartisan way, both on the Senate side and the House side. I have had the opportunity to serve on both committees. But, we cannot do it without the grass roots, and as you look around the room and you see standing room only, that is impressive. Thank you for doing that.

I know it is a hassle for you all to come, but again, that is what it is all about.

The other thing is I see the Auxiliary. Thank you all. We know who does all the work, so a big special shout out to you all.

[Applause.]

Mr. BOOZMAN. Yet, I want to thank you, for one thing. I want to thank you for your advocacy regarding veteran suicide, trying to do things a little bit differently. A number of the people that are committing suicide do not have touch with the VA. So, with your help, we are trying to make it such that we do a better job of working through community programs that are doing a good job so that we identify those people and then get them into the VA, get them help through other aspects.

The other thing is that we are working very, very hard. Right now, we are measuring suicide success, not on the number of people committing suicide, but access and throwing money at it. That has got to change. We are spending a lot of additional funds, and yet we are not seeing the rate go down significantly.

So, we want to measure. Those programs that are working well, we want to beef up. Those that are not working well, we need to get rid of them.

I would like to ask you a little bit about one thing that is hugely important, and that is health care for women veterans. The total population of women veterans is expected to increase at an average rate of 18,000 women per year for the next 10 years.

Mr. Schmitz, what are some of the key areas where we can increase resources and expand upon previous efforts to best meet the future needs of women veterans?

Mr. SCHMITZ. By hiring more professionals specific to anatomical differences, i.e., OB/GYN. There is an incident. The female veteran population is more susceptible to birth defects than the males just for biological reasons. Other things are user-friendly environments. Create a local committee, a veterans committee in a respective VA that might not have one. I found most of them do have one, though. Engage in a conversation with not only health professionals, but the veteran community itself, and get a female veteran committee going. Make sure on these committees, you have a few females on there to give good input to increase a discussion.

With that, we will move forward, providing you keep giving them money to do it.

Mr. BOOZMAN. Right.

Mr. SCHMITZ. Remember, give them money.

Mr. BOOZMAN. Money is important.

[Applause.]

Mr. BOOZMAN. Then again, we need to measure what is working.

Then, the other thing that is so important that you all are helping with is just the idea that now, sadly, occasionally, a woman will be in a VA hospital and somebody will come up and ask where their husband is. So, we are getting away from those kind of things, and again, that is because of a change in attitudes. You all are very helpful in that regard, too.

Thank you.

Chairman TAKANO. Thank you, Senator Boozman.

I call on Senator Tester for 3 minutes.

Mr. TESTER. Thank you, Chairman Takano, and I want to once again thank you all for being here. I would also be remiss if I did not point out that money should never be an excuse when it comes to taking care of our veterans.

[Applause.]

Mr. TESTER. If you cannot take care of them, you ought not send them off to war to begin with.

[Applause.]

Mr. TESTER. Commander Schmitz, I will ask this question, and you can answer or you can defer to anybody you want, of course. You know that. I will tell you that to say that the VA has botched implementation of the Caregivers expansion would be a compliment. It has not gone well. It is a huge disappointment to me that the VA has not kept to the schedule that it laid out in 2018 when we passed the VA MISSION Act.

The VA are telling us that they have not put into place an IT system that can support the expanded Caregivers program. That is just totally not acceptable.

So, Commander Schmitz, from your point of view, could you tell us what it means to disabled veterans and their caregivers, many of them elderly, many of them shouldering this burden for far too long themselves, to wait even another month for caregiver benefits?

Mr. SCHMITZ. You are darn right on that one. It is sad, and who has more specific feedback on that is Carlos Fuentes.

Mr. FUENTES. Caregivers give up their jobs to care for their loved ones, and it is completely demeaning that this program has not expanded to pre-9/11 veterans.

The Secretary promised last week that he would put out the regulations this week, and again, we have not seen it. So, hopefully, that is not delayed, but we certainly appreciate your support to keeping the pressure on. It should not be delayed any further.

Folks are suffering. We need that support, and it needs to be expanded now.

Mr. TESTER. Yeah. I mean, I think for a quality-of-life standpoint, that speaks enough, but it may cost a little money up front to get this thing going. I think long term, it is going to save the VA dollars, and it is going to improve quality-of-life for veterans. So, time is of the essence.

Really quickly, Commander, I want you to talk about the electronic health records. Has the VA requested your input on electronic health records?

Mr. SCHMITZ. Well, we will talk to the man who receives the call. Mr. Gallucci?

Mr. GALLUCCI. All right. Thank you, Doc.

We were expecting it to expand to Mann-Grandstaff in Spokane later this month. That was delayed. I would like to think—and it was confirmed a little bit earlier this week by some of our comrades—that the VFW helps to play a role in that.

What we heard from VA is “We have done extensive outreach to VSOs, provided training, so the VSOs are very well aware of what is going to happen at Mann-Grandstaff.” So, naturally, we reached out to our network of VA voluntary service volunteers who volunteer at the hospital—I think of them is here, Jerry Herker FROM

Washington—also our service officers who operate out of the Spokane Vet Center. They had not heard anything.

Jerry pulled me aside at this conference and said, “Hey, BJ, Ryan, I got to give you some credit because we were finally reached out to and briefed on what is going to happen with the expansion of the EHRM at Mann-Grandstaff.” They were behind the eight ball. They need to communicate better with the VSOs because we have that community reach. We have the boots on the ground, and that is the only way that this is going to get done and done right.

Mr. TESTER. I just want to say this. Thank you very much for making sure that your voice is being heard. We will help you on that too.

I have got respect for the leadership in the VA. I think that they want to do the right thing. I think their strings are being pulled by other people, yet I do not want to let Wilkie off the hook or Stone off the hook or any of those guys. But, the bottom line is that the VA needs to understand that we are all on the same team—

Mr. GALLUCCI. Yes.

Mr. TESTER [continuing]. And that if we work together, we can live up to our promises we have made to the fighting men and women of those country.

Thank you, Commander. Thank you, everybody who is in the room today.

[Applause.]

Chairman TAKANO. Thank you, Senator Tester.

I now call on Mr. Bilirakis for 3 minutes.

REPRESENTATIVE GUS M. BILIRAKIS

Mr. BILIRAKIS. Thank you, Mr. Chairman. I appreciate it so much. I will be as brief as I can. I know I only have 3 minutes.

Commander Schmitz, as you know, enacting concurrent receipt for disabled military veterans and retirees has been a priority for the VFW for years and again a priority of mine for many years, as it was a priority for my father, and he really made a lot of progress in this area.

How do these unfair offsets impact your members, sir?

Mr. SCHMITZ. Part of it, obviously, is financial, but it is great to retire. It is a wonderful thing, but then when you find out that all of a sudden, you have acquired a disability that possibly forced you out of the military and forced you to retire, you did not seek it out. It happened to you. Then, when you compromise somebody because of that, that is, first of all, demoralizing. It is like, “What happened to that?” They are two different things that are given for two separate reasons.

I think it should have never happened to start with, and I commend you for taking point on this and trying to drive this thing back where it ought to be. Bottom line is if you are entitled to both, you should get both without either of them being compromised. It is not fair. It is not right.

[Applause.]

Mr. SCHMITZ. Some of that money that that particular veteran gets, it goes back into the local system which some of it gets taxed that goes back to where it came from to start with. So, it is not an all-win on one end of the street. The bottom line is the guy or

gal that was compromised gets taken care of, and God bless you for taking point on that, sir.

Mr. BILIRAKIS. Thank you. Thank you. I appreciate that.

We filed, as you know, the Major Richard Star Act, and I am grateful for the VFW taking the lead on this. We need several cosponsors in the House, and I know there is a Senate bill too.

I believe Senator Tester is the sponsor as week as Senator Tillis.

It restores retirement benefits for Chapter 61 veterans who were wounded in combat. Again, elaborate, if you can—and I think you have done a pretty good job—and tell us why this bill should be a priority.

Mr. SCHMITZ. Mr. Fuentes?

Mr. FUENTES. Thank you, Congressman, again for taking the lead on this bill.

As he pointed out, taking care of full concurrent receipts would be about \$30 billion over 10 years; however, Congress should chip away at this unjust benefit by first eliminating the offset for those who were discharged through their combat service. It is important that we show some progress. It is important that we do not allow this to just continue to stay idle like it has for so many years, and thank you for that.

You have the VFW's full support to do what it takes to get it past the finish line.

Mr. BILIRAKIS. Thank you so much, and let us get this done.

I appreciate it, Mr. Chairman, for your time, and I yield back.

Chairman TAKANO. Thank you, Mr. Bilirakis.

I now call on Senator Sinema for 3 minutes.

SENATOR KYRSTEN SINEMA

Ms. SINEMA. Thank you, Mr. Chairman.

Greetings to the Arizona veterans who have joined us today, and thank you to our witnesses for being here. It has been my pleasure to work with the VFW to ensure that servicemembers and veterans receive the care and benefits they have earned. I am proud to have introduced this in a companion to the Reduce Unemployment for Older Veterans Act with Senators Sullivan, Hoeven, and Senator Tillis.

This bill eliminates the 12-year eligibility period for vocational rehabilitation employment services, and special thanks to Congresswoman Brownley for her leadership with the House bill. I look forward to working with the Committee to pass this legislation.

My first question is for Commander Schmitz. VFW has been a strong advocate to remove the 12-year eligibility period for the vocational rehabilitation and employment services. What is the impact of this benefit for disabled veterans, and why is removal of the eligibility period so important?

Mr. SCHMITZ. It is important. As we all know, you acquire a disability, with aging process alone, you become more and more compromised. Things become more and more difficult. They tend to overflow medically into other issues.

The individual in order to be vibrant in the community, vibrant at home, needs to be able to be as mobile as possible, given any circumstances that you can provide whatsoever to help them accommodate themselves to get to a new job, modify their training,

so they can qualify for—"Now, all of a sudden, I cannot do the walking required in this particular job. How can I transition and be trained into a job where I can still get there, but I am going to have to sit in a chair for quite a while to do it?" This is critical to keep them active in the community and as an active, productive person in our society, and it is a "thank you very much" for being compromised. We are going to do the best we can continually as you live.

And, Mr. Lawrence will continue on that.

Mr. LAWRENCE. Thank you.

VR&E provides critical counseling and other adjunct services necessary to enable service-disabled veterans to overcome barriers as they prepare for, find, and maintain gainful employment.

Service-disabled veterans must have the opportunity to use VR&E services at any point—I stress at any point during their employable lives when service-connected disabilities interfere with their employment and when economic changes require them to learn new skills.

The VFW hears commonly from veterans that they did not even apply for VR&E because they did not think they were eligible due to that 12-year limitation. We have got to change that.

Thank you.

Ms. SINEMA. Thank you.

[Applause.]

Ms. SINEMA. Commander Schmitz, in your statement, you indicated that the VFW is concerned that the amount of time to process an authorization for a veteran to receive care in the community is taking far too long. I wholeheartedly agree. This is what we hear at our office as well.

It is unacceptable that a veteran whose clinician has authorized a community care consult is waiting nearly a month or even longer to have their appointment with the provider scheduled, not to get the appointment, to get the appointment for the appointment.

This was meant to be a seamless process. How do we fix this problem?

Mr. SCHMITZ. Increase their IT functions. Bring them up to speed. Turn a lot of the stuff over to the community VA. They know the local health providers. Some of them actually work at the VA or are recipients of a referral. They know the local weather and when you would want to send somebody where for what.

In one place in New York, the scheduler at one time scheduled this guy to go for his appointment. It was in the middle of the winter, the roads and stuff were not real good. Bad choice.

Another one, they sent him to the wrong eye doctor three times, because the eye doctor did not do the procedure necessarily, but you had quirks who had no medical background making an appointment.

So, you need to engage the local VA to engage the local health providers. They know what they have got out there. They live in the community, and they know the doctors and nurse practitioners or PAs that they could get appointments with.

Ms. SINEMA. Thank you.

Mr. SCHMITZ. Thank you.

Ms. SINEMA. Thank you, Mr. Chairman. I yield back.

Chairman TAKANO. Thank you, Senator Sinema.
I now call on Mr. Lamb for his 3 minutes.

REPRESENTATIVE CONOR LAMB

Mr. LAMB. Thank you, Mr. Chairman, and thank all of you. I want to especially recognize the Pennsylvania delegation that came by my office yesterday.

[Applause.]

Mr. LAMB. I do not know what sins you have committed between now and then that they did not give you a seat to sit in here today, but just rest assured that I am proud of you for whatever it was.

Gentlemen on the panel, I wanted to ask about the four conditions that have been denied presumptive status for Agent Orange. I am sure others have probably covered this before I got here.

I represent a very large population of Vietnam veterans, some of whom are suffering from these conditions. Particularly, hypertension, I think, is very common.

We have spoken to Secretary Wilkie as recently as last week. We have all conveyed how disappointed we are in what is happening. I get the sense that most of the opposition is in the White House, at OMB, more so than in the VA, but regardless, I was just hoping someone on our panel today could talk about whether you know and represent veterans suffering from these four conditions as well and what it is doing to their lives and to their morale that they have not been given this presumptive status just yet.

Mr. SCHMITZ. Well, to start with, sir, I am one of them. I am a mushroom farm for skin cancer. I am also a registered nurse by profession. These conditions—someone once said, well, the Agent Orange thing has expired. Well, you know something? So are my brother and sister Vietnam veterans expiring, and we need to—science has substantiated there is a correlation, undeniable, between those conditions.

Why the VA is dragging their derriere in relation to addressing them, in addressing them before there is no one to address them to, I am totally baffled.

Mr. Lawrence, could you expound on that, please?

Mr. LAWRENCE. Thank you, Commander.

Our argument has been all along, the scientific evidence already meets the established statutory requirements to add the four to the presumptives.

As the commander said, sometimes we feel like we have gone through the same battle before with Agent Orange. As he mentioned, our Vietnam veterans are getting older in age. It is almost like if we kicked the can down the road long enough, we will not have any Vietnam veterans to take care of.

[Applause.]

Mr. LAMB. That is the impression. Absolutely.

Mr. LAWRENCE. By the way, Mr. Lamb, Vietnam veterans make up close to 60 percent of our membership in the Veterans of Foreign Wars of the United States.

Mr. LAMB. Absolutely—

Mr. LAWRENCE. It is time to take care of them.

Mr. LAMB [continuing]. And, a growing share of the VA population.

Just in my remaining seconds, for anyone who has not seen these numbers, this is not about money. It should not be about money because of the service that these Vietnam veterans have rendered.

[Applause.]

Mr. LAMB. Thank you. I did not even get to my point yet.

The VA is requesting a \$22 billion budget increase just this year alone, and they have projected that the 5-year cost of taking care of these veterans is \$11- to \$15 billion.

OMB is approving a \$22 billion increase in a single year and denying a smaller \$11- to \$15 billion cost over the next 5 years. That is really important for everyone in this room to know. It is not about money. It is not about fiscal responsibility. It is about which veterans you want to take care of when, and they are waiting you out. That is wrong, and we are going to keep the pressure on them.

Thank you, gentleman, all for being here.

[Applause.]

Mr. LAMB. I yield back.

Mr. SCHMITZ. Chairman, I do have one comment.

Chairman TAKANO. Sure.

Mr. SCHMITZ. I can speak freely for the Vietnam veterans. We do not want to see the same thing that happened to us in relation to Agent Orange happening to our brothers and sisters with TBI and our brothers and sisters that were exposed to burn pits. We are firm on that. We want this addressed now before many of them die.

Thank you.

Chairman TAKANO. Thank you, sir.

[Applause.]

Chairman TAKANO. Commander, as Chairman, I hear you loud and clear. I want to thank Mr. Lamb for taking on this issue in such a dogged way. I believe this issue needs to be made too hot to handle, that anyone who wants to touch it is going to get burned unless they do the right thing. Thank you so much for your advocacy.

I am told that Chairman Moran does not have questions.

I want to thank you from the bottom of my heart for you, all of you, making the journey to Washington to exercise your constitutional rights, your democratic rights, to petition in Congress, to make your voices heard.

I want you to know that you, the Veterans of Foreign Wars, as a nonpartisan organization of veterans, the fact that you are veterans, you have a voice that is very special. It is a moral voice. It is a voice of conscience, and as Senator Tester said, if we do not have the money to care for our veterans, we should not be sending them to war in the first place I wholeheartedly associate myself with that sentiment. It is not about money. It is about what is doing right by you, and as Chairman, I am determined to make sure that these four conditions are listed as presumptive. I thank you for your advocacy.

With that, I want to call this hearing to a close. Before I do that, all members will have 5 legislative days to revise and extend their remarks and include extraneous material.

Thank you again for your presentation. This hearing is now adjourned.

[Applause.]

[Whereupon, at 11:35 a.m., the joint hearing was adjourned.]

APPENDIX

Material Submitted for the Hearing Record

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. KYRSTEN SINEMA TO WILLIAM J. "DOC" SCHMITZ, COMMANDER-IN-CHIEF, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Question 1. The work of the VA's National Cemetery Administration allows us to honor and recognize veterans and eligible family members long after they have left us. VFW has advocated for the BRAVE Act to increase funeral and burial benefits for eligible benefits and the Honoring Veterans' Families Act to allow the VA to recognize deceased family members on the gravestones of veterans buried in private cemeteries. Can you expand on the importance of these legislative initiatives to veterans and their families?

Response. The VFW is committed to ensuring all veterans are properly memorialized in death, regardless of financial circumstances, capacity to pay final expenses, or whether they are buried in a national, state, tribal, or private cemetery. The current burial allowances for veterans are well below actual costs. The BRAVE Act would rightfully increase funeral and burial benefits for eligible veterans to help defray some end-of-life expenses. Similarly, the VFW believes that veterans should be honored alongside members of their family. The VFW supports the Honoring Veterans Families Act, which would properly honor veterans and their families by permitting VA to replace headstones furnished by the Secretary to include an inscription for a spouse or dependent child.

Question 2. A skilled VA workforce is crucial to the delivery of care and services to veterans. Since Fiscal Year 2011, the VA Office of the Inspector General has listed Human Resources Management in the top 10 non-clinical occupational shortage areas across the Veterans Health Administration. How do you think this shortage impacts VA's ability to provide timely, quality care to veterans?

Response. A Human Resources Management occupation shortage impacts VA's ability to evaluate future vacancies due to retirement, maternity, paternity, or short-term leave and anticipate when the new hires need to complete the hiring process. An H.R. shortage means a shortage in health care providers, which impacts delivery of high-quality care.

Question 2a. What should VA and Congress do to address this shortage, and other personnel challenges at VA?

Response. Conduct oversight to ensure VA anticipates future vacancies and posts job opportunities in advance to lessen the gap of care. Congress has given VA broad and expedited authorities to fill vacancies. VA must use them.

Question 3. Caregivers are a critical part of the veteran care team. They play a significant role in supporting the veteran and the VA healthcare system, yet, I often hear from caregivers that they feel excluded from their veterans' VA health care team and are frustrated they are left out of the conversation. As VA implements the expansion of the Caregiver Support Program under the MISSION Act, what should it do to ensure a more holistic, inclusive support program for caregivers?

Response. The Elizabeth Dole Foundation in partnership with VA, USAA, Duke University, and University of Texas Health established the Campaign for Inclusive Care. The program provides health care professionals a resource to plan and implement the inclusion of caregivers into veteran-centric care. According to the

Campaign for Inclusive Care's website, as of March 23, 2020, three VA sites and 664 health care professionals are practicing inclusive care with the knowledge they gained through the program.

Question 3a. How can VA improve its policies and procedures to ensure that veteran caregivers are better integrated into the patient care team?

Response. Monitor and evaluate the outcomes of the facilities that are piloting the Campaign of Inclusive Care. Look specifically at health care professional burden, Caregiver Support Coordinators involvement, caregiver stress, and quality of life of the veteran. In addition, see how the use of technology through telehealth or MyHealthVet can eliminate the need to transport the veteran from home to the medical center for appointments or inquiries that can be done over the phone, secure message, or video chat.

Question 4. The transition from military to civilian life is a critical time to ensure servicemembers have the tools they need to transition successfully. Loved ones play an important role in this transition. The Somers Veterans Network of Support Act would require VA to establish a program that provides information to loved ones about VA programs and services so family members and friends can better support veterans. What information is most critical to share with loved ones so they can best support the veteran?

Response. Our loved ones often notice when we need help before we do. Providing a transitioning servicemember's support network information about resources available to ease the transition from military service to civilian life would ensure such services are used. It is deeply distressing to hear when veterans slipped through the cracks because they did not know about care for which they were eligible.

Question 4a. How should VSOs be engaged to ensure the success of the veteran during the transition and the success of the network of support program as it is implemented?

Response. The comradery provided by the VFW and other veterans organizations make us a trusted source for information and assistance. The VFW has several programs to ensure veterans know about and receive the benefits they have earned, such as the Benefits Delivery at Discharge Program. VSOs pioneered peer-to-peer support, and continue to conduct activities at our posts throughout the world for veterans to share experiences and help each other when needed, such as the VFW's Mental Wellness Campaign. These programs are most effective when VA and DOD include VSOs in transition assistance programs classes and keep us updated on programmatic changes.

[The prepared statement of VFW begins on next page.]

STATEMENT OF
WILLIAM J. "DOC" SCHMITZ
COMMANDER-IN-CHIEF
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

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

WEDNESDAY, MARCH 4, 2020
WASHINGTON, D.C.

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

I would like to begin by thanking the members of the committees for your willingness to dare to care for our nation's veterans. 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. As a Vietnam veteran, I am personally thankful for your leadership in passage of the *Blue Water Vietnam Veterans Act of 2019*. I have many friends, several whom are in the audience today, who would like me to extend their thanks for the long-overdue benefits and recognition.

We would equally like to thank you for the bipartisan work to eliminate the Widow's Tax, which placed undue financial hardship on the survivors of the brave men and women who have made the ultimate sacrifice. With the elimination of the Widow's Tax, military survivors can focus on healing from the loss of their loved ones and taking care of their families, without a congressionally imposed financial hardship.

Toxic Exposures and Other Environmental Hazards: 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 commissioning a study on the adverse health effects associated with the exposure.

Second, the VFW recommends that the National Academies of Sciences, Engineering, and Medicine (National Academies) review and evaluate the available scientific evidence regarding certain diseases and exposure to toxic substances. In light of the organization's institutional experience gained through the implementation of the *Agent Orange Act of 1991*, the VFW believes that the National Academies is well-suited to conduct such analysis. Furthermore, the National Academies 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 will consider the conclusions reached by the National Academies, 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 associated with a toxic exposure or environmental hazard.

The framework we suggest is very similar to that of the *Agent Orange Act of 1991*. Until the expiration of the Secretary of VA'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 the National Academies 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 the findings by the academies.

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. The dilatory tactics employed by VA to avoid adding bladder cancer, hypothyroidism, parkinsonism, and hypertension to the list of presumptive conditions associated with exposure to Agent Orange are causing additional suffering for Vietnam veterans and their families. The VFW urges Congress to take action and end the wait, needless suffering, and disappointment for an entire generation of veterans.

While the reasons stated by VA are in part to wait for published reports from additional studies, we believe this delay is unnecessary because the scientific community has already provided

enough significant data, studies, and associations linking these four diseases to Agent Orange exposure. The scientific evidence already meets the established statutory requirements to add bladder cancer, hypothyroidism, parkinsonism, and hypertension as presumptive diseases for Agent Orange exposure.

Although the Secretary stated he is waiting on two additional VA studies before making a decision on the four presumptive diseases, based on the epidemiologic studies analyzed by the National Academies, their independent Agent Orange reports, and VA studies showing these same associations, it is apparent these two studies will not refute previous scientific evidence. The two studies in question were not designed to specifically address the four presumptive diseases, therefore, it is not possible for their outcomes to refute all of the assembled studies, science, and conclusions.

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

The National Academy of Medicine'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 association between pulmonary conditions and exposure to toxic burn pits. Although additional research is needed, the VFW urges Congress to pass H.R. 4574, the *Veterans Right to Breathe Act*, which would provide for a presumption of service connection for asthma, chronic bronchitis, chronic obstructive pulmonary disease, constrictive bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, lung cancer, and pneumonia 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," the National Academies found that certain birth defects and reproductive issues are associated with exposure to toxic substances and illnesses which are prevalent in Iraq and Afghanistan. It is vital that VA and Congress address this report 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 yet another group of American service members who would later suffer from the effects of this poison. Currently, veterans must prove they worked on the perimeter of the base to which they were assigned to have their disability compensation claims considered under more streamlined presumptive rules. It is not incomprehensible for veterans in other parts of the base to have been exposed to Agent Orange. The VFW urges Congress to pass H.R. 2201 and S. 1381, which would 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 job specialty the veteran performed.

Appeals Modernization: As a chief contributor to the development of the Appeals Modernization Act (AMA), the VFW is encouraged by VA's efforts to seek congressional support and include stakeholders at multiple levels. In the time since the AMA was enacted, the VFW and other Veterans Service Organizations (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, the 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 that is the implementation of the AMA. We commend VA for its efforts to streamline the process through which legacy appeals are certified. Although there is still room for improvement, the number of legacy appeals waiting to be certified at the Board of Veterans' Appeals (BVA) has decreased significantly. We now challenge VA to ensure that cases are assigned to Veterans Law Judges in a timely manner.

For more than a year, VA regional offices (VARO) 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.

Moreover, on future claims, how is the average veteran going to be able to delineate between reopened conditions, secondary conditions, new conditions, or increased conditions? VA’s current guidance is that veterans who file for any “same or similar benefit under same or similar circumstances” must file for such a benefit on a newly-commissioned VA Form 20-0995. As we have seen in the field since AMA went live on February 19, 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 clearer guidance. We have also learned from VA staff that this strict interpretation has created significant confusion at the Regional Office level, requiring further detailed and often confusing guidance for raters on how to handle these claims.

To be sure, we understand why VA created a truncated review form for claims filed within the one-year appeal period. However, VA’s current guidance is that the only option for a veteran who wishes to reopen a claim after the one-year appeal period 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 unnecessarily 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 unmanageable for VSOs, and wasteful of VA’s time and resources.

We implore VA to honor the ITF as a place holder for all future claims, including reopened claims, once the one-year appeal period has lapsed. We further compel VA to accept all future claims on its own standard claim form, including reopened supplemental claims, once the one-year appeal period has lapsed. The VFW worries that this arbitrary and senseless requirement will lead to the erroneous denial of benefits for veterans. The AMA was designed to simplify the claims process for veterans, not to create confusion with unclear regulations and create new bureaucratic obstacles.

AMA Informal Conferences: Last year we pointed to some instances where VA was cutting corners in how it was conducting informal conferences. VA has made some improvements, but we encourage Decision Review Operations Centers (DROCs) to remain vigilant in ensuring that informal conferences are conducted in a manner to provide veterans with an opportunity to resolve their claims in this forum. This interaction is critical to the success of the AMA and to ensure that claim disputes are resolved at the lowest possible level.

AMA Information Technology Issues: In order to manage AMA, VA enlisted the help of U.S. Digital Service to create the Caseflow platform to track appeals. The VFW thanks VA for offering Caseflow access to all accredited VSOs when AMA was launched. However, much of our appeals work must still be completed through other systems, like the older Veterans Appeals Control and Locator System (VACOLS).

Our personnel at the BVA report that VA is currently implementing periodic capabilities and development updates to Caseflow. This is a positive step to ensure that Caseflow becomes fully mission capable. We ask that VA keep the VFW and other VSOs at the BVA informed throughout this transition from VACOLS to Caseflow and hold monthly meetings to give training updates, and to discuss timelines and whether VA is meeting functionality expectations and deadlines.

It has been more than 100 years since the VFW presented our first claims to the federal government for benefits for deserving veterans. The system has changed dramatically since 1919, and the VFW has been proud to be there every step of the way in building veteran-centric benefit programs. However, the VFW knows that changes to programs that were slow to mature last century move far more rapidly today. Training, oversight, and functionality are key to the success of every VA business line. Although information technology has simplified many of VA's processes, certain online tools still need improvement. To cite one example, the VFW is advising veterans not to file claims with VA's self-service online resources, such as eBenefits. If a veteran uses eBenefits to file a supplemental claim, the online interface will erroneously generate the information on an outdated version of Form 20-526EZ, which will be rejected by VA. It is worth noting here that if VA can resolve its self-created issues with Form 20-526EZ, then this problem will no longer exist. Until that time, VA must properly develop self-service tools to allow veterans to access all benefits for which they are entitled before such self-service tools are launched. VA must also insist on service provider tools so that veterans may receive the best possible representation with their claims.

The VFW believes that VA has moved the needle in the right direction in its implementation of the AMA. However, we are not yet ready to declare the new framework a success, as veterans and VSOs are still stress testing the new system to see if it will fully function as intended. We look forward to working with VA and your committees to make sure the issues we discussed today are addressed, and that the new appeals framework can deliver on its promise to veterans.

VA MISSION Act Community Care: Community care and its relationship to VA's direct care system has been a hot topic for much of the past decade. The VFW recognizes the commitment and efforts of these committees to improve access and community care options. We have come a long way since the sad events in Phoenix focused attention on the issue of wait times and access

to care. Since 2006, VA has fielded multiple versions of community care programs in an attempt to create a streamlined and consistent national program that eliminates the variation in community care criteria across VA medical centers (VAMC). VA fielded Project ARCH, Project HERO, The Patient-Centered Community Care Program (PC3), Veterans Choice Program, and now the Community Care Network (CCN) contracts to implement the Veterans Community Care Program established by the VFW-supported *VA MISSION Act of 2018*.

At last year's testimony, the VFW expressed the sense of our members at the implementation of the new and improved Community Care Program. While implementation of CCN in the various regions is still ongoing and contracts have yet to award in all six CCN regions, early reports on the effectiveness are mixed. The VFW has consistently received feedback from our membership that VA care is their primary choice and we believe that VA medical facilities should be adequately staffed and funded to provide the appropriate amount of care to veterans. However, when community care is a necessary to address capacity and timeliness of care, VA's community care program must work seamlessly and quickly to deliver needed care. VA has been working on national community care programs since 2006 and should have 14 years of experience and lessons learned to meet the goal of effective and timely community care referrals.

The recent VA Office of Inspector General (OIG) report on the community care consult process in Veteran Integrated Service Network (VISN) 8 was troubling because of the lack of smooth and efficient processes on the front and back end of referrals. In VISN 8, VAMCs averaged 10 days just to refer consults within the VAMC. Put another way, it took 10 days for one VAMC service line to tell another that community care was necessary. Processing the authorization to go out to the CCN network averaged another 18 days for a total of 28 days of administrative wait before a veteran was able to begin the scheduling and appointing process. With standards of 20 days for primary care and 28 days for specialty care, the access standards were surpassed before the process of scheduling and receiving care could begin. The OIG report cites that at the Healey VAMC, ophthalmology referrals took an average of 66 days to complete care but 34 of those days were spent waiting for staff to create the authorization, which means more days were spent waiting for paperwork than receiving care. Most troubling is that the OIG report reflects similar conclusions reached by VA OIG and GAO about similar issues with the Choice Program, which are lessons that VA should have already learned.

The OIG noted that staffing shortages and workload that exceeded staffing levels were cited by leadership within VA at both the VISN and VAMC levels as contributing factors in authorization delays. The VFW testified last year before this body on the need to fill the departmental vacancies, which last year numbered around 49,000. The VA MISSION Act has numerous provisions to facilitate hiring. These hiring authorities are intended to help mitigate the main reason for staffing shortages, the top two of which are lack of qualified applicants and non-competitive salaries. These factors are compounded by the shortage in production of health care professionals. Fewer health care professionals are entering the American workforce than are necessary and this shortage means that VA is competing for an increasingly scarce resource. These factors mean that VA must embrace methods to increase the availability of its current workforce to meet customer demand. VA has made efforts to reduce the number of days it takes to hire medical support assistants, but more must be done to ensure VA has the appreciate clerical staff to process authorizations and schedule appointments.

The VFW urges Congress to ensure VA has adequate resources down to the VAMC level to properly implement the requirements of the VA MISSION Act. Staffing shortages and vacancies cannot be allowed to impact the provision of health care services to veterans. VA must explore all means to address staffing shortages by seeking and helping to produce qualified candidates, making salaries more competitive, and applying all the tools provided by the VA MISSION Act. In addition, VA must fill vacancies in human resources staff that hire health care professionals.

Equally important, is the need for VA to make sure that processes in CCN and the Veterans Community Care Program are straightforward, streamlined, and sensible. Above all else, processes must exist to serve veterans and place their interests and needs above all others. Processes must remove barriers to veteran care. There can be no room or excuse for anything that lengthens the time it takes for care to be received. Equally important, VA must set realistic expectations for wait times.

The VFW's testimony last year also addressed wait times and the rationale behind them. The VFW decried the arbitrary nature of creating a 30, 28, or 20-day standard, particularly when wait times in VA are not appreciably longer than in the community, if at all. Experts ranging from the RAND Corporation to the National Academies and the Journal of the American Medical Association have studied wait times for VA care versus wait times for private sector care and have consistently found that VA performs at least as well, and often better, in providing prompt care. Arbitrary access standards were an issue in 2014 when VA was touting a seven day "aspirational" standard for care.

The VFW was very supportive of providing veterans greater access to urgent care, and continues to believe it is a positive step in the right direction. The impetus is providing care to veterans in a prompt and efficient manner, and this effort has been successful. More than 400 of nearly 7,000 respondents to the VFW's latest health care survey reported having used VA's new community urgent care benefit. An overwhelming majority of veterans — 89 percent — indicated that they would recommend community urgent care to other veterans. Most veterans — 82 percent of those who used this benefit — responded that they were satisfied with the urgent care benefit. Most veterans who used the community urgent care benefit did not incur any out-of-pocket expenses. Only 20 percent of veterans reported paying a copayment for their urgent care visit. Additionally, of the veterans who received a prescription during their urgent care visit, 42 percent of veterans either paid a copayment or full price at a pharmacy to fill a prescription they received at an urgent care facility.

The VFW strongly opposes VA decision to charge veterans for service-connected urgent care. Any cost share associated with emergent or urgent care eligibility must be aligned with VA's current copayment structure, which exempts veterans who do not have the financial means to afford copayments, and veterans who receive care due to service-connected disabilities.

VA waives the copayments for the first three urgent care visits for certain veterans. Additional visits would require a \$30 copayment, regardless of whether the care is for a service-connected condition. To the VFW, charging veterans for non-service-connected urgent care to deter over-reliance on more expensive urgent care instead of routine care is acceptable, but VA cannot charge for service-connected care, regardless of where such care is provided. Doing so would

violate VA's sacred mission to care for those who have borne the battle. VA must cover the full cost of caring for service-connected conditions, regardless of where such care is provided.

The VFW is concerned that only one of the 26 recommendations on VA MISSION Act implementation by the Independent Budget — which is coauthored by the VFW, DAV (Disabled American Veterans, and Paralyzed Veterans of America (PVA) — has been fulfilled. The majority of recommendations have been ignored or not fulfilled, such as waiving copayment requirements for service-connected community urgent care.

Caregiver Program: One of the most successful programs for reducing barriers to care has been the Program of Comprehensive Assistance for Family Caregivers, also known as the caregiver program, which is focused on post-9/11 veterans. As part of the VA MISSION Act, VA was authorized to expand the caregiver program to veterans of other generations. The VFW worked hard to advocate for this step, and we are certain that it will allow veterans to receive high-quality care and live a higher quality of life while remaining more connected with loved ones at a fraction of the cost of a full-time nursing home or assisted living facility.

Unfortunately, we are still awaiting the regulations that will implement the expansion. The expanded population that can take advantage of the caregiver program needs to receive services now, not later. The VA MISSION Act outlines a timeframe that envisioned VA starting the expansion last summer. Family members of WWII, Korean War, and Vietnam War veterans should not have to wait any longer than necessary to access training, respite care, and the support services that the program offers.

Mental Health and Suicide: Over the last decade, the issue of suicide has been at the forefront of the military community. While adjustments to how the suicide numbers are tallied lowered the count of the cited number of veterans who die by suicide every day from 22 to 17, the rate at which veterans die by suicide has not actually decreased. The bottom line is that while we accept that reducing veteran suicides to zero is a difficult (and perhaps impossible) goal, we must do better. The VFW commends the members of these committees for their efforts to find solutions for military members and veterans in crisis.

The common picture of veterans who die by suicide is often mistaken. Many people and the vast majority of media portrayals depict a young, male combat veteran, fresh off the field of battle and traumatized by his service. While there are veterans who fit this image, the facts tell a different story. Half of veterans who die by suicide are more than 50 years old, with a majority of that cohort older than 65. Combat veterans do not make up the majority of suicides; in fact, it is the opposite. Women veterans, who still die by suicide at a lower rate than males, have experienced an increased rate of suicide despite a plateauing of suicides by male veterans.

In the 116th Congress, suicide prevention efforts have focused on addressing the protective factors of suicide: social connectedness, financial stability, housing stability, educational opportunity, employment and other soft factors. VA has compiled a wealth of data and has done great research on medical and biological factors that affect suicide. The clinical research at VA on the connection between physiological factors and veteran suicide is unparalleled, particularly with respect to traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD). This

research and partnerships with DOD are pushing forward the boundaries of knowledge leading to innovative treatments and prevention. Future work with identifying biomarkers of PTSD and TBI will lead to even better prediction and treatment.

Life-altering TBIs also merit serious consideration. I recently toured the Tampa VA medical center's Post-Deployment Rehabilitation and Evaluation Program, where medical professionals are helping our special operators get back into the fight by improving functional abilities, reducing symptoms, stabilizing psychological distress, restoring confidence, enhancing family relationships and assisting with long-term recovery. VA and DOD must expand this partnership to provide the same opportunity to all of our men and women who continue to face the harsh realities of living with a traumatic brain injury.

While the face of war has changed over the past century, the nature of how they are fought has not. Now more than ever, we are seeing service members who are returning from combat with injuries as a result of their exposure to explosions. VA has been slow to provide a long-term solution that would address these injuries, despite the overwhelming evidence that suggests service members who were exposed to explosions or sustained concussions may experience delayed onset of symptoms ranging from headaches and cognitive impairments to even more severe neurological complications. The VFW calls on Congress to pass H.R. 5739, *the Blast Exposure Protection Act of 2020*, which would establish a presumption of service-connection for disabilities associated with blast exposures.

The VFW applauds the work of the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Task Force, which has mapped out strategies for community integration and collaboration, national research, and implementation strategy. The VFW also commends these committees for looking for ways to drive solutions down to the community level, and strengthen VA's bonds and presence at the local level, particularly where VA may not have a strong, formal presence in underserved or rural communities. We caution, however, that efforts to support local programs must remain grounded by strong data, gathered with the best principles of research, that shows efficacy in addressing the protective factors of suicide. While we need to do what is necessary to reduce the rate of suicide among veterans, and do so as quickly as possible, pursuing dead ends or programs that have no support for their efficacy wastes valuable resources, and time as well as moves us further away from a solution. Pursuing what veterans and service members will recognize as "good idea fairies" may be noble-sounding solutions, but risks grave unintended consequences that can be prevented with more careful consideration.

If we are serious about reducing veteran suicide, then we must be serious about connecting veterans to services whether through VA at the institutional level or community programs at the local level. VA has a wide range of programs that already exist and address protective factors: the GI Bill and vocational rehabilitation for education; a myriad of programs for homelessness including the superb and innovative Supportive Services for Veterans and Families (SSVF) program; the VA health care system for health care needs, including rehabilitation programs that set the standard and span the gamut from blinded veterans to veterans seeking treatment for drug and alcohol addiction.

The VFW is committed to helping veterans before they reach the point of crisis. Through our Unmet Needs program, we offer assistance to veterans and their families in times of need, including financial assistance. The VFW has teamed with VA and Philips Government Solutions to field Project Atlas to provide telehealth services, including mental health counseling, to rural veterans. The VFW has also teamed with other veteran and military organizations such as Give an Hour and the Elizabeth Dole Foundation on a mental wellness campaign that leverage our worldwide footprint to change attitudes about mental health. VFW and Give an Hour also teamed on the A Day to Change Direction, a national day of service and action to change the dialogue on mental health for veterans and their communities. These examples of community efforts are precisely the kind of initiatives that VA should support in the veterans community, and we are proud to work collaboratively with VA on these initiatives.

The VFW urges Congress to pass S. 785, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, which would make significant strikes to address mental health and suicide prevention issues.

Military Sexual Trauma: The impact of sexual assaults that occur during military service, known as Military Sexual Trauma (MST), continues to be a problem VA and DOD fall short in properly addressing, which affects service members and veterans of all backgrounds. Most survivors of MST are males, but women are disproportionately affected. While DOD continues to increase its efforts to reduce or eliminate sexual trauma within the military service, the number of service members affected by MST is slow to decline. Congress must ensure DOD and VA improve their collaborative efforts in awareness, reporting, prevention, and response among both service members and veterans.

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

In fiscal year (FY) 2017, 3,681 men and 8,080 women submitted claims to VBA for health problems related to MST. Of those claims, 55 percent of men's and 42 percent of women's claims were denied. It can take many years for survivors to even acknowledge a trauma occurred, and sharing details with advocates and care providers can be extremely difficult. Survivors of sexual assault often report they feel re-traumatized 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 Veterans Health Administration (VHA) or other specialized providers during the compensation examination phase.

Cannabis: Attitudes on the use of cannabis are changing among the veteran population just as they are among the civilian population. The VFW's members have spoken with a resolution calling for federally funded research into the use of cannabis. Our membership recognizes that the chemicals contained in cannabis have shown value in treating the signature injuries of

combat, TBI, PTSD, and a variety of other injuries and illnesses, including cancers that may be the result of toxic exposures, all have been shown to respond to treatment with cannabis.

Research into and coordination of the use of cannabis-based therapies is desperately needed. The legality of cannabis in 33 states and the District of Columbia means that veterans have the means and ability to easily access medicinal cannabis from a state-sponsored programs. The efficacy of cannabis at treating, among other things, the nausea and loss of appetite associated with either cancer itself or the therapies used to treat cancer means that veterans, whether accessing private providers or VA health care, may be utilizing cannabis without their providers' knowledge. The VFW has heard from veterans who fear sharing information about their use of cannabis with their providers because of reprisal or being wrongfully labeled a substance abuser. This presents issues of unknown interactions between therapies, incomplete information when formulating a treatment plan, and ethical issues for physicians who are trying to fulfill their Hippocratic Oaths and provide the best care possible.

VA has testified that it has the authority to conduct studies with Schedule I drugs, which are defined as drugs with no currently accepted medical use and a high potential for abuse, such as medicinal cannabis, but they have not. The VFW is not aware of any plans to do so either. There is ample anecdotal evidence and a growing body of scientific research regarding the effectiveness of cannabis and the compounds it contains at treating a wide variety of diseases. VA must add to this growing body of research with a focus on conditions that afflict veterans disproportionately.

Congress must pass H.R. 712, the *VA Medicinal Cannabis Research Act of 2019*, which requires VA to conduct a double-blind scientific study on the efficacy of medicinal cannabis. The VFW urges these committees to kick start VA's efforts in this area.

Parity of Health Care Services: From the VFW's research and member feedback, as well as studies by RAND Corporation, the National Academies, 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. 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 military 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 pass of research and development means that therapies and diagnostics, such as laboratory developed tests that focus on specific diseases or in vitro, are available to the general population and are reimbursed by commercial insurance but are not covered by VA or DOD. Some reproductive health services that are readily available and are common standard of care from civilian providers and commercial insurers are not covered by VA or DOD. 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 by the U.S. Preventive Services Task Force, such as prescribing aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for the cost of preventive medication to prevent such birth defects. Vitamin D is another preventive medicine is often prescribed to prevent bone fractures, which benefits TBI patients with hindbrain injuries. There is also breast cancer prevention medication which is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible disease and to be health care cost-savers.

The VFW calls on Congress to swiftly pass S.1573 or H.R. 3932, the *Veterans Preventive Health Coverage Fairness Act*, which would eliminate this inequity and ensure veterans have access to lifesaving preventive medicine.

Privacy Concerns with Health Data: As DOD and VA move toward a joint electronic health care record (EHR), veterans' information will become more accessible for both VA and DOD providers and their partners. A joint electronic health care record also makes DOD and VA health data more desirable for nefarious actors, either from foreign governments, non-state actors, and criminals acting as part of organized crime groups or individually. In 2018, the White House Council of Economic Advisers estimated that cybercrime cost the U.S. economy between \$57–109 billion.

While the loss or compromise of veterans' health care data certainly comes with an economic cost, it also carries the costs of loss of dignity, trust, and confidence. The utilization of an EHR that can communicate and easily exchange data with other government agencies as well as commercial health care systems, insurers, and private providers, VA must ensure that veterans' information remains secure when it leaves the VA ecosystem. VA must also ensure that sufficient protocols are in place to guard against an unthinkable trusted insider intrusion or even simple unauthorized access.

The VFW believes that commercial off-the-shelf solutions are the best option in many cases, such as the new EHR. There is no need for VA to reinvent the wheel when it comes to technological solutions and that is not the VA's core strength. However, the strongest possible privacy protections must be in place. In particular, End User License Agreements (EULA) must collect the minimum amount of information, result in the shortest retention, time possible, and provide clear opt-in criteria. Notice that this was not a slip of the tongue. Veterans and service

members should have to opt-in to data collection. The strictest criteria and the most minimal collection should be the standard. In addition, data collection must only collect necessary and pertinent data. There is no reason to collect any veterans' data on websites visited, links clicked, etc. Tracking veterans off of a specific site is not necessary to the conduct of that veteran or service member's business with VA or DOD.

As an example, the use of the ID.me login credentials places veterans in the uncomfortable position of having to accept the terms of service and privacy policy in the EULA in order to log on and access VA benefits earned through service. If a veteran does not accept the terms, then a veteran cannot log on with ID.me, and there is not always a clear or easy alternative. The ID.me process is much easier, for example, than acquiring a DSLogon account. The security of veterans' health information is of paramount importance. As health care technology advances and more details become available through diagnostic and genetic testing, that information will become more concentrated in locations like the EHR. The VFW urges VA to place the highest priority on security and utilizing the strongest possible technological solutions to safeguard veterans' health data.

Women Veterans Issues: Women veterans account for less than 10 percent of the veteran population but, as their numbers grow in active duty, the National Guard, and Reserves, so too does their presence in VA. VHA estimates that by 2035, women will account for approximately 15 percent of the veteran population, a growth of over 50 percent in under ten years. VA will have to address more resources to providing care unique to women and offering services that have traditionally been afterthoughts, and not just in health care. VA also has to ensure that it promotes a culture that ensures women have avenues to express concerns and seek redress, to take control of their health care, and serve as their own best advocates.

With regard to health care, VA must address not just the services it offers but the way in which it offers them. VA must ensure that women eligible for VA health care have access to obstetrics when necessary and gynecology services. Mammography and other services that address health conditions that are more prevalent in women must be readily accessible. Reproductive health services and contraception must be available as a matter of principle. With respect to younger female veterans, there is absolutely no room for debate on providing in vitro fertilization to treat service-connected reproductive difficulties. Service has been linked to lower fertility rates and the genito-urinary injuries, particularly from blast exposures, is a signature battlefield trauma of operations in the Global War on Terror. It is unconscionable that women who served be effectively asked to choose between service and family. Political ideology and personal views of members of Congress must not limit the opportunity for veterans to accomplish their dreams of having a family.

How VA provides services to women will also necessitate change. Private spaces for the delivery of health care are a must. Ensuring that women have the opportunity to choose the gender of their health care provider is something VA must strive to improve. Ensuring that VA medical centers (VAMC) in areas of high female veteran representation have services in-house is also a must. Offering childcare for women so that they may access earned care and services is paramount. Adapting homeless services to ensure that children are accounted for is also key.

Adopting an agile and innovative mindset will allow VA to continue to field programs like SSVF and meet the needs of veterans where and how they live.

The VFW National Home for Children offers a suite of services that caters to the needs of women and families. It was founded in 1925 in Eaton Rapids, Michigan, as a place where families left behind by war could remain together, keeping the family circle intact even when service members did not come home. The VFW National Home's community is open to the families of active duty military personnel, veterans, and relatives of VFW and VFW Auxiliary members. The family can be one or both parents with one or more children. The program offers case management services to help families establish their plans for the future and set goals, education, recreational, and enrichment opportunities for parents and their children, as well as free housing and daycare. Community resources and counseling are provided as needed. The VFW National Home for Children and VA are similar in that they both have the capacity to provide wraparound services that deal holistically with a person's needs. This whole person approach to health is what VA must perfect, particularly for populations with specific, unique needs.

Congress must pass S. 514 or H.R. 3224, *Deborah Sampson Act* and S. 319, *Women Veterans and Families Health Services Act of 2019*, to address these important issues.

Minority Veterans: Women, LGBT, and racial and ethnic minority veterans face challenges across different life domains. The Center for New American Security (CNAS) recently released a report entitled “New York State Minority Veteran Needs Assessment,” which includes recommendations on how veterans service organizations — like the VFW — VA, and researchers can address health, housing stability, financial stability, and social functioning differences between minority veterans and their non-minority peers.

In its report, CNAS found that veterans are overall less diverse than the civilian population. People who identify as LGBT face some specific health care challenges that are prevalent at a higher rate than the general population. As LGBT members of the military have only been able to serve openly for the last two decades or so, little data is known about the health care challenges specific to LGBT service members and veterans. Veterans who identify as LGBT may have received care from the VA for decades without ever identifying their sexual orientation to their providers and VA had minimal surveillance protocols in place for tracking health care experiences by sexual orientation.

The VFW believes that VA should serve all veterans and that effectively serving minority veterans necessitates solid steps to understand any unique needs and to have the infrastructure in place to address those needs. The VFW urges congressional oversight to ensure VA addressing recommendations from the Center for Minority Veterans and CNAS, such as implementing cultural awareness training and authorizing the Center for Minority Veterans work with LGBT veterans.

Vocational Rehabilitation and Employment Services: Vocational rehabilitation for disabled veterans has been part of this nation's commitment to veterans since Congress first established a system of veterans' benefits upon entry of the United States into World War I in 1917. Today,

Vocational Rehabilitation and Employment (VR&E) is charged with providing wounded, ill, and injured veterans with an array of services designed to enable them to obtain and maintain suitable and gainful employment. In the case of those veterans with more serious service-related disabilities, VR&E is authorized to provide independent living services.

Veterans are eligible for VR&E services and programs if their military discharge is other-than-dishonorable and they have a VA service-connected disability rating of at least 10 percent, or a memorandum rating of 20 percent or more from VA. The VR&E program is also accessible to active duty military personnel expecting to be medically discharged with the requisite discharge and anticipated disability rating of at least 20 percent or more from DOD and VA.

The period of eligibility to apply for VR&E is capped at 12 years from either the date of separation from active duty, or the date veterans are notified by VA of a service-connected disability rating. This 12-year application eligibility period can only be extended if vocational rehabilitation counselors determine veterans have a serious employment handicap. Service-connected disabilities usually get worse with time, veterans should not be at the mercy of counselors to determine if their disability is 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 to ensure disabled veterans with employment handicaps, including those who qualify for independent living services, qualify for VR&E services for the entirety of their employable lives. Congress must pass H.R. 444, the *Reduce Unemployment for Veterans of All Ages Act of 2019*.

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 client to counselor 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 invested are working in the right direction, or if further changes are necessary. The VFW also recommends a review of the 1:125 counselor-to-client ratio, and if the recent changes to the program should reflect a different ratio. The VFW also recommends changing reporting of the ratio to reflect the 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 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 Basic Allowance for Housing (BAH) changes proved much more difficult than originally expected. During the fall 2018 semester, almost 200,000 student veterans received delayed or incorrect BAH payments, leading to unnecessary hardships.

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 how 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. In order for VAES to adequately perform its roles of implementing and maintaining the current system, and be ready and able to adapt any upcoming changes, there has to 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, capable of handling today's difficult tasks, and tomorrow's upcoming changes.

Transition Assistance: The VFW believes a proper well-rounded transition from the military is one of the most important things our service members need in order to ease back into our society with minimal hardships. To that extent, the VFW places great emphasis on ensuring veterans receive the best counseling and mentorship before they leave military service. Veterans who make smooth 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 with it its own set of trials and tribulations.

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

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

We are glad to see the five-day TAP classes were restructured this past year, and we are eager to see what benefits the more efficient method of information delivery will bring. However, there were many other important provisions to reform overall transition that were, unfortunately, left unfinished at the end of the 115th Congress, such as providing grants to organizations

specializing in transition services, connecting transitioning service members with resources in their communities, and inclusion of accredited VSO's into the formal TAP curriculum. Doing so would ensure veterans can succeed after leaving military service. The VFW urges Congress to pass H.R. 2326, *Navy SEAL Chief Petty Officer William "Bill" Mulder (Ret.) Transition Improvement Act of 2019*, which 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 we 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 available for transitioning service members at the same time they receive their training in TAP. While the primary role for the VFW staff in the Benefits Delivery at Discharge (BDD) program is to help service members navigate their VA disability claims, they are also able to provide assistance for many other benefits and opportunities available.

Our BDD representatives offer guidance and information for many different transition opportunities that may not be covered in the TAP class. Our representatives are trained in education, employment, and financial management opportunities, and can be additional resources to the ones received during TAP classes. Service members who utilize additional resources such as BDD representatives are likely to face less unknown hurdles during transition. Formalizing the use of accredited service officers within the TAP curriculum is an important benefit that many service members can take advantage of, but without service officer inclusion there are even more troops that are missing out on this potential benefit.

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. For service members with fewer than 60 days, they could file claims through the Quick Start program.

In 2017, VA arbitrarily moved the goal posts back for BDD, only allowing service members to file 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 VA Regional Office 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.

Fourth Administration: VA is comprised of three administrations: National Cemetery Administration (NCA), VBA, and 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 commends Under Secretary for Benefits Dr. Paul Lawrence for reorganizing VBA to elevate these program offices. However, his predecessor may not believe in the importance of program offices that administer economic opportunity benefits.

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

The VFW has long proposed that Congress create a fourth administration under VA with its own under secretary whose sole responsibility is the economic opportunity programs. This new Under Secretary for Economic Opportunity would refocus resources, provide a champion for these programs, and create that central point of contact for VSOs and Congress.

Adaptive Automobile Grants: The current automotive adaptive grant for disabled veterans is an incredible benefit for those who need this program. However, the one-time use of this grant does not take into account modern vehicular needs to 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. The VFW urges Congress to amend the VA Adaptive Vehicle grant program to allow for multiple awards to this grant so disabled veterans can utilize it on different vehicles throughout their lifetimes.

Homelessness: The VFW commends VA and the Department of Housing and Urban Development (HUD) for making significant strides toward ending veteran homelessness. The Annual Homeless Assessment Report census for 2018 shows promise in eliminating homelessness in the veteran population, with current numbers showing less than 40,000. This is a remarkable difference since 2010 when the number of homeless veterans was 74,087.

A homeless person is federally defined under the McKinney-Vento Act as an individual or family lacking fixed, regular and adequate nighttime residence, as well as those fleeing domestic

violence or other dangerous or life-threatening conditions. VA is not precluded from assisting veterans who are temporarily living with friends or family — commonly referred to as “couch surfing.” Yet, it has elected not to do so. This is particularly burdensome for women veterans who often do not feel safe due to violence or sexual assault in a homeless shelter, as well as for veterans with dependent children. The VFW urges Congress and VA to expand this definition so VA can provide more homeless benefits and services to homeless veterans who are couch surfing instead of living in a shelter or under a bridge.

Veterans with dependent children face diverse burdens with access to their earned benefits, including access to childcare. Currently, VA has four pilot programs which offer on-site childcare. 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 afforded the opportunity to obtain assistance. The VFW also strongly urges Congress to pass a bill to provide cost-free childcare 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 childcare 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.

Single Gulf War Illness Disability Benefits Questionnaire Form: Unlike nearly all other service-connected conditions, Gulf War Illness (GWI) is intrinsically difficult to diagnose and

treat. GWI has no clear and concise set of rules. In other words, no singular set of symptoms allows for an unmistakable diagnosis. GWI presents itself as a conglomeration of possible symptoms to which countless members of the general public with no military experience can also be subject. As such, Persian Gulf veterans have a steeper hill to climb in relating the symptoms to service — the most critical link in establishing service-connection.

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

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

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

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

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

Expand VA Wartime Benefits to Early-Vietnam Veterans: On November 1, 1955, the U.S. Military Assistance Advisory Group (MAAG) Vietnam was officially established following the defeat of the French in Vietnam and the establishment of the 1954 Geneva accords. Records show that up to 10,000 U.S. military personnel served with MAAG-Vietnam and other U.S. military groups in Vietnam between November 1, 1955 and February 27, 1961. At least twelve U.S. military personnel were awarded the Purple Heart in Vietnam prior to February 28, 1961, and ten U.S. military personnel were killed in Vietnam during the same timeframe and are listed on the Vietnam Wall.

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

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

The VFW calls on Congress to pass H.R. 3866, *the Hear Our Heroes Act of 2019*, which would establish presumptive benefits for combat veterans diagnosed with hearing loss or tinnitus. This important bill would also require the Secretary of Veterans Affairs to amend the Schedule for Rating Disabilities to provide a minimum compensable evaluation for any service-connected hearing loss for which a hearing aid is medically indicated.

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

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

Mare Island Naval Cemetery: More than 800 veterans, including three Medal of Honor recipients, are buried at Mare Island Naval Cemetery. This cemetery has fallen into disrepair since it was transferred from the control of the U.S. Navy to the City of Vallejo, CA. The VFW will never stand idly by as the final resting place of veterans is neglected and forgotten. The VFW strongly supports passage of H.R. 578 or S. 127, which would transfer ownership of Mare Island Naval Cemetery to VA.

Domiciliary Programs and Temporary Total Ratings: VA domiciliary programs provide residential rehabilitation and treatment services for veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits. Due to the severity of these conditions and the rigor of the treatment provided, veterans in domiciliary programs are unable to work concurrently with their enrollment. Accordingly, the VFW requests that Congress provide for a temporary 100 percent rating for veterans receiving treatment for service-connected disabilities in all domiciliary and daycare programs.

The Defense POW/MIA Accounting Agency: Currently, 83,000 service members are still missing in action, 75 percent of whom are located in the Indo-Pacific, and more than 41,000 are presumed lost at sea. Since 1929, 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 all 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 provide assistance in identifying possible recovery sights, 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 have to examine a host nation's archives, investigate leads in Last Known Alive cases, and obtain oral histories from host-nation military and governmental officials that may have broad information about a particular region or battle. Investigative Teams will follow up on leads through interviewing potential witnesses, conducting on-site reconnaissance, and surveying terrain for safety and logistical concerns.

Once a site has been located, recovery teams, which include anthropologists and 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. When artifacts or remains are located, they are transported to DPAA Laboratory at Hickam Air Force Base in Hawaii, where artifacts are analyzed and DNA testing is conducted.

DPAA has the largest and most diverse skeletal identification laboratory in the world and is staffed by more than 30 anthropologists, archaeologists, and forensic odontologists. Due to DPAA's efforts, the remains of 203 Americans were identified in FY 2018. However, government budgetary uncertainty prevented DPAA from identifying more fallen heroes. During

a government shutdown, DPAA personnel are furloughed and forced to leave an excavation site, which results in delays.

The VFW thanks Congressman Lynch for introducing H.R. 4879, *Defense POW/MIA Accounting Agency Support Act*, which would exempt DPAA employees who are conducting recovery missions from being furloughed in the event of a government shutdown. The VFW urges Congress to consider and pass this important legislation as soon as possible. Congress and the Administration must provide DPAA, as well as its supporting agencies, 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 the DPAA efforts to locate the 1,587 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 goal is to increase the underwater investigations, identify new strategic partners, 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 missions. Last July, during the 120th VFW National Convention in Orlando, Florida, Past-Commander-in-Chief BJ Lawrence asked Vietnam veterans to send in documents that might help the Government of the Socialist Republic of Vietnam to determine the locations of burial sites in order to find 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 promise to our families affected by the Vietnam War, but help us gain access to future recovery sites. Additionally, the VFW strongly believes that by 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.

VFW senior leaders have traveled back to Vietnam every year since 1991 to help DPAA locate missing and unaccounted-for service members. During our trip last March, the VFW linked up with the U.S. Army Research and Investigation Team and the deputy commander of the Marine Corps and staff to visit active recovery sites. The VFW also met with the Defense Attaché and U.S. Ambassador Dan Kritenbrink at the U.S. Embassy in Hanoi to discuss ways the U.S. 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 is the fastest-growing economy in Southeast Asia and tourism is big — as is U.S. investments. The Vietnamese population is young and well-educated, and transportation, energy, and information technology are growing. Therefore, the U.S. must continue to improve its relationship with Vietnam and other Southeast Asian countries. Last November, the U.S. Secretary of Defense Mark T. Esper made his first official visit to Vietnam. During the meeting with Minister Lich, the two leaders also exchanged artifacts from the war era. Secretary Esper showed the U.S. 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.

Republic of Korea: The VFW was also the only organization to engage with President Trump regarding the return of Korean War remains prior to his Singapore Summit in 2018. 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 Joint Field Activities to resume in North Korea in the near 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 5,200 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 to DPAA, so it can continue to identify the services members who were returned home in the 55 boxes. The VFW urges Congress to amplify our call-to-action and also provide DPAA the necessary resources to expand recovery operations into North Korea and to support the remains recovery mission in DPRK.

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 a Navy corpsman veteran who served in Vietnam, I am fully aware the cost of war and the importance of returning fallen veterans, whose remains were left behind enemy lines in North Korea, with their loved ones.

Congress must 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 members brought home.

Provide 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 of full concurrent receipt for certain military retirees who have a service-connected disability rating of 50 percent or higher. The 10-year 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 cost \$30 billion over ten years. However, Congress should chip away at the unjust offset 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 the 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. As of FY 2018, there are approximately 210,000 Chapter 61 retirees — more than 42,000 of whom have been medically discharged due to combat-related injuries, and unjustly denied the benefits they deserve.

The VFW thanks Congressman Gus Bilirakis for introducing the *Major Richard Star Act*, which would enable Chapter 61 veterans who have been discharged due to combat-related injuries to be entitled to DOD longevity payment and VA disability compensation without offset. Congress must pass this important bill immediately.