

**LEGISLATIVE PRESENTATION OF THE
DISABLED AMERICAN VETERANS**

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

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MARCH 1, 2022
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LEGISLATIVE PRESENTATION OF THE DISABLED AMERICAN VETERANS

TUESDAY, MARCH 1, 2022

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 210, House Visitors Center, Hon. Jon Tester and Hon. Mark Takano, Chairmen of the Committees, presiding.

Present:

Representatives Takano, Brownley, Lamb, Pappas, Mrvan, Cherfilus-McCormick, Sablan, Underwood, Allred, Gallego, Bost, Banks, Rosendale, Miller-Meeks, and Ellzey.

Senators Tester, Murray, Brown, Blumenthal, Hirono, Sinema, Hassan, Moran, Cassidy, and Tillis.

**OPENING STATEMENT OF HON. JON TESTER, CHAIRMAN,
U.S. SENATOR FROM MONTANA**

Chairman TESTER. Good morning, and I want to welcome the leadership of the Disabled American Veterans to the hearing today. We are honored to have you here.

Congress relies on the DAV and your team of advocates in Washington to keep us apprised of how we are meeting the needs of veterans. I know that addressing toxic exposure in a comprehensive manner has been a longstanding issue for the DAV. It is a longstanding priority for me too.

Last year, I vowed to work across the aisle to deliver bipartisan, comprehensive toxic exposure reform. After consulting with the VA on a path forward, and with my friend Ranking Member Jerry Moran, we have developed a three-phased approach for getting this done. That includes offering life-saving VA health care to more combat veterans, including those suffering from conditions caused by toxic exposures.

It also includes improved training on toxic exposures for VA employees and more investment into research. And, together, we continue to work closely with the VA to build upon their efforts to establish and improve a presumption process that is more fair, more transparent, and more timely for our veterans.

And the time is long past for us to provide benefits to previous generations of toxic-exposed veterans, including the establishment of new presumptions of service connection. We started this fight and, together, we will finish it.

I also want to thank the DAV for their input in support of my bipartisan Servicemembers and Veterans Empowerment and Support Act, which would improve access to care and benefits for MST survivors, many of whom were wrongly denied.

Ranking Member Moran and his team have been great partners on this bill and I am hopeful it will pass the Senate very soon.

In addition, mental health and suicide prevention must remain a top priority. We need to expand mental health care access for more veterans and increase VA's capacity to meet those needs. This means strengthening the Veterans Crisis Line through the bipartisan REACH for Veterans Act and making sure VA is well-resourced to provide both inpatient and outpatient mental health care, including the highly trained staff to deliver it, through the Post-9/11 Veterans Mental Health Care Improvement Act, another top priority of mine.

Commander Marshall and team, we obviously have a lot left to do and your voice is invaluable as we prioritize our efforts. We want to thank you for your work that you do every single day on behalf of disabled veterans across this Nation, and we stand by to hear your marching orders.

I just want to close with one thing. I have always said in these sessions before and I will say it again today, this committee takes its direction from the Veterans Service Organizations and the people you represent. Your testimony here is very, very important as we schedule the remaining agenda in this Congress, and I appreciate you being here.

And I also appreciate my friend Joe Parsetich, who happens to be watching this today from the great State of Montana.

Thanks, gentlemen and ladies.

With that, I will turn it over to Chairman Takano for your opening remarks.

**OPENING STATEMENT OF HON. MARK TAKANO, CHAIRMAN,
U.S. REPRESENTATIVE FROM CALIFORNIA**

Chairman TAKANO. Well, thank you, Senator Tester.

It is an honor to join all the members of the House and Senate Committees on Veterans' Affairs virtually and in person to hear directly from the National Commander and representatives of the Disabled American Veterans. I would like to welcome all DAV members who have joined us online today as well. And a special hello to my friend Richard Valdez in the Inland Empire of California.

The opportunity to hear from our VSO partners is incredibly important to me. I was encouraged to see the overwhelming support that DAV and other VSOs provided last Thursday in a letter to House leadership supporting the Honoring Our PACT Act. This is a very exciting and busy week where we are going to debate and pass the PACT Act, and I want to personally thank you for the tremendous support you have provided during this process.

I would like to submit the letter from our VSO partners into the record, if there is no objection.

Chairman TESTER. Without objection.

Chairman TAKANO. I would also like to express my thanks to Senator Tester for his continued efforts to work with me on this issue.

Our bipartisan bill finally provides access to VA health care to over 3.5 million veterans exposed to toxic substances. It requires that VA presumes veterans were exposed to toxic substances rather than placing the burden on veterans to prove this link themselves.

Vietnam veterans waited more than 40 years for benefits related to Agent Orange exposure because of Congress' piecemeal solutions. Toxic-exposed veterans have held up their part of the pact and they deserve our action.

This week, we are keeping our promise and I look forward to continuing to work with the Senate to make this the law of the land.

VSO partners like DAV represent veterans and their families at all stages of life and service. Hearing from these partners allows the committees the opportunity to hear directly about what is most important to your members and how we can be of service to our Nation's veterans. In the last Congress, together we secured several important wins for veterans, including passing the Blue Water Navy Vietnam Veterans Act, the Deborah Sampson Act, the Veterans COMPACT Act, and the Commander Scott Hannon Act.

I am very proud of these accomplishments, but they are only the beginning. We need to build on these achievements and continue our fight for better health care and benefits in this Congress and beyond.

Reading your testimony, it is clear your priorities are aligned with mine. My committee's top priorities for this Congress include creating a more inclusive and welcoming VA; building equity for an increasingly diverse veteran community; reducing veteran suicide; addressing toxic exposure; ensuring student veterans receive quality education; advocating for women veterans; modernizing VA; supporting VA's long-term care facilities; improving the VA's management and oversight; and ensuring our legislative accomplishments are implemented effectively.

Our diverse veteran community includes higher numbers of women, LGBTQ+, Black, Asian, Hispanic, and Native veterans than ever before. It is our country's diversity that strengthens our Armed Forces and veteran communities, and minority veterans deserve to feel safe and welcome when they enter through its doors, with outreach, programming, and solutions that address their unique needs.

Now, additionally, VA must acknowledge the diversity of its workforce to address systematic discrimination in the workplace. We must ensure that health care and benefits are fairly and equitably distributed to all eligible veterans and, to do that, we must also ensure a safe and equitable workplace for VA employees.

Our work to prevent veteran suicide continues. We must relentlessly pursue well-researched and scientifically sound policies that are proven to prevent suicide.

We have big goals, but I know that with your support and insight here today, along with the support of the Administration, we will be able to deliver on them and fulfill the promises we have made to our Nation's veterans. I look forward to hearing your testimony today.

I fully associate myself with the sentiments of Chairman Tester in regard to the absolute paramount importance of your testimony and the situation of our VSOs in terms of the respect that they carry with the American people. Your word means a lot here on Capitol Hill. We are honored to hear from you today. I thank you for your continued advocacy and your support for the veterans community.

I yield back, Mr. Chairman.

Chairman TESTER. Thank you, Chairman Takano.

Ranking Member Moran.

**OPENING STATEMENT OF HON. JERRY MORAN,
RANKING MEMBER, U.S. SENATOR FROM KANSAS**

Senator MORAN. Chairman Tester, thank you very much. It is good to see Ranking Member Bost and Chairman Takano, for us to be back together in this setting.

And welcome to our DAV witnesses this morning, and all who are watching here and at home. I say a particular hello to the DAV members tuning in today from Kansas and I appreciate the opportunity last night to spend time in my office with Kansas Commander Karen Hansen, Junior Vice Commander Ron Boykins, Senior Vice Commander James Bunker, and Adjutant Eric Owens.

And, Commander, it was a pleasure to spend time with you and your team as well.

I want to thank the DAV leaders for being here today in person, and thank each of you for your great passion and expertise that you have in supporting veterans, their families, and our survivors.

We are accomplishing a lot working together in recent years. Our legislation helped reduce veteran suicide; improve access and choice in health care; resources to improve disability claims and appeals process; educational benefits, protections, and expansions; and flexibility to assist veterans through COVID-19 pandemic. I expect these bipartisan efforts to continue in the second half of this Congress, and I know DAV will continue to be an important advocate and resource as we continue to work on measures addressing toxic exposure and the disability claims backlog.

As most of you all know, however, the real measure of success is not simply passing legislation. I often tell people who thank me for my efforts, I wish you could thank me for my results, and we need to ensure the effective execution of laws that we have passed and seeing concrete results that are efficient, effective, and in the best interest of America's veterans.

This is especially true when we discuss how to appropriately address toxic exposure both on the health care side and the disability compensation side. I want to thank Chairman Tester and Ranking Member Bost for our work on the Health Care for Burn Pits Veterans Act, and I look forward to working with all four corners on a solution that is in the best interest of all veterans.

Commander Marshall's and DAV's advocacy and partnership will be vital in these continued discussions and relationships as we work to get issues like toxic exposure, MST reforms, and disability compensation improvements across the finish line in the coming months and years.

Before I yield back, I want to thank all of the U.S. service members currently serving in NATO countries, those back home at the First Infantry Division who are in Romania and Poland, those who have been recently deployed to the region, they and the people of Ukraine are in my thoughts, in our thoughts and prayers.

And in conclusion, Commander, I thank you for your testimony and our friendship.

And I yield back.

Chairman TESTER. Thank you, Senator Moran.

Next up, virtually, we have Ranking Member Bost.

**OPENING STATEMENT OF HON. MIKE BOST,
RANKING MEMBER, U.S. REPRESENTATIVE FROM ILLINOIS**

Mr. BOST. Thank you, Chairman. And I am glad to be here with you today to join in with Chairman Tester, Chairman Takano, Ranking Member Moran.

And as we move forward, first off, let me say welcome to all of those Illinois veterans that are from DAV that are here with us today. Let me also say thank you to all the veterans. As many of you know, I am a veteran myself, the son and grandson of Korean War veterans, the nephew of a Vietnam veteran who had experienced the ultimate oxymoron that is—most of you veterans understand that, that is friendly fire. He is 100-percent disabled, but doing very, very well. Also, my son is a Lieutenant Colonel, and my grandson is a Lance Corporal in the Corps at this time. So, semper fi to all of you out there that are Marines.

And let me tell you that as we are moving forward together as the four corners, I want to associate my remarks with Ranking Member Moran on the fact that we need to work together on the toxic exposures to come to a bill that we can move and actually get across the finish line, and actually get it to the President's desk so that we can provide as much as we possibly can for our veterans, and I will strive to do that.

Let me also say that, you know, I want to associate my remarks as well with the Chairman Takano on the fact of why we need to make sure we focus that the VA provides for our women veterans. They are the fastest growing group of veterans and we need to make sure that the services that are provided are beneficial to all and that everyone feels comfortable in entering the VA and dealing with any VA issues that are out there.

We look forward to having the DAV have testimony today. We thank you for the leadership that is here to give testimony to us and we are looking forward to that testimony.

And, with that, I yield back.

Chairman TESTER. Thank you, Congressman Bost. And now I will turn it over to Congressman—I mean, sorry about that, Chairman Takano for his introduction of the DAV National Commander.

INTRODUCTION BY THE HONORABLE MARK TAKANO

Chairman TAKANO. Well, I am pleased to introduce DAV's National Commander Andrew Marshall, who was elected to lead the one-million-member DAV, Disabled American Veterans, at their national convention in Orlando, Florida last August.

Commander Marshall is a service-disabled combat veteran of the Vietnam War. He was twice wounded and medically retired from the U.S. Army after receiving the Bronze Heart, the Purple Heart with oak leaf cluster, and Army Commendation Medal with V Device.

After leaving the military, he devoted most of his life to serving his fellow veterans, working for DAV for 41 years. He retired from DAV as a National Service Office Supervisor in St. Petersburg, Florida, and was also assigned to the DAV Judicial Appeals Office in Washington, DC, and was one of DAV's first National Area Supervisors.

During his career, he has had a lasting impact on countless veterans' lives.

As Supervisor of DAV's National Service Office in Bay Pines, Florida, Commander Marshall initiated a claim on behalf of a veteran that ultimately resulted in a change to the Department of Veterans Affairs policy by allotting multiple clothing allowances for amputees and other severely disabled veterans.

He has been a member of DAV since 1975, and has been active leader at the chapter, State, and national levels. He is a past commander for the DAV Department of Florida and currently serves as the State's adjutant and executive director.

He also served for three years on the Florida Veteran Advisory Council. Commander Marshall and his wife, Susan, who is here with us today and who continues to be his biggest supporter, live in Palm Beach—excuse me, Palm Harbor, Palm Harbor, Florida.

It is my privilege to introduce DAV National Commander Andrew Marshall.

STATEMENT OF ANDREW H. MARSHALL, ACCOMPANIED BY J. MARC BURGESS, BARRY JESINOSKI, EDWARD R. REESE JR., JIM MARSZALEK, JOY ILEM; AND JOHN KLEINDIENST

Mr. MARSHALL. Congressman Takano, thank you for that kind introduction.

Chairman Tester and members of the Committees on Veterans' Affairs, thank you for providing me the opportunity to present the 2022 legislative program of DAV, Disabled American Veterans, an organization of more than one million members forever changed in wartime service.

My written statement thoroughly details DAV's key legislative priorities for the 117th Congress, and reports on our many programs and accomplishments, so today I will just highlight some of our most crucial policy goals.

I want to start by introducing my DAV colleagues joining me today. National Adjutant, Marc Burgess; National Headquarters Executive Director, Barry Jesinoski; Washington Headquarters Executive Director, Randy Reese; National Service Director, Jim Marszalek; National Legislative Director, Joy Ilem; National Voluntary Services Director, John Kleindienst.

Though they couldn't be here today in person, many of DAV's members are together watching this hearing from our Annual Mid-winter Conference just outside Washington, DC. I want to recognize the many DAV leaders who have been vital to our organiza-

tion mission over the course of many years, including senior and junior vice commanders and leaders of the DAV Auxiliary.

I also wish to extend my gratitude to our National Executive Committee and our National Legislative Interim Committee, as well as my Chief of Staff, Thomas Aiello, for all their support.

Of course, I want to recognize our many dedicated DAV members across the country who are supporting us from their hometowns.

And, finally, I wish to thank my wife, Susan, who remains my most steadfast supporter and partner.

Messrs. Chairman, I am a combat-wounded Army veteran of the Vietnam War. I served as an airborne infantryman with the Americal Division in the Khe Sanh Valley in December 1970. But, after being wounded by friendly fire, I was transferred to the 173rd Airborne Brigade.

On patrol in January 1971, I was wounded again when I stepped on an IED. The explosion resulted in extensive damage to my left leg and foot, and I spent the next 15 months recovering at Walter Reed.

Four years later, I began working for DAV as a National Service Officer and spent the next 4 decades advocating for my fellow veterans so they could have access to the health care and benefits they had earned.

Early in my career, I met a Vietnam veteran named Tom who desperately needed help. Like so many, he struggled with PTSD and the lingering physical and psychological tolls of combat. His disability and demons became so severe he could no longer work. And, after VA denied his claim, Tom began contemplating taking his own life. I knew he was particularly vulnerable to self-harm and accompanied him to a meeting with his Vet Center counselor.

DAV took on his claim, appealed, and ultimately won, providing him with additional financial support. With each small step, I could see the weight lift from Tom's shoulders. And, after VA acknowledged his trauma and granted him the benefits and care he needed, Tom never considered taking his own life again.

Tom was saved by the right combination of life-saving factors, but there are far too many situations that have ended in tragedy.

Messrs. Chairman, veterans' need for mental health services has grown substantially following two decades of wartime service.

Today, VA's crisis line receives hundreds of thousands of calls, texts, and chat messages annually. In addition, VA's Vet Centers have seen a 35-percent uptick in the past 5 years. As these needs continue to grow, it is critical that Congress provide VA with all the mental health resources, staffing, and support necessary to prevent suicide.

Messrs. Chairman, the VA MISSION Act was designed to increase VA's capacity to deliver care, both inside the VA and in the community. We know that most enrolled veterans prefer to receive their care directly from the VA and clinical studies continue to show that the quality of care provided by VA is as good as or better than that provided by the private sector. That is why it is critical that VA remain the primary provider and coordinator of health care for enrolled veterans even while continuing to improve the new community care network created by the VA MISSION Act.

And, as we have seen over the past 2 years of the pandemic, VA has been one of the most successful and reliable health care systems in the Nation, providing timely access to care for more than nine million enrolled veterans.

VA also provided help to other health care systems and non-veterans under its fourth mission to provide support to the Nation during national emergencies, disasters, and wars.

At the same time, VA is a national leader in medical care and training clinical professionals. That is why it is so important to maintain a robust VA health care system that is able to deliver a full spectrum of care.

Messrs. Chairman, a key section of the VA MISSION Act was the creation of an asset and infrastructure review to develop and implement a plan to modernize and realign VA's health care infrastructure for the future.

In just a couple weeks, VA will put forward its facility recommendations. In order for the process to be successful, VA must provide complete transparency of the data and assumptions used to make their facility recommendations, particularly the market assessments. With more and more veterans turning to VA, Congress must ensure it has the right health care infrastructure in the right locations to meet the rising demand for care.

Messrs. Chairman, as VA works to increase its capacity to meet the physical and mental health care needs for those who served, it must continue to create an environment that is free from harassment. We must truly welcome all veterans.

The VA has made notable strides to reduce harassment, including the introduction of bystander intervention for training staff and veterans. Congress must continue to oversee the implementation of VA's zero tolerance policy for harassment at all VA facilities.

We also look to Congress to ensure that veterans who have experienced military sexual trauma are able to receive the benefits and services they deserve. For these veterans, fighting to prove their case to the VA, sometimes for years, takes a damaging emotional toll. We call on Congress to pass legislation that would codify evidentiary standards within the MST claims process, enhance communication with affected veterans, and improve VBA's training and procedures and expand mental health services for MST providers.

Another way that VA supports seriously injured and ill veterans is by supporting their family caregivers. Thanks to the leadership's work in these two committees, the comprehensive caregiver program is expanding to veterans of all eras. However, according to VA, through January 6th of this year, over 86 percent of these new applicants have been denied eligibility. Clearly, something is wrong.

A couple of weeks ago, Secretary McDonough announced VA was undertaking a comprehensive review of the program and new eligibility regulations that went into effect last year. We call on these committees to hold oversight hearings and work with VA to ensure severely disabled veterans who rely on family caregivers get access to these life-changing benefits.

Finally, Messrs. Chairman, I want to take a few minutes to talk about the importance of Congress taking action to address a toxic legacy of burn pits and other exposures.

As a Vietnam veteran and a DAV benefits advocate for 41 years, I know the long-term negative health effects of Agent Orange. I lived through the long struggle before Congress and VA took action to recognize the damage from these toxic exposures. That struggle continues for some Vietnam veterans even today. It is long past due for VA to recognize that hypertension is associated with Agent Orange exposure and, if VA won't act, then Congress must do so through legislation.

Unfortunately, the same inaction has plagued generations of veterans suffering from conditions linked to other toxic exposures like radiation, contaminated water, and burn pits.

After years of work by DAV and other veterans organizations, together with good faith efforts by leaders of these committees on both sides of the aisle, Congress may finally be nearly decisive action, but only if you work together.

Later this week, the House will be voting on the PACT Act, the most comprehensive legislation on burn pits and toxic exposures ever introduced. For members of the House, we urge you to vote yes on passage of this bill and to oppose any amendments that would weaken or limit this legislation.

The Senate has taken critical steps toward the same goal, though with a different tactical approach. Last month, the Senate passed legislation to expand health care coverage for combat veterans, and this committee is working on at least two additional bills to create a legal framework and establish new presumptions related to burn pits. We urge all Senators to continue working in good faith to pass the most comprehensive package of burn pit and toxic exposure bills possible in the Senate.

Ultimately, it will take true bipartisan for the House and Senate to reach a compromise on significant legislation to be approved before the end of the year. I want you all to know that DAV and our members across the country are ready to help and that we will be watching. There is precious little time to lose. Veterans' lives and well-being are truly on the line and they deserve better.

Messrs. Chairman, the 1921 novel "All Quiet on the Western Front" captured the intense mental stress felt by soldiers during World War I, as well as the difficulty they experienced transitioning back to normal life after returning home from the front lines. Erich Maria Remarque wrote that his book would tell of a generation of men who, even though they may have escaped the shells, were destroyed by the war.

Much has changed since the time of its writing, both about war and about how we are able to care for those scarred during their time in military service. Our brave men and women need not be resigned to the fate Remarque wrote about; yet, for all of our medical and scientific advances, we are still losing veterans each and every day due to their pain and despair. Together, we have the opportunity and the obligation to do better.

May God continue to bless DAV, the men and women who serve this great Nation, and the United States of America.

Thank you.

[Applause.]

[The prepared statement of Mr. Marshall appears on page 41 of the Appendix.]

Chairman TESTER. Commander Marshall, I want to thank you for your comments, and I also want to thank all your conference attendees that happen to be watching this over the internet.

For the folks who are asking questions here, because we are at this part of the program, I am going to ask you to try to keep your questions to 3 minutes because there are a lot of people here and virtually also, but I will begin now.

Over the last few years, these committees have given the VA more responsibility. You have already addressed some of it. We have passed bills around caregivers expansion around the MISSION Act, the Deb Sampson Act, the John Scott Hannon Act with mental health, VBA appeals modernization, the COVID-19 response, and the fourth MISSION role, Blue Water Navy, three new Agent Orange conditions, the Colmery GI Bill, just to name a few. I believe you guys supported all of them.

Are we giving—now we are talking about toxic exposure, which is going to add some more workload—from your perspective—and feel free to defer this question to anybody you would like on your team, but do you think we are giving the VA too much of a workload for them to handle?

Mr. MARSHALL. Mr. Chairman, those other programs you mentioned increase the VA's workload; however, lately, by being more focused on electronic issues and programs that they now have, they did not have before, they are rating more cases than ever in their history, and toxic exposures goes back to mustard gas exposure all the way up to now. So they have been able to handle that.

But I will refer additional comments to Mr. Marszalek.

Mr. MARSZALEK. Thank you, Commander.

And I think the Commander answered it perfectly. I think the advancement of technology and I think, again, working together to create more efficient methods on how to process claims is the answer. These service members made a commitment to fight for us, we need to make the commitment to fight for them and give them the benefits that they deserve.

So we need to work together to create these processes so they can get the job done and they can get it done right the first time.

Chairman TESTER. I couldn't agree with you more and that brings me to toxic exposure.

And, Commander Marshall, can you tell me what the expansion of toxic exposure health care would mean for your Post-9/11 membership?

Mr. MARSHALL. It would mean that they would receive the care that they are entitled and have earned, Mr. Chairman. They would be better off and possibly save lives, save families.

And, again, I will refer to Mr. Marszalek.

Mr. MARSZALEK. Thank you, Commander.

We know there is an estimated 3.5 million veterans that have been exposed to burn pits and even more that have been exposed to other Agent Orange, radiation, and contaminated water. Many are struggling now without access to these benefits. So it is time now to make the decision and take care of them.

Chairman TESTER. Phase III of the bills that we are working on in Senate side is going to deal with presumptions, presumptive ex-

posure. Can you explain why presumptive exposure is so important for your members, Commander Marshall or who else?

Mr. MARSZALEK. Yes. Thank you, Commander.

Yes, thank you, Senator. It is so important that they don't have to fight. I mean, to me, you have to enable the concession of exposure, so these veterans who served in these combat zones and these war zones, we need to be able to tell them, hey, if you have an illness associated with exposure to those burn pits, then you are eligible to come in and file for benefits and get the health care that you need.

So it is very important that we define this process, we actually codify it—we know the VA is working on a new presumptive model themselves, but we still urge Congress to codify, to enact legislation that will put that into law that they must follow.

Chairman TESTER. Thank you.

Chairman TAKANO?

Chairman TAKANO. Thank you, Chairman Tester.

Commander, as a Vietnam veteran, you know that—I know that you can appreciate the struggles that veterans have faced while waiting for VA to recognize presumptive conditions related to toxic exposure. Can you speak to the impact passage of the PACT Act would have to the veterans you represent?

Mr. MARSHALL. The PACT Act. Well, some of them were fighting a year or two in combat, some of them have been fighting more than that, depending on their length of service, it is time to end the fights. They have earned these benefits.

And I would yield to Mr. Marszalek again.

Mr. MARSZALEK. Thank you, Commander.

I agree with the Commander. It is time, it is time to do it. And so the PACT Act, you know, adding the additional presumptives, the health care, hypertension as a presumptive disability, these veterans have waited long enough. It is time to take care of it now. That is why we support that bill so strongly.

Chairman TAKANO. Well, thank you.

DAV is extremely important in supporting veterans in claims processing. Would the expansion of presumptions in the PACT Act, what additional support will you need from Congress and the VA to assist you in this extremely important function?

Mr. MARSHALL. Again, as stated previously, their technology has improved vastly in the past 5 years, again, allowing them to rate and process more cases than ever before, and it still is increasing, according to the Secretary.

Mr. Marszalek?

Mr. MARSZALEK. Thank you again, Commander.

I think he is spot on that the automation and the technology, we have to take advantage of those things. Do we know that the impact is going to be significant when you add additional disabilities that veterans are able to claim? Absolutely, it is going to have to an impact. The backlog is going to go up, it is going to take longer to process claims. However, let's get together, let's work out processes that work for everybody. Make it easy for veterans to come in the door and file those claims. Let's not complicate it any more than it is; let's make it easier for them to come in the door and be able to process those claims.

I know VA is working on automation already, they are compiling that process right now. So we are looking at that very closely; how does that work, what are the outcomes, and can we expand those to other potential claimed conditions.

Chairman TAKANO. Well, thank you.

Commander, I was so pleased to see you lead from the front as a VSO talking openly about the importance of lethal means safety training and discussions. And we know that safely storing firearms at home could drop the suicide rate immediately for veterans and others living in their homes. Do you agree that VA should move swiftly to expand its safety training beyond just clinical staff to include all VA staff and contractors?

Mr. MARSHALL. Yes, sir, Mr. Chairman, I do.

As a veterans benefits advocate for 40-some years, you can never get too much training, no matter what profession you are in. So, you know, for the VA to have the gun locks and distribute them free to veterans is a great stride and will help, we hope, make it harder for them to take their own life by that means.

I will ask Ms. Ilem.

Ms. ILEM. And I would just add, we are very pleased that VA is moving forward with that initiative and the expansion of it is essential. We know the research indicates that the enrolled veterans that use VA services, those that do take their lives by suicide, a very high percentage do that by firearms. And VA is really talking about how do we talk to our veterans to make sure everybody feels comfortable to talk about these issues when a veteran is in crisis.

We want them to be safe, we want their families to be safe, and the lethal means safety is a huge part of that of reducing suicide, it is a must, and one part of their toolkit.

Chairman TAKANO. Thank you.

I yield back, Mr. Chairman.

Chairman TESTER. Ranking Member Moran.

Senator MORAN. Sir, thank you.

Commander, thank you for your testimony that I have now heard. Yesterday, I sent a letter to the President regarding the need to fill long-standing vacancies in critical positions, leadership positions at the VA. Can you speak to how the absence of an Under Secretary for Health and Under Secretary for Benefits has impacted veterans, their dependents, health care, and benefits?

Mr. MARSHALL. That is a good question, sir, and I will yield to our Executive Director, Mr. Reese.

Mr. REESE. Thank you, Mr. Chairman, for that question. And, as you know, it is imperative that we have leadership in the right places for the very simple purpose of accountability. And what we have had in the absence of an Under Secretary for Health for more than 5 years and a void for the Under Secretary for Benefits during this Administration, you know, we are going through an actual national crisis of the pandemic, a world crisis of the pandemic. The largest integrated health system in the United States of America is leaderless. That is unconscionable.

I mean, veterans deserve better than that and the leaders at VA deserve better than that. And we have great confidence at the Veterans Health Administration, at the VA medical centers, and the VA regional office level that we have great leaders that are doing

great things for veterans, but in order to steer that ship you have to have the top of those positions filled. It needs to be a priority for the Administration, for the President, and certainly for the Department of Veterans Affairs to have leaders in place that can lead and that this body can hold accountable for delivering on the promises being made and the laws being passed.

Senator MORAN. Mr. Reese, I thank you for your strong answer to that question.

Let me follow up on this conversation about toxic exposure. As Chairman Tester indicated, we are on a pursuit of a three-phase approach to deal with toxic exposure. One of the things we learned just recently is that this administration supports establishing new presumptions, and in every instance that I know of, they have the authority to do so. That is not exactly what I took from the conversations and testimony from the Department of Veterans Affairs during Senate consideration of this legislation.

So if the truth is that we don't want to wait any longer, the administration supports the utilization, the presumptions, the Department of Veterans Affairs has the legal authority to pursue those presumptions, then why would we wait for what will be a period of time before the Senate can complete its work on legislation related toxic exposures. Isn't it now time for the focus to turn to the VA and the department to do what the administration is indicating they want done?

Mr. MARSHALL. Thank you. Let me turn to my staff to provide a very detailed answer to your question.

Mr. REESE. Mr. Chairman, I absolutely agree. First, I think the responsibility for taking care of our Nation's veterans is vested in this body. And obviously, that responsibility was delegated to the Secretary of Veterans Affairs to make decisions on behalf of our Nation's veterans for presumptions. And that legal authority has been established by long-lasting framework. Unfortunately, some of the provisions of that framework has faded from the Agent Orange Act.

And now, we have a debate as to what should the current framework look like. And we have a discussion between a legal framework, as governed by statute and regulation, versus an internal framework, where the Secretary of Veterans Affairs has an internal team of advisors that present to him a body of knowledge review and then a recommendation for presumptions, which as you know a pilot model is being designed now.

Regardless of the pilot being successful or not, each administration can interpret those rules separately and very differently. We truly believe that this body has the ultimate responsibility to craft legislation statute that directs the Secretary of Veterans Affairs in regards to the execution of those functions. That has been neglected since the expiration of the Agent Orange Act. It gives a great model already in place. And we can change words, and we can change standards. All we want, internal to the Department of Veterans Affairs, and the next administration is going to do the same thing. They will interpret it differently, more stringently, and ultimately, regardless of what they recommend to the Secretary, let's all remember, he can say no.

And while the Secretary holds a cabinet position, he is not truly the boss. OMB can say no. The president can say no. There is just too many people saying no when this chamber can say yes.

Chairman TESTER. Ranking Member Bost.

Mr. BOST. Thank you, Mr. Chairman. Some paperwork here that we can take care of, if at all possible, Mr. Chairman, I would like to—before I begin my questioning, I would like to ask unanimous consent to insert into the record the statement from my friend, and a fierce advocate for our veterans, Representative Gus Bilirakis. He has prepared a statement that needs to be put in the record.

Chairman TESTER. Without objection.

Mr. BOST. Thank you, Mr. Chairman. Mr. Bilirakis had planned to be here today and introduce Mr. Marshall. Unfortunately, he needed to lead a hearing in another subcommittee, and he was sorry and he apologizes that he could not be here.

With that, I would like to ask just a few questions, if I might. I am a little concerned—we are hearing increased concerns from veterans who cannot get timely appointments still in the VA health care system. And I am also hearing that we are not being informed about options—that they are not being informed about options that are available through the MISSIONS Act. Some of these veterans have serious conditions, like cancer, where delays could cost them their lives.

Are you hearing similar concerns about access to care from your members?

Mr. MARSHALL. Personally, I receive my care, all of my medical care from the Department of Veterans Affairs at Bay Pines.

I am familiar with Florida only, sir, mostly, and I have received very little complaints regarding being able to get their appointments on a timely basis. And if they do, be referred out to the private sector. There are times, sir, that the private sector takes longer than the VA to schedule them an appointment. But I will yield to our legislative director for further comments.

Ms. ILEM. Ranking Member, the independent budget, which DAV has been a part of for over 30 years also has talked about access issues. Although we are not hearing about significant delays in any large way right now, we want to make sure that all veterans can have access to quality and timely care.

Access to timely care depends on resources. The resources to make sure that staff vacancies have been filled, that have been open, and it is essential that space is available for them, and working with the community through the VA's community care network.

So we want to make sure that all veterans have access to care when and where they need it.

Mr. BOST. Thank you. And we have heard some—strictly some real concerns coming through my office. I have got a very short period of time here, but I would like to ask very quickly, I appreciate the fact, as did the chairman, that the—that you are in support of what is being done to try to keep firearms, and SAFE training, and all of those things because of the 20 people that are committing suicide every day.

The problem is about only six of them are actually seeking help, and we need to make sure that they do seek help through the VA. But right now, there is a situation in our VA that has been going

on for several years, and many of the veterans I talk with do not seek help from the VA because they are concerned that they would lose their Second Amendment rights under the fact that if they receive a fiduciary, they are automatically over to the NICS, and then their right to bear arms is taken away without going through the courts. Have you heard concerns about that as well, and I am going to be carrying—I have got a bill out there that has not been called yet, but tries to deal with this, so that they get the exact same treatment as someone who is not a veteran, in the fact that if they are a danger to themselves or a danger to someone else, then the courts can get involved, but not automatically have someone, just because they receive a fiduciary from the VA, that they are going to be not able to carry a weapon, or own them.

Mr. MARSHALL. Yes, sir. I have heard that same complaint. And I will yield to our legislative director or executive director for further comment.

Mr. REESE. Thank you, Ranking Member Bost. In DAV, we have a very firm stance, part of our constitution speaks to the constitution of the United States. We believe that all veterans are citizens of this country. They should have all of their rights, and they should certainly have due process, regardless what that means in regards to a fiduciary or not.

The simple fact that they have a fiduciary for financial purposes doesn't mean that they are incompetent for purposes of handling a firearm. So due process is the key ingredient to making sure that the jurisdiction is clear, that the Department of Veterans Affairs is not a court, and that a court is the competent authority to make those decisions.

Mr. BOST. Thank you. And I appreciate the answer to those questions. And with that, I yield back. I am sorry I went over, Mr. Chairman.

Chairman TESTER. Senator Hirono.

**HON. MAZIE HIRONO,
U.S. SENATOR FROM HAWAII**

Senator HIRONO. Thank you, Mr. Chairman, to both chairs. Thank you, Commander, for being here and for all of your—the other people who are here. You provide a very extensive testimony and I appreciate it very much.

I think that informed decisions requires information. So you mentioned in several parts of your testimony, Commander, the need for data. So I appreciate the support DAV has shown to my legislation with Congresswoman Brownley and the Every Veteran Counts Act, which would help fill in some of the gaps you mentioned in your testimony and give us a more complete picture of our current veteran population.

Can you talk a little bit more about the way insufficient data can be harmful, especially to minority veterans, to women, and other underserved veterans. And I would like to also give an opportunity for your legislative director to add her comments.

Mr. MARSHALL. Yes, ma'am. Thank you for that question and your Statement. Insufficient data is not good for any government agency, any private business, large or small, and I will yield to our legislative director, Ms. Ilem, for that.

Ms. ILEM. We appreciate your efforts in that regard. Data is essential. With VA serving an increasingly diverse patient population, we want to make sure that no one's unique needs are left unmet. And that will require to have good data. We know that VA can do that without—with research, and that is so important to be able to back good legislation that is needed. We see the gaps where they exist. Whether that is veterans that we have poor health outcomes, we need to know why. If it is based on race, ethnicity, you know, some LGBTQ veterans. If we don't have the data and information, their provider can't provide them the care that they really truly need by asking the pertinent questions and also addressing those unique needs.

So we completely appreciate that—understand the need for it and appreciate that—those efforts in that regard with the legislation.

Senator HIRONO. Thank you very much. I think it is really important for us to acknowledge the importance of disaggregated data. So we need to continue to encourage the VA, which has the data, they just have to provide it in a way that will enable what I would call informed decisions, because we are talking about a VA population that is not monolithic by any stretch of the imagination. So thank you for your support.

Ahoy has been struggling with a shortage of—we don't have 5 minutes, Mr. Chairman.

Chairman TESTER. No. You only get 3.

Senator HIRONO. Well, perhaps I can submit some of these questions for the record, Mr. Chairman?

Chairman TESTER. You absolutely can.

Senator HIRONO. Thank you so much.

Chairman TESTER. Thank you, Senator Hirono.

Senator HIRONO. *Mahalo*.

Chairman TESTER. Representative Brownley?

**HON. JULIA BROWNLEY,
U.S. REPRESENTATIVE FROM CALIFORNIA**

Ms. BROWNLEY. Thank you, Senator.

Mr. Marshall, as we all watch Ukrainian soldiers and Ukrainian civilians respond to Russia, who are demonstrating really great acts of heroism, I am reminded of all the heroes that you represent, and who have fought bravely for our freedoms. And so today, I just want to say thank you.

The first question I have is in your oral testimony, Mr. Marshall, you stressed the importance of the caregiver program, which I couldn't agree with you more. I recently introduced the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2022, to provide all veterans the ability to be at home for their care when they need it, and to stay away from institutionalized nursing home care. Over half of the veteran population today who use the VA are over 65 years of age.

So I was wondering how you felt about this bill that I just introduced.

Mr. MARSHALL. Thank you for that question, and I will yield to our legislative director, Ms. Ilem.

Ms. ILEM. Thank you, Congresswoman. Excellent bill. DAV is very appreciative and supports the bill. Lots of provisions in there that are going to make a real difference in veterans' lives. We need to make sure that veterans do have those home-based primary care services to continue to be able to live in their homes as they age, to the extent possible. And we need to make sure that our aging veteran population, which is really going to increase over the next 20 years, that VA is prepared both with the internal VA services that will be needed, the inpatient community living centers, our veteran estate homes, as well as that home based directed care.

So we really appreciate the hard work from you and your staff on that issue. And a very thoughtful bill, and I am happy to have supported it.

Ms. BROWNLEY. Thank you, Ms. Ilem. And thank you for your leadership. I will stick with questions to you since I have very limited time.

I know Mr. Marshall talked a lot about, and stressed a lot around women veterans, sexual harassment, MST, and the need for all of that. Can you talk a little bit about where we still need to go with regards to women veterans? I know I only have about 20 seconds left, but if you could just highlight a few.

Ms. ILEM. I will make this quick then. Certainly, we appreciate all of those efforts that you have made in this regard. It has made a huge difference, as has both of these committees. And I think moving forward, we are seeing progress with regard to the zero tolerance policy that the Secretary has put forth, and letters that are starting to go out to every veteran. I have received one myself for those that use the VA health care system. That is a great first step. We are going to need Congress to continue to do oversight. This has been a longstanding issue. So we will be there behind you to make it happen.

Ms. BROWNLEY. Thank you, Ms. Ilem. Thank you.

Chairman TESTER. Senator Blumenthal.

**HON. RICHARD BLUMENTHAL,
U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman. Thank you, Mr. Marshall, and all of your team for being with us today. We really appreciate your insightful and really powerful testimony.

I want to focus on one aspect of your testimony, the exposure to toxic substances, and you summarized very well how this Nation after World War II ignored radiation, and mustard gas exposure, Agent Orange after the Vietnam War, and now burn pits, contaminated water at Camp Lejeune and in Hawaii at the Red Hill Fuel tank. Again, and again, and again, the Nation has delayed far too long, literally decades, in recognizing the effects of these toxic substances on the long-term, lifetime health of our veterans.

And I think very few Americans realize that there is that five-year limit right now without the recognition of eligibility. Now, let me ask you, sir, Commander Marshall, how do we mobilize America? Can we get the faces and voices. Can you provide us with people whose names and backgrounds of service, and the harms they have suffered as a result of these toxic substances?

Mr. MARSHALL. It is unfortunate that it took so long for Agent Orange exposure to be recognized, and that veterans had died before that law was actually passed due to some of the presumptive disabilities. But I will yield to our executive director, Mr. Reese, for further detailed comments.

Mr. REESE. Thank you for the question. And, you know, today in the Department of Veterans Affairs, there exists a host of registries for purposes of those who believe that they have been harmed by toxic substances to go out and register so that there is at least a longitudinal study that can be conducted based upon the information that they provide.

It is unfortunate that oftentimes we put veteran's illnesses and injuries in context of just combat. These are things that happen right here on our home shores. And as catastrophic as it can be, and sometimes we think, well, you know, we will do the best that we can by giving health care, and that is great. And we appreciate the advances and moving forward with health care, but the bottom line is then we deprive them and then impoverish them because it not delivering the food, clothing, and shelter that we would expect. There are economic impairments due to the fact that they can't provide for their family is devastating. And that leads people to making hasty decisions, homelessness, and suicide.

So we have got to address this once and for all as a total package. And that is why we are backing the PACT Act, and that is why all of the toxic exposures need to be addressed, not just those in combat theater.

Senator BLUMENTHAL. Thanks for your excellent testimony. And we are going to carry forward this effort. I am leading the bill, bipartisan, on K2, and my thanks to my colleagues and to you for highlighting this issue. Thanks, Mr. Chairman.

Chairman TESTER. Senator Cassidy.

**HON. BILL CASSIDY,
U.S. SENATOR FROM LOUISIANA**

Senator CASSIDY. Thank you, Mr. Chairman. Commander, a couple of facts that I have learned, and I think they are still up-to-date, but if not, they can't be that out-of-date, that most veteran suicides occur within six months of separation. Now, we have discussed this with VA, and they have given us an account of a very impressive kind of warm handoff as people leave the service, and they are kind of ushered into the VA services.

Now, one thing that kind of is contrary to that, I am told that the average delay between separation and the first appointment within the VA is six months. But that is also the period in which there is a higher rate of suicide.

So your legislative materials highlights the needs for improved mental health services. Can you—do you have an impression of the adequacy of that first six months after separation? What is being done to identify those that might be at risk of suicide and giving them the services proactively?

Mr. MARSHALL. I believe now that some are being diagnosed with PTSD upon leaving the military, which did not happen in my era when I served. But I will yield to Ms. Ilem for a detailed response.

Ms. ILEM. Excellent question. I think the warm handoffs are really important, and VA's public health model is essential. We need to educate family members, spouses, and friends. If a veteran needs help and starts to have challenges right away, being able to spot the red flags, getting them the help they need early, at the time when they need it is essential. There has to be a collaboration between DOD and VA, which we understand they are trying to do more of that, but it is not quite there yet.

So those—it is a great question for reducing suicide rate. Also have to have—veterans may not come to the VA first and foremost. We need to maybe get them there, but the community grants program that is just going to be coming forward based on legislation passed last year, we are really looking to see can that make a difference to meet them wherever they are: if they are in the community, but joining an organization like DAV, or other service organizations, so critical to be surrounded by people that are going to look out for your welfare.

Senator CASSIDY. Okay. Well, I am almost out of time. I thank you all for your service, and thank you, Mr. Chairman. I yield.

Chairman TESTER. The Congressman from Montana, Representative Rosendale.

**HON. MATTHEW ROSENDALE,
U.S. REPRESENTATIVE FROM MONTANA**

Mr. ROSENDALE. Thank you, Mr. Chair. I am going to dive right in.

Mr. Marshall, we have invested somewhere in the neighborhood of \$2.7 billion, and appropriated that for the electronic health records system. The ranking member on the Technology Modernization Subcommittee. And this is a critical part of being able to deliver health care to our veterans to make sure we have this smooth transition from the benefits that they generate while they were in active military, and what they are going to receive. Are you familiar with this rollout that they have tried to begin at Spokane Hospital?

Mr. MARSHALL. Unfortunately, sir, I am not, but our executive director Mr. Reese is.

Mr. ROSENDALE. Okay. Mr. Reese, are you familiar with the rollout that they tried—they attempted in Spokane?

Mr. REESE. I am.

Mr. ROSENDALE. Okay. Are you satisfied with the 18 months of rollout that they have—the Cerner Corporation who was managing that, are you satisfied with that their performance?

Mr. REESE. We have met with both Department of Veterans Affairs and the Cerner Corporation in regards to some of the false start pieces that happened there. And certainly, I think it was a great effort on behalf of the Secretary to stop the process, do a pause, take a look, find out what was off the tracks, and to start that program back up.

I do think that the issues that were there, unfortunately, with any large modernization project you are going to have some of, but some of it came down to the basics. You have got to make sure that you have a product, that you trained the people, and then you work

with them through execution, and some of those were fatally flawed. So—

Mr. ROSENDALE. So are you satisfied with that rollout?

Mr. REESE. We are not satisfied with that rollout.

Mr. ROSENDALE. Okay. So what we had were assurances from Secretary McDonough that this was not going to be at any other of the 179 facilities around this country until Spokane was fully functional. Is Spokane fully functional right now?

Mr. REESE. Spokane has—again, it has a long list of logistical challenges that is still faced there.

Mr. ROSENDALE. That is what I thought. Okay.

Mr. REESE. Now, there is a second prong—

Mr. ROSENDALE. So are you familiar with the 500 safety violation claims that have been introduced in Spokane?

Mr. REESE. I am not familiar with their safety claims.

Mr. ROSENDALE. Okay. There is over 500 safety violation claims that have been attributed specifically to the deficiencies that the Cerner organization has been responsible for because of the failures in their system. Would you be in favor of supporting Secretary McDonough's assurances to us that they will not be rolled out in other facilities until it is fully functional in Spokane?

Mr. REESE. Well, I absolutely think that the health and safety of our Nation's veterans has to come before everything else. And if they can't get it right at one place, they certainly shouldn't spread that as a disease to another.

Mr. ROSENDALE. I greatly appreciate that. Mr. Chair, I am right on my button. I will yield back. Thank you.

Chairman TESTER. Thank you. Senator Murray.

**HON. PATTY MURRAY,
U.S. SENATOR FROM WASHINGTON**

Senator MURRAY. Thank you very much to all of you. Mr. Marshall, thank you for being here today, and for your continued advocacy on behalf of our veterans.

I wanted to ask about the experience your members are having with the caregivers program. As you know, the expansion of the program is behind schedule, but the plan is to complete phase 2 expansion by October 1st. I am already hearing from families in Washington State that are being dropped from this program, and I have been pushing the VA since the department first proposed those regulations under the previous administration to fix the eligibility criteria to prevent families from losing access to this critical program.

I wanted to know what you are hearing from your members in regards to navigating this existing program.

Mr. MARSHALL. As I said in my testimony, 86 percent are denied in original applications. And now, they are being reviewed—those who were found eligible are now being reviewed and having their subsistence allowance reduced or completely eliminated based upon VHA. But Mr. Marszalek, do you have any further comments?

Mr. MARSZALEK. Thank you, Commander. As the commander mentioned, 86 percent of the denial rate, there is something clearly wrong. We are confident this doesn't reflect the congressional in-

tent of the program when it was first created, nor when it was expanded.

Secretary McDonough has expressed serious concern with the implementation of it. So this is very concerning to us. And we urge the committee to continuing working with VA, DAV, and other veterans organizations supporting caregivers to ensure this invaluable program has the proper rules and resources to meet our Nation's veterans needs.

Now, we do believe there are some good things once you are in the program. For one, you have got to get in, you have got to stay in. And I think the eligibility is a significant concern at this point. And now, the recent court decision that allows caregivers to appeal their decisions to VA, to the Board of Veterans Appeals, is another implementation issue that we have to figure out. And all of this is very concerning now that we are going to open it up in October to all veterans of all eras.

So it is very important that we work together to figure out a solution here. And we believe that a summit is needed with all the stakeholders, VSOs, VA, everybody at the table. And I go back to the Appeals Modernization Act on how successful that was, the implementation of it, and how it is benefiting veterans today. If you get everybody together at the table to figure out a solution, I think we could work together to figure out what is best for the veterans and their caregivers.

Senator MURRAY. Well, Mr. Chairman, I am determined, and I hope the committee is to work with you—all of you on that. And I just have a few seconds left.

Let me just mention that I am really concerned about the personal sacrifices of children in military families that are going unnoticed. We—the Elizabeth Dole Foundation found that 2.3 million children under the age of 18 live with a veteran who is disabled, and the responsibilities for caring for an injured parent as some children do, can be pretty tough on kids.

So, Mr. Chairman, I hope we can have a discussion with all of our reps here. And I am out of time for me today, but I want to find out how we can be helpful in making sure children who showed their caregiving responsibilities in veterans' households also receive the support that they need. Thank you.

Chairman TESTER. Representative Pappas.

**HON. CHRIS PAPPAS,
U.S. REPRESENTATIVE FROM NEW HAMPSHIRE**

Mr. PAPPAS. Thank you very much, Mr. Chairman. And thank you to Commander Marshall, and the leadership of DAV for your strong testimony here today. And a quick shout out to anyone from New Hampshire DAV who may be watching. Thanks for all that you do.

I wanted to bring up the issue of PFAS contamination as we think about the Honoring Our PACT Act. I know that I have an Air Force base in my district, Pease, that has seen significant contamination from the AFFF, where PFAS has got into the groundwater and into the environment. It has made individuals sick.

So as we think about the risks of PFAS, which are widely accepted nationwide in terms of health studies, we have no way of con-

necting everyone who may have been exposed, not just on the base in my district, but hundreds of others across the country and around the world. And we need to be providing them with the information that they need about these health impacts.

So I have introduced legislation, the PFAS Registry Act. It is included in the Honoring Our PACT Act. It directs VA to establish a health registry for current or past members of the Armed Forces who may have been exposed to PFAS.

So I heard you reference health registries earlier. I am wondering, Commander, if you think that veterans would benefit from a centralized registry where they could access health information, research updates, other resources, specifically as it pertains to PFAS.

Mr. MARSHALL. The VA's health records—you could walk in any VA facility and they can instantly bring up your health record. You cannot do that in private facilities. But that is an important issue with DAV, and I will ask Mr. Marszalek, our service director, to respond to that further.

Mr. MARSZALEK. Thank you, Commander. And a great question. They certainly could benefit from a registry. The more we can do to be proactive in reaching out to these veterans who were exposed to these contaminants, the better off we are going to be. And the more information we could provide them about those exposures and what illnesses may be associated with them, the more educated they are going to be about them.

So creating a registry would be—is a great idea.

Mr. PAPPAS. Well, thanks very much for that answer. In the remaining time I have, I wanted to address the issue of LGBTQ+ veterans. I know that in your testimony, you indicated that VA needs to take additional steps to ensure that there is a welcoming, inclusive environment, where all veterans feel comfortable accessing care.

We have got legislation called the SERVE Act, which looks to build upon the steps that VA has taken recently to make good on connecting veterans with care and benefits, who may have been caught up in Don't Ask, Don't Tell. And I am wondering if you have any specific thoughts on the LGBTQ veteran population, your members, and additional steps we might need to take to make sure that they have the care and benefits that they deserve.

Mr. MARSHALL. Sexual harassment has no place in our country, especially for veterans. And I will ask our legislative director for further comments.

Ms. ILEM. Thank you, Commander. Absolutely. The findings from one of the reports about sexual harassment in VA facilities was a real eye opener. Many women veterans have told you this has been happening for some time. And we are pleased with the administration that the Secretary is making this a top priority to have a safe and welcoming environment for all veterans. So our LGBTQ veterans, our minority veterans, everyone should be able to walk into a facility and not expect to be harassed, because that, we know, is a barrier to care. They are not going to return to get the best care and the care that they need if they are afraid to go to VA, or they have a horrible experience.

So it is a first good start, but it is going to need, again, that public model where we know our membership is part of the solution. And we want to educate our members, if they see harassment, say something, alert the VA staff, and put an end to this so that all veterans have the opportunity to have the greatest care available.

Mr. PAPPAS. Thanks very much. I yield back.

Chairman TESTER. Representative Miller-Meeks.

**HON. MARIANNETTE MILLER-MEEKS,
U.S. REPRESENTATIVE FROM IOWA**

Mrs. MILLER-MEEKS. Thank you. Thank you so much. I think I am unmuted.

Chairman TESTER. You are good to go.

Mrs. MILLER-MEEKS. Okay. Thank you. Well, thank you so much. Thank you, Chair Takano. And, you know, as a 24-year military veteran, I was really proud to put forward increased funding for the Vet Tech program last year. And as you know, we increased funding for the Vet Tech pilot program from 15 million a year to 45 million a year, to allow more eligible veterans to participate.

This was also a program that was highlighted to me as a member of the Wapello County Veterans Commission, as a commissioner on my local board, which unfortunately I had to resign from that as a Member of Congress.

But the program provides veterans with the opportunity to use a GI-bill style benefits to participate in short-term training programs for jobs in the IT industry. The program has been extremely successful with a graduation rate of 87 percent, and has a 72 percent job placement rate. What feedback have you received on the pilot program, and could you please identify any improvements that are needed to help more veterans access the program?

Mr. MARSHALL. Thank you for your comments and support for that bill. And I will ask our executive director, Mr. Reese, to respond.

Mr. REESE. Thank you for the question. And I will tell you that the undersecretary for benefits, Tom Murphy, and the principal deputy undersecretary, Mike Frueh, speak very highly of the program, the efficiency of the program, and the cost share. And that is what makes this program great is, you know, you get into an actual career path, and some of the responsibility is on the school, some of the responsibility is on the government, and there is responsibility on the student to be successful. And the further you go, you get success in the end from all three parties.

We use a similar program for purposes of vocational rehabilitation and education, or are—for our national service officers, and we think that this is a great program, especially for a direct career path into one of the leading industries in America. So nothing but thumbs up from us.

Mrs. MILLER-MEEKS. Great. Thank you so much for that, and it is one of the few programs that as a pilot goes on to be extremely successful, so I appreciate the program. I know my veterans appreciate the program.

Chairman TESTER. Representative? Are we done, Representative Miller? Okay. Representative Mrvan.

**HON. FRANK MRVAN,
U.S. REPRESENTATIVE FROM INDIANA**

Mr. MRVAN. Thank you, Chairman. One, I want to thank the DAV for your service and what you have done. I want to thank, Donald Peak, the past State commander of Indiana, who I met with earlier, and Kevin Cooley, the State adjutant, for sharing with me your concerns. And I also—Mr. Marshall, the DAV is a current user of the Veteran Benefits Management System, as we know from the Independent Budget recommendations for the VA, that modernization of this system is a priority for you. What is the current state of the system, and how is that impacting your ability to assist veterans with access to benefits? And secondly, is the VBMS technologically equipped to handle and anticipate the influx of toxic exposure claims following the anticipated congressional action on this issue?

Mr. MARSHALL. That is an interesting question, sir.

And, you know, the VBMS, it was about the time—right before I retired as a veterans' advocate, that came into existence and that was an amazing advancement to what they had previously.

But for further comments, Mr. Marszalek?

Mr. MARSZALEK. Thank you, Commander.

Great question. When I first got to Washington, DC, I had the opportunity to work alongside the VA as a VSO, and provide the VSO perspective. So, I actually went over to VA and worked there for 30 days when they created the VBMS and provided the perspective of VSOs and what should be in it, how it should work, what it should look like. And so, I think we need to do that again.

There certainly needs to be modernization of the system. The system is over 12 years old and it is certainly at end of life, so the more we can do—and, again, working automation in some parts of that will be key. Allowing veterans potential access to their records. You can do that in VHA; you can't do it in VBA. You still have to do a 4-year request inside VBA. They should have access. We should be able to file claims more easily electronically. A single source for veterans to come in and file for benefits.

So, I certainly think that working together, and again, I think that is crucial here, is that the collaboration has to be there so we can provide that perspective and you get all the stakeholders in a room together, working together to build a system that works for everybody.

Over the years, there have been many asks by VSOs for different things in VBMS. They just didn't happen because there was no money for it inside VA and, obviously, their priorities take priority over the representatives sometimes. And I think we need to do a better job of that, of giving the representatives the access and the tools they need to work inside that system, as well.

They did this recently, integrate the VBMS notification queue where we receive our notifications electronically inside of VBMS and so that has been a really welcomed new feature of the system.

Mr. MRVAN. I thank you for that answer.

And as chairman of the Technology Modernization Committee, I want you to know that we will be committed to working in that collaborative effort to be able to achieve those goals that provide world-class benefits to our veterans.

I thank you and I yield back.

Chairman TESTER. Representative Cherfilus-McCormick?

**HON. SHEILA CHERFILUS-MCCORMICK,
U.S. REPRESENTATIVE FROM FLORIDA**

Ms. CHERFILUS-McCORMICK. Thank you so much, DAV, for the work that you do.

I was able to tour some of your facilities in Florida and witness some of the great work that you guys are doing. I look forward to helping you however we can.

But I have a question about the [inaudible]. The Secretary has taken several important steps during the past year to ensure that the [inaudible] is welcome into all veterans, no matter what their gender, race, sexual orientation, or background. Last summer, VA completed the Department-wide review by the Inclusion, Diversity, Equity, and Access, or the IDEA, Task Force, which came up with a number of very [inaudible], very useful [inaudible] improving inclusion and equity.

Could you provide us with any updates of those recommendations and how they have been implemented?

Mr. REESE. Well, thank you for the question, and I will answer on behalf of the national commander. You know, when we talk about diversity, equity, and inclusion, we are talking about leadership; leadership from the top. And I think that this administration did an overall review, they set the standard on day one to the administration and they are going in the right direction, but for a detailed, deep-dive, I will ask our national legislative director, Joy Ilem.

Ms. ILEM. We were very pleasantly surprised early on in the administration to be invited with some one-on-one, really, almost with the Secretary. It was small groups of people, women veterans, veterans that had experienced sexual trauma, veterans that had had some barriers and problems and challenges using VA services, and met succinctly, you know, a couple months apart, just to advise us on what VA is doing and they certainly have made, I think, strides in moving in that direction, especially with regard to their Veterans Experience Office. I think that office is going to be key, continue to be key because it really does focus groups. They need to talk to veterans with real-life experience using the system. So, I think they are moving forward. There is still a long way to go, a lot of work to do, but I am very pleased with the first steps.

Ms. CHERFILUS-McCORMICK. Thank you so much for answering that question, and I would will have to get more information as we go forward on how that implementation is going, any utilization rates of who is actually using the services. That would be a great starting point for us to understand if there is any more help we can do in ensuring that everyone has access.

So, thank you so much, and Mr. Chairman, I yield back.

Chairman TESTER. Representative Sablan?

**HON. GREGORIO KILILI CAMACHO SABLAN,
U.S. REPRESENTATIVE FROM NORTHERN MARIANA ISLANDS**

Mr. SABLAN. Thank you, Mr. Chairman.

Thank you Commander Marshall for joining us today. Welcome to you and all, sir. Thank you for all that VBA does for veterans.

Commander, you noted testimony [Audio malfunction.] You noted in your testimony the many barriers and inequities facing minority veteran populations. You mention that one key to [inaudible] barriers and inequities is giving voice directly to the underserved population.

My bipartisan bill H.R. 3730 passed by the House last year, provides a voice to veterans living in the U.S. territories and the freely associated States by establishing a dedicated advisory committee within the VA. The advisory committee will provide recommendations to the VA Secretary to address the disparities in service and health outcomes which are in greater numbers and have not been looked at.

Would the Disabled American Veterans be willing to support H.R. 3730, Commander?

Mr. MARSHALL. That is an interesting question, sir. And thank you for that question.

I will yield to our legislative director, Ms. Ilem for that response.

Ms. ILEM. Thank you, Commander.

We do believe that advisory committees are an important way to ensure that VA is taking into account all veterans' challenges for using the system, gaps that are in services, and you have been a tireless advocate on this issue to make sure that all veterans' voices, especially in remote areas, are heard, and we certainly want to be able to support that, moving that ball forward.

The central piece, I think, is listening to those veterans, making sure that we understand the unique challenges that they face. You have brought a number of these forward and we will be happy to help move that forward for you.

Mr. SABLON. Thank you very much. I will take that as a "yes." Thank you. I yield.

Chairman TESTER. Representative Gallego?

You better unmute yourself, Ruben.

Mr. GALLEGO. The host has to unmute me.

Chairman TESTER. I liked it better muted, but go ahead.

[Laughter.]

Mr. GALLEGO. Yes. You and a lot of other people in Arizona.

**HON. RUBEN GALLEGO,
U.S. REPRESENTATIVE FROM ARIZONA**

Mr. Marshall, in your testimony, you discussed the fact that while disabled black and Latino veterans use VA services disproportionately, there are still inequities in their access to care.

In your opinion, what is the single most important step that Congress can do to close that gap?

Mr. MARSHALL. I don't know if there is a single most important, but I will let Mr. Reese reply to that.

Mr. GALLEGO. Well, take the top three, then.

Mr. REESE. Well, I do believe that you have got to know the information and right now, as COVID showed us, that there are disparities throughout care in the system, not a deliberate attempt to do that, but the reality was, once you looked at the information, you came to that conclusion.

So I think better research and understanding, and again, that research and understanding has to take in the diversity of the veterans population as it exists today, not the past, but how we are delivering care today and who can get the access to those care and benefits and what the deliverables are in the form of outcomes. It does no good at all to be able to access it and have poor outcomes or not be able to access it at all. So, the only way we can put the whole package together, are they getting what they need in a timely manner, in a quality manner, and having favorable outcomes is to make sure we have the data behind it and the research behind it.

Mr. GALLEGO. Thank you.

I also want to thank the DAV for endorsing my bill, the Restore Veterans' Compensation Act, and thank your legislative team for its help in making sure veterans receive their full VA disability payments. Our bill would end the practice of forcing veterans to pay back their administrative separation pay before they receive VA disability benefits.

Can you expand a little bit about why it is harmful to deduct benefits from veterans who qualify for VA disability.

Mr. MARSHALL. I will yield, again, to Mr. Reese.

Mr. REESE. Well, you know, the whole scheme of the Department of Veterans Affairs is to make a veteran whole and once we have concluded that a veteran has a disability and is not whole, it is the obligation of the Nation to make them as whole as possible, and part of that is economic relief. Economic relief, in the form of financial payments, to offset their industrial impairments caused by their injuries or disease.

In the event that somebody got out of service and received whatever form of severance and then they are found to be disabled, should have certainly happened in transition, but often times we find that down the road. To go back and take that money at the same time that we know that they already are disadvantaged from their counterparts in the private sector, that is certainly something that we have to consider. There should be no offset there because if the DoD and the VA cooperated to start with, that veteran should never have left service with a service-connected disability and had to receive the severance pay. So, we need to fix that.

And I will add one thing that is not a part of this bill, but, you know, we talked about concurrent receipt for those who were injured and became ill in combat and this chamber said, well, we are going to phase that in. Well, we got to 50 percent and the phasing stopped. So, you know, the phase-in approach just does not really deliver for our Nation's veterans, so we have got to do better.

Mr. GALLEGO. Thank you. I yield back.

Chairman TESTER. Senator Hassan?

**HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASSAN. Thank you, Mr. Chairman.

I want to thank you and Ranking Member Moran and Chairman Takano and Ranking Member Bost for holding this hearing in these presentations today and I want to thank all of our witnesses.

I am deeply appreciative of DAV's service and advocacy on behalf of Granite State veterans and veterans all across the country.

So, this is a question to Mr. Marshall. In 2021, DAV's Transportation Network provided more than 163,000 rides to VA healthcare facilities. Granite State veterans, especially from the rural parts of my State, consistently share with me that transportation often represents a significant barrier to getting care at the VA.

DAV's Department of New Hampshire does an incredible job at helping to reduce this barrier to care and I want to thank all the volunteers who make this service possible. But knowing how vital transportation is for veterans needing VA care, what can the VA and Congress do to support DAV's Transportation Network to help meet veterans' needs?

Mr. MARSHALL. Well, unfortunately, the COVID pandemic caused some issues with transportation because of social distancing. We could not transport as many veterans in a transportation vehicle as we could in the past, prior to COVID, but I will ask our voluntary services director Mr. Kleindienst to respond.

Senator HASSAN. Thank you.

Mr. KLEINDIENST. Thank you for your question, ma'am.

The Transportation Network is a remarkable program that DAV overtook in 1987. COVID-19 did put a traffic impact on this program. I think it is imperative that we have a consistent practice across the board for onboarding our volunteers and making it a timely priority at VA to recognize these people who are willing to dedicate their time and efforts to transporting veterans to their medical appointments.

If we were to make a streamline process consistent across the country, we could improve this process and recruit individuals that would be willing to donate their time.

Senator HASSAN. Thank you very much.

And I yield back, Mr. Chair.

Chairman TESTER. We are going to do a second round of questions. Unfortunately, I am not going to be able to participate, so I will turn the gavel over to Chairman Takano.

You may proceed.

Chairman TAKANO [presiding]. I do see Mr. Lamb.

Did Mr. Lamb have his time?

Chairman TESTER. He had no questions.

Chairman TAKANO. Oh, no questions. Okay. Thank you. Thank you, Chairman Tester.

I just have a few questions. Ms. Ilem, in your response to Senator Cassidy's question related to the suicides that occur in the first 6 months, I am wondering if EVEST, the bill that passed the House with 44 Republicans voting in favor of it, might also be relevant to addressing the suicides that occur within the first 6 months of separation?

Ms. ILEM. Yes, I think that could definitely have a positive impact, so, you know, we would definitely be able to—we have offered our support for that.

Chairman TAKANO. And so, of course, EVEST is an opt-out provision which, instead of veterans having to opt-in by enrolling, we automatically enroll them and we capture quite a number of veterans who ordinarily would not have been enrolled in VA. And of

course we know, the more connected that veterans are to VA, the less likely they are to die by suicide.

Commander, in your testimony, you note the years of data showing that community mental health providers are not as well trained as VA providers to treat veterans with PTSD, suicide ideology, histories of sexual assault, and traumatic brain injury. You make a compelling case for legislation I have trying to advance to mandate free, online training in evidence-based treatments for VA's community mental health providers.

Can you tell my colleagues here today why it is so vital that we require MISSION Act network providers to be better trained, mental health providers.

Mr. MARSHALL. Thank you for that question.

You know, years ago when veterans were discharged, they had the VA for mental health care but the VA, nor the public, was equipped for post-traumatic stress disorder treatment until the vet centers were established. And the DAV was the main driving force behind that, establishment of the vet centers, and we even had our service officers travel around the country and provide training, not only to VA, but the public on PTSD, and I will let Ms. Ilem provide further details.

Ms. ILEM. An excellent point and so critical.

Every veteran should be able to expect the same quality of care if they have to go to the community to get it. We know that VA has the expertise. They are the main provider we want them to see, especially if they have PTSD. But in cases where they do go to the community, having that training is so important.

We do need to, I think, work with VA to figure out how—I mean, that is extensive training that VA does. Evidence-based treatments, I mean, there is a mentoring phase. There is a lot that goes along with that. But it is a great idea and I think we should work toward that. I mean, that is what you want to see, that network tightly linked to VA.

Chairman TAKANO. Thank you, Ms. Ilem.

Let me just add that I recall several years ago, VA making a very important correction in terms of how it dealt with opioids after having had several terrible incidents around the country. And they implemented a much more stringent prescription policy among its own providers.

Unfortunately, the administrative policies that they set within the VHA did not extend to the Community Care network and so the opioid sorts of restrictions and rules and regulations that our own VA providers were obligated to observe did not extend to the Community Care providers. So, it is not just training, but it is also the type of guidelines that, and actual policies that our internal providers have to follow, I believe, that we need to find ways in which those policies extend out to our Community Care providers.

Does any other member—Senator Sinema, then I will call on Mr. Banks.

Senator Sinema, you are recognized.

**HON. KYRSTEN SINEMA,
U.S. SENATOR FROM ARIZONA**

Senator SINEMA. Thank you, Chairman Takano.

Commander Marshall, thank you for your service to this Nation and for the service your organization does for America's veterans. I want to acknowledge DAV for your support of the ensuring survivor benefits during COVID legislation that I introduced with Senator Tillis. We introduced our legislation have hearing concerns from family members who lost a veteran to COVID and were worried that they wouldn't receive the survivor benefits they had earned, because the death certificate did not list service-connected illnesses as a contributing cause of death.

We know that people with underlying conditions are more at risk for COVID, so it makes sense that service-connected illnesses should be considered as a contributing cause of death.

I also want to say thank you, to Chairman Tester who helped pass our bill out of the Senate Veterans Committee and pass out of the full Senate.

Chairman Takano, I hope that you and your House colleagues will move to pick it up soon.

My first question is following up on Senator Murray's question regarding the Family Caregiver Program. Commander Marshall, my office has been hearing from Arizona veterans and caregivers with concerns about the VA's implementation of the VA MISSION Act. Congress was proud to expand the Family Caregiver Program, but that has not been the experience for those 6700 legacy caregivers who participated as Post-9/11 veterans and are now being removed from the program.

So, my first question is, do you believe that those legacy participants needed the support of the Family Caregiver Program?

Mr. MARSHALL. Interesting question.

It is essential that they receive all the support necessary for Family Caregiver Program.

Mr. Reese?

Mr. REESE. Thank you for the question.

And they absolutely did. I mean, we are talking about two schemes, as you will, of articulating different versions of eligibility. So, the first version of eligibility was based on activities of daily living. It was a single. And it was for the entire totality of the program supports.

And then when we did the second expansion and new IT system, they basically created a whole new rule set which they were merging the first with the second. And as you know, there were difficulties in that eligibility piece in the first program to the degree that this chamber asked the Secretary and the Secretary acquiesced with actually suspending any further discharges from the program, pending review.

We had hoped that that second set of regulations would have clarified for consistency and application of those who apply for those benefits; unfortunately, it has caused a greater complexity and it has actually caused great concern across the country that those who are at legacy that might be removed from the program or those who have applied, that 86 percent are being turned away from a program. Because after all, I think everybody here understands, we are talking about our Nation's most catastrophically disabled veterans. It is a sad day, but, unfortunately, it is the front

door that is the problem. The program, itself, does wonderful supports for our veterans.

Senator SINEMA. Well, thank you.

To follow up, what can be done to protect those families who have been relying on this program for years and are now being dropped from the roles?

Mr. REESE. Well, our understanding, in speaking with the Secretary, he has certainly put a review process in place. He has actually dedicated the resources of the Deputy Secretary of Veterans Affairs to put together a review to make sure that these are actually analyzed before those final discharges are actually taking place. And then, in addition, for the second phase or second set of rules, they have extended the deadline for making discharges into 2023.

So, I think the oversight is the key piece. I think the administration gets the first bite at that apple, but if it fails, we will be back in this chamber to tell you that we have to fix it.

Senator SINEMA. Thank you.

Mr. Chairman, I know that my time has expired. I want to thank Commander Marshall and others for testifying today. I do have some follow-up questions, so I will submit those for the record.

Thank you, Mr. Chair.

Chairman TAKANO. Well, thank you, Senator Sinema, and I am happy to tell you that the Health Care for Burn Pit Veterans Act, which you passed out of the Senate is in Title 1 of the PACT Act and we will be debating that tomorrow, and thank you so much.

I now call on—

Senator SINEMA. Chairman, I just want to thank you for that. I really appreciate it. We are proud to see the burn pits bill go through. Thanks.

Chairman TAKANO. Thank you.

Representative Banks?

**HON. JIM BANKS,
U.S. REPRESENTATIVE FROM INDIANA**

Mr. BANKS. Thank you, Mr. Chairman.

And thank you to the DAV for being with us today. I appreciate all that you do and your leadership.

I am wondering, Commander Marshall, if you could talk for a moment about the main problems you see regarding rural veterans and their ability to travel to receive care and how can Congress better address some of those issues for our rural veterans?

Mr. MARSHALL. Well, rural veterans' access to care, you know, in those States, when you are not populated and you have to travel to the nearest VA system, which may be over 100 miles away and now with the MISSION Act, they can schedule you closer.

But for a further response, Ms. Ilem?

Ms. ILEM. For rural veterans, there has always been a problem in terms of access to healthcare. Just those communities, it is very hard to attract and have resources available there to meet all of their healthcare needs. And I think the Office of Rural Health in VA, since that has been established, a number of pilots that have been very successful in coordinating care with the community, but

I know—we know that the majority—a high percentage of veterans who use VA healthcare are living in rural communities.

With the advent of really increasing telehealth, we do see some promising outlook, but we really need to make sure that that care is effective for them. And I know VA is very interested in that, given the pandemic for the past 2 years, and how that has really expanded care in rural communities.

But there is still a lot of work to do. Technology will help, but there is still need for transportation to make sure that we can get veterans to the care they need.

Mr. BANKS. I appreciate that feedback.

Commander Marshall, one last question for you. What do some of your members think about the MISSION Act and can you give us some advice on what Congress can do to improve on the program.

Mr. REESE. Well, thank you for the question.

And as you know, the MISSION Act, when it was implemented, had some very strong criteria. By definition, the actual acronym MISSION: Maintaining Internal Systems and Strengthening Integrated Outside Networks. You know, sometimes when we look across the VA system as a whole, we see that the Department of Veterans Affairs wants to go one way or the other and sometimes that is resource-driven.

We have to do both. The internal systems is the key component. We have to have a strong backbone of the U.S. Department of Veterans Affairs for multiple missions and that is to make sure that we educate those new clinician that are—and we are talking about the entire healthcare provision in the United States. We also have to make sure we have a backup, a contingency for emergencies in the United States. We have to deliver the healthcare for our veterans and we have to do so in a timely manner. And then we have to be, you know, significantly considerate of all the resources. So, we have the—that is bearing down.

So, regardless of how long those processes take to stand up, we can't stop maintaining the internal U.S. Department of Veterans Affairs. So, we have got to get the infrastructure fixed. We have got to make sure that veterans have a place to go, get care in a prompt and timely manner at the high standards in which we expect to see from the Department of Veterans Affairs.

Mr. BANKS. Thank you, again.

I yield back.

Chairman TAKANO. Thank you, Mr. Banks.

Mr. Mrvan?

Mr. MRVAN. Commander Marshall, I understand that providers in VA's Community Care Network may not be equipped to provide evidence-based treatment for survivors of military sexual trauma. Recognizing that women veterans, many of whom are MST survivors, are highly dependent on Community Care, I find this deeply concerning.

In your view, is the Veterans' Culturally Competent Care Act critical legislation introduced by my colleague Representative Blunt Rochester, sufficient to address these issues, since it mandates brief, free, and online training in treating MST and other conditions; if not, what additional authorities or resources are needed to

ensure MST survivors receive evidence-based treatment, regardless of where they receive their care?

Mr. MARSHALL. Well, if they were subject to MST while in active-duty, that should have been the last time that happened to them. It should not happen in the VA system or any other system, but I will let Ms. Ilem respond.

Ms. ILEM. It is essential that veterans, especially those that have experienced sexual trauma, have access to that state-of-the-art, evidence-based treatment. It is very lengthy. There is a training period that is required.

And while the legislation definitely is a step in the right direction, we are also going to need VA to also make incentives for those community network providers to want to take that training and to follow through on the mentoring process that goes with it. And that is truly the only way we are going to ensure that if a veteran has to seek care outside from a private community provider that is within the network, that they are going to get the state-of-the-art treatments that are available to them.

So, I think it is a great step, first step, and we are going to have to work with VA to make sure that they have the providers that can provide that training, as well, and do the follow-up and the mentoring.

Mr. MRVAN. May I ask, you had mentioned just from your level, incentives. Can you kind of drill down and kind of give me examples of what incentives you might be talking about.

Ms. ILEM. Well, I had asked VA that question, actually, and that is where I am coming from on that, because I said, what are you going to try to do if you can't mandate it? It is not in their contracts for community providers.

And, you know, VA noted, we are looking at some incentives and we have agreed to do a roundtable discussion with VA to look at what some of those incentives could be to really move those providers. What could it be that is going to encourage them to want to take that route.

So, I think, you know, facilitating some discussion on that would be excellent in the months ahead for this session.

Mr. MRVAN. I thank you very much and I yield back at this time.

Chairman TAKANO. Thank you, Mr. Mrvan.

Mr. Rosendale?

Mr. ROSENDALE. Thank you, Mr. Chair.

Thank you, Commander Marshall.

I want to go into the educational benefits for our veterans right now. Dating back to the first G.I. Bill, the recruiters and the veterans have relied heavily on that benefit. It has been very good for all of us. It has been good for the Nation.

And it has come to my attention that a lot of the educational facilities now are having problems because the VA has made a determination that they are going to start recognizing any assistance that a veteran receives, whether it is from the VA or whether it is from the school, itself, as assistance when they evaluate the 85:15 rule, as far as the ratio of students that they are allowed to accept into that facility. Eighty-five percent cannot be supported by Veterans Administration and 15 percent can be. And they can't go beyond that 15 percent number.

I think most of you all would agree that virtually every student receives some kind of assistance, and so if we change the interpretation of that simple rule, then we are going to eliminate the ability for a lot of veterans to attend educational facilities and we are going to eliminate a lot of educational facilities.

Is anybody aware on this panel that that is taking place, that the Veterans Administration is looking at changing that interpretation?

Mr. KLEINDIENST. I am not aware of that, but that wouldn't be something that we would be open to, to taking benefits away from veterans based upon that they have earned through their service.

Mr. ROSENDALE. Okay. So, what I would ask is, can I then count on you and this panel to give me support to make sure that we revert that interpretation back to the traditional recognition of assistance, that it would come only from the Veterans Administration and that would go toward that 15 percent number?

Mr. KLEINDIENST. Yes, absolutely.

Mr. ROSENDALE. Thank you very much.

The next thing I would like to ask of Commander is that when we spoke about the burn pits and the exposure, and it is a terrible thing. I have a lot of cancer in my family, so I have seen both, the emotional and financial hardships that it causes. I have been very close to it. We need to define the exposure. We need to define the conditions and then we can start delivering treatment.

And this is something, in your words, that we have precious time to lose, and I agree with you. So, wouldn't it be beneficial for the House to go in this week and pass the legislation that the Senate has already passed down to us instead of going back-and-forth, so that we can start delivering benefits immediately?

Mr. MARSHALL. Yes, sir. As I said in my testimony, it is time to work together to bring this issue to the forefront and get it passed.

Mr. ROSENDALE. And, again, with having a piece of legislation from the Senate that has been approved, wouldn't it be beneficial to have the House pass that today?

Mr. REESE. Well, I think the biggest concern that we have is—that is great step forward, first of all, and there is great legislation on both sides of the aisle and both chambers today that both, acknowledges these conditions exist, acknowledges the concession of exposure, and that we are willing to move forward with. And that is great because, again, we have got 40 years from Vietnam, 30 years from the first Gulf War, and 20 years in the last wars. It is time to act.

However, when we are looking at the PACT Act, it incorporates that into it and it delivers a comprehensive plan that delivers more benefits for all generations and it also delivers more than just healthcare. Because, again in the portfolio that is designed—

Mr. ROSENDALE. Mr. Reese, look, I understand. We can always do better. There is nothing that we can't do better. Wouldn't it be beneficial to the veterans who are out there literally dying right now, to pass that Senate legislation this week so that we could start delivering some treatment?

Mr. REESE. It would be wonderful if we passed the PACT Act that incorporates that legislation.

Mr. ROSENDALE. I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Rosendale.

I think all members who have asked questions on the second round have asked those questions and I am now prepared to bring us to a close.

And I have a closing statement. I would like to thank all the representatives from DAV, again, for coming to the Hill today to participate in this joint hearing. Your participation and insights into the needs and priorities of the veteran community are invaluable to our work. Your overwhelming support of the PACT Act is going to be integral to it passing the House this week with bipartisan support and will help to keep the momentum going as we work with our colleagues in the Senate to make this law.

I would also like to express my thanks, again, to Senator Tester for his continued efforts to work with me on the issue. Toxic-exposed veterans have held up their part of the pact and they deserve our action.

This week we are keeping our promise and I look forward to continuing our work with the Senate to deliver comprehensive, toxic exposure legislation to the President's desk to be inclined into law.

And with that, the former part of this Committee hearing is—the joint session is now adjourned.

[Whereupon, at 12 p.m., the Joint Committee was adjourned.]

A P P E N D I X

Prepared Statement



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**STATEMENT OF
 ANDREW MARSHALL
 DAV NATIONAL COMMANDER
 BEFORE THE
 COMMITTEES ON VETERANS' AFFAIRS
 U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
 WASHINGTON, D.C.
 March 1, 2022**

Chairman Tester, Chairman Takano, Ranking Members Moran and Bost, and Members of the Committees on Veterans' Affairs:

Thank you for providing me the opportunity to deliver the 2021–2022 Legislative Program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill as a result of wartime service.

I am a combat-wounded Army veteran of the Vietnam War. I served as an airborne infantryman with the Americal Division in the Khe Sanh Valley in December 1970, but after being wounded by friendly fire, I was transferred to the 173rd Airborne Brigade. On patrol in January 1971, I stepped on an improvised booby trap. The explosion resulted in extensive damage to my left leg and foot, and after initially being treated in Japan, I was flown to Walter Reed where I spent 15 months recovering.

I was medically retired and living in my hometown of Huntington, West Virginia, in 1975 when I was offered a job as a national service officer for DAV. It was to be the launching point for my 41-year career with this organization. During this time, I have proudly advocated for my fellow veterans before the VA and fought to help them access the benefits and services they earned.

Shortly after I began my career with DAV, I met a Marine Corps veteran named Tom who came to our organization seeking help. Tom was a combat veteran of Vietnam who, like so many others I have met over the years, struggled with post-traumatic stress disorder and the lingering physical and psychological tolls of war.

Tom had left the service and went on to become a police officer. But the shadow of war followed him, and soon the symptoms of that long-harbored trauma became too much to bear. Unable to perform his duties, he was let go from his job and sank deeper into depression. The Department of Veterans Affairs denied his disability compensation claim for PTSD, and as his despair grew, he began contemplating suicide.

When Tom came to me, I knew he desperately needed help. At that time, DAV had selected me to go out and begin educating people on the VA's recently established Vet Center program. I accompanied Tom to a meeting with his Vet Center counselor

once when I knew he was particularly vulnerable to self-harm. DAV appealed his claim, and won, providing him with additional financial support. And with each small step forward, I could see the weight lift from Tom's shoulders. After the VA acknowledged his trauma and granted benefits and access to the care he needed, Tom never considered taking his own life again. Tom was saved by the right combination of lifesaving factors, but there are far too many situations that have ended in tragedy.

The 1929 novel "All Quiet on the Western Front" captured the intense mental stress felt by soldiers during World War I as well as the difficulty they experienced transitioning back to normal life after returning home from the front lines. Erich Maria Remarque wrote that his book "will try simply to tell of a generation of men who, even though they may have escaped shells, were destroyed by the war."

Much has changed since the time of its writing, both about war and about how we are able to care for those scarred during their time in military service. Our brave men and women need not be resigned to the fate Remarque wrote about, yet for all of our advances in the modern age, we are still losing veterans each and every day to their pain and despair. Together, we have the opportunity—and the obligation—to do better. I am honored to be here today to help underscore these and other areas in further detail by presenting DAV's Legislative Program.

MENTAL HEALTH SERVICES AND SUICIDE PREVENTION EFFORTS

Messrs. Chairmen, throughout my DAV career and looking across the many generations of veterans I have served, I have seen firsthand the devastating impacts of too many "signature wounds" of different wars. As an active member of DAV since my retirement, I have also listened directly to veterans and their families as they speak about the issues that matter most to them. While these issues change over time, two things have remained a constant and critical challenge within our community—access to mental health care and suicide prevention.

One of DAV's critical policy goals for the 117th Congress is to ensure service-disabled veterans have timely access to the VA's specialized mental health care, services and supports to address post-deployment mental health challenges. Veterans' needs for mental health care and readjustment services have grown substantially following two decades of wartime service. Congress has provided significant resources to support the VA's comprehensive array of mental health programs and services, including care in inpatient, residential, outpatient and telehealth settings, in addition to its Vet Centers.

I know from my experience with Tom and so many others just how vital it is that veterans in crisis have access to VA mental health services. The Vet Center model has proven its impact over the span of several decades, providing community-based counseling for those who have experienced trauma, as well as their families. Through their brick-and-mortar facilities and call center, Vet Center staff—often veterans themselves—logged 1.66 million visits and outreach contacts last year alone. I have to

think there are many more men and women, just like Tom, whose lives were saved thanks to this type of intervention.

In fact, Vet Centers saw a 35% uptick in veteran clients and outreach in the past five years. VA experts also anticipate significant new call volume to the Veterans Crisis Line with the upcoming national expansion of the 988 phone number later this year. And the VA has expanded its specialized LGBTQ+ programs to address issues that can contribute to and put veterans at higher risk for suicide, such as interpersonal violence, sexual trauma, anger issues, parenting and relationship challenges, substance use disorders, homelessness and PTSD.

According to the VA, its full complement of services, increased access to care and a holistic approach to support veterans using VA health care resulted in a 7.2% overall reduction in suicide in the veteran population for 2019, when compared with the previous year, equating to 399 fewer suicides. While this news is encouraging and we hope this trend continues, veterans remain at much higher risk of suicide (almost double) than their nonveteran peers. And in many locations, mental health care wait times are still too long for individual counseling and inpatient services. Adequate funding, staffing and training are critical if the VA is to meet the needs of our veterans, especially those who are in crisis or at risk. In short, we clearly still have a lot of work ahead to reduce the number of veterans lost each year to this senseless and preventable epidemic.

DAV appreciates the comprehensive mental health legislation, enacted in the 116th Congress, that aimed at reducing barriers to mental health care for veterans in crisis and focused on suicide prevention through collaboration with community partners. We support the VA's suicide prevention priorities and similar provisions included in the White House's strategic plan, "Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Public Health Strategy."

Specifically, we are pleased to see that lethal-means safety is a key component of both strategic plans to reduce veteran suicide. Firearms accounted for 70.2% of male veteran suicides and 49.8% of female veteran suicides in 2019. The department's free gun lock initiative and public service announcements are aimed at promoting firearm safety, which can mean the difference between a tragedy and saving a life. Veterans' access to and familiarity with firearms is common, and we support mandatory training for all mental health and primary care providers on how to counsel veterans about the importance of lethal-means safety, especially when a veteran is in emotional crisis.

Improving care for veterans in crisis and ensuring appropriate care transitions is another key component of the VA's PREVENTS suicide prevention initiative and the White House's strategic plan. DAV wants to ensure that the VA's Safety Planning in Emergency Departments program, Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) program, peer-to-peer services, Veterans Crisis Line and suicide prevention coordinator teams are effectively deployed, managed and resourced. These programs are the system's "first responders" to identify veterans

at risk of self-harm. Ensuring proper and timely intervention as well as a warm handoff and transition into appropriate care is essential.

The VA has established evidence-based care practices for mental health care, which greatly reduces suicide risk among veterans with behavioral health problems, including depression, PTSD and substance use disorders and trained about 15,000 providers in specific evidence-based practices to address these common conditions in the veteran population. Veterans also have access to care in the community through the VA Community Care Network (CCN). However, many community providers are not as familiar with the post-deployment mental health challenges veterans face or do not have expertise in providing VA evidence-based treatments for military sexual trauma and combat-related PTSD.

We urge Congress to enact legislation that requires specific training protocols for CCN mental health providers to ensure they meet the same quality standards as VA mental health providers. Mandating training in evidence-based treatments will ensure community partners develop core competencies for addressing veterans' unique mental health care needs—specifically for conditions frequently associated with military service. CCN providers can benefit from the VA's vast and collective expertise in treating these conditions and must demonstrate a commitment to delivering the same high-quality, evidence-based mental health treatments to veteran patients as VA mental health providers.

Homelessness, unemployment, substance use disorders, traumatic brain injuries, military sexual trauma, PTSD and chronic pain also elevate the risk of suicidal behavior among veterans. Focusing on suicide prevention and collaborating with community partners is key to engaging veterans who do not use or are not eligible for VA services. The VA must institute strong, evidence-based practices available across the system to screen veterans for these conditions and effectively address them.

Finally, data collection and analysis are essential to understand the success of any public health effort. The VA invests significant resources in suicide prevention research and can only recognize and tailor programming effectively by collecting data on suicide risk factors and outcomes. The White House and VA suicide prevention strategies will advance interagency research coordination, ensure integration of data and encourage adoption of rigorous evaluation across all prevention programs. DAV calls on Congress to ensure that the VA maintains a strong suicide research portfolio that benefits from interagency collaboration.

DAV looks forward to continuing our work with Congress on oversight of the implementation of mental health legislation enacted during the last Congress and to crafting meaningful and innovative legislation this year that is effective in eliminating barriers to care and eliminating suicides among veterans.

**STRENGTHEN VA HEALTH CARE, PARTICULARLY FOR
SERVICE-CONNECTED VETERANS**

Messes. Chairmen, there is no more fundamental obligation of our nation than to care for the men and women who served and are suffering from injuries, illnesses and disabilities due to their service. Over the past decade, the VA health care system has experienced unprecedented stress trying to fulfill that sacred charge and undertaken historic reforms to ensure that veterans have timely access to high-quality care.

From the access crises and waiting list scandals of 2014 to the COVID-19 pandemic, there has been one consistent trend: an increasing number of veterans continuing to choose the VA for their medical care. Unfortunately, the rising demand for care continues to outstrip the VA's capacity to provide timely and convenient access for all enrolled veterans, which is especially critical for disabled veterans who rely on the VA for most or all of their care. As numerous studies have concluded, there has been a long-standing misalignment between the demand for VA health care and the availability of funding, staffing and facilities to provide timely access.

Congress has attempted to respond to these challenges by enacting a series of major reforms, beginning in 2014 with the Veterans Access, Choice, and Accountability Act (Public Law 113–146), which created the Veterans Choice Program. That legislation was intended to simplify veterans' access to community care options when the VA was unable to deliver timely or convenient care. However, a hasty implementation and flawed design of the Veterans Choice Program created as many problems as it solved.

In 2018, following two independent reviews of the VA health care system, Congress passed the VA MISSION Act (Public Law 115–182), comprehensive bipartisan legislation to replace the Choice Program. The law created a new veterans community care program intended to work seamlessly with care provided by VA so that veterans would receive the same access to and quality of care, regardless of whether it was delivered by the VA or community providers. Importantly, the VA MISSION Act also included provisions to strengthen the VA's internal capacity to deliver care, since most veterans prefer VA-provided care when it is accessible.

Due to administrative and contracting challenges, implementation of key parts of the VA MISSION Act—including establishment of the VA Community Care Network (CCN) by the new third-party administrators (TPAs)—was delayed by more than a year to 2020. The onset of the COVID-19 pandemic further complicated the rollout of the CCN and significantly altered veterans' health care usage patterns. The need to mitigate the spread of COVID-19 through social distancing also precipitated a massive acceleration in the use and acceptance of telehealth and other virtual modalities, which, if properly used, could continue to expand access to VA health care in the future.

However, more than two and a half years after the VA MISSION Act became effective, neither the VA nor TPAs have been able to meet required access standards. Furthermore, despite clear and unambiguous statutory language, the VA has yet to require non-VA community providers to meet the same access and quality standards

that VA providers must meet. Congress must take decisive actions to ensure that non-VA community care providers meet the same access, quality, training and certification requirements as VA providers. The VA must request, and Congress must provide, the resources necessary for the VA to maintain sufficient internal capacity to serve as the primary provider and coordinator of care for enrolled veterans. In addition, the VA must carefully study the efficacy and effectiveness of virtual health care to determine its optimal use to ensure the best health outcomes for veterans.

Health Care Infrastructure

The VA MISSION Act also established an Asset and Infrastructure Review (AIR) process to develop a plan to modernize, realign and rebuild VA medical facilities to meet veterans' health care needs in the future. For at least two decades, VA medical facilities, particularly hospitals, have not been properly maintained or modernized, primarily due to insufficient infrastructure funding.

The AIR process required the VA to conduct market assessments to determine demand, capacity and non-VA options for delivering care in each of its regional health care markets. However, many of these market assessments were completed before or during the COVID-19 pandemic, raising questions about whether the data would be reliable enough to project the VA's future infrastructure needs.

In the coming weeks, the VA is expected to release its recommendations for changes to VA medical centers, clinics and other care facilities. Next, the independent AIR Commission will review and may revise those recommendations this year before sending them to the president next year. If the president approves the commission's recommendations, Congress is required to vote within 45 days to approve or reject the VA facility recommendations in their entirety; Congress may not make any changes or amendments to the list. It is imperative that Congress ensure that the VA provides full transparency to all of the data and information related to its market assessments and engages veterans and veterans service organizations (VSOs) throughout the AIR process.

IT and Electronic Health Record Modernization

Another critical initiative is the VA's ongoing transition to a new electronic health record (EHR) system developed by Cerner, intended to allow interoperability between VA and Department of Defense health records and, ultimately, all public and private health record systems. However, the VA hit some stumbling blocks in 2021, as reports of problems surfaced during Cerner's first rollout of the new EHR system in Washington state. Following a four-month strategic review ordered by Secretary McDonough soon after he was sworn in, the VA revised its national rollout plan to address earlier problems but still maintained the original 10-year modernization timeline for full implementation.

As the VA moves forward, it must pay careful attention to ensure the development of a seamless electronic scheduling system that offers veterans real-time

options in the VA and in the community and that includes quality metrics to help them make truly informed decisions about their care options. The new EHR system must also support seamless clinical care coordination so that veterans receive integrated care, even when some of it is delivered outside the VA system. Over the next several years, Congress must aggressively oversee implementation of the VA's new EHR system to ensure veterans' safety and health care outcomes remain the primary focus.

VA's Fourth Mission for National Emergencies

As demonstrated during the COVID-19 pandemic, the VA also plays a significant role in responding to national health emergencies, which is just one aspect of its Fourth Mission. The VA is also the backup health care system for the DOD and has additional federal responsibilities during national disasters. Since the COVID-19 pandemic began, the VA has provided almost a million articles of personal protective equipment (PPE) to other systems, deployed thousands of medical personnel to more than 50 states and territories, shared its COVID-19 testing resources and admitted hundreds of nonveterans for treatment in its medical centers.

Messrs. Chairman, there is no comparable federal or private health care system capable of playing this role during national emergencies, disasters or wars. Congress must ensure that the VA continues to have sufficient health care capacity to meet its Fourth Mission responsibilities while being able to simultaneously provide veterans with uninterrupted care.

ADVANCING EQUITY IN HEALTH SERVICES AND BENEFITS FOR WOMEN VETERANS, UNDERSERVED AND MINORITY VETERAN POPULATIONS

As the VA works to increase its capacity to meet the physical and mental health care needs of those who served, it is important to ensure the department is also actively working to create an environment that is welcoming to all veterans. We know how hard these committees have worked to advance cultural change at the VA, and we applaud your efforts to shine the spotlight on difficult issues that must be addressed in order to ensure veterans feel safe and welcome when accessing their health care and benefits. For its part, the VA has also made significant strides, including the introduction of bystander intervention training for veterans and efforts to educate enrollees on the department's zero-tolerance policy concerning harassment. It is a heavy lift to turn so large a ship, and it will take collaboration with organizations such as DAV in order to do it, but we owe this to our brothers and sisters.

The veteran population is changing and becoming increasingly more diverse, so these efforts are especially meaningful to those veterans who have been excluded, overlooked or marginalized over the past several decades. Though we know it will take time, it is our hope that this shift will ultimately build greater trust among historically underserved veteran groups and those who have struggled to simply gain recognition from the VA for their service and sacrifice.

The VA patient and beneficiary population has continued to evolve—with increasing diversity of race, ethnicity, sexual orientation and gender identity—especially in the past several decades. DAV appreciates that the VA health care system has made efforts to change over time to meet the needs of this increasingly diverse population. However, research shows gaps remain in access, usage and health outcomes among underserved veteran groups. These inequities underscore the need for a deliberate focus on the causes of such disparities and for implementation of practices and policies to address them.

Minority Veterans

By 2040, it is estimated that the total veteran population will decrease from 18.6 million to 12.9 million, while the percentage of minority veterans will grow from 23% to 36%. According to the VA's most recent Minority Veterans Report, service-disabled Black veterans had the highest rate of health care use among VA patients (77.4%), followed by disabled Hispanic veterans (71.5%), and more than 20% of all VA health care users are members of racial and ethnic minority groups. Yet, despite such high usage by minority patient populations, the VA's own 2007 systemic review found it has not been completely successful in eliminating racial and ethnic disparities in veterans' health outcomes. VA research also shows lower health care provider trust among minority veterans. Additionally, few studies are examining the variances in health outcomes among other minority groups, such as American Indian and Asian veterans.

One key to understanding barriers and inequities is giving voice directly to the underserved population, which the VA is able to do through the Veterans Experience Office. In 2021, the VA also initiated a task force charged with conducting a thorough review of service lines within the department and providing recommendations and an action plan to address issues related to minority and underserved veterans. However, the Inclusion, Diversity, Equity and Access (I-DEA) Task Force must be adequately funded in order to complete its work.

LGBTQ+ Veterans

The VA has made significant strides over the past several years, and particularly under the leadership of the current secretary, to acknowledge the service of LGBTQ+ veterans. This includes taking notable steps to ensure they have access to the care and benefits they have earned.

Following the revocation of the Defense Department's "don't ask, don't tell" policy in September 2011, the VA adopted new policies and programs to address health issues related to LGBTQ+ veterans and established the Office of Health Equity and the LGBTQ+ Health Program. In late 2021, the VA announced gender identifiers would now be included in its national medical records system after a Government Accountability Office report (GAO-21-69) noted that the VA lacked a standardized method of collecting such data among veterans. This will give VA providers the opportunity to properly screen, identify and address specific health disparities within this population or provide the comprehensive care necessary to address them. Additionally, the VA's guidance

last year to no longer consider discharges for sexual orientation or gender identity as a factor for benefits ineligibility may open the door to thousands of veterans to seek VA programs and services.

These changes are important to reestablish trust, though there is much work yet to be done. Studies have also shown many LGBTQ+ veterans are hesitant to disclose their gender identity with VA health care providers for fear of bias and mistreatment. For example, some LGBTQ+ veterans report instances of discrimination within the VA, including refusal of treatment, lack of provider knowledge on issues specific to sexual orientation or gender identity, and harassment.

The VA must also increase its efforts to diversify its staff to better reflect the veteran patient population it serves. Peer support specialists could help to create a more welcoming and personalized health care experience for new patients and veterans struggling with mental health challenges. These specialists can help veterans navigate the system and promote engagement in treatment and recovery. Peer support specialists have often overcome similar challenges and should represent medical centers' Black, Hispanic, female, sexual minority or other patient subpopulations that may need a more personalized and culturally sensitive approach to seeking recovery.

Women Veterans

Studies show women who have served often do not identify as veterans, making it all the more critical for the VA to engage them in an effective manner to ensure they are aware of their earned benefits and health care services. Of the women veterans who use the VA health care system, 60% have a service-connected disability rating of 50% or higher. These veterans often have complex medical needs and are best served by the VA's comprehensive whole health model of care that includes specialized programs and supportive social services.

However, while most women veterans prefer to receive their care in a comprehensive women veterans VA health care clinic, many medical centers still lack the necessary resources to create these full-service facilities. It is also difficult in many locations to hire a designated women's health provider, provide mini-residency training and ensure culturally competent staff, an issue exacerbated by the COVID-19 pandemic. And while women veterans remain the fastest growing subpopulation within the VA—estimated to grow 32% by 2030—there is no strategic plan in place to ensure all Veterans Health Administration service lines are focused on adjusting and tailoring programs to meet women veterans' unique clinical and supportive service needs.

As a result of these staffing and clinical limitations, VA care for women veterans is routinely outsourced to the VA CCN. This is especially true in the case of maternity and specialty gynecological care. It is imperative this care be well coordinated and managed by the VA in order to monitor and influence better health outcomes by enhancing services between its own facilities and community providers. Additionally, many women veterans utilizing the VA have service-connected physical or mental health conditions that can impact prenatal and postnatal care or carry risks for both

mother and baby. Coordination between community care providers—who often have little veteran-specific expertise—and the VA can also better connect women veterans with comprehensive wraparound services, including help with housing, employment, food insecurity, interpersonal violence, mental health and prosthetic support.

Better data collection is also critical to the future of women veterans' preventive health and treatment. Research shows that women who have served in the military have higher rates of breast cancer than their nonveteran peers, and as nearly half of this growing demographic is under age 45, many will have had exposure to toxins from burn pits and other environmental exposures during military service in the last few decades. Yet very little research has been done to explore the potential health impacts on women's breast and reproductive health. Likewise, most women under age 40 do not have access to regular mammography screenings under the current clinical guidelines, which do not take into account toxic exposure history. Additionally, though evidence from the VA Million Veteran Program and other studies shows that women veterans have higher rates of certain mental and physical health conditions, very few studies have specifically investigated racial and ethnic disparities broken out by gender.

Cultural Transformation and Improvement of the MST Claims Process

The VA must employ culturally competent staff to ensure it understands and supports the unique needs of the diverse veteran population it serves. All veterans should feel welcome, safe and supported from the moment they walk into a VA facility or initiate a claim.

While stranger or sexual harassment is not specific to any one group of veterans, it continues to be a notable problem within the VA. Harassment is a barrier to VA care and deters many women, LGBT and other minority veterans from seeking the medical care and specialized services they need. Women veterans and VSOs have put considerable pressure on the VA over the past several years to eliminate sexual assault and harassment at VA facilities. While the VA has initiated several campaigns to achieve that end, including most recently a letter and pamphlet sent from the VA secretary outlining its anti-harassment policy, the VA is at the beginning stages of employing a comprehensive, leadership-driven and departmentwide strategy to effectively address these issues.

Harassment at VA facilities is also a serious deterrent for veterans with a history of military sexual trauma (MST). But the determination whether to use VA health care service can also be influenced by a negative experience filing a claim for conditions related to MST. The process for MST-related claims is in dire need of reform, evident in multiple VA Office of the Inspector General reports that uncovered high rates of improper denials over the past several years.

Messrs. Chairmen, my work as a national service officer often connected me with veterans who seem to have long been at odds with the VA through the disability claims and appeals process, perhaps none more so than those who have experienced MST. The pain, whether physical or psychological, that can stem from these events can be

extremely debilitating and lifelong. For these veterans, fighting to prove their case to the VA—sometimes for years—takes a damaging emotional toll. It's not enough for the VA to say they believe survivors but then subsequently deny their claim for lack of evidence or fail to provide the necessary supports to handle these very specialized cases and veterans who may be particularly vulnerable. The systems for processing MST-related claims are in dire need of reform. There is precious little time to lose. Veterans' lives and well-being are truly on the line in these instances, and they deserve better.

ENSURE BENEFITS, HEALTH CARE AND JUSTICE FOR VETERANS OF ALL ERAS EXPOSED TO TOXIC SUBSTANCES

Another area of great importance and urgency to DAV is creating a more efficient legal framework through which veterans who have been exposed to toxins and hazardous materials are able to access the care and benefits they need when they need it. Our obligation is heightened when service members are exposed to toxins and environmental hazards, as many of the illnesses and diseases caused may not be identifiable for years, even decades, after veterans have completed their service. Although there has been some notable progress for veterans who suffered illness due to toxic and environmental exposures, too many still have yet to receive the benefits, health care and justice our nation owes to them.

As a Vietnam veteran, I am deeply concerned about the long-term negative health effects of Agent Orange and other herbicides and the VA's lack of action on adding presumptive diseases related to exposure in a timely manner. It took Congress to enact legislation to add three new diseases—bladder cancer, hypothyroidism and Parkinsonism—to the list of presumptive medical conditions recognized by the VA. We are grateful for these inclusions, as thousands of Vietnam veterans will now be able to access VA health care and benefits. However, the VA has not included hypertension and monoclonal gammopathy of undetermined significance (MGUS) as presumptive diseases, even though these conditions were also found to be scientifically associated with Agent Orange more than three years ago.

The 2016 VA study: "Herbicide Exposure, Vietnam Service, and Hypertension Risk in Army Chemical Corps Veterans" also found that exposure to herbicides is "significantly associated" with the risk of hypertension in members of the Army Chemical Corps. Subsequently, the December 2018 National Academies of Sciences, Engineering and Medicine (NASEM) report upgraded its previous findings and determined there is sufficient evidence of a relationship between hypertension and Agent Orange, which is the highest level of association. NASEM further noted the same level of association for MGUS and Agent Orange exposure. Thousands of veterans suffering from hypertension and its serious negative health impacts and complications, as well as MGUS, need access to VA preventive health care and deserve disability compensation benefits.

Messrs. Chairmen, too many of my fellow Vietnam veterans have waited decades for the VA to recognize that their illnesses are associated with their Agent

Orange exposure. There is no reason for us to continue waiting for the VA to add conditions that have a positive scientific association with Agent Orange exposure to its list of recognized presumptive conditions. Because the VA has failed to take timely action on adding hypertension and MGUS to this presumptive list, we call on Congress to intervene and enact legislation, such as S. 810 and H.R. 1972, the Fair Care for Vietnam Veterans Act, to add these two conditions. Similar provisions are also included in S. 3003, the Comprehensive and Overdue Support for Troops (COST) of War Act, and H.R. 3967, the Honoring Our Promise to Address Comprehensive Toxics (PACT) Act.

Another toxic exposure DAV is deeply concerned about is emissions from open-air waste burning, commonly called burn pits, which can be traced back as far as Operations Desert Storm and Desert Shield from 1990 to 1991. I'm very proud that DAV took the lead on this important issue and was responsible for bringing it to the public's attention in 2007. I also appreciate that Congress continues to focus on this issue in this second session of the 117th Congress. DAV looks forward to addressing how the VA can improve and ensure a more consistent decision-making process for health impacts from toxic exposures during military service.

Because there is no current presumptive service connection for many exposures, veterans must file claims for direct service connection for diseases and illnesses related to burn pit exposure. In order to establish direct service connection for a related illness or disease, there must be (1) medical evidence of a current disability, (2) evidence of burn pit exposure, and (3) evidence of a nexus between the burn pit exposure and the current disability. It is estimated that over 3.5 million veterans were exposed to burn pits, but the VA has only adjudicated approximately 13,000 direct service connection claims for diseases related to burn pit exposure. Roughly 78% of those claims have been denied. Many of these denials are due to veterans not knowing what toxins they were exposed to, thus impeding their ability to obtain a medical opinion relating the condition to the specific toxins.

To overcome these obstacles to receiving benefits and health care, DAV proposes that the VA concede exposure to burn pits, and the known toxic substances emitted from them, for veterans who served in locations where and when burn pits were active. DAV is pleased to have worked with Sens. Dan Sullivan (Alaska) and Joe Manchin (West Virginia), who introduced the Veterans Burn Pits Exposure Recognition Act (S. 437), and Reps. Elissa Slotkin (Michigan) and Peter Meijer (Michigan), who introduced a companion bill in the House (H.R. 2436). This legislation will concede exposure to burn pits for any veteran eligible to join the VA Airborne Hazards and Open Burn Pit Registry and will acknowledge the list of chemicals and toxins already identified in the VA's M21-1 Adjudication Procedures Manual.

In August 2021, the VA announced presumptive exposure to particulate matter for those areas noted above and created three presumptive diseases: sinusitis, rhinitis and asthma. While the VA is investigating other diseases linked to these exposures, Congress can take action now and enact a concession of exposure for burn pits to grant benefits today. We urge Congress to enact legislation, such as S. 437 and H.R.

2436, to concede burn pit exposure and remove the obstacles for veterans having to prove their individual exposure to burn pits and the types of toxins emitted for claims based on direct service connection. Similar provisions are also included in S. 3003 and H.R. 3967.

We are troubled that many veterans exposed to toxins from burn pits may not have access to VA health care. To help ensure that veterans exposed to burn pits have access to VA health care, Congress needs to enact legislation that expands their eligibility. Currently, there are proposals to extend the five-year period for VA health care for combat veterans and to provide specific health care eligibility criteria for veterans exposed to burn pits. We urge you to enact comprehensive legislation this year to extend eligibility to as many veterans as possible who have been exposed to burn pits, toxic substances and other environmental hazards.

Messrs. Chairmen, the process for creating presumptive diseases is not timely. For example, it took over 50 years for the VA to recognize mustard gas exposures from World War I and presumptive diseases for World War II veterans, over 40 years for radiation exposures and presumptive diseases for World War II veterans, decades for Agent Orange exposure in Vietnam and another 20 years for veterans who served in the waters off the shores of Vietnam. It has also been over 20 years since veterans stationed at Karshi-Khanabad (K2) were exposed to enriched uranium and soil saturated with fuels and other solvents, and the VA still has not conceded their exposure or established presumptive diseases.

Additionally, the process for creating presumptive diseases is not consistent among the different types of exposures. For example, the VA recently established three diseases related to particulate matter that requires established symptomatology within 10 years of exposure, whereas three Agent Orange presumptive diseases require manifestations within one year.

Congress and the VA must work with DAV and other VSO stakeholders to develop and implement an integrated and comprehensive system for ensuring veterans exposed to toxic substances and environmental hazards have timely and consistent access to VA health care and benefits. To accomplish this will require new perspectives and processes that are flexible enough to address any exposure, not just those already under consideration. There are several toxic exposures and diseases still waiting to be studied, such as toxic exposures from Fort McClellan, PFAS-contaminated water found at over 600 military installations, contaminated water from Camp Lejeune and the recent water contamination by the Red Hill fuel tank farm in Hawaii.

We urge Congress to enact a new legal framework that includes timelines and triggers for (1) research and surveillance of exposures, (2) health care for exposed veterans, (3) a concession of exposure, (4) establishment of a presumptive process for each individual exposure and (5) designation of presumptive diseases.

The men and women who serve are frequently placed in situations that expose them to hazardous materials that can have long-term health effects or result in chronic

conditions that negatively impact a veteran's overall health and require a lifetime of care. As a nation, we have a duty to ensure that veterans who serve our country and suffer chronic illnesses following a toxic exposure are fairly compensated by our government and have access to appropriate treatment and health care services without having to wait decades.

PROVIDING SUPPORT FOR VETERAN CAREGIVERS

One of the most important ways the VA supports seriously injured and disabled veterans is by helping to support their family caregivers. The creation of the VA's caregiver program in 2010 provided a lifeline for tens of thousands of family members who have taken on the full-time role of caregiver for a seriously disabled veteran. Until October 2020, only caregivers of post-9/11 veterans were eligible to apply for the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), the benefits of which include stipends, health insurance and case management services.

Thanks to the leadership and work of these two committees, Congress included a provision in the VA MISSION Act that expanded eligibility to allow caregivers of veterans from all wars and eras to apply for these benefits. The first phase of this expansion—which covers World War II, Korean War and Vietnam War era veterans—began accepting applications on Oct. 1, 2020. The second phase, covering Persian Gulf War veterans and others from the post-Vietnam and pre-9/11 era, is scheduled to begin on Oct. 1, 2022. However, of the approximately 116,500 PCAFC applications processed from October 2020, when the Phase 1 expansion began, through Jan. 6 of this year, only about 16,000 were approved while more than 100,000 were denied; that's a denial rate of over 86%.

Messrs. Chairmen, something is clearly wrong here. DAV is very concerned that the revised regulations on eligibility that took effect concurrently with the Phase 1 expansion have made it far too difficult for so many deserving caregivers to enter the PCAFC. We are confident this does not reflect the congressional intent when the program was first created or when it was expanded by the VA MISSION Act of 2018. Secretary McDonough has expressed his concern with these regulations, which were in place when he arrived, and indicated a willingness to consider significant changes. We urge the committees to continue working with the VA, DAV and other VSOs supporting caregivers to ensure that this invaluable program has the proper rules and resources to meet our nation's obligations to veterans' family caregivers.

We are also concerned about the VA's implementation of the court-ordered requirement to allow all caregiver decisions to be appealed to the Board of Veterans' Appeals. In April of last year, the Court of Appeals for Veterans Claims in *Beaudette v. McDonough* ruled that the VA must provide every veteran and caregiver who ever applied for PCAFC benefits the right to appeal unfavorable decisions to the Board. It also required the VA to apply the procedures of the Appeals Modernization Act (Public Law 115–55) when processing appeals for caregiver benefits. Before the *Beaudette* decision, the VA only provided a clinical appeals process for caregiver decisions, which

did not include judicial review rights, such as the right to representation and the right to review all evidence the VA considered in making decisions.

Last September, the VA agreed to implement the Beaudette decision, notwithstanding that the administration later petitioned the Court to overturn Beaudette. Although veterans and caregivers may now file formal appeals, the VA has yet to establish an open, transparent and effective system for processing these appeals. VSOs that are accredited by the VA to represent veterans during the appeals process, such as DAV, have not yet been given access to the complete records of veterans we represent, thereby hindering our ability to properly support their appeals for caregiver benefits. We urge the committees to continue aggressive oversight on this issue to ensure that the VA meets its full legal mandate to provide veterans and caregivers full judicial review rights as ordered by the Court.

IMPROVING SURVIVOR BENEFITS

Messrs. Chairmen, DAV's mission to assist this nation's wartime service-disabled veterans is clear. While most of the attention is paid to the veteran, and rightfully so, we cannot forget those who must share in the burden of sacrifice: their families, caregivers and survivors.

Dependency and Indemnity Compensation (DIC) is a monthly benefit paid to eligible survivors of veterans who die due to a service-connected condition or if the veteran had a totally disabling service-connected condition for 10 years before death. If the veteran dies due to a non-service-connected condition before that 10-year period, dependents are left with no compensation. To make veterans who are seriously disabled wait a decade before they can be assured that their surviving loved ones are going to receive benefits creates an undue burden on veterans and their spouses. Many spouses are caregivers who have sacrificed their own career and financial security to take care of their ill or injured veteran, and it is unfair that they could potentially be left with no financial support. For these reasons, we ask Congress to enact legislation, such as S. 976 and H.R. 3402, the Caring for Survivors Act, which would reduce the time period for DIC eligibility and create a graduated benefit that would make the veteran eligible at five years for 50% of the benefit, increased annually until full eligibility is reached at 10 years.

DAV also believes that the current DIC benefit paid to survivors is insufficient. It was intended to provide surviving spouses with a means of economic stability after the loss of their veteran spouse. Today, married veterans who were receiving 100% disability compensation through the VA would be paid approximately \$3,517 a month, whereas DIC payments for survivors are set at \$1,437 a month. As a result, not only would surviving spouses have to deal with the heartache of losing their loved one, but they would also have to contend with the loss of approximately \$24,000 a year. This particularly affects survivors who were dependent on that compensation as a primary source of income. To ensure survivors of disabled veterans receive a meaningful benefit, we urge Congress to enact legislation, such as S. 976 and H.R. 3402, which

would increase the DIC rate to 55% of the compensation rate for a veteran rated totally disabled and then adjust it for inflation annually.

Another issue faced by eligible dependents and survivors is the lapsing of educational benefits. The VA's Dependents' Educational Assistance program, also referred to as Chapter 35, gives eligible veterans' dependents or survivors a 10-year period to apply for and complete these programs of education. This 10-year period begins either from the date the veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or the date of the veteran's death due to a service-connected condition. However, in many instances, most notably in the cases of caregivers, family obligations or the need to provide care for the veteran causes dependents, spouses and surviving spouses to delay applying for and/or using these benefits in a timely manner, ultimately resulting in a loss of benefits and educational opportunities for many eligible family members. To ensure survivors have access to this important benefit, we ask that Congress enact legislation, such as H.R. 2167, which would eliminate the delimiting date for spouses and surviving spouses for using the benefits provided under Chapter 35. This bill passed the House in May 2021, and we look forward to the Senate taking action.

Messrs. Chairmen, we applaud the inclusion of the provision in the Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315) that lowered the age at which surviving spouses of service members and veterans could remarry and retain their benefits—from 57 to 55—which mirrors the criteria of the similar benefit for federal employees. However, surviving spouses of active-duty service members and veterans are more likely to be widowed at a younger age than other professions. Therefore, on average, there is a longer wait period to maintain eligibility for surviving spouses of service members and veterans than for survivors of federal employees; subsequently, we ask Congress to reduce the remarriage age for a surviving spouse to a more reasonable age or institute a new methodology of determining eligibility.

DAV urges Congress to remember those who have served our nation in support of service-disabled veterans, particularly men and women who gave up their own careers, life dreams and financial stability to take on the duty of caregiving. These unsung heroes need to be assured that their nation also recognizes their sacrifices, cherishes their legacy of service, and will support them both now and in the future.

ENSURE ACCESS TO LONG-TERM CARE FOR AGING VETERANS AND VETERANS WITH SERVICE-CONNECTED DISABILITIES

Another key legislative priority for DAV is ensuring that our nation's service-disabled veterans have access to a full continuum of care—including a full spectrum of long-term care options and supportive services to address veterans' unique needs.

The VA's program of geriatric and extended care includes a range of long-term institutional and non-institutional care support to assist aging veterans. It operates 131 Community Living Centers, provides per diem and construction grant support to 157

State Veterans Homes, and contracts with community nursing facilities to support veterans in need of traditional institutional long-term care. Non-institutional care is provided through the home- and community-based services (HCBS) program and includes home-based primary care, adult day health care, respite, and homemaker and health-aid services. Another vital program is the Veteran-Directed Care (VDC) program that provides veterans with resources to hire their own home care team—allowing them to remain in their homes and live more independently. However, increasing demand for long-term care, including new care options, and the complex medical needs of veterans using long-term care continue to strain availability and access to appropriate long-term supports and services furnished and purchased by the VA. The VA is also challenged to provide equitable access to a full complement of services across the system.

While the overall veteran population is decreasing, the number of veterans in the oldest age cohorts is increasing substantially. According to the VA's latest Geriatric and Extended Care Strategic Plan (FY 2020-FY 2024), the number of veterans requiring long-term care will steadily increase over the next two decades. Specifically, the VA Policy Analysis and Forecasting Office noted that the number of veterans of all ages who are eligible for nursing home care is estimated to increase from approximately 2 million veterans in 2019 to more than 4 million by 2039. Moreover, the number of Veterans Health Administration-enrolled veterans 85 and over with service-connected disability ratings of 70% or greater (referred to as Priority 1a) and the number of women veterans in this age group are expected to grow by 588% and 278%, respectively. The VA is required to provide continuing long-term nursing care to this group of veterans if needed. As a result, VA expenditures for long-term care are projected to double by 2037. Additionally, the growth in the number of women veterans will require the VA to ensure that institutional care settings meet environment of care standards to accommodate their needs.

Currently, through its Community Living Centers, State Veterans Homes and contracted community nursing homes, the VA supports approximately 40,000 long-term care beds in skilled nursing and domiciliary facilities. That number is likely just a fraction of the overall total veterans will require in the future, given the VA's estimated growth in the number of enrolled aging veterans. We urge the VA to develop and implement a plan that addresses the estimated number of veterans who will need institutional long-term care over the next two decades, the number of veterans the VA will support, and the specific resources necessary to provide that care in both VA and non-VA facilities.

Additionally, we believe the VA should request, and Congress must provide, sufficient resources to maintain, renovate and modernize its Community Living Centers and State Veterans Homes to accommodate the future institutional long-term care and specialized care needs of veterans with traumatic brain injuries, dementia and spinal cord injuries, including younger veterans who have sustained catastrophic injuries during military service.

It is equally critical for the VA to consider the need and demand for non-institutional or home- and community-based services, such as home-based primary care, adult day health care, and homemaker and health-aid services. These services fill critical gaps, are preferred by most aging veterans and are less expensive than

institutionalized care. But for non-institutional care to work effectively, these programs must focus on prevention, engagement and support before veterans have a devastating health crisis that requires more intensive care in a skilled nursing facility for an extended recovery period.

The VA must also continue to expand innovative programming—such as medical foster homes, its VDC program, home-based primary care teams and adult day health care services—to address veterans' unique needs, preferences and goals whenever possible. While many veterans prefer to age in place, many will unfortunately not have the support they need to safely remain at home and will need to transition to an institutional care setting. The VA must establish measurable goals to address an aging veteran population; increased demand for services; and systemic challenges including workforce shortages, proper geographic alignment of care and meeting veterans' specialized care needs.

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairmen, while much of our focus in Washington, D.C., is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV directly employs a corps of national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through our 16-month on-the-job program. DAV NSOs' own military, personal claims and VA health care experiences not only provide a significant knowledge base but also help promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in spaces provided by the VA in all its regional offices as well as in other VA facilities throughout the nation.

With our chapter service officers, department service officers and transition service officers, as well as county veteran service officers, DAV has over 3,400 accredited benefits experts. They serve on the front lines providing much-needed claims services to our nation's veterans, their families and their survivors. With the generous support of a grateful American public and public-spirited businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

In 2021, DAV's service program took over 2.1 million actions to advocate for veterans and their families, such as representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice and responding to inquiries, and establishing new claims for earned benefits.

I can proudly state that DAV has the largest and most well-trained service program in the country. No other organization has more impact on empowering disabled veterans to become even more productive members of society. We are the only VSO

that holds over 1.1 million powers of attorney to represent veterans and their survivors. During 2021, DAV NSOs interviewed over 290,000 veterans and their families and filed over 151,000 new claims for nearly 423,000 specific injuries or illnesses. Thanks to the great work of our service officers, claimants represented by DAV obtained more than \$25 billion in benefits.

Appellate Representation of Denied Claims

In addition to our work at VA regional offices, DAV employs national appeals officers (NAOs) who serve appellants in the preparation and presentation of written briefs for Board of Veterans' Appeals review. NAOs also represent appellants in formal hearings before Veterans Law Judges. The Board is the highest appellate level within the VA, responsible for the final decision concerning entitlement to veterans benefits. More than 96% of the claims before the Board involve disability compensation issues.

In fiscal year 2021, DAV NAOs provided representation in more than 20.9% of all appeals decided by the Board, which is a caseload of approximately 16,217 appeals. Of appeals represented by DAV at this level, 77.3% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Of the cases acted upon by our national appeals office in calendar year 2021, each case was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,142 of these cases previously denied by the Board were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 18,135 veterans and have provided free representation in over 14,317 cases.

Transition Services for New Veterans

DAV continues to provide direct on-site assistance to injured and ill active-duty military personnel through our Transition Service Program, now in its 20th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA. Our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the contiguous United States and Hawaii.

DAV currently employs 26 TSOs who also provide free assistance to those who need it. In 2021, DAV TSOs conducted over 485 briefing presentations to groups of separating service members, with more than 16,200 participants attending those sessions. They also counseled in excess of 40,000 people in individual interviews and electronic communications, reviewed 8,361 military service treatment records and presented over 16,000 benefits applications.

DAV remains committed to advocating for these service members to ensure that they are better informed about the benefits they have earned as a result of their military service. It is through this program that DAV is able to advise service members of their benefits and ensure that they know about the free services DAV is able to provide during every stage of the claims and appeals process.

Information Seminar Program

Another important outreach program to veterans is DAV's information seminars, which are held to educate veterans and their families on specific veterans benefits and services. With the support of DAV's network of state-level departments and local chapters, DAV NSOs conduct these free seminars across the country.

During 2021, due to COVID-19, the number of in-person seminars we could conduct was still limited. However, NSOs were able to hold 49 seminars and brief nearly 2,300 veterans and their families about benefits they may be entitled to as a result of their military service. Service officers interviewed veterans and their families at the seminars and assisted in filing new claims for benefits as well.

Disaster Relief Program

Our Disaster Relief Program provides grants and supply kits to help veterans and their families secure temporary lodging, food and other necessities in the aftermath of natural disasters and emergencies in various areas around the nation. During 2021, DAV provided nearly \$1.4 million to more than 2,100 veterans affected by natural disasters, including hurricanes, tornados, floods and fires.

While the Disaster Relief Program normally operates in reaction to natural disasters, we expanded the program to assist with veterans and their families affected by COVID-19. DAV established a COVID-19 Unemployment Relief Fund in April 2020 to provide financial aid to service-connected disabled veterans who lost employment or income in the wake of the outbreak. DAV's unemployment relief fund continued through April 2021 and resulted in more than \$2.1 million being distributed to veterans. Since the 1968 inception of the Disaster Relief Program, which included our COVID-19 fund, over \$17.5 million has been disbursed to veterans in need.

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

Another vital part of DAV's success is the more than 14,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality and fulfilled lives. Our Voluntary Services program ensures that ill and injured veterans are able to attend their medical appointments and receive assistance in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 400,000 hours of essential services to hospitalized veterans that DAV volunteers provide at no cost, the cost to taxpayers would be more than \$11.3 million.

Unfortunately, the impact of the COVID-19 pandemic devastated DAV's volunteer efforts. Like VA medical care facilities and regional offices, DAV departments and chapters across the country have been operating at a reduced staff capacity, and in many cases, our volunteer programs were suspended entirely for public health safety concerns. However, we know that our dedicated corps of DAV and DAV Auxiliary volunteers will be back, stronger than ever, as soon as safely possible.

DAV National Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 161 hospital service coordinators and more than 4,400 volunteer drivers at VA medical centers across the country.

During fiscal year 2021, volunteer drivers spent over 508,000 hours transporting veterans to their VA medical appointments. Despite challenges due to the COVID-19 pandemic, these volunteers logged almost 8 million miles and provided more than 163,000 rides to VA health care facilities, saving taxpayers more than \$14.5 million. Since our national transportation program began in 1987, more than 19 million veterans have been transported over 730 million miles.

We are also very pleased to report that in 2021, DAV donated 61 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$1.8 million. In 2022, we plan to donate additional vehicles to the VA, but due to the uncertainty of the supply chain for the auto industry, we are not able to estimate the value of that gift at this time. DAV's efforts were again supported by Ford Motor Co., with the presentation of eight new vehicles to DAV for the Transportation Network. To date, Ford has donated over \$5.8 million toward the purchase of 248 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to our national Transportation Network is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. With a value of nearly \$85 million, DAV has donated a total of 3,618 vehicles to the VA since 1987 for transporting veterans to their medical appointments.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and Auxiliary volunteers have answered that call in full measure. From July 1, 2020, to June 30, 2021, LVAP volunteers performed buddy checks, delivered groceries and provided help to our nation's heroes in a variety of ways. Overall, they donated nearly 1 million hours of service—and did this all while maintaining safe distance—to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

Our LVAP volunteers contribute time and energy for various activities that include, but are not limited to:

- State department- and chapter-level volunteer benefits advocacy.
- Outreach at events such as Homeless Veterans Stand Downs and a volunteer presence at National Guard mobilization and demobilization sites.
- Direct assistance to veterans, their families and their survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

To date, LVAP volunteers have donated more than 12.5 million volunteer hours. We believe this important program makes a difference in the lives of all of those we serve.

Boulder Crest Mentoring Retreat

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Retreat program in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also annually sponsors an all-female veteran retreat. In 2021, 40 participants shared in these life-changing retreats. Since 2015, 224 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including several DAV past national commanders, have served as mentors to the latest generation of seriously injured veterans at these retreats. Leaders' spouses have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of service as caregivers.

Adaptive Sports

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs. These programs and associated events directly affect the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to be the co-presenter of the annual National Disabled Veterans Winter Sports Clinic and the National Disabled Veterans Golf Clinic. Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives.

For 36 years, DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." This unique clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are able to participate in adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

After the cancellation of the clinic for 2020 and 2021, we are happy to say that we will be back on the mountain in 2022. The 36th National Disabled Veterans Winter Sports Clinic is scheduled for March 27–April 1 in Snowmass Village, Colorado. However, due to the pandemic and public health safety concerns for veteran participants, volunteers and staff, the event will have restricted attendance this year.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other interests. The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. While this clinic had to be canceled in 2020 and 2021, the 29th National Disabled Veterans Golf Clinic is scheduled to take place near Iowa City, Iowa, September 11–16.

Like all Americans, we are hoping that things will return to normal in the near future so that DAV will be able to host these events at full capacity safely and bring these important rehabilitative programs back to the injured and ill veterans we serve.

The Next Generation of Volunteers

In order to identify and develop a new generation of volunteers, and in remembrance of former VA Secretary and former DAV Executive Director Jesse Brown, we launched a memorial scholarship program in his name. The DAV Scholarships honor outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV's Local Veterans Assistance Program, donating their time and providing compassion and support to injured and ill veterans.

For the first time, this scholarship program has been expanded to include two additional scholarships. We are grateful that we will be able to present 10 scholarships for a total of \$110,000, with the top scholarship of \$30,000 being awarded at the 2022 DAV National Convention.

Since the program's inception, DAV has awarded 211 individual scholarships valued at more than \$1.6 million, enabling exceptional young people to pursue their goals in higher education and experience the significance of volunteering. DAV is very proud of this program, and we thank Ford Motor Co. for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Messrs. Chairmen, DAV is extremely proud of the service provided by our volunteers, many of whom are injured or ill veterans themselves, or family members of such veterans. These volunteers continue to selflessly serve the needs of our nation's disabled veterans on a daily basis, and we applaud their compassion and dedication.

DAV NATIONAL EMPLOYMENT PROGRAM

DAV understands that the journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who do, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life, and DAV remains dedicated to providing our services to all the men and women who have served. DAV remains fully committed to ensuring that these new veterans gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans organizations in providing assistance to veterans and their spouses seeking a new or better career. One primary component of this mission was DAV forming a strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to hosting nearly 100 traditional and virtual career fairs with RecruitMilitary annually, DAV uses a multitude of

online and offline resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve personnel, veterans and their spouses.

Undoubtedly, we as a nation have endured unprecedented times over the past two years due to the impact of the pandemic, but unemployment continues to be a major challenge for so many ill and injured veterans. In immediate response to the pandemic's changing landscape on a daily basis, we are pleased to say that in March 2020 we were able to pivot quickly from our in-person job fairs to a full schedule of virtual job fairs. In doing so, we created a positive continuity and a viable path forward for job-seeking veterans to engage with the many participating companies on the road to securing meaningful employment. Likewise, in response to the pandemic and the loss of employment for so many service-disabled veterans, DAV went to work by offering financial relief through our DAV COVID-19 Unemployment Relief Fund, which provided well over \$2 million in much-needed relief to our most vulnerable ill and injured veterans and their families.

Since its inception in 2014, our National Employment Program has unquestionably made a huge impact on reducing the number of unemployed and underemployed veterans and is intertwined with the historically low veteran unemployment rate of approximately 3% we arrived at just before the dramatic, adverse effects of the COVID-19 pandemic. In fact, from June 2014 through December 2021, DAV hosted more than 780 in-person and virtual career fairs resulting in 158,171 job offers extended to 258,729 participants. We entered 2021 hosting only virtual events, but in June, we returned to in-person job fairs, coordinating 82 total events from January to December 2021. In 2022, we will be hosting 80 job fairs for active-duty service members, Guard and Reserve personnel, veterans and their spouses, which is still a much lower number of events than pre-pandemic. We do encourage you to share with your constituents our full schedule of job fairs, which can be found at davjobfairs.org, and reassure them that companies are aggressively recruiting and hiring military veterans.

In addition to our sponsored veteran career fairs each year, our National Employment Department also works directly with more than 300 companies seeking the many talents and skills they know only veterans possess. Moreover, our National Employment Program provides a multitude of resources that veterans can easily access within our employment resources webpage, jobs.dav.org, including a job search board offering more than 300,000 current employment opportunities around the world, direct links to companies, resources for employers and other helpful information. Additionally, DAV expanded our efforts to recognize outstanding companies that are not only veteran-friendly but veteran-ready—companies that fully understand the value and importance of veterans in their workplace and demonstrate solid recruiting, hiring and retention efforts. DAV's Patriot Employer Recognition Program provides well-deserved recognition to many outstanding companies. We invite you to visit patriotemployers.org and nominate one or more companies in your respective districts and states.

Furthermore, DAV continued our partnership with “Hiring America,” the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program’s projected reach of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies who want to hire them.

In 2019, DAV expanded our published *The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans with Disabilities* for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased with the ongoing positive response to our hiring guide, and we will keep this valuable information up to date and available to companies who visit our employment resources every day. We encourage you and your staff to visit jobs.dav.org to download a copy of our hiring guide, or we would be happy to provide you with copies of the printed version.

In addition to helping veterans and their spouses secure meaningful employment and assisting companies by connecting them with veterans and spouses seeking employment, DAV will continue our effort to assist Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) with forthcoming entrepreneurship tools and resources.

Likewise, we are excited to advance our veteran entrepreneurship support and efforts and pleased to inform you that DAV recently acquired Patriot Boot Camp, a leading expert in this area that provides special events, mentorship and resources to veteran entrepreneurs. By bringing the formerly independent charity into the fold as a DAV program, we can expand the initiative’s reach and programming to support more veterans, military members and spouses. This will allow DAV to deliver services to empower veterans, especially for SDVOSBs and those who want to secure federal contracting, while creating more employment opportunities for the people we serve.

Messrs. Chairmen, although DAV’s National Employment Program is still new for our century-old organization, we are extremely proud of its progress. DAV remains enthusiastic about our mission of providing meaningful employment assistance, not only to ill and injured veterans but to all veterans and their spouses, as well as active-duty, Guard and Reserve members.

DAV CHARITABLE SERVICE TRUST

DAV also has a charitable arm that works to improve the lives of veterans, their families and their survivors. Organized in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of injured and ill veterans through financial support of direct programs and services for veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other VSOs in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than \$135 million has been invested to serve the interests of our nation's heroes.

In an effort to fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injury, substance use challenges, amputations, spinal cord injuries and other combat-related injuries. It also supports efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

- Food, shelter and other necessities to homeless or at-risk veterans.
- Mobility items or assistance specific to veterans with blindness or vision loss, hearing loss or amputations.
- Qualified therapeutic activities for veterans and/or their families.
- Physical rehabilitation, mental health and suicide prevention services.

In 2020, a \$1 million grant was awarded to Save A Warrior, a nonprofit committed to ending the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant will be used to support the construction and development of Save A Warrior's new DAV National Center of Excellence in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combatting suicide and mental health issues. The center is slated to open this June.

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. As long as veterans experience unemployment, homelessness, and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges.

By supporting these initiatives and programs, it furthers the mission of DAV. For over 10 decades, DAV has directed its resources to the most needed and meaningful services for the nation's wounded and injured veterans and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support and generosity of corporate partners, individuals and DAV members who remain faithful to our mission.

DAV NATIONAL LEGISLATIVE PROGRAM

Messrs. Chairmen, DAV's Legislative Program is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime service-disabled veterans, their dependents and their survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 99th annual convention. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs Committees to consider the merit of these proposals and use them to enact legislation to help improve the lives of wartime injured and ill veterans, their dependents and their survivors.

The complete text of DAV's Legislative Program is available on DAV's website at <https://www.dav.org/wp-content/uploads/ResolutionBook.pdf>.

Disability Compensation and Other Benefits

- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Support legislation to improve and reform Dependency and Indemnity Compensation.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to increase disability compensation.
- Support legislation to provide for realistic cost-of-living allowances.
- Support legislation to protect total disability based on Individual Unemployability benefits and ensure it remains available for all eligible veterans regardless of age or receipt of any other federal benefits.
- Support legislation to provide presumptive service connection for illnesses and diseases related to herbicide exposure in veterans who were stationed at air bases in Thailand during the Vietnam War.
- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans disability compensation for all longevity-retired veterans.
- Support oversight of the VA's practices used in evaluating disability claims for residuals of military sexual trauma.

Medical and Health Care Services

- Support program improvement and enhanced resources for VA mental health programs and suicide prevention.
- Support enhanced medical services and benefits for women veterans, underserved and minority veterans.
- Enhance long-term care services and supports for service-connected disabled veterans.
- Strengthen and protect the VA health care system.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, injured and ill veterans from all eras.
- Support improvements in provider training and beneficiary travel benefits for veterans seeking specialized treatment programs and care for military sexual trauma.
- Support VA research into the medical efficacy of cannabis for treatment of service-connected veterans.
- Support humane, consistent pain management programs in the veterans health care system.
- Ensure timely access to quality VA health care and medical services.
- Support VA medical and prosthetic research programs.
- Support sufficient funding for VA prosthetic and sensory aids and timely delivery of prosthetic items.

General Issues

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support veterans' preference in public employment.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Support legislation to improve and protect education and employment benefits for disabled veterans and their survivors.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Support the Defense Prisoner of War/Missing in Action Accounting Command.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
- Support legislation to strengthen and protect Service-Disabled Veteran-Owned Small Businesses.
- Extend space-available air travel to caregivers and dependents of eligible veterans.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans.

CONCLUSION

Messrs. Chairmen, DAV has been serving veterans for more than 100 years, and our organization has come before these committees many times to present the challenges veterans face across the nation. We appreciate your continued commitment to these issues—and to the men and women who served—even if the solutions may not seem clear, fast or easy.

Duke Ellington, whose music served to lift the spirits of soldiers at war and supporters on the homefront during World War II, once said, “A problem is a chance for you to do your best.”

If ever there was a need for us to focus our efforts, be our best and rise to meet the occasion, this is it. Our veterans are worth the fight.

May God continue to bless the DAV, the men and women who serve our great nation, and the United States of America.

This concludes my statement. Thank you for the opportunity to present DAV's legislative priorities and highlight the many services we provide to America's injured and ill veterans.