

**JOINT HEARING ON LEGISLATIVE PRESENTATIONS
FROM AXPOW, PVA, SVA, GSW, MOAA, FRA,
IAVA**

JOINT HEARING
OF THE
COMMITTEE ON VETERANS' AFFAIRS
BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
AND THE
U.S. SENATE

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

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MARCH 3, 2020
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JOINT HEARING ON LEGISLATIVE PRESENTATIONS FROM AXPOW, PVA, SVA, GSW, MOAA, FRA, IAVA

TUESDAY, MARCH 3, 2020

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

The Committees met, pursuant to notice, at 2:03 p.m. in room SD-G50, Dirksen Senate Office Building, Hon. Jerry Moran and Hon. Mark Takano, Chairmen of the Committees, presiding.

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

Representatives Present: Takano, Lamb, Levin, Rose, Cunningham, Cisneros, Underwood, Roe, Bilirakis, Bost, and Roy.

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

Chairman MORAN. I am unaccustomed to getting it so quiet so easily. I am a married man with two daughters and I can tell you it does not work that way when I go home.

The subcommittee hearing—I am sorry—the full Committee hearing will come to order. I take this opportunity to welcome our witnesses. Thank you very much for your presence here today. There are seven organizations who work hard on behalf of veterans every day with us for this hearing. I appreciate the work that you do, and I appreciate the working relationship that this Committee and your organizations have. It is very helpful and required.

I would like to extend a special welcome to those who traveled here from my home State, Kansas, and to make me feel good would you please stand or raise your hand.

Thank you, ma'am. I knew you were here.

[Applause.]

Chairman MORAN. As you can see, I have quite a following.

I will keep my remarks brief. The House has a vote that is supposed to conclude at 2:05. Chairman Takano asked that we go

ahead and proceed in his absence, but I would expect my colleagues to be here shortly.

I will keep my remarks brief, and we will jump shortly to the VSOs and hear their priorities in just a moment.

I do want to mention just a couple of things, reiterate one more time my top priorities as the new Chairman of this Committee. I have worked closely with Senator Tester, the Ranking Member, on a comprehensive suicide prevention bill, some of you mentioned it in your testimony, the Commander John Scott Hannon Veterans Mental Health Care and Improvement Act. That bill was reported out of our committee in the Senate unanimously. It is a multifaceted approach to suicide prevention, and I would like to thank the VSOs for their input, work, and support on that critical piece of legislation.

Implementation of the MISSION Act, appropriate action on toxic exposure, those are things that I want to make certain that we more fully address. We want to ensure that the families of our fallen heroes are cared for, and you have my commitment to support veterans across America, all those veterans that your organizations represent.

I look forward to your presentations and discussion today and I look forward to continuing to work with you. We will recognize Chairman Takano and Ranking Member Tester and Ranking Member Roe when they arrive.

So, we will now begin hearing from witnesses. Commander Certain, we will start with you and the floor is now yours.

**STATEMENT OF ROBERT CERTAIN, NATIONAL COMMANDER,
AMERICAN EX-PRISONERS OF WAR**

Mr. CERTAIN. Thank you, Chairman Moran and members of the House and Senate Veterans' Affairs staff, if they are present. My name is Robert Certain. I am the National Commander of American Ex-Prisoners of War. I was held a prisoner of war in North Vietnam from 1972 and '73, and served 30 years in the uniform of the U.S. Air Force. Thank you for the opportunity to express our comments today. I will briefly summarize the document you have already received.

Our legislative agenda has been very consistent since our establishment in 1942, that veterans earned benefits and health care and fair compensation for sacrifices made in the service of this Nation.

We are grateful for the efforts of these Committees and this Congress for passage of three important measures in 2019: (1) the Full Military Honors Act of 2019, ensuring full military honors for prisoners of war and for recipients of the Medal of Honor, regardless

of military rank; (2) the legislation authorizing the use of the POW-MIA flag alongside the American flag throughout the year on Federal property; and (3) the NDAA for fiscal year 2020, eliminating the SBP-DIC offset, the so-called “widow’s tax,” over the course of the next 3 years. Thank you for your efforts to bring these concerns to reality.

During this session of the 116th Congress we urge attention several continuing issues affecting former POWs, other veterans, and their families or survivors. First are two bills before you now, H.R. 3221 and S. 1047, the Dependency and Indemnity Compensation Improvement Act. We urge your Committees to report these favorably to the Senate and House for action this year. Refer to our written testimony for further explanation.

Second, I urge you to consider modifications to two existing laws, Public Law 9737, the Former Prisoners of War Benefits Act, and the Federal Advisory Committee Act of 1972, which limits volunteer citizen participation in service on advisory committees to 10 years. The FACA has resulted in long-serving former POWs being removed from the VA Advisory Committee on Former POWs, along with their corporate knowledge of work done. I believe term limits should be lifted for this particular advisory committee and opportunity given for former prisoners to return to service.

I also urge your Committees to require the Secretary of the VA to place this Committee under his direct oversight. In the last dozen years, it has been moved away from that office and placed several layers down, under the Veterans Benefit Administration. That placement has made it easy to ignore its recommendation and easy to lose.

Third, I urge you to require the Secretary of Veterans Affairs to obtain the official list of former prisoners of war from the Department of Defense, and to limit VA benefits to former POWs on the DOD list. I also urge you to direct the Department of Veterans Affairs to locate all living POWs on the DOD list, to invite those outside the VA system to come in for protocol physicals to determine service-connected disabilities, and to receive treatment in VA medical centers and clinics.

In January of this year, I personally found a former POW from Vietnam with 2,207 days of imprisonment, who has never been approached, rated, or treated by the VA.

Fourth, given the small number of currently surviving former prisoners of war and our ages, Congress can simplify the process by directing the Department to grant 100 percent service-connected disability to all verified former POWs and to cease benefits to those in the VA system who cannot be verified by DOD.

Fifth, we urge you to eliminate the veterans' means test for access to health care, and to consider including American civilians in the VA health care system who were held as prisoners of war as a result of their contracted support of our Armed Forces.

Finally, we urge the Congress and this Nation to continue to search for the remains of our fallen, to identify those remains whenever possible, and to secure their burial on American soil. Much has been accomplished but much more needs to be done.

I thank you for your time today. Please read our written testimony carefully, including addendums, and continue to stand with those men and women who have stood between their loved home and war's desolation and ensure that the Department of Veterans Affairs lives up to its charge to care for those who have borne the battle, their surviving spouses, and their orphans.

[The prepared statement of Mr. Certain follows the hearing text.]

Chairman MORAN. Commander Certain, thank you very much for your testimony.

We will now recognize the National President of the Paralyzed Veterans of American, David Zurfluh.

**STATEMENT OF DAVID ZURFLUH, NATIONAL PRESIDENT,
PARALYZED VETERANS OF AMERICA**

Mr. ZURFLUH. Chairman Moran, Chairman Takano, and Members of the Committees, I appreciate the opportunity to speak with you this afternoon on behalf of the thousands of veterans with spinal cord injuries and disease who depend on the VA's Spinal Cord Injury System of Care. Right now, advocates from our 33 chapters are in Arlington, Virginia, watching this testimony live as they prepare to storm Capitol Hill starting tomorrow.

My written statement addresses several critical issues that impact catastrophically disabled veterans, and in my limited time I would like to address three that are particularly important: protection of the VA's Spinal Cord Injury System of Care, improved access to long-term services and supports, and increased access to adaptive vehicle and housing assistance.

PVA firmly believes VA is the best provider of health care for veterans with spinal cord injuries and disease. The VA's SCI/D system of care provides a coordinated, life-long continuum of services for veterans that have significantly increased our lifespans. VA's specialized system of care follows higher clinical standards than those required in the private sector, but we are concerned that VA continues to under staff facilities and their capacity to treat veterans will be diminished, and that could lead to closure of VA facilities and reductions in service.

Staffing problems have a direct diverse impact on the SCI/D System of Care. PVA estimates there is a shortage of 600 SCI nurses. VA's ability to meet the highest standard of care to our veterans, however, relies on more than just having the right number of physicians and nurses. They also need qualified and well-trained housekeepers.

Last year at some VA medical facilities staffing levels for custodial employees dipped below 50 percent, which heightens the health risks to veteran patients. PVA strongly advocates for Congress to provide enough funding for VA to reform its hiring practices and hire additional personnel to meet demand for services in the SCI/D System of Care, and ensure the positions, pay, and other incentives they offer are competitive with the private sector.

We are also concerned about access to quality long-term services and supports. We are proud to support the MISSION Act's expansion of VA's comprehensive family caregiver program to veterans who are seriously injured in service prior to 9/11. VA's failure to meet congressional deadlines for expansion of the program, however, means that some of our members will never be able to take advantage of the program because they have died during this delay. We need you to provide the effective oversight to ensure that more of our brothers and sisters, who have been waiting for this program, are able to benefit before it is too late for them too.

Many aging veterans with catastrophic disabilities are also in need of institutional care. VA designated six specialized long-term care facilities because of the unique comprehensive medical needs of veterans with SCI/D. However, there is only one SCI/D specific long-term care facility west of the Mississippi. It is at the Long Beach VA, and has a capacity of 12 inpatient beds and a long waiting list. Although VA has identified the need to provide more SCI/D long-term care facilities, the need demands greater action on VA's part and from Congress.

Finally, PVA members seek greater access to adaptive vehicle and housing assistance. Access to an adaptive vehicle is essential to the mobility and the health of catastrophically disabled veterans, who need a reliable means of transportation to meet their work, family, and health care needs. Because of the high cost to procure a replacement vehicle, veterans may retain one that is no longer reliable, which places them and those around them at risk.

PVA asks for your support on H.R. 5761. This legislation would allow eligible veterans to receive an automobile allowance grant every 10 years for the purpose of an adaptive vehicle.

We also seek greater access to housing adaptations, which help catastrophically disabled veterans live in their communities. To improve VA's Specially Adapted Housing grant program, PVA advo-

cates for an increase in its value and the number of times it may be used, a supplemental grant, and prioritization for veterans with ALS.

We are pleased that the House already passed H.R. 3504, which would address these concerns. We also appreciate the Senate companion legislation, S. 2022. We sincerely hope Congress can give final approval to this legislation as quickly as possible.

PVA's members have the same hopes and dreams as all Americans: access to quality VA health care, timely, benefits, and robust services that allow us to be unstoppable.

On behalf of Paralyzed Veterans of America, I thank you for your time and will answer any questions you may have.

[The prepared statement of Mr. Zurfluh follows the hearing text.]

Chairman MORAN. National President Zurfluh, thank you for your testimony.

We now recognize the National President and Chief Executive Officer of the Student Veterans of America, Jared Lyon. Mr. Lyon.

STATEMENT OF JARED LYON, NATIONAL PRESIDENT AND CHIEF EXECUTIVE OFFICER, STUDENT VETERANS OF AMERICA

Mr. LYON. Thank you, Chairmen Moran and Takano, Ranking Members Tester and Roe, and Members of the Committees. Thank you for inviting Student Veterans of America to present these policy priorities on behalf of our community.

Established in 2008, SVA has a mission focused on empowering student veterans, and we are committed to providing an educational experience that goes beyond the classroom. Through a dedicated network of more than 1,500 on-campus chapters, SVA aims to inspire yesterday's warriors by connecting student veterans with a community of like-minded chapter leaders.

There are over 100 student veterans, alumni, chapter advisors, supporters, and our sixth annual class of VFW SVA legislative fellows who are here with us today. Our SVA chapters span the globe and endeavor to create a thriving, on-campus community for student veterans, focused on inclusivity, support, and advocating for policies and resources that empower a generation.

Specifically, I would like to recognize our SVA chapter at Colorado State University, our current National Chapter of the Year, who is here today. For those of you in the audience that are representing SVA, would you please stand or raise your hand to be recognized.

[Applause.]

Mr. LYON. Thank you. Our research outlines the ways in which student veterans outperform their traditional peers on campus and

in their communities. With higher grade point averages, a greater overall success rate, and the propensity to obtain degrees in high-demand fields, and better career outcomes post-graduation, one fact is clear: today's student veterans are worth the investment America has made in them.

Our latest research is called the Lifecycle Atlas, and it represents our effort to map the educational and career journeys of student veterans from high school to the present day. When complete, policymakers will be able to better allocate valuable resources and transitioning servicemembers will be able to make decisions informed by the aggregated data of thousands of veterans who have gone before them, in college and into their careers.

Based on our research and firsthand feedback from our community, the contemporary needs of student veterans directly inform our 2020 policy priorities. Most pressing, we are focused on critical GI Bill improvements aimed at the daily lives of student veterans, their families, survivors, who are also using the GI Bill.

We want to bring attention to four unique improvements that would substantially increase the success of the GI Bill.

First, restoration of break pay; second, reforming overseas housing allowance rates and the approval of study abroad programs; third, creating greater safeguards for students affected by natural disasters; and fourth, affording servicemembers additional time to consider whether or not the Montgomery GI Bill enrollment is the right decision for them.

Also, we strongly support a focus on modernization efforts within the VA, including designation of specific and sufficient IT funding for all VBA education and training modernization needs, the establishment of an Under Secretary of Opportunity at VA, and an expansion of the modernization of the GI Bill College Comparison tool.

I would like to take a moment to especially thank VA, OIT, and VBA for the modernization efforts of the education and loan guarantee programs. Just as student veterans helped democratize higher education after World War II, student veterans today are once again at the tip of the spear for all post-traditional students. Today we are highlighting the need for better data on student food and housing insecurity, seeking increased access to childcare on campus, and asking for support to better integrate health and well-being services on campuses.

While outside the direct jurisdiction of these Committees, the Higher Education Act reauthorization affects major aspects of the educational opportunities, choices, protections that impact student veterans. SVA will continue to prioritize keeping the student vet-

eran voice a key part of the reauthorization efforts as negotiations continue.

Above all else, we are calling for an end to the damage caused by the longstanding 90/10 loophole. Thank you to the many members who have already stepped up to support us on this issue over the past year. In 2019, we saw the bipartisan bill in the Senate and the provision within the House College Affordability Act to close the loophole. Based on the growing support, we firmly believe that this year the 90/10 loophole is finally closed.

At SVA we use the term “the best of a generation” describing all veterans. In our Nation’s history, whether they were drafted or volunteered, deployed overseas or defended the home front, veterans have always been the best of their generation. From the founding of our country to present day, it continues to prove true that educated veterans are the key to solving whatever problems our Nation faces. This is the legacy we know student veterans carry and what our 2020 policy priorities support.

It is an honor to be here with you all today, and we look forward to empowering this and every generation of veterans with your support. Thank you, and I look forward to your questions.

[The prepared statement of Mr. Lyons follows the hearing text.]

Chairman MORAN. Mr. Lyon, thank you very much.

Now, we recognize the Former National President of the Gold Star Wives of America, Crystal Wenum.

**STATEMENT OF CRYSTAL WENUM, FORMER NATIONAL
PRESIDENT, GOLD STAR WIVES OF AMERICA**

Ms. WENUM. Chairman Moran, Chairman Takano, Ranking Member Tester, Ranking Member Roe, and distinguished Members of both the Senate and House Committees on Veterans’ Affairs, I am pleased to be here today to testify on behalf of Gold Star Wives of America to share our legislative priorities. I had the honor of testifying before you last year and I am honored to do so again.

My name is Crystal Wenum and I am the widow of Staff Sergeant James O. Wenum, a Vietnam veteran who served during the Tet Offensive. He died on May 8, 1982, leaving me to raise our 5- and 3-year old children.

In addition to a Gold Star Wife I am also a Gold Star Daughter. My father was killed in action at the Chosin Reservoir in Korea on November 29, 1950. My mother was 6 months pregnant with me and had a 1-year old son at the time. My mother joined Gold Star Wives in 1951 and I have literally grown up with this wonderful organization. I have remained active with Gold Star Wives and I am proud to have served as its National President.

Gold Star Wives is grateful for all the public laws that have been passed in the years since 1946. These laws provide much needed benefits for surviving spouses and children of our military service-members. In particular, I would like to thank you for ending the SBP-DIC, commonly known as the “widow’s tax.” This has been an injustice for decades, and by taking action this year and eliminating this unfair tax you have helped over 66,000 members of our community, and we thank you from the bottom of our hearts.

But, there is still more work to do to help the more than 400,000 Gold Star Spouses in this country. My testimony today will be addressing some of the inequities and concerns that currently exist.

Dependency and Indemnity Compensation, “to care for him who have borne the battle and for his widow and orphan.” These words from Abraham Lincoln Second Inaugural Address in 1985, succinctly states the sacred promise our country has made to our veterans and survivors. The VA stated, in September 2018, that there were 416,438 surviving spouses who receive DIC. The flat monthly rate has not been increased except for cost of living adjustments since 1993.

When DIC is compared to payments to surviving spouses of other Federal employees, DIC lags behind by 12 percent. The other Federal survivor benefit plans pay a surviving spouse 55 percent of the spouse’s salary. We are pleased that legislation has been introduced in both the Senate and the House of Representatives to increase DIC from 43 to 55 percent, which would bring parity with other Federal survivor programs. I urge you to support Senate 1047 and H.R. 3221 to fix this inequity.

Eliminate the remarriage penalty for surviving spouses. GSW would like your assistance in changing current law that binds surviving spouses to widowhood. Under current law, if the surviving spouse remarries before the age of 57, he/she forfeits lifesaving benefits afforded to them. GSW has realized age 57 is an arbitrary age that penalizes surviving spouses.

Other concerns. H.R. 95 and Senate 91, the Homeless Veteran and Children Act, would allow per diem payments to be extended to homeless veterans’ children under comprehensive service programs. GSW supports these bills and hopes that Congress will pass them in a timely manner so that homeless veterans’ children can be taken care of in the same manner as the veteran.

Being intimately familiar with the devastation of death, GSW is extremely concerned with the overwhelming number of veterans and active duty servicemembers who die by suicide every year. GSW supports any effort to reduce the rate of service-connected deaths by suicide.

In conclusion, Gold Star Wives of America is appreciative for existing laws that provide vital benefits and support for surviving spouses and children of our military members who gave their lives in service to our country. With every flag-draped casket that is flown home, another family suffers devastating loss. We honor their memories by asking for your help in rectifying the inequities we have presented. Our benefits are not entitlements but have been earned through service and sacrifice that never goes away.

Again, thank you for the opportunity to testify on behalf of Gold Star Wives of America. I am available for any questions you might have.

[The prepared statement of Ms. Wenum follows the hearing text.]

Chairman MORAN. Mrs. Wenum, thank you for your testimony and thank you for your and your family's service and sacrifice to our country.

We now recognize the Senior Director of Governmental Relations for the Veterans-Wounded Warrior Care, Military Officers Association of America, René Campos.

STATEMENT OF RENÉ CAMPOS, SENIOR DIRECTOR OF GOVERNMENT RELATIONS FOR VETERANS-WOUNDED WARRIOR CARE, MILITARY OFFICERS ASSOCIATION OF AMERICA

Ms. CAMPOS. Chairmen Moran and Takano, Ranking Members Tester and Roe, and Committee Members, thank you for the opportunity to share MOAA's legislative priorities for veterans.

Three of our top priorities today are suicide prevention and mental health, service-connected health conditions and toxic exposures, and women veterans' programs.

I will begin by painting a picture of three individuals engaging with the VA across the spectrum, stories indicating our work is not done. On one end is a VA employee whose workload has quadrupled since the MISSION Act, saying it is taking longer to get veterans care and there is no budget or staff to do the work. Morale is the lowest it has ever been.

Then there is a 63-year-old veteran admitted to his VA medical center, threatening suicide, and in a diabetic emergency. He left the hospital disoriented with 11 different medications, unsure how he was going to remember to take all those medications. His family had to press VA for help in assisting him.

At the other end of the spectrum is an honorably discharged Special Forces veteran who ends up being charged with a felony as a civilian. Fortunately, he was enrolled in the veterans treatment courts (VTC) program where VA diagnosed and treated him for PTSD and TBI. Without VTC, he would not have received treatment or become a fully functioning citizen.

At the center of MOAA's priorities and these stories is VHA's transformation. MOAA greatly appreciates the difficulty and the impressive progress that VA has made in implementing the MISSION Act. It took hard work and unrelenting communication and openness to collaboration to get the measure signed into law. It will take no less effort to successfully implement the law.

Sadly, we are frustrated and disappointed by the limited updates that VSOs have received since the MISSION Act implementation. We urge VA to use stakeholders as a resource in implementing these massive reforms.

One important priority area is suicide prevention and mental health programs. While VHA has made substantial progress in enhancing these programs, more must be done to strengthen the relationships between veterans and community partners. Veterans like myself still struggle with understanding the system and how to navigate the complex VA systems. Change is slow, and many facilities still deliver one-off care, or more veterans are pushed out of care before they are ready, as I mentioned with the 63-year-old veteran.

MOAA believes many of the suicide and mental health bills before the Committees can really make a difference. However, these efforts should be synchronized and coordinated, and if not, VA will be tasked with just delivering another program to its already full plate. MOAA urges the Committees to continue making suicide prevention and access to mental health care a top priority, ensuring efforts are integrated with the President's PREVENTS roadmap.

Our second priority area is service-connected conditions and toxic exposures. MOAA truly appreciates the Committees championing the Blue Water Navy Vietnam Veterans Act. However, each day, new exposures are illnesses surface, while VA continues to struggle to collect data and records to connect exposures to health conditions, critical information really only DOD can provide. It is time for Congress to establish a legislative framework to address these and future exposures.

MOAA, in our close partnership with United Health Foundation, has produced a series of America's Health Rankings and Health of Those Who Serve reports like this one. It shows the unique demands of military service and how it can affect long-term health. Our next report will be published in May, and we look forward to meeting with the Committees to share our findings. MOAA asks the Committees to assure veterans that they will receive the appropriate health care and benefits that they earned through their service-connected conditions.

Finally, each year, VA chips away at increasing funding and outreach programs to serve women veterans, yet gaps persist in deliv-

ering their care and benefits. Recently, a number of VSOs gathered to talk about these gaps and our priorities this year for women. Issues such as removing cultural and safety barriers and increasing funding and services for infertility, research, mental health, transitional programs, and childcare. MOAA urges the Committees to reach an agreement on the provisions in the Deborah Sampson Act and get it signed into law, so women will have equal access to earned benefits and health care.

In closing, the next 2 years are pivotal for VHA transformation, and it will take a village of stakeholders to help implement these mandates. I would like to recognize the members of MOAA in the audience to stand, and then share with you that we look forward to working together with the Committees and VA to successfully implement these mandates.

Thank you and I look forward to your questions.

[The prepared statement of Ms. Campos follows the hearing text.]

Chairman MORAN. Would you like your MOAA members to stand?

[Applause.]

Chairman MORAN. Ms. Campos, thank you very much.

Now, our National President of Fleet Reserve Association, Donna Jansky. Donna, welcome.

**STATEMENT OF DONNA JANSKY, NATIONAL PRESIDENT,
FLEET RESERVE ASSOCIATION**

Ms. JANSKY. Chairman Takano, Chairman Moran, Ranking Members, and Members of the Committees, good afternoon. My name is Donna Jansky, National President of the Fleet Reserve Association, the first woman to hold this position. I served on active duty in the U.S. Navy for 8 years, and then completed 16 years as a reservist, include 1 year activation in Desert Shield/Desert Storm. I received an honorable discharge in September 1999 at the rank of aviation structural mechanic, chief petty officer. I am a resident of Peabody, Massachusetts, and a life member of the FRA.

I am here today representing the concerns of the oldest sea service association that has been around for 95 years. FRA is thankful that the VA is finally adjudicating Blue Water Navy claims since January 1, 2020. This change was required by FRA-supported legislation, sponsored by Chairman Takano and Ranking Member Roe, and by Federal court mandate.

Prior to these measures, only Vietnam war veterans who served on the ground or within Vietnam's inland waterways were eligible to receive disability compensation and other benefits based on the presumption of herbicide exposure. FRA is grateful to Chairman

Takano and Ranking Member Roe for their efforts to help sink Blue Water Navy veterans to finally get their benefits they earned.

We hope both Committees will provide adequate oversight to ensure that the VA adjudicates these claims promptly and fairly. FRA is supporting the Fair Care for Vietnam Veterans Act that would increase by four the presumptive conditions linked to exposure of the Agent Orange herbicide.

FRA is deeply concerned about veteran suicide, and that is why FRA is supporting the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, sponsored by Senators Jerry Moran and Jon Tester, Chairman and Ranking Member, respectively. The bill is a comprehensive and aggressive approach to connect more veterans with the mental health care that they need and earned. Their bill seeks to improve VA care by bolstering the VA's mental health workforce and increasing rural or hard-to-reach veterans' access to VA care, while making sure veterans have access to alternative and local treatment options, like animal therapy, outdoor sports and activity, yoga, and acupuncture.

FRA hopes that this legislation will be fast-tracked to ensure passage as soon as possible.

The Association also applauds VA launching the Solid Start program, to inform new veterans about benefits and support services at VA in an effort to ease transition issues. The VA believes this will help with suicide prevention. These veterans will get three phone calls from the VA. The importance of the phone calls to new veterans should not be understated in eliminating the sense of loneliness and isolation for these new veterans.

Last year, the FRA welcomed Chairman Takano's creation of the congressional task force to address barriers that women veterans face when trying to obtain VA benefits and health care. The Association supports efforts to increase access to gender-specific medical and mental health care to meet unique needs of women service-members and transitioning women veterans.

Congresswoman Julia Brownley serves as the chairman of the task force which endorsed the FRA-supported Deborah Sampson Act that passed the House in November 2019, and sent to the Senate for further consideration. FRA strongly urges the Senate to pass this important legislation.

FRA believes congressional oversight of ongoing implementation of VA technology upgrades is vital to ensuring improvements to the system. FRA wants to ensure adequate funding for DOD and VA health care resource sharing in delivering seamless, cost-effective, quality services to personnel wounded in combat and other veterans and their families.

In closing, we would like to thank the administration for offering a robust VA 2021 budget with more than a 10 percent increase for our veterans. Thank you.

[The prepared statement of Ms. Jansky follows the hearing text.]

Chairman MORAN. Ms. Jansky, thank you very much.

Now, Jeremy Butler, the Chief Executive Officer of Iraq and Afghanistan Veterans of America. Mr. Butler.

STATEMENT OF JEREMY BUTLER, CHIEF EXECUTIVE OFFICER, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Mr. BUTLER. Thank you, Chairman Moran, Chairman Takano, Ranking Member Tester, Ranking Member Roe, and distinguished Members of the Committees. On behalf of IAVA and our more than 425,000 members, many of whom are with us today, thank you for the opportunity to testify before you.

Our 2020 priorities remain the same as when I testified before this panel last year. These are the six issues that our members tell us are the most pressing. The big six contain the challenges and the opportunities for progress that IAVA members care about most, and see as areas where we can uniquely make an impact.

They include mental health and suicide prevention, VA reform, burn pits and toxic exposures, defense of the post-9/11 GI Bill and education benefits, support for women veterans, and empowering veterans who want to use medical cannabis.

I am incredibly proud of what we all accomplished together this past year on these and other priorities. Because of the bipartisan work of so many, the Burn Pits Accountability Act was signed into law, DOD's attempt to limit the transferability of the GI Bill benefit was reversed, the Deborah Sampson Act passed in the House, and the Commander John Scott Hannon Veterans Mental Health Care Improvement Act unanimously passed through the Senate VA Committee.

But, as is too often the case, we are now in a situation where there is an urgent need for additional movement but a completely unacceptable lack of coordinated, timely, whole-of-government action to address these priorities and implement long-term solutions. Admittedly, the issues are complex and there will always be disagreement on the details, but inaction is guaranteed to be a failing strategy. There are less than 10 months left in the 116th Congress and with much of the country and our government focused on the Presidential election, there is little time left to make substantive advancements on these priorities.

Fortunately, we have bipartisan policies that address many of the issues facing our veteran community. But, if they are not treated with the urgency they require, if this body does not work with

the VA and the administration to take collective action to advance these pieces of legislation to the President's desk, then we will find ourselves, 1 year from now, having to explain to the country why we failed to turn a collective desire to help into substantive legislative action and the delivery of real results for veterans.

As mentioned, some of our members are with us today. All of them have amazing stories. Most include front line contact in the battle to stop the suicide crisis, either directly through their own struggles or from seeing their battle buddies lose their own fights and die by suicide. I encourage you and your staff to meet with them and hear their stories.

Most continue to win their fight not because of the VA but in spite of it. They do it by exchanging the traditional medications prescribed to them and trying alternative therapies, often cannabis. They do it by finding others who know what they are going through and help them find a path out.

That is why we are here today in support of the Commander John Scott Hannon Act. It will allow the country to make real progress in the fight to end veteran suicide. It needs to be brought to the full Senate for a vote, it needs a champion to sponsor it in the House, and it needs to land on the President's desk for signature as soon as possible. We have heard the talk of ending the suicide crisis for too long. We need action.

Similarly, every day women veterans enter VA facilities around the country and are not recognized for their service, or worse. According to VA, in April 2019, a shocking one in four women reported being harassed at a VA facility. Every day women veterans are looked past in favor of the familiar image of a man serving in uniform. Until women veterans are as recognized and supported as their male counterparts, our work will not be done.

Again, time is short. 2020 is the year the Deborah Sampson Act must be passed into law. We must ensure that women veterans are receiving care equal to their male counterparts, and we must ensure that VA is a safe place for all veterans.

IAVA is extremely supportive of the provisions in the House-passed Deborah Sampson Act to address sexual harassment and assault at VA facilities, and urges the Senate to adopt similar language. This can be on the President's desk this month.

We also believe that the culture at VA will not change overnight and the current VA motto, which excludes women veterans must also be changed. In 2020, IAVA will continue to fight for the passage of the Honoring All Veterans Act, which will create a VA motto representative of all veterans.

I urge you to take action now on these and all of the policy and legislative measures detailed in IAVA's submitted written testi-

mony. This will ensure that veterans are not forced to continue to wait for the support and care they earned. The amazing reality is that we have an incredible opportunity to make real progress on every one of the big six, but the window of opportunity for action is short. If Congress does not act now, we will back in this chamber 1 year from now asking why.

Members of both Committees, thank you again for the opportunity to share IAVA's views with you today. I look forward to answering any questions you may have and working with the Committees in the future. Thank you.

[The prepared statement of Mr. Butler follows the hearing text.]

Chairman MORAN. Mr. Butler, thank you very much. Chairman Takano has joined us. The House vote has apparently concluded. I would recognize him and then the two Ranking Members for their opening statements. Then, we will proceed to questions of our witnesses.

Chairman Takano, my colleague and counterpart, welcome.

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

Chairman TAKANO. Thank you, Chairman Moran, and good afternoon everyone. I am again honored to be here with Chairman Moran, Senator Tester, Ranking Member Roe, and all the members of the House and Senate Committees on Veterans' Affairs.

Today we have already heard testimony from several veteran service organizations, and I want to thank and welcome the American Ex-Prisoners of War, Paralyzed Veterans of America, Student Veterans of America, Gold Star Wives of America, Military Officers Association of America, Fleet Reserve Association, and Iraq and Afghanistan Veterans of America. It is a pleasure to hear from each one of you—it is a pleasure to have heard from each one of you this afternoon. I did miss the Ex-Prisoners of War, and the Paralyzed Veterans of America, I heard part of your testimony. I will be sure to go over the written testimony, and I apologize that we had votes coinciding with this hearing.

These hearings are critical so that Congress can hear directly from the organization that work with and support veterans and their families every day. This work provides insights into the challenges faced by veterans and opportunities for improving VA's policies and programs.

I did appreciate the testimony we heard today from the entirety of VA's jurisdiction, from health care to disability assistance to educational benefits and housing to Guard and Reserve parity and supporting the families of servicemembers.

As we work to address these issues, it is important that we maintain open lines of communication with all of you so we can work collaborative to support veterans and their families. The testimony you have all provided will serve as a framework for our Committees' efforts this year.

I am very pleased that many of the priorities that have already been shared today have been drafted into legislation that this Committee has passed and already sent over to the Senate—hint, hint. Together we have passed legislation to expand specially adaptive housing, make improvements to the GI Bill comparison tool, and create VA's fourth administration and support families of homeless veterans.

Now, I am committed to working with Chairman Moran and the entire Senate to see that these important priorities go to the President and be signed into law, but much work remains, and I am confident that by working in a bipartisan manner we can accomplish even more of our VSOs' priorities.

I want to especially thank Student Veterans of America for highlighting one of my top priorities—closing the 90/10 loophole, and I want to thank all of you here today. As an educator, ensuring our veterans receive a quality education is paramount.

The existing 90/10 loophole has encouraged bad actors to exploit America's veterans for their own gain, leaving student veterans with worthless diplomas, and often sometimes in debt. While taking care of veterans is my priority, we must also ensure that we are good fiduciaries of taxpayer funds by no longer enabling these bad actors to commit fraud, waste, and abuse.

I am encouraged by the work the House and Senate has done to finally fix this technicality. You have my commitment that I will do all I can as Chairman and as a member of the House Education and Labor Committee to see this loophole finally closed once and for all this year.

Now, we depend on our veteran service organizations to provide this Committee with your expertise and advocacy to hold the administration accountable and work to fulfill the promises that we have made to our veterans. I want to thank each of you for the great service you do for our veterans and their families, and I certainly did appreciate the testimony you already gave.

Mr. Chairman, before I yield back my time I wish to express to my colleague, Dr. Roe, and all the Tennesseans affected by the tornado that my thoughts and prayers are with you, your families, and your friends.

Thank you, Mr. Chairman. I yield back the balance of my time.

Chairman MORAN. Chairman Takano, thank you very much. Let me know recognize the Ranking Member, my colleague, Senator Tester.

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

Senator TESTER. Thank you, Chairman Moran, and good afternoon. I want to welcome all the folks in the seven veteran organizations that are here today. It is an honor to have you with us. I want to thank you for your work and the work that you do for the veterans and families across this country and especially in Montana.

I have said it before. We are here because Congress should take its cues from you. The members of your organizations are beneficiaries of the VA health care and benefits and they utilize those programs daily. You know better than any of us how the VA is performing nationwide and the improvements that should be made on behalf of veterans and their families. We hold these hearings because only VSOs can help Congress focus on what veterans need and how to make sure that the VA is equipped to deliver on those needs.

I need to hear from your organizations—and I have—whether the VA is operating in a transparent manner as they execute the largest overhaul of veterans' health care in a generation, which is the implementation of the MISSION Act. I need to know your view—which you have shared—on gender disparity at the VA and what Congress can do to push the VA to provide more equitable treatment to our women veterans. I want to know how toxic exposure impacts your veterans, from Blue Water Navy to Agent Orange presumptions to burn pits. And, when it comes to mental health treatment and suicide prevention, I need to know where the VA is doing a good job and where they need to improve.

As you know, a lot was accomplished for the veterans last Congress, including passage of that VA MISSION Act, the Appeals Modernization, the Colmery GI Bill, and the list goes on. It is imperative that the VA provide regular opportunities to hear from veteran organization such as yours and others about implementing these laws. VA needs to better understand how the decisions it makes affects the veterans receiving benefits and health care from the VA, and VA cannot gain that understanding unless it does, as my parents say, "You have one mouth and two ears. Act accordingly." In other words, listen.

We are here to listen to you. Your voice and your members provide an important source of information as we attempt to do right by all veterans. I want to welcome you all again. Thank you for

your testimony and thank you for what you and your organizations do on behalf of all veterans and their families.

Chairman MORAN. Thank you, Senator Tester.

Now, Congressman Roe, the Ranking Member of the House.

**OPENING STATEMENT OF HON. PHIL ROE, M.D., RANKING
MEMBER, U.S. REPRESENTATIVE FROM TENNESSEE**

Dr. ROE. Thank you, Mr. Chairman, and thank all of you all for being here today. It is a pleasure to be here with my colleagues. Caring for those who have returned home, bearing the wounds of war is no easy or simple task. No less importantly and equally challenging is the need to care for those families who are left to grieve and recover after the loss of a family member due to military service, and that was an incredibly compelling story that you did not get to know your father, and your husband died with you to lead two small children. Those children that you have are also part of the sacrifice that this country has made, so thank you so very much for that. Yet, every day the men and women of your organizations work diligently to empower veterans and their families to do just that.

Before I continue with my opening remarks, I would like to take a moment to personally thank each of you for service and sacrifice. I also want to welcome your national leadership teams and members of your State chapters, and I also want to say a special hello and thank you to folks from my home State of Tennessee who are in the audience today. If you are here, those from Tennessee, please stand and raise your hand to be recognized.

[Applause.]

Dr. ROE. Mr. Lyon, I understand that you and your wife have recently welcomed your first child, a baby boy, into the world. As an obstetrician I thank you for that.

[Laughter.]

Dr. ROE. Congratulations to you and your family. Enjoy this time because I promise you it will not seem like it, but it will go very fast.

As many of you know, I have decided to retire at the end of this Congress, and usually when a member decides to retire they have done a poll and they are 20 points behind. That is not my case. I actually do want to retire and be home with my family. Yet, it has been an incredible honor and privilege for me to attend these hearings throughout my nearly 12 years in the U.S. Congress. I appreciate the work your organizations do every single day to keep us focused on the true needs of our veterans. I know I will be leaving Washington, DC, in great hands.

With your support and guidance, there have been transformative changes in the VA over the last few years. Veterans have greater access to care, greater control over their health care decisions than ever before, and that has led to veterans seeking more VA care and express a greater trust in VA services.

For the first time in history, veterans can use their GI Bill benefits whenever they come. Mr. Lyons, I remember very carefully, and I saw the student veterans here, how many hours we sat and talked and debated the GI Bill. And, long after we are all gone and anyone knows our names, you are absolutely correct—young people will be changing the direction of this country because of the GI Bill, and I thank you for that.

Veteran unemployment has reached near all-time lows. Fewer veterans are sleeping on the streets. Fewer veterans are dependent on opioids. Veterans are getting their appeals for disability compensation decided faster and more efficiently. And, after decades of work, this was mentioned, the Blue Water Navy Vietnam veterans are finally beginning to receive the benefits they have earned, and I am very pleased with that. We have repealed, as has been mentioned, the “widow’s tax” on dependents and indemnity compensation benefits. This success is due to sustained bipartisan congressional commitment to prioritize veterans’ needs, the veteran-first focus of this administration, and the continued advocacy of organizations just like yours.

There is still much work ahead of us. Supporting returning veterans and their families to build productive, rewarding lives following military service is one of Congress’ highest callings. We need your feedback to know what is working and what is not, and what veterans and their survivors actually need to achieve their full potential.

Looking ahead, we must remain steadfast in our efforts to combat the suicide crisis, as has been mentioned, empower veterans to utilize their earned benefits to succeed in their civilian lives, realign VA medical centers to better serve veterans for generations to come, oversee the implementation of the expanded caregiver program, care for those that have been exposed to toxins in service, and set high expectations so that every VA medical center, clinical benefits offices, cemeteries, provides the highest quality service.

I am hopeful that our Committee works with the Senate and your organizations so we can build on the successes of the past 3 years and serve our Nation’s veterans and their families just as you have served us.

With that I yield back.

Chairman MORAN. Thank you, Dr. Roe. Thank you very much. Let’s now begin questions. Each member will be allowed 3 minutes

on the clock. I will try to start the standard—do not start the clock yet until I ask my question—I will try to create the standard that we all can abide by.

Mr. Certain, you caught my attention with the story of the POW serving so many days in imprisonment who yet never had any dealings with the VA, never enrolled, never received any benefits. It continues to dismay me but amaze me at the number of veterans who do not know what they are entitled to and never enroll in the VA.

My best understanding of this issue, for a solution, is that we need to have a better and thorough cooperation between the Department of Defense and the Department of Veterans Affairs so that when someone leaves military service, at their choice, but almost automatically they become certainly knowledgeable, if not involved in the Department of Veterans Affairs and the benefits that it provides.

Any thoughts that I should know about that theory, or anything else you would like for me to know about that point?

Mr. CERTAIN. Yes, sir. I served as the VA Advisory Committee on Former Prisoners of War for several years, and our committee continuously urged the VA to get the DOD list and to reach out to anybody that was not in their system. So far as I can tell, that has never been done, which is why I say we must insist that the VA follow through with the DOD list.

We are old people, you know. We came home 47 years ago. So, any improvements being made are now being made with the currently serving as they leave active duty, but there are a lot of out there in the world who either chose not to engage with the VA or did not know to engage with the VA when we came home. But, if we retired, the DOD knows where we are because they send us a monthly paycheck.

Chairman MORAN. Thank you for that. Ms. Campos, you mentioned implementation of the MISSION Act. First of all, I would tell you that I too share your view that we need more communications. The implementation—that the information has been handed to the VISNs and local hospital officials to meet and to have conversations with veterans. We need to make certain that that occurs. We need to make certain that you and other organizations are included in that conversation.

MISSION, in my view, is a great opportunity to enhance the benefits and care and treatment of our veterans, but if we do not get it right we are making a huge mistake for our veterans and the future. This is not something that if we get it wrong it is easily corrected, and we need to have it right from the beginning. I will encourage the VA to reach out to all VSOs to have those conversa-

tions. As I am reaching out to them, we continue to discover that people are talking to us, as a Member of this Committee, as my staff who deals with veterans, so many people do not know, not just veterans but also the providers. If this does not work we are missing a great opportunity.

But, what you said that was most compelling to me was an indication that the VA continues to chip away on programs for women. And, I was slow in writing down your comments, but that is approximately what you were indicating. Ms. Jansky also talked about this topic. Mr. Butler did as well. Perhaps all of you.

But, the three over here made this point, and it troubles me that if it is really true that we are chipping away—I suppose I am more understanding if we are not getting where we need to be, but if we are moving in the opposite direction, your words “chipping away” caught my attention. I would be interested in knowing what you are seeing that we need to know about.

Ms. CAMPOS. I appreciate that question, and I guess I could say that having worked in this space for 14 years, at MOAA, and being a user of VA health care while I was on active duty and post retirement, we have been working for years to get ahead of this bow wave of women that are leaving military service, coming in in larger numbers. Dr. Patty Hayes has talked about it over the years, about needing to get ahead of this. The bow wave has been here, but we are still not seeing things moving as quickly, you know, in terms of facilities and infrastructure getting up to speed as quickly as they need to be.

I can actually say, in my own VA here in D.C., sometime while the MISSION Act was being implemented there was like a communication breakdown. I have not even received any information from my VA. I am the one that is having to go out and get information, to connect. I have a great provider; there have been great things, you know, like the women’s pavilion at the VA medical center, but it still seems to be the veteran and women having to make that connection. That is why I mentioned the relationships between VA, the veterans, and then community partners.

Things are happening, but they are not happening fast enough to get this bow wave that, oh, by the way, is already here.

Chairman MORAN. Thank you very much for that insight.

Chairman TAKANO.

Chairman TAKANO. Thank you, Chairman Moran. To Mr. Zurfluh of PVA, in your testimony, PVA highlighted the need of severely disabled veterans to have additional adaptive housing grants. You are correct that we should prioritize the most vulnerable veterans in our communities. I also agree that providing these veterans with

additional housing grants will ensure that the younger veterans who qualify for the grants maintain a higher quality-of-life.

Can you speak on why Congress must hasten to put a specially adaptive housing bill before the President, and how many individuals this bill would help today?

Mr. ZURFLUH. Thank you, Chairman Takano. Yes, when it comes to adaptive housing for military members technology plays a huge factor, and it is ever evolving. Some of the technology breakthroughs could strengthen and improve the lives of a lot of our members, and as they initially use these adaptive housing grants they do not have that opportunity as technology evolves. And, they similarly run short and the chances to improve the quality of their life, the burden tends to come on them and the costs tend to come on them. If we can give them the access to kind of align as technology advances happen, we can hopefully improve their lives and eventually maybe lessen the cost that they will face in the future.

Chairman TAKANO. How many veterans are we talking about here?

Mr. ZURFLUH. I do not have the exact number but I can talk to you offline and get that information.

Chairman TAKANO. OK. Great. Thank you. Ms. Campos, in your written testimony you talked about the 90/10 loophole. Specifically you mentioned that Congress should pass S. 2857, the Protect Vets Act of 2019. I know that closing the loophole was a longstanding priority for most veteran service organizations. Can you quickly—including the SVA, but can you quickly speak to why this loophole needs to be closed and how the loophole is related to the quality of education?

Ms. CAMPOS. As we have seen over the years there has been a lot of differences between student veterans and taking advantage of these veterans that are becoming, you know, that are going through and getting their degrees. We have seen that there is a need for more protections, and to end up having schools comply and be more forthcoming is that we need to close this loop so that there is not an opportunity to take care of veterans, or take advantage of veterans without having those protections in place.

I would actually like to turn it over to my colleague. My expertise is a little more in veterans' health care. But, we work with many of the organizations here because we believe strongly that needs to be taken care of.

Chairman TAKANO. Great. Thank you.

Mr. LYON. Thank you. Look, it is pretty straightforward. The 90/10 loophole is really on there because we ironically tried to put protections in the original Servicemen's Readjustment Act of 1944. So, this is an issue for a longstanding period of time.

Generally speaking, we want to ensure that no proprietary institution, whether it be an education institution or otherwise, is wholly subsidized by Federal dollars, and thus, it should be a relatively easy benchmark for organizations to meet at least 10 percent of their revenue coming from people who pay out of pocket versus utilizing Federal tuition funds.

All that is to say is the loophole does not treat VA dollars, so the GI Bill, or DOD dollars, so tuition assistance, the same way that it does the litmus test for all others. Really, with that loophole being open, it opens a wider door to have really a target on the back of veterans and active duty servicemembers for their tuition dollars, because they are not counted the same way.

So, by closing the loophole we really just make sure that all Federal dollars are treated the same way and that the standard is adhered to universally, across the board, in the intent of the law.

And, sir, we thank you terribly for all the efforts that you have made to lead this, because it is really important, and we are on the precipice of being able to actually close it this year.

Chairman TAKANO. Thank you, Mr. Lyon. I yield back, Mr. Chairman.

Chairman MORAN. Mr. Chairman, thank you very much.
Ranking Member Roe.

Dr. ROE. Thank you. What I have heard from all of you all in your testimony has been the four things that you really have scoped and an eye on are mental health and suicide, with various alternative therapies, oversight of the programs that we have initiated, and that would include the VA MISSION Act and women's health care.

We have made—I think the VA has done a reasonable job in increasing access for women's health care, which was surprising to me that 41 percent of eligible women now use VA for health care, 48 percent of men. They have ways to go yet, but still that is much better than it was five or 6 years ago.

A couple of questions, and Mr. Butler, I will start with you, just very briefly. About 85 percent of the IAVA members who use the VA report an average or above average experience, and they prefer VA care. Sixteen percent of members have utilized the community care program. Given your members' satisfaction with VA, does IAVA have an understanding about why its members choose community care over VA care? Is it convenience or closer to home, or what is it?

Mr. BUTLER. Yeah, thank you, sir, for the question, and thank you for all your service. You have been a great ally of IAVA, so I would like to say that, out of the gate. You have always given us good access to yourself and your staff, and so we appreciate you

taking the time to meet with us. I want to also thank you for quoting our member survey, which we are releasing tomorrow, so a little sneak peek on some of the stats there.

To answer your question in a little bit more detail, in the survey is a number of reasons and some of it is that veterans do not know that they are eligible for care at the VA. I know that was the case for me when I came off active duty. I did not understand how one was eligible for VA care. So, that is a big one. Another one is distance to VA care facilities. Another is preferring their private sector provider.

I think a lot of this gets to a lack of communication and understanding between not just the VA but also the Department of Defense and active duty members when they are transitioning out, and then veterans once they are out of the service, to understand how you get access to VA care, who is eligible, how you receive it, how you start the process. It is confusing from start to finish. I know that from first-hand experience, and we hear that repeatedly.

Dr. ROE. I think one of the things we did when we wrote the MISSION Act was when I was in Oregon, out in Greg Walden's district, he explained to me, he said, "My congressional district has more square miles than the State of Tennessee does," and he was right. It is 20,000 square miles bigger. So, we had to try to put a bill together where a veteran who might—you know, if you live close to a VA medical center, where I live, the veterans have good access. But, if you live in rural Oregon, you have to drive hours to get somewhere.

So, that was the idea, and I just—it will be interesting to see what the rest of your survey shows.

My time is about expired, but I want to just thank each and every one of you for the input that you have given me over the last dozen or so years that I have been here. Ms. Jansky, I am from Tennessee and I am very sorry we did not provide a translator for you today, since you are from Massachusetts. OK? I yield back.

[Laughter.]

Chairman MORAN. Senator Tester.

Senator TESTER. I just want the record to show that Donna, I loved your testimony.

Look, I think it is important to point out right now, before start, because some of you mentioned the Fair Care Act, which deals with the four presumptives on Agent Orange. The Secretary could make those presumptives real tomorrow, today. So, my question to each of you, very briefly, raise your hand if your organization has sent a letter to the Secretary, asked him to have the three presumptives—bladder cancer, Parkinsonism, hyperthyroidism—make those covered by the VA?

[Show of hands.]

Senator TESTER. OK. Four out of the seven have. I would just recommend that the ones that did not, please do if you believe in that. I think it is an important thing to do.

For the ones that did send a letter, did the Secretary or anybody within the VA get back to you and ask you any questions about that letter? No. None.

So, I would just say that we have got some work to do. As I said in my opening statement, you guys represent the people that are on the ground, that did service to this country, and we need to listen to you. Whether it is this or—I am curious, as long as your pipes are warmed up, René, could you tell me, what happened to that 63-year-old person that had suicidal thoughts and diabetes and was sent home with 11 meds?

Ms. CAMPOS. Well, thank you, sir, for asking that question. That happens to be my brother, and interestingly enough, fortunately I had access to his psychiatrist, and the psychiatrist was the one that actually gained, actually helped me with getting him help.

Senator TESTER. Good.

Ms. CAMPOS. But, while he was in the VA hospital, not once did he see his primary care person, communication. I tried to communicate with them, the patient advocate. It's difficult.

Senator TESTER. Thank you. I hope—can they get the feed for this? Can the VA get the feed for this, because I hope they are watching. Because the truth is, we have got a veteran dying at one a day—I mean, one an hour—and if we do not have folks that come in and ask for help, get help, what is supposed to happen? I mean, it is crazy.

I am just going to ask one real quick question, and you have got to answer it very quickly, Jeremy, and that is the EHR, Cerner EHR. Could you give me any input on whether the VA has proactively approached you about input into that?

Mr. BUTLER. No, I would not say proactively. In fact, we recently reached out to them directly because we heard about the pilot program and how it was going to result in reduced access to electronic health records. So, we sent a letter to the VA saying we really need more information.

Senator TESTER. If you were in a position of power within the VA, what would you do to prepare veterans for the new EHR, to ensure that the veterans have all the information they need?

Mr. BUTLER. I think the answer is the same with a lot of things—more communication. It is something I think that the community just does not understand the changes that are coming, how it is going to affect their access to their records, what they need to do to prepare, et cetera. So, more communication from the VA.

Senator TESTER. OK. I want to thank you all for your testimony. Thank you, Mr. Chairman.

Chairman MORAN. Thank you, Senator Tester. Representative Bost.

Mr. BOST. Thank you, Mr. Chairman. First off, thank you all for being here and thank you for your service.

Hey, I am just going to throw this out to the whole panel and if it is applicable please answer. You know, as we passed the Blue Water Navy finally, last year—finally, last year—and now it is being implemented, what are you hearing from your members on what they are hearing and how quickly the process is moving along, for them to start receiving their benefit?

Mr. BUTLER. For lack of a better answer, not something that is very well known amongst our members, just simply due to demographics, so not a whole lot of feedback from our membership.

Mr. BOST. Anybody else? OK. The concern we have is we want to make sure it is being rolled out. I heard some very good news the other day, from a person I did not even know was Blue Water, from his son, that he was actually reached out to. But, we have got to make sure, when we pass these bills, and that is what we have run into, is then the implementation is a slow, slow process, and it was slow enough just getting the bills passed.

So, in the same questioning here, the Modernization Act. It was a massive overhaul of the department, the processing of appeals. As with any reform initiatives, regardless of how successful it has been, implementation and further improvement can likely be made. Do any of you have any recommendations on that?

Mr. LYON. Sir, happy to make mention of it. When we talk about IT modernization specifically, it is making sure that we both allocate the direct amount of funds and ensure they go to the right place. As a for instance, when we look at education benefits disbursement, we pass laws that make sure that there is funds available, they go to VA, but they might not wind up in the right part of the VA, such as Veterans Benefits Administration, to make sure that they are administered.

So, it is the step that includes allocating the funds and then the accountability that goes the right place could do wonders to ensure that the VA is properly resourced to actually execute the laws that this body passes.

Mr. BOST. Thank you. Anyone else?

Mr. Chairman, I yield back.

Chairman MORAN. Thank you very much.

Mr. Levin.

HON. MIKE LEVIN, U.S. REPRESENTATIVE FROM CALIFORNIA

Mr. LEVIN. Thank you, Chairman Moran and Chairman Takano, for bringing our Committees together again today to hear from many of our esteemed veteran service organizations. I particularly always want to thank everybody here from California. I have the honor to represent Camp Pendleton, so grateful to all our Marines in the House.

Ms. Campos, you noted that one of MOAA's legislative priorities is to safeguards veterans' education benefits from institutions of higher learning that conduct deceptive or fraudulent practices. In the House we have worked in a bipartisan manner to pass H.R. 4625, the Protect the GI Bill Act, and I thank Ranking Members Roe and Bilirakis for working with me on that bill.

Could you take a minute to speak to the need for legislation and explain the urgency with which we need to hold bad actor schools accountable?

Ms. CAMPOS. Thank you for the question. I think that the protection—I mean, this is a very important piece of legislation, and I think that it is appropriately focused. We, again, as I mentioned, wanting to level the playing field for student veterans as well and giving them the same rights and protections that non-student veterans have.

This provides a number of provisions, and most importantly, that we appreciate too, is that it would fully restore GI benefits that have been taken away because of a school closure.

There are a number of provisions in your bill, and I think they address. We are pleased to, you know, support it, and we are appreciative that we get at these issues. So, we look forward to supporting—seeing it through to implementation.

Mr. LEVIN. Thank you. We do, too. Hopefully, we will get it through over here on the Senate side.

I wanted to follow up with you and also Mr. Lyon. You both highlighted the importance of strong funding for education services IT in your testimonies. The Economic Opportunity Subcommittee that I chair made several visits this year, or last year, to the GI Bill call center and regional processing offices, and the repeated theme we heard was the need for funding to improve the IT systems that support GI Bill payments.

One such system is now over 50 years old, yet is now still in operation, and I was disappointed that the budget request did not request the dire need for comprehensive system upgrades. So, if you could both just spend a second—I know I am out of time—just to discuss the consequences that student veterans face when we have such antiquated IT systems.

Mr. LYON. Thank you very much, sir, and the continued leadership on this very challenging issue. We continue to talk about access to VA and we look for the opportunity to have the most recently transitioned generation have access to the VA, and generally speaking they are going to use some element of technology, and the VA is still using technology that was created before they were born, right? So, the legacy systems are a terrible challenge in being able to provide adequate access and timely distribution of benefits hard earned.

So, when we look at it, it is even sometimes less a resources issue. Congress is allocating the right amount of funds. It is the actual implementation of it, making sure that those funds make it to the Veterans Benefits Administration so that we can actually put them to work where the law meant for them to go, to improve legacy systems and provide better care and delivery of those benefits to the veterans that have earned them, particularly student veterans.

Ms. CAMPOS. The other challenge is IT. It is a problem across the entire VA system, and it is reflective of all the other: health care; HR; the finance systems; all of that. It really comes down to the commitment of the VA, the commitment of Congress. You can allocate the money, like you said, but you are not able to track the dollars and see where they actually land, and then hold VA accountable.

And, the consequences of that are—like one of my colleagues in the office, Corey, who was not able to get his housing stipend for 2 months. What that does is veterans—it forces veterans to have to relook at where they are going to get the money to pay for those school responsibilities. Then, that creates financial problems for the veterans, which could, at some point cause problems with credit.

Mr. LEVIN. Thank you. I know I am over time, but I appreciate that. I will yield back.

Chairman MORAN. Senator Boozman.

HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. Thank you, Mr. Chairman, and thank all of you all for being here. I look out and see all the organizations that I have enjoyed working with so much through the years, and thank you for your efforts. Also looking out and seeing the big crowd in the audience. There is a long history of the Committees in the House and the Senate—I was fortunate enough to be part of both—working together in a very bipartisan way, trying to make sure that everybody remembers that these are not gimmes. These are earned benefits. We can do that. We can press, but it simply does not work without the grassroots, so thank you all for your efforts.

A special thanks to the Auxiliary. We know of all of your organizations, we know who does all the work, so that is important.

But, I would like to really ask about a couple of things that we are working hard on, and I know it has come up and it will continue to come up, and I want it to come up—veteran suicide, and then again, making sure that we are taking care of our women veterans.

Tell me, we are trying to do a better job. We have got the VA taking care of a very small percentage of actually the people that are committing suicide. Ms. Campos, how do we get the rest of the community involved so that the six veterans that are committing suicide are part of the VA, but the vast majority are outside of the VA, how do we do a better job of outreach in that regard?

Ms. CAMPOS. Well, I guess I would like to refer to my comments, that that will not happen until VA strengthens its relationship, first with veterans, which is most important, and then from there with the community partners that they have.

But, they also need to strengthen their relationship with the Department of Defense, because there needs to be that relationship because those women servicemembers are going to leave service, and DOD knows some of those folks, and they need to do a better job of those warm handoffs to making sure that they get, you know, at least given a warm handoff and followed through.

There are a lot of, as I mentioned, one-off programs, and VA does a good job, maybe initially. But, it lacks following through, and it really comes down to the relationships with the veterans, because veterans talk to other veterans. Again, we can have bills. We can have some of the bills that are being looked at by the Committees, and VA do more outreach, but they are already being tasked in a lot of programs across VHA, to do outreach, and it is not happening.

Senator BOOZMAN. Yeah, no, I agree totally. So, what we are trying to do is work with the Committees in the House and the Senate and through legislation, and we appreciate the leadership on both sides, trying to make it such that some of these other entities that are doing a very, very good job in this area, that are outside of the VA, that we are able to give them some support.

The other part that is so important is we need metrics. Right now, we are measuring the success of these programs based on giving them money and access, you know, if veterans have access. What we want to do is shift to where we really have some metrics that really do account for whether or not the programs are doing what we would like for them to do, improving the veterans' mental health and preventing suicide.

I have run out of time, but again, the other thing that is so important is women's ability to have the same access, the same as the others. So, we are working hard on that and we do appreciate your help in that regard.

So, thank you all very much for being here. Thank you, Mr. Chairman.

Chairman MORAN. Representative Lamb.

**HON. CONOR LAMB, U.S. REPRESENTATIVE
FROM PENNSYLVANIA**

Mr. LAMB. Thank you, Mr. Chairman. I want to especially thank SVA and IAVA for endorsing and helping us push forward the federally Requiring Earned Education-debt Discharges for Veterans Act, otherwise known as the FREED Vets Act. This is an example of the kind of bill we should be able to pass easily in Washington, and for some reason it has been a little slow. But, I think we are going to get there with your support.

Not a lot of people outside this room know this, but I think many of you do, which is that 100 percent disabled veterans are eligible for the full discharge of their Federal student loans. We found that 42,000 veterans owed more than \$1 billion in student debt, and only 20 percent of those eligible have actually applied for this program. So, 80 percent of the 100 percent disabled veterans eligible to have their student loans discharge have not taken us up on that offer. Why is that? Burdensome? Paperwork? Again, lack of communication, which several of you have raised?

The way to fix that in this instance is just shift the burden. Forgiveness of the loan should happen automatically when you get your 100 percent disability rating, and then if there is some problem with it, the responsibility is on the government to correct, not on the veteran.

So, that is what our bill would do. We have gotten great support on both sides of the aisle and from SVA and IAVA, and I know there is some action on it in the Senate as well. We hope to see passage this year.

I just wanted to throw it open particularly for Jared or Jeremy, if you could talk about maybe what some of your members have gone through, have onerous student debt burdens, and what the bureaucracy is like when you go to try to get, again, the benefit that you earned.

Go ahead, Jared.

Mr. LYON. Yes, sir. Well, first off thank you so much for your support on this important issue that prior to was not getting the attention that it deserves. When you look at a veteran who is totally permanently disabled and is also carrying the debt that is

quite burdensome with regard to student loans, the onus, as you point out, should be on the government to fix that versus the veteran to seek it out.

The burden is heavy. Student debt in this country is reaching near crisis levels for all Americans, but very particularly for veterans that might not also be fully participating in the economic opportunity provided in the workforce. They did not receive that 100 percent disability rating for no reason. So, adding to the notion of struggles with regard to otherwise available economic opportunity and what hangs over your shoulders with regard to that debt is heavy.

Beyond that, if you are looking for the opportunity to provide your own care, often that debt comes with risks to your own personal credit that prevents you from having the ability to secure housing, whether that be rent or the ability for home ownership. We have seen it with student veterans be quite burdensome.

Mr. LAMB. Exactly. Thank you. I think I am out of time so Jeremy, another time. Thank you very much for your support and we will look forward to pushing that one through.

Thank you, Mr. Chairman. I yield back.

Chairman MORAN. Thank you, Representative Lamb.
Now, Representative Bilirakis.

**HON. GUS M. BILIRAKIS, U.S. REPRESENTATIVE
FROM FLORIDA**

Mr. BILIRAKIS. Thank you, Mr. Chairman. I appreciate it so much.

Mr. Zurfluh of the Paralyzed Veterans, thank you for your service. All of you, really. We could not do our job without you. Thanks for being here.

I believe that we can come together and make important changes to the Specially Adapted Housing grant program in a bipartisan, bicameral manner. Can you please expand on your recommendations for the Specially Adapted Housing program and the need to enact H.R. 3504, the Ryan Kules Specially Adaptive Housing Improvement Act, or the Chairman's bill, and I appreciate the Chairman leading this in the Senate, the companion bill is S. 2022. I think this is a top priority of mine, and I believe it is for the severely disabled vets as well. If you could elaborate I would appreciate it so much.

Mr. ZURFLUH. Sure. We are in support of it, obviously. But, a lot of our members, like I explained to Chairman Takano earlier, the opportunity to take advantage of technology is it improves one's lives, with an example like with voice-controlled commands for a severely disabled veteran. People that used the adaptive housing grant maybe 10 years or 15 years ago, or longer, are coming into

a very unique period, I think, in technology, where things seem to be evolving every 3 years. And, if they could get, I believe, the 10-year period that we are talking about, getting to use this grant every 10 years, the technology they can buy in their lives is great, and it would mean the difference to a lot of our members and a lot of disabled veterans.

The one example, there is Dr. Rory Cooper who is an Army veteran at the HERL Institute at University of Pittsburgh. The robotic designs that he is coming up with, and the kitchen designs and housing designs, that he is making great strides almost every day up there. These are the technologies that could align with these bills and this grant opportunity in the future to improve a veteran's life.

Mr. BILIRAKIS. Well, thank you very much. I appreciate that. And, Mr. Chairman, anything I can do please do not hesitate, because we have got to get this done for our heroes.

I have one question for Mr. Jared Lyon. Keeping in mind that studies have shown that the GI bill is the second most common reason for servicemembers to enlist in the military, a few Members of Congress have stated support for a proposal that would make every citizen eligible for the GI-style education benefits, even if they did not serve in the Armed Forces. What is the panel's opinion of this proposal, and what message would Congress be sending to those who have signed up to defend our country if it were enacted?

I think it would be disastrous to do this, but I want to hear from the panel. Let's start with Jared, if that is OK.

Mr. LYON. I appreciate the question, sir. I mean, the general notion of the GI Bill is that it is an earned benefit, of course. The notion that it could be provided for everyone operates on a basic assumption that all veterans are eligible for the GI Bill. I think starting there might be the better approach, because not all veterans are eligible for the GI Bill, for a variety of reasons. So, taking a comprehensive look at the ability to apply an earned benefit to everyone that has earned it might be a good place to start.

Chairman MORAN. Let me turn to Senator Sinema. Thank you.

Mr. BILIRAKIS. Yes sir, Mr. Chairman.

Chairman MORAN. Senator Sinema.

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

Senator SINEMA. Thank you to our witnesses for being here and for all the work that you do to support veterans. Your organizations are vital partners to the work that we do here in Congress to ensure that veterans have the services and the benefits they have earned. I want to give a special welcome to all the Arizona veterans who are here today. I apologize for the weather.

[Laughter.]

Senator SINEMA. My first question, Ms. Campos, as you mentioned in your testimony, a skilled VA workforce is crucial to the delivery of care and services to veterans. Since fiscal year 201, the VA Office of the Inspector General has listed human resources management in the top 10 non-clinical occupational shortage areas across the VHA. How do you think this shortage impacts VA's ability to provide timely, quality care to veterans?

Ms. CAMPOS. Thank you. I think it is important to remember that the VA workforce is the core of who VA is, and it is how VA has earned its reputation for quality care. The OIG and the GAO have talked about that the staffing and human resources management, it hamstring the VA to be able to do what it needs to do, but also to fill other severe occupational shortages.

So, VA's ability or inability to manage and sustain a viable workforce creates more stress on the workforce. People leave and then what happens is it forces more care out into the community. What that does then, it thereby erodes—it becomes a domino effect and starts eroding the foundational services and missions of the VA health care system. It creates higher cost, impacts quality, erodes, again, the VA's foundational programs. It causes the VA to lose sight and coordination oversight of that veteran's care, which could ultimately lead to, you know, less than quality care for the veteran who would be the individual that would suffer.

Senator SINEMA. What could Congress do to address this shortage and some of the other personnel challenges at the VA?

Ms. CAMPOS. Well, I think that the recommendations that OIG and GAO have been making for years are certainly more than reasonable. I think they have to start first with having VA collect good data on their vacancies and having a system to do that, looking at a staffing model that is a national staffing model. They have been looking at, you know, trying to get VA to do that for years. But, that staffing model needs to go down to the facility level so they can look at it across the organization.

Then, they need to look at alternative ways to work with the workforce, and that is maybe alternative schedules, instead of teleworking and things like that which might be able to play, and make a better workforce work-life balance.

Senator SINEMA. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. You are very welcome.

Now, Senator Blumenthal.

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

Senator BLUMENTHAL. Thank you, Mr. Chairman. I want to welcome all of you and especially folks from Connecticut. I don't apologize for the weather because it is a lot worse up there. Let me just thank all of the members of the panel who are here today for your service and all of the men and women who you represent.

I want to begin by just reiterating to the VA my concern, and it is shared by a number of us on this Committee who have written to the executive in charge of the Veterans Health Administration about the vulnerability of our VA health facilities to the coronavirus. We wrote to the VA, seven of us on this Committee, back in February, the beginning of February, about this issue. We have heard nothing in response.

I do not need to tell anyone here that VA health facilities provide care to exactly the demographic or the cohort who may be most vulnerable, particularly people who are more senior in years, people who may have medical conditions that make them more susceptible, and we very simply asked questions about what the VA is doing preventively to safeguard their facilities and their patients against coronavirus, where the spread of this disease could be most dangerous.

I want to put that on the record. Anyone on the panel who wants to comment on it is welcome to do so. But, I also want to ask Mr. Lyons, very specifically, about education, and thank you for your very helpful comments so far.

I am very concerned about the use of VA education benefits by members of their families, and want to make sure, and I have introduced a bill on this issue, the Post-9/11 GI Bill Transferability Act, S. 2327, that would fix the presently unfair broken policy of limiting when servicemembers and veterans can transfer their unused education benefits to their children. They may be fine on their education but their children should have a chance at the American dream and education as well.

I am continuing to advocate for this measure and I want to ask you, Mr. Lyons, if I may, are DOD and VA doing enough to ensure that those servicemembers and veterans are in a position to take full advantage of their education benefits?

Mr. LYON. Thank you, Senator, and when you look at the opportunity to transfer an earned benefit to a dependent, specifically a spouse or a child, if this is the intent of that opportunity it should be available at any time during the service, whether still on active duty for the purposes of retention or if we shift our thinking to hey, after service if I still have unused benefit to be able to do that.

Ultimately, we look at the Forever GI Bill as removing the delimiting date of the opportunity to use an earned benefit for education specifically for the veteran or the transferred dependent, from 2013 on you now have a lifetime to use it. I think that there is likely good sense to looking into the viability as well as the impact of being able to transfer that benefit at various times beyond what is currently done.

Senator BLUMENTHAL. Thank you, because we all know that when our men and women in uniform serve, their families serve and sacrifice too, and they ought to have the benefit of those education benefits. Thank you.

Chairman MORAN. Senator Blumenthal, thank you. We have—I do not know if we have concluded the questions but we have concluded the members, and I thank all of you, all the VSOs who delivered their thoughtful presentations today. Again, as my colleagues have all expressed, thank you for your ongoing, everyday effort to see that those who served our country needs are met, that our commitments are kept, and we look forward to you holding our feet to the fire and us together holding the Department of Veterans Affairs' feet to the fire, to see that the right things happen.

I thank all my colleagues for their participation today and for asking their question. I would ask unanimous consent that the Members have five legislative days to revise and extend their remarks and include any extraneous material. Is there objection? Without, it is so ordered.

With that the hearing is adjourned.

[Whereupon, at 3:37 p.m., the Committees were adjourned.]

[Prepared Statements of VSOs begin on the next page.]

[Additional statements for the record follow the VSO's prepared statements.]



We exist to help those who cannot help themselves

STATEMENT OF
THE AMERICAN EX-PRISONERS OF WAR
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE/U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
MARCH 3, 2020

NATIONAL COMMANDER ROBERT G. CERTAIN
CHIEF EXECUTIVE OFFICER CHERYL CERBONE
LEGISLATIVE OFFICER CHARLES ANTHONY SUSINO

Chairmen Mark Takano and Jerry Moran, and members of the House and Senate Veteran's Affairs committee and guests, my name is Robert Certain, National Commander of the American Ex-Prisoners of War. Thank you for the opportunity to express our comments today.

Our legislative agenda has been very consistent year to year. It is based on the earned benefits of the veteran for serving their country, never using the word "entitlements" in the same sentence as veteran. Its center is healthcare and fair compensation to the veteran and their family.

We are grateful for the efforts of this committee and this Congress over this past year. You have stepped up and passed several key pieces of legislation in support of our veterans. Your time is scarce and other major Congressional agendas often displace the attention on veterans' needs so we ask for your patience, persistence, and unwavering support.

Three major initiatives became law in 2019.

The first:

Full Military Honors Act of 2019. This act ensures that a veteran shall receive full military honors if the veteran (1) is first interred or inurned in Arlington National Cemetery, (2) was awarded the medal of honor or the prisoner-of-war medal, and (3) is not entitled to full military honors because of such veteran's grade. This was a long time coming and is just recognition for those heroes who gave so much for their country, regardless of rank.

The second allows this nation to live up to the promise that we will never forget those still missing in action. Prominent federal buildings and national war memorials will now fly the iconic POW/MIA flag alongside the American flag throughout the year thanks to legislation signed into law in November. The proposal, passed without objection in the House and the Senate earlier in 2019, is designed to help highlight the continued sacrifice of military families whose loved ones are still unaccounted for overseas, estimated at about 82,000 individuals.

And importantly for the surviving partners of our veteran heroes: The National Defense Authorization Act for FY 2020 completely eliminates the Widow's Tax after three years. No changes will take place in calendar year 2020. In 2021, one-third of the SBP will be restored. In 2022, two-thirds will be restored. On January 1, 2023, the SBP will be completely restored *and surviving spouses will receive their SBP and DIC payments in full*. Again, this was a long time coming and will positively affect nearly 65,000 surviving military spouses.

Thank you for your efforts.

Unfortunately, an equally important initiative has been overlooked by Congress for nearly three decades. The flat rate Dependency and Indemnity Compensation has not been increased since 1993. Compared to other Federal survivor programs, DIC lags behind almost 12%. The current DIC flat rate is 43% of the compensation of a fully disabled single veteran.

Other Federal survivor programs provide a survivor annuity of 50-55% of retirement pay to the surviving spouse. We propose a 12% increase once or a "Sunset Provision" of 3% each for 10 years for DIC to become equitable with other Federal survivor programs.

In 2020, DIC is \$1,340.14 a month, or about \$16,082 per year. Pretty close to the poverty level for our most fragile citizens.

We receive calls from widows who, because DIC is so low, they must abandon the homes where they lived with their veteran spouse. We get calls from our surviving spouse members who want to "cancel the magazine. I can't afford to pay for it". When we tell them that the magazine is paid for by their life membership dues, they are grateful. For most, the magazine is their only connection to the Ex-POW experience. We also get calls from the children of ex-POWs. They want to know what benefits are available over the stipend they get through DIC. Their mothers are nearly destitute. That is not fair to all veterans and certainly not fair to widows of EXPOWs.

Below is a letter received as this testimony was being written:

Dear Cheryl (CEO Cheryl Cerbone)

As a dependent of a former Ex-POW, I am reaching out to you after reading your most recent letter in the bulletin.

My mother, Theresa Hoffmann is a widow and soon to be 98 years old. My dad, Edward I Hoffmann was a POW for 42 months during WW II. He was with the 59th Coast Artillery and captured on Corregidor. Dad passed away in February 1998 from malignant tumor behind his eye. He was 100% disabled Veteran.

I moved my mom to Scottsdale, AZ from Omaha, NE four years ago when she could no longer care for herself. Here in Phoenix we have "assisted care homes" which are much more affordable than those larger care facilities. Mom ran out of her Long Term Care Insurance in 2018. At that time I had to negotiate with the owner of the care home a cost that mom could afford which then I had to move her into a shared room. Mom had some money in her savings which I have been supplementing to cover her room, board & care.

In August, I had to find a different assisted care home because the owners decided to build a bigger brand new home on the same site. The cost was going from \$3,600/month to \$5,500/month, so I no choice but to find another care home that would care for her at \$3,600/month.

Mom is bedridden and although she is somewhat mentally aware, her body has given up on her. Fortunately, the new care home is just around the corner from where my husband and I live. My brother also lives with us who has multiple myeloma and we transport him to doctor appointments and kidney dialysis 3x a week. I walk over daily to help feed mom dinner.

Currently, I am supplementing mom's monthly care from her remaining savings of \$8,900. Her current DIC is \$1,956.00; SS is \$1,180 and she has a small pension of \$285.00/month which = 3,421.00/month. The difference is \$179.00 a month. She will run out of her savings in 49 months. Upon her death, I will most likely need most of that savings to transport her body back to Omaha to be buried with my dad at the cemetery where he is placed. No cremation as she wishes.

My plea is an increase in her DIC for \$179.00 a month more for her. I had to move her from Omaha to one assisted living home and three different rooms negotiating costs. Then negotiating again with another assisted care home because she doesn't have the funds for the care she needs this time in her life. This shouldn't be the scenario for a widower of a former POW.

My parents were very involved and volunteered their time at the VA hospital as well as organized the POW Chapter in Omaha. Mom was adjunct secretary of the POW Chapter as well as chairperson for many, many years. Both are life time members.

In hopes of Congress listening at your March testimony, perhaps this letter will help. All she needs is \$179.00 a month to continue her care. If this plea should fall on someone else's ears, please let me know. I'm afraid Congress couldn't care less as they are more involved with impeachment hearings than a 97 year old widow of a former POW and disabled veteran.

Thank you for taking the time to hear me out and for all that you do for our Ex-POW's.

Sincerely,
Mary (Hoffmann) Rumer

Do your mothers have to live like this? Could your mothers live on this?

I don't think so.

There are two bills currently before this Congress...HR3221 with 14 cosponsors and S1047 with just 4 cosponsors. Both of these bills were referred to YOUR committees in April 2019. One year ago, with no action except shuffling to subcommittees. You owe it to these most vulnerable of our citizens to do more and do it now. We should not and can not be a nation who abandons the surviving spouse of its veterans.

And along this line, did you know that in order to be eligible for DIC, the veteran must have been rated as 100% totally disabled for a period of 10 years? Many years ago, this requirement was changed for ex-POWS to 1 year, but the vast majority of the 778,000 who currently are rated at 100% still had to meet that 10-year requirement. It takes years – sometimes decades – to increase disability ratings to 100%. And by that time, the veteran is usually in poor health overall. We

want this Congress to look at reducing the period from 10 years to 1 year for ALL veterans.

There are other concerns we have as well.

In 1981, Congress passed Public Law 97-37 entitled "Former Prisoners of War Benefit Act." This law accomplished several things. It established an Advisory Committee on Former Prisoners of War and mandated medical and dental care.

As Past Chairman of the Advisory Committee, I am concerned that the FACA (Federal Advisory Committee Act) term limits has resulted in the VA Advisory Committee on Former POWs being populated by well-meaning people with no real understanding of or passion for former POWs. That, coupled with the virtual lack of attention from the last several VA Secretaries, has relegated this Committee to the back burner of VA attention by moving it from the Secretary's office and placed several levels down under the Veterans Benefit Administration. That placement has made it easy to ignore and its recommendations easy to lose. Some of the unresolved issues when I timed out as Chairman:

- the failure, inability, or unwillingness of the VA to coordinate its list of "former POWs" with the DoD list, with many more names on the VA list than is justified
- the poor outreach efforts of the VA to find and include known (by DoD) POWs into the VA disability and healthcare system
- the failure of the VA to insure the initial and ongoing training of a medical team (to include MD, PA, NP, RN, social worker) to treat and care for former POWs in each and every VAMC
- the failure of accountability of the VA for APPROVED VAPOW Committee recommendations made over the course of the last 25-30 years.

Every committee member with long experience and strong connection to the former POW community has been removed from the Committee, along with their corporate knowledge. I never received any report from the VA about the approved recommendations and where they stood in current practice and enforcement. In our opinion, the Committee should be exempt from term limits and its membership should be limited to former POWs, their spouses or children, members of the Pensacola Mitchell Center team, and a certified VA POW doctor.

We strongly recommend that Congress pass legislation (possibly titled the John S. McCain Disability Act) to declare all former POWs, as verified by the DoD, to be rated by the VA at 100% disabled from the point at which the legislation is enacted, without further protocol exams. This is totally consistent with the POW list of presumptives passed by Congress over 30 years ago.

For the veteran population as a whole, I would also ask for assistance.

Decades ago, Congress looked to increase the disability compensation percentages for World War I veterans as they became aged. It is time to again look at this for veterans of WWII, Korea, and Vietnam. All veterans rated at more than 50% disability would automatically be rated at 100%. This Congress is young for the most part. There are only two members of this Committee older than I am; only four members who are my age. The average age of the World War II veteran is 97. Korean War veterans are 88 and Vietnam veterans are well past retirement age at 73. From nearly 25 million who served during these three conflicts, fewer than 3 million are still alive. We need to look closer at "caring for those who have borne the battle".

Additionally...the veterans' means test for access to health care must be eliminated. Should a veteran who worked two or three jobs to provide better for his family later be deprived of healthcare? Each has served his country and earned the same benefits so let us not deprive any deserving veteran of healthcare.

It is most insulting to us when we hear the use of the word entitlements regarding any benefits to the veteran. These are all earned benefits where the veteran has served and sacrificed. Calling them "entitlements" relegates the program to a handout and needs to be eliminated from the language used for veterans.

During wartime, there have been civilian POWs held in enemy prison camps, often side by side with our military prisoners of war. In WWII, wives and children were also held with their husbands and fathers. The parents were often individuals working on government contracts building facilities for the military which lead to their capture. To date, they do not receive any compensation nor health benefits other than dental resulting from their imprisonment. Over time, the numbers of these individuals has reduced dramatically yet, there is time to do the right thing and include them within the VA healthcare system. This is deserving treatment for those civilians imprisoned because they were supporting our military operations. It has been decades since a bill has been introduced to correct this long overdue injustice. We ask that you take action in this Congress.

We are a small organization. Since our founding on April 14, 1942 after the Fall of Bataan, we have worked to bring attention to and support for Ex-Prisoners of War. At the height of our membership, we had 33,000...today it is less than 9,000. In fewer years than we would like, our concerns will not be heard...our needs will not merit attention by Congress.

Looking toward that future, The American Ex-Prisoners of War chose Andersonville National Historic Site and the National POW Museum at Andersonville, Georgia as our legacy. We have been intimately involved with the creation of the museum since the 1980s and are the lead organization in providing assistance – both financial and physical – to that site. In 1994, we lobbied Congress to legislation authorizing the US Mint to create a commemorative silver dollar. The proceeds went to construction of the National POW Museum, with an endowment for future maintenance. The museum is one of the largest in the National Parks system. Along with the National POW/MIA Memorial at Riverside, California, we feel secure

that the sacrifices made by American prisoners of war will never be forgotten. And we thank past Congresses' actions in designating these as national sites, assuring they will serve unique positions in history honoring our heroes.

Additionally, we strongly support the efforts of Honor-Release-Return and The Ride Home, but challenge you to increase results. Since the early days of the 20th Century (WW I) the United States has left more than 100,000 Military personnel either in the hands of our enemy or unaccounted for on the field of battle. Despite the well-publicized/ verbalized policy 'Leave No Man Behind', we have only accounted for approximately 10,000 of those over the last eight decades. Honor-Release-Return is committed to bringing the accounting of the remaining Missing in Action to a close. The Ride Home, Inc. pays tribute to Former American POWS and the families of those Americans still Missing in Action. National POW/MIA Recognition Day, the third Friday in September, reminds us of the sacrifices our soldiers and their families make for our country every day and our responsibility to let them all know that WE WILL NOT FORGET. Combined conflict totals in the last century equal more than 120,000 prisoners of war repatriated and more than 83,000 still listed as MISSING IN ACTION.

Efforts in North Korea have stalled; the last unilateral turnover of remains was in 2018. There were 10 recovery missions in Southeast Asia in 2019 – 4 in Vietnam, 5 in Laos, 1 in Cambodia – but the work is slow and time is running short. It has been 45 years since hostilities ceased.

The vast majority of those missing from World War II may never be recovered. And we don't even pursue World War I.

We can and must do better. You must make it so.

We also work closely with the P.O.W Network. The P.O.W. Network was originally formed 30 years ago as an educational group to maintain the focus on the POW/MIA issue. Over the years, maintaining the almost 4000 biographies of those prisoners or missing during Vietnam has taken a backseat to answering daily questions on false claims of heroism or POW captivity. The mission now is to see that those recording history will be held accountable. Facts, not cover-up or fairy tales must be the most important basis for these historical efforts – be it POW/MIA or veterans military claims. According to *The New York Times*, the Department of Veterans Affairs paid disability benefits to more than six hundred people falsely claiming to have been POWs in the Vietnam and Persian Gulf wars. The number of stolen valor cases reported to the FBI has tripled in the last decade. In fact, more imposters lie about earning high military declarations for battlefield bravery than the actual number of real-life hero recipients. These imposters trade on tales and the trappings of military valor to secure privileges such as career advancements and even unearned veterans' benefits.

This is unacceptable on virtually every level. Before awarding benefits to anyone claiming to be recipients of military medals, particularly Medal of Honor, Purple

Heart, or Prisoner of War, the VA must check first with the Department of Defense for verification of such claims. Only after verification shall benefits be granted.

Several pieces of new legislation are important and continually improving all facets of the Veterans Administration operation is necessary. We often speak at this hearing about how the VA needs to improve and model its methods about particular successful and efficient industries. We need to get to where we use the term operational excellence and VA in the same sentence. For an organization that large it takes time, but we need to focus on select areas to build some successes to point at. As an attachment to this statement, I am including the latest VA Pocket Guide. I don't know how many of the members of this committee have seen or read it. Please take a few minutes and imagine the people who depend on both the VA system and you.

Thank you for your time and attention in support of ex-POWs and all veterans – deserving heroes every one.

ANNUAL LEGISLATIVE PRESENTATION

DAVID ZURFLUH

NATIONAL PRESIDENT

PARALYZED VETERANS OF AMERICA

BEFORE A JOINT HEARING OF THE

HOUSE AND SENATE COMMITTEES ON VETERANS' AFFAIRS

MARCH 3, 2020

Chairman Moran, Chairman Takano, and members of the Committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2020 policy priorities. For nearly 75 years, PVA has served as the lead voice on a number of issues that affect severely disabled veterans. Our work over the past year includes championing critical changes within the Department of Veterans Affairs (VA) and educating legislators as they have developed important policies that impact the lives of those who served.

Today, I come before you with our views on the current state of veterans' programs and services, particularly those that impact our members—veterans with spinal cord injuries and disorders (SCI/D). Our concerns and policy recommendations are particularly important in light of the continuing discussion about reforming the delivery of VA's health care system. As the Committees and the Administration advance system reforms, proper consideration must be given to how those reforms will impact veterans who rely primarily on VA for their health care, and particularly those veterans who almost exclusively use VA's specialized systems of care.

BACKGROUND—Our organization was founded in 1946 by a small group of returning World War II veterans, all of whom were treated at various military hospitals throughout the country as a result of their injuries. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, these veterans decided to become their own advocates and to do so through a national organization.

From the outset, PVA's founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with an SCI/D, whether medical, social, or economic. They were determined to create an organization that would be governed by the members themselves and address their unique needs. Being told that their life expectancies could be measured in weeks or months, these individuals set as their primary goal to bring about change that would maximize the quality of life and opportunity for all veterans and individuals with SCI/D.

Over the years, PVA has established ongoing programs to secure benefits for veterans; review the medical care provided by the VA's SCI/D System of Care to ensure our members receive timely, quality care; invest in research; promote education; organize sports and recreation opportunities; and advocate for the rights of veterans and all people with disabilities through legal advocacy and accessible architecture. We have also developed long-standing partnerships with other veterans service organizations (VSOs). PVA, along with the co-authors of *The Independent Budget (IB)*—DAV (Disabled American Veterans) and the Veterans of Foreign Wars—continue to present comprehensive budget and policy recommendations to influence debate on issues critical to the veterans we represent. We recently released our budget recommendations to inform the debate on funding for the VA for Fiscal Years (FY) 2021 and 2022.

STRENGTHEN AND IMPROVE THE VA HEALTH CARE SYSTEM AND SERVICES

Oversight of VA MISSION Act Implementation (P.L. 115-182)—The VA MISSION Act directed needed changes to VA's delivery of health care in the community and at VA health care facilities around the country. PVA supported the VA MISSION Act. We believe that integrated community care will strengthen VA's ability to serve veterans with catastrophic disabilities.

The initial launch of the new Veterans Community Care Program (VCCP) had minimal impact on our members. The first challenge we encountered was a new policy for individual family member caregivers to be reimbursed for bowel and bladder care. VA announced eligible family member caregivers would need to obtain a National Provider Identifier (NPI). VA explained that the NPI number was needed to ensure individual family member caregivers could be loaded into VA's updated payment and authorizations systems, and for a Veterans Care Agreement (VCA) to be issued.

To receive payment beginning October 1, 2019, the family member caregiver was required to submit the NPI along with a signed VCA to their local VA Community Care staff. In some cases, VA did not communicate this requirement sooner than a few weeks prior to the end of the fiscal year. Seven months later, there is still some confusion how payments may impact an individual's tax liability since caregivers are required to have an NPI. We believe the payments should not be taxable because bowel and bladder care is a component of VA medical services.

With regard to accessing care in the community, we have learned of several instances where care was delayed because consults were lost or slow to be processed. In some cases, the veteran

was approved for care in the community but the provider never received the necessary paperwork which hampered their ability to deliver care. A number of veterans took matters into their own hands to complete coordination VA staff should have managed. Finally, there have been several instances where veterans were erroneously charged for care they received through the VCCP. In sum, it appears a closer examination of the administrative and payment components of the VCCP is warranted. The Committees should also review the scheduling process. According to our field staff, the process is improving, but lag time between the initial eligibility determination and the scheduling process means the veteran is not always seen within wait times established by VA.

Title 38 Protections for Community Care—PVA remains deeply concerned about the exclusion of protections for injuries that occur as a result of community care. Title 38 U.S.C. § 1151 protects veterans in the event that medical malpractice occurs in a VA facility and some additional disability is incurred or health care problems arise by providing clinical appeal rights, no-cost accredited representation, and congressional oversight and public accountability. However, if medical malpractice occurs during community care, the veteran must pursue standard legal remedies, and is not privy to VA’s non-adversarial process. If these veterans prevail on a claim, they are limited to monetary damages instead of enjoying the other ancillary benefits available under Title 38 intended to make them whole again. Congress must ensure that veterans who receive care in the community retain current protections unique to VA health care under 38 U.S.C. § 1151.

Protect Specialized Services—PVA firmly believes VA is the best health care provider for veterans. The VA’s SCI/D System of Care, comprised of 25 SCI Centers and six long-term care (LTC) facilities, provides a coordinated life-long continuum of services for veterans with an SCI/D that has increased the lifespan of these veterans by decades. VA’s specialized systems of care follow higher clinical standards than those required in the private sector. Preserving and strengthening the VA’s specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, polytrauma care, and mental health care—remains the highest priority for PVA. However, if VA continues to woefully understaff facilities, their capacity to treat veterans will be diminished, and could lead to the closure of facilities and reductions in services offered to them.

Nearly 49,000 VA staffing positions went unfilled last year. In September 2019, VA’s Office of the Inspector General¹ reported that 131 of the 140 VA medical facilities had severe shortages for medical officers and 102 of the 140 facilities had severe nurse shortages. Additional shortages in Human Resources Management positions compounded this problem department-wide. In 2015, SCI/D nurses worked more than 105,000 combined hours of overtime due to understaffing. A system that relies upon floating nurses, not properly trained to handle SCI patients, overworks existing SCI/D nursing staff. This leads to burn out, injury, and loss of work time or staff departure and is unacceptable. In some circumstances, it even jeopardizes the health care of veterans.

VA’s ability to meet the highest standard of care to our veterans relies on more than just having the right number of physicians and nurses. They also need qualified and well-trained housekeepers. Last year, at some VA medical facilities, staffing levels for environmental

¹ VAOIG September 30, 2019 Report - <https://www.va.gov/oig/pubs/VAOIG-19-00346-241.pdf>

(custodial) employees dipped below 50 percent, which heightens the health risks to veteran patients, particularly those with compromised immune systems, such as those with serious illnesses or catastrophic injuries. Low pay, a cumbersome hiring process, and a lack of qualified applicants are often cited as major contributing factors to the VA staffing problem.

Staffing problems have a direct, adverse impact on the SCI system. Lengthy, cumbersome hiring processes make it difficult to hire and retain staff, which prohibits SCI/D Centers from meeting adequate staffing levels necessary to care for this specialized population. PVA estimates there is a shortage of 600 nurses in the SCI/D System of Care. Considering SCI/D veterans are a vulnerable patient population, the reluctance to meet legally mandated staffing levels is tantamount to willful dereliction of duty. SCI/D Centers with nursing shortages limit bed availability for admission to an SCI/D Center, reducing access for specialized care delivery. Veterans are often admitted to a VA non-SCI/D ward and treated by untrained SCI/D clinicians for days or weeks until an SCI/D bed becomes available. As SCI/D LTC facilities are exceptionally limited, veterans with SCI/D who have chronic medical issues are being treated in community institutions, by providers not trained in SCI/D. This results in compromised quality of care and poor outcomes. Given the direness of this situation, PVA strongly advocates for Congress to provide enough funding for VA to reform its hiring practices and hire additional medical professionals, particularly physicians, nurses, psychologists, social workers, and rehabilitation therapists, to meet demand for services in the SCI/D System of Care and ensure the positions, pay, and other incentives they offer are competitive with the private sector.

Expand Eligibility for VA's Comprehensive Family Caregiver Program—Section 161 of the VA MISSION Act requires the VA Secretary to expand VA's Comprehensive Family Caregiver program to include veterans who incurred a serious injury on or before May 7, 1975; and two years later, to those who incurred or aggravated a serious injury in the line of duty after May 7, 1975, through September 10, 2001. The law further required (Section 162) the Secretary to implement an information technology system that fully supports the program and allows for data assessment and comprehensive monitoring of the program on or before October 1, 2018.

Last year, VA informed VSOs that VA officials were in the process of hiring more than 680 employees to work with the caregiver program and amending a host of operating procedures to simplify and reform the existing program. To date, however, VA has failed to meet any of the deadlines to expand the caregiver benefits spelled out in the VA MISSION Act. This means thousands of eligible veterans and their caregivers will have to wait longer than Congress intended. Currently, there are over 20,000 veterans enrolled in the caregiver program, and VA officials estimate the expansion could provide monthly stipends to more than 41,000 new veteran families in coming years. PVA calls on Congress to perform effective oversight to press VA to implement the expansion of caregiver benefits to eligible veterans and caregivers by June. Also, since Congress intended the final phase of the expansion to service-connected injured veterans be initiated on October 1, 2021, we call on Congress to hold the department to that date so these veterans will not experience unnecessary delays.

There is, however, another deserving group of veterans who were not included under the original program or the expansion: veterans with service-connected illnesses such as amyotrophic lateral sclerosis (ALS) or the hundreds of other illnesses included in the VA's Presumptive Disease List. This too is unjust. For this program to be genuinely inclusive of all our nation's veterans and their caregivers, it must not exclude those with service-connected illnesses. Therefore, PVA urges the Committees to approve H.R. 4451, the "Support Our Services to Veterans Caregivers Act" by Representatives Ruiz and Higgins which would expand the program to veterans with service-connected catastrophic illnesses, not just injuries, from all eras of service.

Likewise, we urge the members of these Committees to support S. 2216, the "TEAM Veteran Caregivers Act" by Senators Peters and Blackburn which seeks to ensure that future intake, downgrade, or discharge actions pertaining to the comprehensive caregiver program are executed in a timely and impartial manner. As VA prepares to roll-out the expansion of the program to veterans of all eras, this bill will help ensure that adequate controls are in place to govern what VA must consider before downgrading or terminating a veteran's participation in the program.

Improve Access to VA's Long-Term Services and Supports—PVA continues to be concerned about the lack of VA LTC beds and services for veterans with SCI/D. Many aging veterans with an SCI/D are currently in need of VA LTC services. Unfortunately, VA is not requesting and Congress is not providing sufficient resources to meet the current demand. In turn, as a result of insufficient resources, VA is moving toward purchasing private care instead of maintaining LTC in-house for these veterans. Even though it is especially difficult to find placement for veterans who are ventilator dependent.

VA designated six specialized LTC facilities because of the unique, comprehensive medical needs of veterans with SCI/D, which are usually not appropriately met in community nursing homes and non-SCI/D-designated facilities. SCI/D Centers provide a full range of services and address the unique aspects of delivering rehab, primary, and specialty care. These veterans require more nursing care than the average ambulatory hospitalized patient. Additionally, in SCI/D LTC units, the distribution of severely ill veterans is even more pronounced as a sizable portion requires chronic pressure ulcer, ventilator, and bowel and bladder care due to secondary complications of SCI/D issues.

The Long Beach VA Medical Center is the department's newest facility and it is also the only SCI/D LTC Center located west of the Mississippi to serve 11 acute SCI/D Centers. It has a capacity of 12 inpatient beds and because it is always full, it has a long wait list to receive admissions. Unfortunately, the woefully inadequate number of beds available barely addresses the high demand. In these instances, the only option is to place the veteran into the local community where they receive suboptimal care by untrained SCI/D-health professionals.

Four of the six SCI/D LTC Centers have sufficient staffing. Of the other two facilities, one has some staffing needs and the other is in dire need of personnel. Thus, some facilities are operating at or near capacity, while others only achieve a fraction of theirs.

Although VA has identified the need to provide additional SCI/D LTC facilities and has included these additional centers in ongoing facility renovations, such plans have been languishing for years. In accordance with the recommendations of “*The Independent Budget Policy Agenda* for the 116th Congress,” PVA recommends that VA SCI/D leadership design an SCI/D LTC strategic plan that addresses the need for increased LTC beds in VA SCI/D Centers.

VA also offers a number of specialized long-term services and supports to include Spinal Cord Injury-Home Care, Medical Foster Homes, Veterans Directed Care, and Respite Care. All of these programs are covered by VA, with the exception of the Medical Foster Home program. In accordance with VA Policy, Veterans Health Administration Directive 1141.02(1), Medical Foster Home Procedures, VA may refer veterans to a VA approved medical foster home, but VA does not have the authority to cover the cost of services provided.

Permanent Access to In-vitro Fertilization (IVF)—In September 2018, Congress approved legislation extending IVF services for qualified wounded veterans for another two years. That legislation also included a modification lifting what was a three-year limit on the coverage of cryopreservation of embryos. Continued provision of procreative services through VA will ensure that these veterans are able to have a full quality of life that would otherwise be denied to them as a result of their service. PVA calls on Congress to go a step further and make such services a permanent part of the medical benefits package at VA. Congress has a moral obligation to restore to veterans what was lost in service, to the fullest extent possible.

VA’s current temporary authority prohibits the use of gametes that are not a veteran’s and his or her spouse’s. For some veterans, their injuries destroyed their ability to provide their own sperm or eggs for IVF. Because they require donated gametes, they are ineligible for IVF through VA. This is an unexplainable requirement that only harms those who need this service the most. A cruel irony of the prohibition of donated gametes for IVF is that there is no such prohibition when veterans pursue artificial insemination. Only in the provision of IVF can VA not authorize care if the use of donated gametes is necessary. Congress must correct this restriction. Finally, Congress should allow further services to address the needs of women veterans whose injuries prevent a full-term pregnancy.

While we are pleased that procreative services remain temporarily available for catastrophically disabled veterans, more must be done. We encourage the members of the Committees to support S. 319/H.R. 955, the “Women Veterans and Families Health Services Act of 2019” by Senator Murray and Representative Larsen, which would make this service a permanent part of the medical benefits package at VA.

Prosthetics—The VA’s mission is to care for the disabled veteran in a uniform and standardized manner. Within VA, the Prosthetics and Sensory Aids Service (PSAS) is charged with providing prosthetics, orthotics, and adaptive equipment to replace missing parts of the body and support bodily functions to enable veterans to regain independence and mobility. However, due to a lack of training and knowledge and poor communications, prosthetics care is inconsistent from facility

to facility. Lack of flexibility within national prosthetic policy robs VA providers of the capability of providing individualized care that meets the true needs of the veteran. Providers fight rigid, antiquated policies instead of determining what is best for the patient and how best to deliver that care. Furthermore, VA Handbooks and Directives are so outdated, they fail to incorporate advances made in prosthetics during the Post-9/11 era.

Except for the Home Improvement and Structural Alterations Program and the policy on clothing allowance, the VA Handbooks and Directives are all over a decade old. For the last three years, VSOs have been told that there are rewrites in progress, and yet much needed policy changes are on hold. And frustratingly, those most knowledgeable about prosthetics are rarely asked to participate in the critical development phase of these directives.

Furthermore, providing prosthetics through community health care systems creates additional burdens on the PSAS system. The administrative responsibility for VA prosthetics staff to properly manage, maintain the quality of prosthetics, and control overall program costs cause additional delays, could generate inappropriate and non-standard care, and/or increase complaints about the VA's delivery of these critical services. We want to ensure veterans receive the best quality of care, especially when it comes to prosthetic devices, and believe the best place for them to go for this care is VA.

The advances in prosthetics technology and complexities of function have greatly enhanced disabled veterans' ability to assimilate back into their communities. However, the cost of technology, materials development, scientific research, engineering skills, and the knowledge required to produce and manufacture prosthetics are only going to continue to increase. In order to meet the demand, VA must ensure adequate funding, a continuous training program for prosthetics and clinical staff, and updates to their VA handbooks and policies. This will ensure that VA continues to lead the world in prosthetics and rehabilitation through their integrated delivery system.

Care of Women Veterans With SCI/D—More than half a million women veterans are currently using VA health care and, as increasing numbers of women join the individual services, the number of women veterans using VA health care will continue to rise. In order to best serve the needs of this rising number of women veterans, VA facility leaders must be accountable for providing access to comprehensive gender specific mental and physical health care with high standards of care regarding the quality, privacy, safety, and dignity of that care. Women veterans deserve an environment that is sensitive to their needs and free from harassment.

The VA must ensure that all women's health clinics are easily accessible for disabled women veterans. Unfortunately, the first hurdle that women veterans with catastrophic disabilities may encounter, might be something as simple as the entrance to the VA women's health clinic. The next hurdle is that some of VA's exam rooms are too small to accommodate a woman veteran in a wheelchair or fit a portable lift; other rooms may not be big enough for a larger wheelchair to enter at all. If the patient cannot enter the exam room or be placed upon the exam table, the physician may be forced to examine the patient in her wheelchair leaving her at risk of further

injury and diminishing the quality of the exam and any care provided; not to mention the lack of privacy. PVA stands ready to lend support to VA in the future development and remodeling of VA facilities to ensure access to these women who served.

There is also room for improvement in meeting the gender-specific healthcare needs of catastrophically disabled women. We urge VA to ensure that women veterans have timely access to mammograms regardless of their disabilities, within VA facilities or in VA funded community care. PVA recommends VA establish clinical guidelines for treating physicians to follow when prescribing contraceptives for women with limited mobility issues to ensure the method selected by the provider does not pose a risk to the health of this population such as deep vein thrombosis, a side effect among many common oral contraceptives but highly dangerous to our women veterans. VA must also ensure that prosthetists and administrators at every level understand women's prosthetic needs. To advance the understanding and application of prostheses for women, VA must include academic affiliates, other federal agencies, and for-profit industry in their research. The needs of catastrophically disabled women veterans must no longer be an afterthought. Instead, their needs must be a part of all decision-making processes.

BENEFITS IMPROVEMENTS AND APPEALS REFORM IMPLEMENTATION

Oversight of the Veterans Appeals Improvement and Modernization Act (P.L. 115-55)—PVA helped design and pass the Veterans Appeals Improvement and Modernization Act (AMA) of 2017 reforming the appeals process. The new system offers three review options: a “higher-level review” by a more senior claims adjudicator; a “supplemental claim” option for new and relevant evidence; and an “appeal” option for review by the Board of Veterans’ Appeals (BVA). Under the new framework, claimants may choose the option that meets their needs and, if properly implemented, this should reduce the time it takes to process appeals yet ensure that veterans receive fair decisions.

Even though the new program launched on February 19, 2019, PVA representatives still do not have full access to the Caseflow program used to track and process benefit claim appeals; they have not yet been informed of the new Outside Medical Opinion process; and are concerned with administrative process errors stemming from BVA's takeover of certifying appeals. We also have strong concerns regarding the 30-minute time limit that has been placed on in-person hearings. These hearings are intended to provide veterans with an easy process in a non-adversarial environment to finally vocalize their story—many of whom have waited years to do so. Time limits make this process less than hospitable, and it appears VA is once again shifting responsibility to the veteran to assist with the reduction of the backlog of hearings.

PVA is anticipating your continued oversight to ensure lingering issues like the ones described are resolved. Also, we believe that an ongoing, strong, and close collaboration with VA and Congress is vital to ensuring the implementation and utilization of the new appeals system is conducted with maximum transparency and effectiveness. VA must also provide clear metrics to measure the progress and success of the AMA and strengthen Congress's ability to hold VA accountable for meeting targets and goals.

Benefits Improvements for Catastrophically Disabled Veterans

PVA believes it is time to improve benefits for the most severely disabled veterans, particularly in regard to the way automobile and housing grants are dispensed and the rates of Special Monthly Compensation.

Automobile Allowance Grants and Adaptive Equipment—VA's Automobile Assistance Grant program was originally established in August 1946 to assist severely disabled World War II veterans with the purchase of an automobile or other conveyance. Changes made in subsequent years increased eligibility and allowed modest increases to the grant itself. However, little has been done to ensure the program, as it currently exists, is meeting the needs of disabled veterans. Access to an adapted vehicle is essential to the mobility and health of catastrophically disabled veterans who need a reliable means of transportation to get them to and from work, meet family obligations, and attend medical appointments. Because of the high cost to procure replacement vehicles, veterans may retain vehicles beyond their reliability point which places them, and those around them, at risk when the vehicle they are operating is unsafe or unreliable.

PVA asks the members of the Committees to support H.R. 5761, the "Advancing Uniform Transportation Opportunities for Veterans Act," which was recently introduced by Representatives Meuser and Brindisi. This legislation would allow eligible veterans to receive an Automobile Allowance Grant every ten years for the purchase of an adapted vehicle. We recommend 10-year increments because government agencies and industry standards place much of an average vehicle's useful life within that timeframe. Additionally, vehicles that have been modified structurally, including modifications to accommodate the weight of veterans and their wheelchairs, can have a decreased lifespan. However, on average, the cost to replace modified vehicles is more than double the value of the current auto grant and several thousand more when the vehicle is used. Since vehicles do not last a person's lifetime, veterans should have the ability to purchase a vehicle once every ten years without having to bear the full replacement cost once the adapted vehicle has exceeded its useful life.

Younger veterans who are injured may retain or be able to recover a fair degree of their strength and mobility during the acute restoration period after the injury that made them eligible for the grant program. A sedan may be suitable for these veterans during these periods. However, it eventually becomes useless when veterans are forced to purchase a minivan or similar transportation that can accommodate a motorized wheelchair as their condition deteriorates or the repetitive stress injuries resulting from pulling themselves into, and out, of vehicles (along with their wheelchairs) forces them to change automobiles. If given the chance for a second or subsequent grants, veterans might also be inclined to take advantage of some of the new assistive technologies that have recently become available like lane assist or adaptive cruise control. These assistive technologies would help some veterans maintain their driving independence and make all eligible veterans, and those with and around them, much safer.

In addition, VA must continue to reimburse for adaptive equipment requirements as stated in the statute. Veterans should not have to submit an itemized list of this equipment to qualify for the grant. The handbook governing Automobile Adaptive Equipment (AAE) was written nearly two decades ago. VA has written new guidance that is expected to be released soon, but PVA and the other VSOs were given little opportunity to provide advice during this process or suggest methods to incorporate new technology into AAE.

Access to an adapted vehicle is essential to the safe mobility and health of disabled veterans. As soon as VA releases its guidance, we encourage the Committees to conduct an oversight hearing on this program to ensure it effectively addresses the needs of eligible veterans.

Additionally, we hope the Committees will help us hold VA accountable once the new AAE directive is enacted by establishing a task force of VA and VSO experts to write and review recommendations for reimbursement of AAE. This should include a process to conduct a yearly review and update of the AAE Directive. Congress should consider setting in place some sort of mechanism to review the effectiveness of the AAE program and advise members annually of the results from the new policy guidelines. Finally, PVA supports legislation to allow veterans who have non-service-connected SCI/D to receive the same type of adaptive automobile equipment as veterans whose injuries are service connected.

Specialty Adaptive Housing Grant Program for Veterans—For the past several years, PVA has advocated for an increase in the value and uses of VA’s Specialty Adapted Housing (SAH) grant program, to prioritize the status of veterans with ALS, and establish a supplementary housing grant. We are pleased that the House already passed Representatives Bilirakis and Levin’s legislation addressing each of these issues in H.R. 3504, the “Ryan Kules Specialty Adaptive Housing Improvement Act of 2019.” We also appreciate that a companion bill introduced by Chairman Moran and Senator Sinema, S. 2022, the “Paul Benne Specialty Adaptive Housing Improvement Act of 2019” is working its way through the Senate. We sincerely hope Congress can give final approval to S. 2022 or H.R. 3504 as quickly as possible.

There are also a couple of other areas of concern with the SAH program that the Committees need to address. First, finding and selecting an eligible builder often creates the biggest delay in getting adaptations made to a veteran’s home. The bid process gives the veteran the freedom of selecting a builder based on proposed adaptations and associated costs. However, locating a builder is often a lengthy process. Once the veteran has selected the builder with whom he or she would like to work, the builder must then register with the federal government.

The SAH program is one of VA’s most critical programs and more resources must be used to promote it to the homebuilder and remodeling industries. Congress should create a pilot program using some of the program’s current personnel whose sole focus will be to promote the merits of the program to potential builders. This could increase the number of certified builders/remodelers available nationwide, reducing the time it takes to build the home or make the required adaptations. The pilot should have a dedicated funding stream of at least \$150,000 annually to ensure the team marketing this program can do its work.

PVA is also concerned about inconsistencies in the administration of the SAH program. Some of our service officers have raised concerns about the quality and speed of the work which seemed to depend entirely on the geographic location of the veteran. This is troubling since compared to other programs, SAH is a very small program and it should not be as difficult for VA to maintain a standard across the board. Veterans should not be punished for where they choose to reside. Instead, they should be able to receive quality service regardless of the location of their residence.

Special Monthly Compensation (SMC)—There is a well-established shortfall in the rates of SMC paid to the most severely disabled veterans that VA serves. SMC represents payments for “quality of life” issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction or the need to rely on others for the activities of daily life like bathing or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, PVA does not believe that a veteran can be totally compensated for the impact on quality of life; however, SMC does at least offset some of the loss of quality of life. Many severely injured veterans do not have the means to function independently and need intensive care on a daily basis. They also spend more on daily home-based care than they are receiving in SMC benefits.

One of the most important SMC benefits is Aid and Attendance (A&A). PVA recommends that A&A benefits be appropriately increased. Attendant care is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. Many PVA members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC-A&A beneficiaries at the R2 compensation level (the highest rate available). Ultimately, they are forced to progressively sacrifice their standard of living in order to meet the rising cost of the specialized services of a trained caregiver; expensive maintenance and certain repairs on adapted vehicles, such as accelerated wear and tear on brakes and batteries that are not covered by prosthetics; special dietary items and supplements; additional costs associated with needed “premium seating” during air travel; and higher-than-normal home heating/air conditioning costs in order to accommodate a typical paralyzed veteran’s inability to self-regulate body temperature. As these veterans are forced to dedicate more and more of their monthly compensation to supplement the shortfalls in the A&A benefit, it slowly erodes their overall quality of life.

Benefits for Surviving Spouses of ALS Veterans—Dependency and Indemnity Compensation (DIC) is a tax-free monthly benefit paid to eligible survivors of military service members who died in the line of duty or eligible survivors of veterans whose death resulted from a service-related injury or disease. Eligible survivors can receive an additional amount of \$284.57 per month in DIC if the veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death. This extra payment is commonly referred to as the “DIC kicker.”

VA regulations recognize ALS as a presumptive service-connected disease and, due to its aggressive nature, it is automatically rated at 100 percent once service connected. However, because the average life expectancy for a person with ALS is two to five years, spouses of

deceased veterans with ALS rarely qualify for the additional DIC benefit given the eight-year requirement.

This policy fails to recognize the significant sacrifices these veterans and their families have made for this country. PVA urges Congress to quickly pass, H.R. 4748/S. 3091, the “Justice for ALS Veterans Act of 2019” by Representatives Cisneros and Fitzpatrick and Senators Coons and Murkowski, which would entitle future surviving spouses of veterans who died of service-connected ALS to the DIC kicker.

Chairman Moran, Chairman Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that directly impact PVA’s membership. As VA continues to evolve in a manner that can improve access to veterans seeking care, it will be imperative to remember that any changes to the VA health care system will directly affect our members, and other veterans with specialized health care needs, who use the VA almost exclusively for services. We cannot stress enough the need to preserve and strengthen the VA health care system while more resources, including the community, are leveraged to expand access to care.

We look forward to continuing our work with you to ensure that veterans get timely access to high quality health care and all of the benefits that they have earned and deserve. I would be happy to answer any questions that you may have.



TESTIMONY OF

STUDENT VETERANS OF AMERICA

BEFORE THE

COMMITTEES ON VETERANS AFFAIRS

U.S. SENATE
U.S. HOUSE OF REPRESENTATIVES

HEARING ON THE TOPIC OF:

“LEGISLATIVE PRIORITIES OF 2020”

MARCH 3, 2020



Chairmen Moran and Takano, Ranking Members Tester and Roe, and Members of the Committees:
Thank you for inviting Student Veterans of America (SVA) to submit testimony on our organizational policy priorities for 2020.

BACKGROUND

With a mission focused on empowering student veterans, SVA is committed to providing an educational experience that goes beyond the classroom. Through a dedicated network of more than 1,500 on-campus chapters in all 50 states and 4 countries representing more than 750,000 student veterans, SVA aims to inspire yesterday's warriors by connecting student veterans with a community of like-minded chapter leaders. Every day these passionate leaders work to provide the necessary resources, network support, and advocacy to ensure student veterans can effectively connect, expand their skills, and ultimately achieve their greatest potential. Student veterans are yesterday's warriors, today's scholars, and tomorrow's leaders. This ethos is embodied in the stories and successes of SVA Chapters and Alumni, such as Bonita Rodriguez, past president of the SVA Chapter at Pace University and the SVA Chapter at Colorado State University.

In the military and veteran community, a great deal of respect is given to the quiet professionals among us; those in our community who lead by example, lead those around them to greatness, and do so with overarching humility. Marine Corps veteran, recent Pace University graduate, and SVA's 2020 Student Veteran of the Year Bonita Rodriguez exemplifies what it means to be a great leader while remaining a humble, quiet professional. While leading her Chapter at Pace University, Bonita brought together SVA, the Student Government Association, Greek life, and the local community, creating a culture that fostered diversity and inclusivity while driving towards opportunities for student veterans to connect and participate with their larger community.

That same spirit of inclusivity and drive leads the work of the SVA Chapter at Colorado State University (CSU). Working closely with their Student Government Association, chapter advisors, and campus leaders, CSU has created a thriving community for student veterans that focuses on students' strengths while supporting their needs. This year, CSU is poised to build a world-class student veteran and adult learner center to better meet that mission.

CSU is also home to Rams Kids Village, an innovative solution to after-hours and short-term childcare in the on-campus library that allows CSU student veterans the opportunity to participate in group projects, study for exams, and take time for themselves. This is accomplished for CSU student veterans who are parents by creating hands-on learning opportunities for their children through early childhood educational experiences and quality care provided by the on-campus Rams Village. Under the leadership of Chapter President, Josh Johnson, CSU has consistently provided exemplary leadership in peer-to-peer support and community integration. For that, CSU was recently recognized as our 2020 Chapter of the Year and their efforts on campus help inform many of our policy priorities.

KEY RESEARCH

Over the past decade, SVA has dedicated significant resources to researching the efficacy and impact of the Post-9/11 GI Bill. With the leadership and expertise of Dr. Chris Cate, the premier researcher and academic focused on the GI Bill, our team produced both the Million Records Project (MRP) and the National Veteran Education Success Tracker Project, or 'NVEST Project' for short. The purpose was to address a straight-forward question: "What is America getting for its multi-billion-dollar investment in the education of veterans?"

In partnership with the Department of Veterans Affairs (VA) and the National Student Clearinghouse (NSC), we studied the individual education records of the first 854,000 veterans to utilize the GI Bill in the Post 9/11 era. The

bottom line is this: student veterans are among the most successful students in higher education.¹ With appropriate resources this research should be updated annually because it is important to assess student veteran success through data and to overcome outdated myths about veterans, college, and career success.

Not satisfied with just knowing student veterans' level of success in higher education, SVA started the Life-Cycle Atlas Project to begin "mapping" student veterans' educational journeys from high school to the present to better understand how student veterans succeed in higher education. With almost 4,000 responses the project has already found three key findings. First, much of the public has a nostalgic view of veterans' post-secondary educational journey: High school, Military Service, College, then Workforce, which is outdated. No doubt this view has been carried over from the World War II era to today, where service members returned from service to use the GI Bill to earn a college degree and enter the workforce. However, our research has found veterans' educational journeys are more diverse than ever before due to more options to serve and accessibility of college courses. It is within these educational journeys that a second key finding was discovered. Service members are exposed to implicit messaging that they are not college material and thereby discouraged from considering a college education after service. This implicit messaging sometimes starts with their high school guidance counselors then reinforced throughout their military service. It is often not until after they have separated and hear about other veterans succeeding in college that they realize they are college material and enroll. Finally, looking at the transition from school to the workforce, the Life Cycle Atlas Project is finding that student veterans are not utilizing the variety of career preparation opportunities that are available to them, such as internships. This puts student veterans at a disadvantage compared to more traditional student groups who have taken advantage of these career prep opportunities.

It is important to understand the demographics of student veterans. Ninety percent of student veterans using the GI Bill are prior enlisted, while the remaining ten percent are prior warrant and commissioned officers. Eighty-four percent are over the age of twenty-five. Nearly half are married, and half have children; eighteen percent are single parents. Fifty-five percent of student veterans work while enrolled with sixteen percent of those working multiple jobs.²

In terms of school and degree choice, eighty two percent of student veterans attend a not-for-profit public or private university. Student veterans are using their GI Bill to earn degrees in this order: first, bachelor's degrees, then master's degrees, followed by associate degrees, and finally terminal degrees, such as a PhD, JD, MD, etc.³

Next, the most well-known academic measure is the grade point average (GPA). The national GPA for undergrad college students is a respectable 3.15. The GPA for student veterans is 3.36. Student veterans are out-graduating nearly all other students achieving a success rate of seventy-two percent compared to the national average of sixty-six percent. Additionally, NVEST data demonstrate that student veterans have a substantially higher graduation rate when compared to other adult students who are comparable peers.⁴

In its first six years, the Post-9/11 GI Bill enabled over 340,000 veterans to complete a post-secondary degree or certificate. Twenty-three percent are women. SVA projects the Post-9/11 GI Bill will support one-hundred thousand veterans graduating every year with an overwhelming majority graduating from premier schools. That's 100,000 new doctors, accountants, scientists, financial analysts, nurses, social workers, lawyers, cybersecurity

¹ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill*. Student Veterans of America, Washington, D.C., http://invest.studentveterans.org/wp-content/uploads/2017/03/NVEST-Report_FINAL.pdf

² Cate, C.A. *Student Veteran Census Survey 2018*. Student Veterans of America, Washington, D.C.

³ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill*. Student Veterans of America, Washington, D.C., http://invest.studentveterans.org/wp-content/uploads/2017/03/NVEST-Report_FINAL.pdf

⁴ Id.

engineers, and teachers every single year.⁵

When looking at income, veterans with degrees out-earn their civilian peers who have never served. Veterans with a bachelor's degree earn \$84,255 annually compared to \$67,232 annually for those who have never served, and at the advanced degree level the difference is even higher, veterans with advanced degrees earn \$129,082 annually compared to \$99,734 annually.

The GI Bill is creating an ever-growing network of successful veterans who are going to run businesses, invent new technologies, teach young minds, and lead their communities, which is why we need to bolster empowering policies and programs that best support student veteran success to, through, and beyond higher education.

POLICY PRIORITIES AND RECOMMENDATIONS

GI Bill Improvements

The Forever GI Bill, formally titled *The Harry W. Colmery Educational Assistance Act*, was the largest expansion of education benefits for veterans in nearly a decade and VA has worked to implement its many provisions. While still monitoring the final stages of the Forever GI Bill implementation, SVA is bringing attention to the next wave of improvements to better serve our student veterans.

Review options to restore “break pay” and provide students with Monthly Housing Allowance (MHA) during school breaks. The *Post-9/11 Veterans Educational Assistance Improvements Act of 2010* removed interval pay, otherwise known as break pay, from the GI Bill. Reinstating break pay is one of the top policy recommendations shared by student veterans. We understand there are realistic cost considerations when it comes to break pay, but it is important to remember that student veterans are post-traditional, meaning they are pursuing education without parity in the support structure many traditional students use during school breaks. We consistently hear from student veterans throughout the year about the financial hardship that comes between terms and we look forward to working with Congress to explore ways to provide relief to our student veterans in a way that meets their needs in a fiscally responsible manner and meets the intent of the law.

Reform overseas MHA rates so they are consistent with the Department of Defense (DoD) Overseas Housing Allowance. As the remaining sections of the Forever GI Bill are implemented, we would like to highlight a problem facing students at international campuses of U.S. institutions. Under the previous guidelines, international campuses would receive the MHA of the main campus in the U.S. Going forward, however, that rate will be adjusted to the national average.

SVA has concerns about whether the U.S. national average is the appropriate MHA for international locations that may be significantly more expensive than the national average. We are also concerned that VA is using the U.S. national average instead of DoD's Overseas Housing Allowance (OHA) rates, rates designed for specific locations outside of the U.S. The DoD has already gone through the rigorous cost of living calculations, it should be the first option when determining the appropriate cost of living for our student veterans.

Review study abroad requirements. Separately, but of growing concern from student veterans and schools, the current approval requirements for study abroad programs do not align with how higher education generally organizes and operates those programs or how students elect to study abroad. SVA is concerned student veterans will have far fewer opportunities and options to study abroad compared to most other students using

⁵ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill*. Student Veterans of America, Washington, D.C., http://invest.studentveterans.org/wp-content/uploads/2017/03/NVEST-Report_FINAL.pdf

federal education benefits. SVA encourages a review of the study abroad requirements and a conversation with study abroad professionals on how to approve a wider array of study abroad programs while still ensuring quality.

Create MHA safeguards for students at schools that temporarily close because of a natural disaster. Currently, VA is able to pay housing allowances for up to a month if a school is closed due to a natural disaster.⁶ However, based on extensive research conducted by SVA, we encourage extending that timeframe. We believe this is a common-sense, proactive policy change providing student veterans more than a few weeks' time to figure out a new plan when facing catastrophes.

Ensure members of the Guard and Reserve receive the same benefits as those on active duty when they perform the same work. As U.S. defense plans change from using the National Guard and Reserve Components as a 'strategic reserve' to an 'operational reserve,' we see an increasing level of overlap in the training and service requirements placed upon these groups. However, under current law these similar responsibilities do not always mean equal access to VA benefits. We encourage Congress to review the statutory requirements to earn these benefits and bring parity to how the Guard and Reserves earn benefits when undertaking the same duties and risks as Active Duty service members.

Give new service members more time to make a more informed decision about enrolling and paying for the Montgomery GI Bill. The Montgomery GI Bill (MGIB) has served our nation's veterans well for many years. However, with the Post 9/11 GI Bill, the MGIB is now doing little more than serving as a tax on troops. Except for a few niche scenarios, the Post-9/11 GI Bill provides more generous resources and better overall value than the MGIB. Despite this, the MGIB lingers on through the automatic enrollment of new service members who are not fully informed of the differences between the two programs. In the Navy, the decision deadline is within two days of starting service, and in the Army, it is three days.^{7,8}

Statutory requirements suggest a short period of time after entering the military to pay into the MGIB fund or not, but there is no requirement as a matter of policy.⁹ Given the importance of this decision for the service member's future, it is imperative to provide all new service members with adequate time to weigh the costs and benefits. We encourage the Committees to delay the decision to enroll in the MGIB to give our newest, and often lowest paid, service members the chance to become more accurately briefed on education benefits available to them following service and make an informed decision regarding their future.

We also encourage the Committees to consider changing the language of the MGIB to make it an "opt-in" decision instead of an "opt-out" option. Making Chapter 33 the functional default GI Bill is consistent with current data on rates of use between the programs and is the better option for the vast majority of individuals.

Eliminate the cap on years that limits how long VA education beneficiaries are eligible for in-state tuition. The *Veterans Access, Choice, and Accountability Act of 2014* established a three-year window following service for Post-9/11 GI Bill beneficiaries to receive in-state tuition at any public institution, regardless of their state of residence. After hearing confusion and frustrations about in-state tuition from many student veterans, last year SVA conducted extensive state-by-state research to better understand each state's in-state tuition regulations. While many states have passed laws to eliminate this cap, making these students eligible for resident-rate tuition regardless of when they choose to enroll, a substantial number of other states have not.

⁶ U.S. Department of Veterans Affairs. https://gibill.custhelp.va.gov/app/answers/detail/a_id/1573/~/what-if-my-school-term-is-interrupted-by-a-hurricane-or-natural-disaster%3F

⁷ Gross, Natalie. Military Times. "Wasting money? Most new recruits pay \$1,200 for lesser education benefit." December 22, 2017. <https://rebootcamp.militarytimes.com/education-transition/education/2017/12/22/wasting-money-most-new-recruits-pay-1200-for-lessereducation-benefit/>

⁸ U.S. Army Human Resources Command. Montgomery GI Bill – Active Duty. Accessed July 2019. <https://www.hrc.army.mil/content/Montgomery%20GI%20Bill%20--%20Active%20Duty>

⁹ Cornell Law School, Legal Information Institute. 38 U.S.C. § 3011. <https://www.law.cornell.edu/uscode/text/38/3011>

There are also some states with confusing or even contradictory resident-rate regulations in place. This has created a messy patchwork of inconsistent laws across the country making it difficult for students to know how much they will pay for tuition and results in inequitable treatment of a federal tuition benefit. SVA supports a legislative fix that would ensure all military-connected students have access to the same in-state tuition benefit regardless of when and where they choose to attend school, which is also in-line with the lifelong benefit of service the Forever GI Bill ensures.

VA Modernization

As VA continues to stress the importance of modernization and benefit delivery efficiency, SVA strongly encourages the consideration of student veterans, service members, and families using education benefits as a critical part of those efforts.

IT modernization efforts must be coupled with IT funding increases. As we have seen over the past year, VA's antiquated IT systems continue to be at the root of its challenges. With an enormous amount of technical debt accrued by the agency in the last 40 years, VA must communicate clearly with Congress and stakeholders on its IT infrastructure modernization needs. In turn, we urge Congress to consider the total cost of every change, adjustment, or mandate to VA. To meet the needs of our veterans, VA Education Service platforms must become a system that can adapt and change with the evolving landscape of higher education. This much-needed comprehensive IT modernization will not be easy or accomplished overnight but is a necessary conversation.

Establish the Veteran Economic Opportunity and Transition Administration with Undersecretary representation for all economic opportunity and transition programs at VA. As stated by the Independent Budget (IB) organizations in their policy recommendations for the 116th Congress, "This nation should have as much focus on the economic opportunities for veterans as it does for their health care and benefits".¹⁰ SVA agrees with the IB organizations that a greater need to focus on economic opportunity is best achieved by building on the early success of the new office at VA dedicated to transition and economic opportunity and elevating it, and Education Service, to its own administration at VA.

Presently, economic opportunity programs such as the GI Bill, home loan guaranty, and many other empowering programs for veterans are buried within the bureaucracy of VBA and functionally in competition against disability compensation policy for internal resources. Over the past century, VA has focused on compensating veterans for loss. The reality of the 21st century and beyond demands the additional goal of empowering veterans to excel post-service. Critically, this will further advance our nation's goals of enhancing economic competitiveness. A focus on veteran contributions to business and industry, to governments, to non-profit organizations, and to communities through the best education programs in our country will result in impressive returns on the taxpayer's investments.

Expand and modernize the GI Bill College Comparison Tool. The GI Bill College Comparison Tool can be invaluable to veterans considering their educational options. However, improvements would make the tool better. As it stands, the lack of coordination between the College Navigator, College Scorecard, and GI Comparison Tool reduces the overall delivery of powerful data to veterans.^{11, 12, 13} The Comparison Tool has unique data, necessitating a separate tool from ED's options but the underlying data is not being shared effectively, leaving prospective students an incomplete view of their options.

¹⁰ Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars. The Independent Budget – Veterans Agenda for the 116th Congress. Retrieved from: http://www.independentbudget.org/pdf/IndependentBudget_2019.pdf.

¹¹ College Navigator, National Center for Education Statistics, US Department of Education, <https://nces.ed.gov/collegenavigator/>, Accessed 01 March 2020

¹² College Scorecard, US Department of Education, <https://collegescorecard.ed.gov/>, Accessed 01 March 2020

¹³ GI Bill Comparison Tool, US Department of Veterans Affairs, <https://collegescorecard.ed.gov/>, Accessed 03 February 2020

The tool currently lacks an effective side-by-side comparison function. Students primarily use the tool for its “lookup” function for familiar institutions as that is effectively the best option the tool currently offers. Student veterans should also be able to rate their schools, giving future student veterans direct consumer feedback like Amazon’s verified user rating system. In 2013, Public Law 112-249 mandated VA launch, “centralized mechanism for tracking and publishing feedback from students,” like ‘Amazon reviews,’ yet this functionality is still missing.¹⁴

Finally, we encourage VA to maintain closed schools within the tool, versus having them merely disappear. This disappearance of schools from the tool also applies to the associated data, leaving significant gaps in the overall picture.

Establish parity between the Post-9/11 GI Bill and VR&E MHA subsistence rates. Currently, VR&E has two different housing rates. One is the rate of the Post-9/11 GI Bill MHA benefit and one that is substantially lower and based on a number of factors, such as the rate of attendance, number of dependents, and training type.¹⁵ Many student veterans have shared concerns about not being able to afford basic necessities while pursuing their VR&E individualized training and education plans. These concerns are echoed in the 2014 GAO report on VR&E which acknowledges veterans may discontinue their education plans because of financial pressures.¹⁶ Moving the subsistence rate to one rate reduces bureaucracy, eliminates confusion, and creates better parity for service members and veterans with service-connected disabilities using VR&E.

Bring VA Work-Study into parity with Federal Work-Study (FWS). Feedback we received at our last two Leadership Institutes, a leadership training program for the top student veteran leaders, highlighted a few areas of improvement for VA to consider as they modernize their work-study program. First, the program is unreliable source of income. The current paper-based model is antiquated, cumbersome, and lethargic on getting paychecks to student veterans. Transitioning to a web-based system that mirrors some of the successes of Department of Education’s (ED) work-study program is overdue, and we thank those who supported efforts to remedy this issue last year. We look forward to working with Committee leadership to ensure work-study’s basic modernization needs are met this year.

Additionally, the lack of parity between ED work-study employment options and options under VA work-study, limited to positions directly related to VA, is a source of significant frustration in Chapters. It is understandable to want to have VA funds spent on VA needs, but Congress should examine ways student veterans can take part in opportunities available to other students under ED work-study that better align with career goals.

Higher Education Act Reauthorization

Engaging on the ongoing reauthorization efforts for the *Higher Education Act* (HEA) and ensuring student veterans’ voices are heard during the process remains a top priority for SVA this year. While HEA generally falls outside the jurisdiction of these Committees, SVA continues to ask all Members as engaged veteran advocates to participate in the HEA legislative process. VA unquestionably has a significant impact on the lives of student veterans and military-connected students, but VA’s education business lines are only a fraction of the legislation and regulation that routinely touch the educational opportunities, choices, and protections that impact those same students.

¹⁴ Public Law 112-249, “Comprehensive Veterans Education Information Policy”, <https://www.govinfo.gov/content/pkg/PLAW112publ249/pdf/PLAW-112publ249.pdf>

¹⁵ U.S. Department of Veterans Affairs, VR&E Subsistence Allowance Rates, https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp (last visited March 01, 2020).

¹⁶ U.S. Government Accountability Office, VA Vocational Rehabilitation and Employment Program – Further Program Management Improvements Are Needed, 6, Feb.27, 2014, <https://www.gao.gov/products/gao-14-61>.

Considerable progress was made last year to negotiate a comprehensive reauthorization of the HEA. SVA is encouraged by the commitment from the House and the Senate to continue HEA efforts in a comprehensive, bipartisan manner this year, and we hope the process will be finalized before the end of the 116th Congress. While not an exhaustive list of provisions we would like to see considered, we hope these Committees will keep the following priorities in mind during the remaining HEA negotiations.

Closing the 90-10 loophole. The 90-10 rule is intended to prevent a proprietary institution from receiving all its revenue from the federal government. Essentially, if an institution is providing a high-quality education it should be able to recruit students willing to spend their own money to attend. Ironically, the rule originated in response to the Servicemen's Readjustment Act of 1944, what became known as the GI Bill, to prevent institutions existing solely to collect veterans' education benefits.¹⁷ However, a loophole exists in the rule, a loophole that does not count funds from VA or Department of Defense (DoD) educational benefits as federal funds. The predatory practices this loophole incentivizes are well-documented and unacceptable. Veterans and other American taxpayers deserve better than allowing the bottom lines of institutions to prevail.¹⁸

Closing the loophole is a long-standing policy priority among the majority of veteran service organizations. There is also well-respected research on the need to close the 90-10 loophole.¹⁹ Closing the loophole maintains full freedom to choose which school you attend, prevents fully federalizing funding of schools, and preserves a veterans right to choose their own educational journey without gambling taxpayer money on some of the worst performing schools.

The growing support for closing the loophole goes beyond veteran advocates. Last year there were considerable advancements towards closing the 90-10 loophole. Between the *College Affordability Act* in the House of Representatives and the first bipartisan bill to close the loophole in the Senate, the *Protect Veterans' Education and Taxpayer Spending Act*, many in Congress are taking leading steps to close this loophole.^{20,21} SVA looks forward to working alongside each Member to ensure that 2020 is the year the 90-10 loophole is finally closed.

Maintaining student protections and prioritizing high quality. The *Higher Education Act* includes several quality-assurance principles, most notably the borrower's defense to repayment (BD) and gainful employment (GE), meant to serve as gatekeepers to federal student aid. These provisions should create a reasonable safety net that allows students the freedom to choose the school that best meets their needs while ensuring taxpayer funds are used for worthwhile certifications and degrees.

While the principles of protection are created within HEA, the discretion of how these provisions are interpreted and instituted rests with ED and a process known as Negotiated Rulemaking (NegReg). This regulatory process is a required function established in the *Higher Education Act*, relying on diverse experts representing the stakeholders in higher education to debate and work toward consensus on regulations. SVA has been privileged to participate as a negotiator for such rulemaking negotiations, providing expert testimony to the committee and negotiators.

Given the importance of BD, GE, and the other student protections framed in HEA, maintaining and strengthening the federal gatekeeping protections is more important than ever. Congress must continue to include its intent on

¹⁷ Skinner, Rebecca. (January 2005). *Institutional Eligibility and the Higher Education Act: Legislative History of the 90/10 Rule and Its Current Status*. Congressional Research Service: Washington, D.C., Retrieved from: <http://www.policyarchive.org/handle/10207/1904>.

¹⁸ U.S. Senate Committee on Health, Education, Labor, and Pensions. (July 2012). *For Profit Higher Education: The Failure to Safeguard the Federal Investment and Ensure Student Success*. Washington D.C. Retrieved from: <https://www.govinfo.gov/content/pkg/CPRT-112SPRT74931/pdf/CPRT-112SPRT74931.pdf>.

¹⁹ Brookings Institution, January 2019. *Understanding the 90/10 Rule: How reliant are public, private, and for-profit institutions on federal aid?* https://www.brookings.edu/wp-content/uploads/2019/01/ES_20190116_Looney-90-10.pdf

²⁰ <https://www.insidehighered.com/news/2019/11/20/alexander-backs-bill-count-veterans-benefits-toward-profits-federal-revenue-limit>

²¹ <https://edlabor.house.gov/imo/media/doc/The%20College%20Affordability%20Act%20-%20Fact%20Sheet.pdf>

protecting both students and taxpayer funds from fraud, waste, and abuse.

Simplifying processes without sacrificing aid or protections. Many of the early conversations on HEA reauthorization have focused on the need to simplify the complex and confusing systems governing federal financial aid and student loans. There is a justifiable need to simplify things such as the Federal Application for Federal Student Aid (FAFSA) and student loan repayment options, but simplification cannot come at the expense of access to aid or increased debt for students.

Greater oversight of nonprofit conversions. Thanks to advocacy from student and consumer rights' groups, leadership in Congress, and a growing awareness by the public of predatory practices of some institutions, many of the worst providers have come under increased scrutiny. However, in response to increased awareness and scrutiny, there is an alarming trend of proprietary institutions' converting to nonprofit institutions, a status that allows those institutions to fall under different regulatory oversight requirements.

This conversion process takes advantage of a regulatory weakness between the Internal Revenue Service (IRS) and ED.²² Importantly, it also takes advantage of the authorities granted to VA to conduct oversight. To protect against fraud, waste, and abuse, Congress should expand VA's ability to act in conjunction with other agencies to prevent bad actors from taking advantage of nonprofit status.

Accountability and Affordability

Study emerging education innovations to better understand the effectiveness and efficacy of such models. In the last few years, the higher education landscape has seen a number of innovations that promise to strengthen existing pathways through education. These innovations offer compelling incentives to students and institutions as alternatives to more traditional models of success. As we reshape how we think of workforce development, and the interactions between students and institutions, we must commit to fully understanding the scope of these changes and establish appropriate protections around their use to protect students from unscrupulous actors.

Reduce VA tuition overpayments. As we have testified to before, VA overpayments and the resulting debt collection process cause tremendous disruption to the lives of student veterans.²³ A significant portion of overpayments are caused by VA's delay in processing a student's enrollment change during a school term. These delays lead to student veterans receiving more tuition money than they should, resulting in a debt that is later clawed back aggressively.²⁴ We implore the Committees to continue exploring ways to improve the current system to prevent such burdens being placed on our students.

To this end, we encourage reworking the language so that the burden of verification lies on the institution and not the student. As VA pays the school directly under the Post-9/11 GI Bill, it only makes sense that tuition overpayments and verifications of enrollment should be handled directly between the two institutions, without the student veteran in the middle. We are encouraged by these committees' interest in finding ways to improve the service and quality of benefits we offer to our veterans and hope that continued conversations around the bills today will provide avenues upon which to build consensus.

²² Shireman, Robert. The Covert For-Profit: How College Owners Escape Oversight Through a Regulatory Blind Spot. The Century Foundation. Retrieved from: <https://tcf.org/content/report/covert-for-profit/?agreed=1>.

²³ Student Veterans of America, May 22, 2019. Testimony before the Senate Veteran Affairs Committee. https://studentveterans.org/images/pdf/GA/PDF_SVAC_May22_Legislation-Testimony.pdf

²⁴ U.S. Government Accountability Office. "POST-9/11 GI BILL: Additional Actions Needed to Help Reduce Overpayments and Increase Collections." October 21, 2015. <https://www.gao.gov/products/GAO-16-42>

One example case would be in studying the feasibility of using batch payments, utilized by ED, as a way to reduce VA tuition overpayments. For decades, ED has successfully paid student aid and student loans to thousands of institutions before each term or semester begins using enrollment data from previous years. This system allows institutions access to funds in advance of their needing them, helping to ensure institutions are less likely to see bureaucracy hurting their financial stability. SVA suggests studying the feasibility of incorporating lessons learned from ED and its use of batch payments as a way to alleviate some of the front-end work VA must do to certify both housing payments and tuition payments. We acknowledge there are differences between how ED and VA function, but greater cross-agency communication and collaboration can provide valuable insight toward creating efficiencies.

Reform VA's debt collection processes. Currently, once VA has determined that a veteran owes a debt, the relevant Regional Office (RO) and Debt Management Center (DMC) send out two separate collection notices to inform the veteran of the debt and their repayment options. These two letters are sent at different times, and contain overlapping, but distinct information that only paint the full picture of the debt when considered together. Compounding this concern is the lack of clarity around the options available to veterans to dispute, appeal, or waive the debt once notified. Importantly, unless these processes are initiated within 30 days, the debt collection process will not stop, taking up to the entire monthly benefit of a veteran.

Post-Traditional Student Needs for Success

SVA strongly believes that much like the democratization of higher education the GI Bill affected in the Post-WWII era, Post-9/11 GI Bill student veterans are the tip of the spear for changing the way higher education educates and values post-traditional students in the twenty-first century, a population of students comprising the new majority of students in higher education.²⁵ Similar to the need to engage on HEA reauthorization efforts because of its impact on student veterans, there are opportunities for improvement within higher education, outside the HEA process, that will empower student veterans and improve higher education for fellow post-traditional students. While some of the recommendations SVA routinely discusses are more appropriately addressed at the institution level, it is important for these Committees to understand the landscape of topics that could be addressed here in Congress and back in local communities.

Call for better data on student food and housing insecurity. In December 2018, the GAO released a report on food and housing insecurity among college students.²⁶ After reviewing 31 separate studies, they concluded that “[n]one of these studies... constitute a representative study” of our nation’s students. In fact, until the National Postsecondary Student Aid Survey is conducted later this year, no federal agency had assessed food and housing insecurity among postsecondary students.²⁷ Our ability to understand the scope of food and housing insecurity will continue to be limited until we study the issue at a national level.

Access to Childcare on Campus. Increasing access to child care is a near universal conversation among SVA Chapters. Challenges with childcare availability and affordability are not unique to the student veteran and post-traditional student population; depending on location, childcare costs can comprise seven to twelve percent of a family’s income or even more for single parents.²⁸ The federal government has attempted to address the need for affordable child care on campus through programs such as the Child Care Access Means Parents In Schools (CCAMPIS), but historical challenges with underfunding and available child care providers limit the scope and

²⁵ Jaschik, Scott. (February 2018). Independent Students as the New Majority. Inside Higher Ed. Retrieved from: <https://iwpr.org/publications/independent-students-new-college-majority/>.

²⁶ Government Accountability Office, *Food Insecurity: Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits*, GAO-19-95. December 2018. <https://www.gao.gov/assets/gao-19-95.pdf>

²⁷ The Hope Center, Real College Survey 2020. https://hope4college.com/wp-content/uploads/2020/02/2019_RealCollege_Survey_Report.pdf

²⁸ Kumar, Aakash. (March 2018). How Unreliable And Costly Childcare Keeps People Off The Job. Forbes. Retrieved from: <https://www.forbes.com/sites/aakashkumar/2018/03/08/how-unreliable-and-costly-childcare-keeps-people-off-the-job/#292a31835e18>.

effectiveness of CCAMPIS.²⁹ SVA recommends looking at innovative solutions, such as the Colorado State University Rams Kids Village or the pilot program established for childcare at VA medical facilities, in addition to continued support for increased CCAMPIS funding.

Explore options to better integrate health and well-being services on campuses. When we speak about student veterans and their needs, we should also consider their needs beyond education benefits. The new opportunities to expand into community care partnerships and urgent care facilities hold promising opportunities to better integrate VA options with how student veterans access health care.

A compelling innovation in this area are VA telehealth pods. Telehealth at VA has been a transformative innovation that promises to improve access to healthcare to veterans nationwide, and we believe the intersection of student veteran needs, campus locations, and VA healthcare is a natural fit. To fully realize VA's commitment to treating the whole health of the veteran, we encourage Congress to explore ways to better integrate VA healthcare on campuses nationwide, including the use of telehealth technology.

Effective and Empowering Government

Congress and policy leaders should use language that empowers veterans. It is important to be cognizant of the power our words hold. Our voices do not disappear into the ether, are not lost to the vacuum of space. They are heard, internalized, and shape how we, collectively, understand our world. Thus, it is imperative for our leaders to articulate themselves as clearly as possible. Failing to do so leads to far-reaching consequences, even if unintended.

We see this in the ever-present narrative of our veterans coming back from service as 'broken' or 'damaged' in some difficult-to-describe way. We see this in the policies our leaders craft day after day, ostensibly helping our veterans heal, or solving some other tremendously grave affliction, without dedicating an equal amount of time to the positive, forward-looking policies that are just as important.

Our research, and that of others, tells a different story. It tells the story of the veteran as an asset. An asset to her community, to his school, to the nation. We see tremendous success from our veterans every single day – the stories just get drowned out in the noise of a false narrative. We need our leaders to emphasize positive language regarding veterans, and to take up the mantle of reshaping the veteran narrative to one of post-service growth.

Support increased and more efficient communication between the Department of Education and VA and formalize ombudsman or liaison role between agencies. VA has a growing need to consider the broader picture of student and institution relationships, and we encourage expanding the level of communication between VA and ED. VA does many things well, but when it comes to educational best practices, ED has many years more institutional knowledge and experience and can provide the lessons learned from those years to VA in order to improve their efficiency of delivering benefits to student veterans.

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President Franklin Delano Roosevelt transformed America into the modern nation we know today, his administration launched massive programs and agencies like Social Security, the SEC, and more. Then in 1944, he signed into law a 'little' program being called "the Servicemen's Readjustment Act," better known as the GI Bill.

But this 'GI Bill idea' almost never made it out of congress; there were some who said this new program would be the ruin of our returning GI's.

²⁹ Long, Bridget Terry. (October 2017). Helping Women to Succeed in Higher Education: Supporting Student-Parents with Child Care. The Hamilton Project. Retrieved from: http://www.hamiltonproject.org/assets/files/higher_education_student_parents_womenLong.pdf.

The President of Harvard famously penned, "We may find the least capable among the war generation, instead of the most capable, flooding the facilities for advanced education in the United States." And the President of the University of Chicago, a World War I veteran himself, argued, "Colleges and universities will find themselves converted into educational hobo jungles."

Well in 1948, just four years after their original opposition, there was widespread retraction, with Harvard's president stating, "for seriousness, perceptiveness, steadiness, and all other undergraduate virtues," the veterans of World War II were "the best in Harvard's history."

The continued success of veterans in higher education in the Post-9/11 era is no mistake or coincidence. At SVA we use the term, "the best of a generation." In our nation's history, educated veterans have always been the best of a generation and the key to solving whatever problems our nation faces, this is the legacy we know today's student veterans carry.

We thank the Chairmen, Ranking Members, and the Committee Members for your time, attention, and devotion to the cause of veterans in higher education. As always, we welcome your feedback and questions, and we look forward to continuing to work with the Committees and the entire Congress to ensure the success of all generations of veterans through education.



Gold Star Wives of America, Inc.

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Statement of

Gold Star Wives of America, Inc.

Before the Joint Senate and House Committees on

Veterans Affairs Hearing

March 3, 2020

Presented By

Crystal Wenum

Past National President

Gold Star Wives of America, Inc.

“With malice toward none; with charity for all; with firmness in the right, as God gives us to see right, let us strive to finish the work we are in; to bind up the nation’s wounds, to care for him who have borne the battle, his widow and his orphan.”

... President Abraham Lincoln, Second Inaugural Address, March 4, 1865

Introduction

Chairman Senator Moran (R-KS), Chairman Representative Takano (D-CA), Ranking Member Senator Tester (D-MT), Ranking Member Representative Roe (R-TN), and distinguished members of both the Senate and House Committees on Veterans Affairs, I am pleased to be here today to testify on behalf of Gold Star Wives of America, Inc. (GSW) to share our legislative priorities.

My name is Crystal Wenum and I am the widow of SSGT James O Wenum, a Vietnam veteran who served during the Tet Offensive. He died on May 8, 1982 after suffering a massive heart attack while on duty with his US Army Reserve Unit and died 3 days later leaving me to raise our 5 and 3-year old children. His death was determined to be service related 2 years later and I joined Gold Star Wives of America, Inc. that year. But in addition to a Gold Star Wife, I am also a Gold Star Daughter. My father was KIA at the Chosin Reservoir in Korea on November 29, 1950. My mother was 6 months pregnant with me and had a 1-year old son at the time. My mother joined Gold Star Wives in 1951 and I have literally grown up with this wonderful organization. I have remained active with Gold Star Wives and I am proud to have been National President, 2018-2019. I continue to serve on the Board of Directors as the Service Officer.

I knew a lot of the past presidents and members who worked so hard walking the halls of Congress to get the benefits that we have today. I am eternally grateful for all their hard work and sacrifices. I went to college using my Chapter 35 benefits and was able to get a job as an auditor with the state of Minnesota so when my husband died, I was not plunged into poverty like so many of my fellow Gold Star surviving spouses. My salary plus my DIC and Social Security allowed me to raise our children modestly. I was even able to save enough to go to many of the Gold Star Wives National Conventions. My children say they had some interesting vacations going to them.

Gold Star Wives of America, Inc. is grateful for all the public laws that have been passed in the years since 1946. These laws provide much needed benefits for surviving spouses and children of our military service members. We are especially grateful for the elimination of the SBP-DIC offset that affected approximately 65,000 Gold Star Spouses. Before this law was passed, in December of 2019, SBP was offset dollar for dollar by DIC causing the surviving spouse to receive less money on a monthly basis than paid and planned for by the service member. Thank you for eliminating this unfair tax on our surviving spouses.

Gold Star Wives of America, Inc. thanks you for your continued support of education for post 9-11 survivors with the Fry Scholarship. With the passage of the Forever GI Bill in 2017, survivors no longer have a 15-year time limit to use education benefits and are now eligible for the Yellow Ribbon Program.

The mission of the Gold Star Wives of America, Inc. organization is to provide much needed moral support during a surviving spouse's lifelong journey through grief and recovery from the loss of their service member and to protect the needed benefits of the families they left behind. Our organization brings awareness to Congress, the public, and the military community of the inequities that exist in benefits provided to surviving spouses and their children. **We are a non-profit organization and receive no federal grants.**

Our testimony will address some of the inequities and concerns that currently exist:

- 1) Dependency and Indemnity Compensation (DIC)
- 2) Change in Gold Star Wives of America, Inc. Federal Charter
- 3) Eliminate Remarriage Penalty for Young Surviving Spouses
- 4) Education Benefits
- 5) Other Concerns

Dependency and Indemnity Compensation (DIC)

“...to care for him who have borne the battle, and for his widow and orphan....”

These words from Abraham Lincoln's Second Inaugural Address, in 1865, succinctly state the promise our country has made to our veterans and their survivors. Congress has always had an important role in ensuring that this promise is kept. The need to keep this promise, to care for the veterans and their survivors, is critical.

In 1993, Congress established PL 102-568, which resulted in two different pay-tables for recipients of DIC:

The first pay-table is rank-based DIC, which is determined by pay-grade of the deceased military service member. Rank-based DIC is being phased out through attrition.

The second pay-table for DIC recipients is based on a flat rate, not ranked. All surviving spouses whose military spouse died on or after January 1, 1993, receive the monthly flat rate DIC, regardless of rank.

The Fiscal Year 2018, Annual Benefits Report issued by the Veterans Administration, updated in September 2019, states there are 416,438 surviving spouses who receive DIC. The largest group of DIC recipients is the surviving spouses from World War II, the Korean Conflict, and the Vietnam War. Most are well-past their most productive earning years. Subsequent to the Vietnam War, many became caregivers for their disabled veteran spouses.

The Cost-of-Living Adjustment (COLA) has been the only change in DIC since the flat rate was implemented in 1993. When DIC is compared to compensation allotted to surviving spouses of other Federal employees, DIC lags behind nearly 12%. The current DIC flat rate for a surviving spouse is \$1,340.14 per month. This is 43% of the disability compensation rate for a fully disabled single veteran whose rate is \$3,106.04 per month.

Since 1993, our surviving spouses are falling further and further behind in meeting their financial obligations from month to month. Many surviving spouses of WWII, Korea and Vietnam era wars are receiving only DIC. These DIC recipients struggle monthly with their budget of \$1,340.14 juggling bills to meet the rising costs in health and dental insurance, housing, utilities, food, clothing and other living expenses. Some receive DIC and minimum Social Security benefits. This continued struggle to meet financial obligations leads too often to homelessness, a plight we do not wish to befall anyone, and least of all the surviving spouses of our military veterans.

It is incumbent upon Congress to take action to rectify this inequity by increasing the current amount of DIC to a level comparable to other federal employees. Our widows from WWII, Korea, and the Vietnam era wars are now in their 60's through 90's. These survivors are in dire need for an increase in Dependency Indemnity Compensation.

We are hopeful for the immediate passage of bills in the Senate and House (S. 1047 and HR 3221 to increase DIC from 43% (\$1,340.14), to 55%.

Change in the Gold Star Wives of America, Inc. Federal Charter

We also ask for a change in the Gold Star Wives of America, Inc. Federal Charter: US Code: Title 36>Subtitle II> Part B> Section 80507, Restrictions: (b) Political Activities. The corporation, or a director or officer as such may not contribute in any political activity or in any manner attempt to influence legislation. Gold Star Wives of America, Inc. wishes to eliminate the last few words of Section 80507 (b) "or in any manner attempt to influence legislation." This will reflect the standard practice that Gold Star Wives of America, Inc. officers are often asked by Congress to testify and they should be able to speak to legislative representatives on behalf of the organization, inline with other veteran and military service organizations.

Eliminate Remarriage Penalty for Surviving Spouses

Imagine you die in service to your country. The current law prevents your spouse from moving past deep grief, into a new life they choose for themselves, because they are

afraid to lose benefits that they need. These benefits are because they have personally suffered a military loss. Surviving military spouses and their families should be supported for their service, not penalized.

Gold Star Wives of America, Inc. would like your help in changing current law that binds surviving spouses to widowhood. Under current law, if a surviving spouse remarries before the age of 57, he or she forfeits lifesaving benefits, because their spouse made the ultimate sacrifice. This age is arbitrary and unfair. Please remove the age limit on all available benefits for surviving spouses who remarry.

Other countries have recognized the remarriage penalty. The United Kingdom changed a similar law allowing them to remarry, cohabit, or form a civil partnership. Gold Star Wives of America, Inc. asks that you do the same here in the United States.

The public is generally unaware that this type of law exists. The compassion shown for affected families is great, but they do not know that surviving spouses are living in fear in addition to grief. A Gold Star Wives of America, Inc. member from Tennessee whose husband died in Afghanistan in 2003, was a young mother of an infant and a toddler. She was breastfeeding at the time and says without her children, she would have never made it through. Sixteen years later, she is afraid to remarry and gave up having more children because she feels that, "the military will only take care of you as long as you promise to never move on with your life." In addition, she has a debilitating neurological disease that requires medical treatment, the risk of losing Tricare is not something she can afford.

Surviving spouses are struggling with this rule. Shockingly, and as the current law stands, if they wait until age 57, not only can they remarry, but they will get additional benefits. It creates undue additional burdens in the life of surviving spouses. Many surviving spouses have had to give up expanding their families and relationships.

The cost of changing this law should be minimal as the awards are already being paid. Please support keeping all survivor benefits intact regardless of marital status. To lose these benefits creates hardships and places surviving spouses at risk.

Improving Survivors' and Dependents' Educational Assistance (DEA)

Gold Star Wives of America, Inc. thanks you for education and training options available to surviving spouses. These benefits make it possible to obtain a post-secondary education and improve technical job skills. This, in turn, allows for greater opportunities for employment in a competitive, highly educated workforce.

Survivors' and Dependents' Educational Assistance (DEA), commonly referred to as Chapter 35, continues to be a very viable program. Beneficiaries include survivors of veterans whose death is rated as service-connected. Dependents of veterans whose service-connected disability is rated as permanent and total, whose dependents may become survivors in the future, are also eligible for Chapter 35 educational benefits.

During FY 2018, 109,760 beneficiaries utilized their Chapter 35 educational benefits. This represents a 9% increase in Chapter 35 beneficiaries over FY 2017, when 100,275 beneficiaries used Chapter 35. Chapter 35 was the only VA educational program that saw an increase between FY17 and FY 18. The number of eligible beneficiaries for Chapter 35 benefits has increased each of the last five fiscal years.

Chapter 35 pays a monthly allowance of \$1224 up to 36 months. The Forever GI Bill reduced the number of months of eligibility from 45 months to 36 months, resulting in a net loss of approximately \$2,000 in benefits, even with a \$200/month increase. Usually eligible surviving spouses have 10 years from the date of death of the veteran to use their Chapter 35 benefits. Dependent spouses have 10 years from the date of the veteran's 100% P&T rating to use their Chapter 35 benefits. If not used in that time period, any unused months of benefits are permanently lost.

The Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) is for survivors of servicemembers who die in the line of duty after September 11, 2001. This benefit includes full tuition and fees, a monthly housing allowance and a books/supplies stipend.

The Forever GI Bill removed the time limit in which these surviving spouses must use their Fry Scholarship benefits. These survivors now have their entire life to use their 36 months of benefits. The rationale being that many of the surviving spouses have younger children and are often unable to use their benefits within a time from without hardship.

The Virginia widow of a service member killed on active duty had four children under the age of 10 and was pregnant with her fifth child when her husband was killed. She had started college but left to marry. She had a limited time to return to college to use her educational benefits but was unable to do so because of her small children. Having only DIC and Social Security to live on, returning to school would have been a hardship on her family. She was never able to use her educational benefits.

Surviving spouses with young children is not unique to those whose spouse was killed after September 11, 2001.

An Oklahoma widow of a Vietnam combat veteran, 100% permanently and totally disabled, whose presumptive disease was due to Agent Orange exposure in Vietnam, had been his caregiver for much of their marriage. She returned to college as a non-

traditional student to update her teaching skills. She needed only 30 hours in residence, but her 10 years to use her Chapter 35 benefits expired, leaving her with unused months of benefits. And leaving her to assume the cost for half of her course work herself.

Gold Star Wives of America, Inc. is asking for removal of the determination date for all Chapter 35 beneficiaries so that these beneficiaries, like Fry Scholarship beneficiaries, may have their lifetime to use their 36 months of educational benefits.

This would begin to provide some parity regarding educational benefits for all survivors. This revised benefit would be at little to no cost and would allow these survivors to utilize all their months of educational benefits throughout their lifetime. In this manner, these survivors can meet the needs of their families, while completing their post-secondary education, and making them more marketable.

Other Concerns

Being intimately familiar with the devastation of death, Gold Star Wives of America, Inc. is extremely concerned with the overwhelming number of veterans and active duty service members who die by suicide every day. Tragically, many of these people die without having sought help for common side effects of war, such as PTSD. Often, if there is no diagnosis, benefits are not afforded to the family left behind. Our organization supports any effort to reduce the rate of service-connected deaths by suicide and to expedite the process for survivors to obtain the benefit they desperately need.

HR 95: Homeless Veteran Family Act

To amend title 35, United States Code, to ensure that children of homeless veterans are included in the calculation of the amounts of certain per diem grants. Mr. Chairman, please put HR 95, on your Committee's agenda to be heard – time is running out.

Conclusion

Gold Star Wives of America, Inc. is appreciative for existing laws that provide vital benefits and support for surviving spouses and children of our military members who gave their lives in service for our country. It is our duty to stand together with you and ensure that President Lincoln's words still ring true, that our nation provides for the victims of her wars. We are the families that are left behind, yet another casualty of wars.

With every flag-draped casket that is flown home, another family suffers devastating loss. These brave men and women answered our Nation's call to service, believing that our Nation would properly care for their loved ones, if the ultimate sacrifice came. We honor

their memories by asking for your help in rectifying the inequities we have presented. Our benefits are not 'entitlements', but have been earned through service and sacrifice that never goes away.

President John F. Kennedy said: "A nation reveals itself not only by the citizens it produces, but also by the citizens it honors, the citizens it remembers."

Contributors to Testimony

Government Relations Committee Members:

- Misty Brammer: Widow of Staff Sergeant Kerry J. Brammer, US Army, in line of duty, 2005
- Claire Manning-Dick: Widow of Richard Charles Dick, US Air Force, 2010
- Jeanette Early: Widow of Sergeant First Class, Howard L. Early, US Army, combat death, Vietnam, 1969
- Donna Eldridge: Widow of Colonel Gary W. (Bo) Eldridge, US Army, 2001
- Cyndie Gibson: Widow of Major Parks Gibson, US Air Force in line of duty, 2007
- Lupe MaGuire: Widow of Chief Warrant Officer John Thomas MaGuire, US Army
- Pat Collins Miller: Widow of SGT Danny J. Miller, US Army, Agent Orange, disability death, 2008
- Lars Anderson: Washington DC Advocate, Gold Star Wives of America, Inc.

Crystal Wenum, Gold Star Wives of America, Inc.



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2nd SESSION of the 116th CONGRESS

before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

March 3, 2020

Presented by

CDR René A. Campos, USN (Ret.)

Senior Director, Government Relations for Veterans-Wounded Warrior Care

EXECUTIVE SUMMARY

As we turn the corner on a new decade the opportunity to reflect and consider the successes and challenges over the last 10 years is crucial to ensuring we continue to make progress beyond the next decade. The Committees are aware of the commitment and tenacious efforts of veterans organizations like MOAA in helping Congress and the Department of Veterans Affairs (VA) transform and modernize its services and delivery systems to improve the health and well-being of veterans, their caregivers, and families—whose very lives depend on the services and benefits rendered through this uniquely vital agency.

In 2019 there was no higher priority for MOAA and veterans than implementing the critical reforms signed into law over the last five years in the areas of VA accountability¹ and veterans' education², disability claims³, and health care improvements⁴. The Committees were instrumental in keeping Congress focused on passing these monumental pieces of legislation and MOAA is so grateful for your leadership in putting veterans and their families first. In the second session of the 116th Congress, MOAA remains focused on serving and advocating for equity in benefits, health care and other issues affecting servicemembers, veterans, and their families and joining the Committees in doing the same.

MOAA and The Military Coalition (a consortium of 34 nationally prominent uniformed services and veterans' organizations, representing approximately 5.5 million current and former members of the uniformed services, their families, and survivors) believes in promoting national recognition and understanding of military service and how health care and benefits are earned through service in defense of the nation—qualitatively different from “entitlement” or “social welfare” programs.

We recognize the fiscal pressures Congress is under; however MOAA considers it our obligation as a leadership organization, like the Committees, to do what is right for veterans and their families, and to do all we can to make them as whole as possible as they live out their lives once they take off the uniform. As such, we oppose decisions that erode foundational services and benefits delivered through VA or decisions that degrade these essential health care and benefits.

MOAA's Overarching 2020 Legislative Priorities:

- Enhance suicide prevention programs and access to behavioral health care
- Assure appropriate health care and benefits for service-connected occupational health and environmental exposures
- Eliminate barriers and strengthen care and support services for women veterans
- Implement the VA MISSION Act and identify legislative improvements
- Preserve VA burial benefits to honor the veteran's service

¹ P.L. 115-41, *Veterans Affairs Accountability and Whistleblower Protection Act*

² P.L. 115-48, *Harry W. Colmery Veterans Educational Assistance Act—the “Forever GI Bill”*

³ P.L. 115-55, *Veterans Appeals Improvement and Modernization Act*

⁴ P.L. 115-182, *John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act*

CHAIRMEN TAKANO AND MORAN AND RANKING MEMBERS ROE AND TESTER, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present testimony on our major 2020 legislative priorities for veterans' health care and benefits. MOAA offers our congratulations to Chairman Moran for assuming leadership of the Senate Veterans' Affairs Committee. We look forward to working with you and all on the House and Senate Committees this second half of the 116th Congress.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE PRIORITIES

HEALTH CARE SYSTEM MODERNIZATION

MOAA very much appreciates both Committees' leadership and active engagement in implementing the massive health care system reforms in the Department of Veterans Affairs (VA) Health Administration (VHA).

As we move forward in navigating and synchronizing these very complex and interconnected system changes, we must never forget the lessons learned during the last decade, and more importantly, the medical advances and knowledge gained during two decades of war. MOAA urges the Committees to continue investing in the modernization of VHA clinical, technology and electronic health records, financial, infrastructure, and human resource systems necessary to realize true transformation.

It is important to also remember how interconnected VHA is—not just within context of the broader VA, but how critical this health system is to American medicine in advancing medical breakthroughs and producing medical professionals in and outside of government. Then, as we have seen in recent years, VHA's fourth mission of providing emergency or disaster response to address floods, fires, and now national public health emergencies such as the Coronavirus continues to be of critical importance.

Never again should history be repeated—where demand for health care and benefits outpaced VHA's capacity to deliver care and meet emergent needs as in previous decades—we must assure veterans, caregivers, family members, and survivors that we have their backs, making sure they don't become pawns in budget or political battles aimed at eroding foundational health care services and their service-earned benefits.

MISSION ACT IMPLEMENTATION

Secretary Robert Wilkie and his leadership team have the arduous task of executing and managing VA's transformation and MOAA greatly appreciates the difficulty and the impressive progress made to date in implementing the multifaceted approach to health care delivery. No one in this

chamber can say the massive VA MISSION Act was enacted with little or no effort and/or transparency. Rather, it took hard work, unrelenting communications, and openness to collaboration to get the legislation signed into law. It will take no less effort, cooperation and communication to successfully implement the law. As such, MOAA recognizes we are at a critical juncture and we urge the Secretary and the Committees to work collaboratively together with veterans service organizations (VSOs) and other stakeholder groups to bring more transparency to the process so veterans remain fully aware, engaged, and at the center of the transformation.

Oversight and monitoring of VHA modernization efforts must include supporting policies and initiatives that result in timely access to high quality services and preserving VHA's core health system mission functions—clinical, education, research, and national emergency response. MOAA is committed to working with VA, Congress, and the Administration to refine the MISSION Act as necessary to guarantee the four main pillars of the Act are implemented as intended. Specifically,

1. Consolidating VA's community care programs and assuring implementation is consistent across the system.
2. Expanding the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras.
3. Providing VA the necessary flexibility to align its infrastructure footprint with the needs of veterans.
4. Strengthening VA's ability to recruit and retain high quality health care professionals.

Like many of our VSO colleagues, MOAA continues to be frustrated and disappointed in the limited amount of information provided by VA up to and since June 6, 2019, when the department rolled out the new Community Care Program as part of the MISSION Act. Much of the details related to the planning and rule-making for the consolidated community care program, including network contracts and market assessments are not well known to VSOs. This holds true for the development of regulations and the certification of the caregiver IT management system.

MOAA commends the Department for the tremendous progress it has made in executing the MISSION Act during the first year of its implementation—a successful launch, albeit not a small feat when considering other major VHA system reforms ongoing simultaneously.

VA's Office of Community Care, under the leadership of Dr. Kameron Matthews, Deputy Under Secretary for Health, and her team have been especially accessible in providing VSOs regular updates on community care network (CCN) implementation as well as being very responsive in answering questions and coordinating meetings with TriWest and OptumServe, the third-party administrators (TPAs) responsible for setting up and managing the networks. The big challenge for the Department right now is determining network adequacy without knowing what the demand will be in the CCN regions. This issue will only be solved through time and collection of data according to VA and the TPAs.

We are grateful to Congress for continuing to authorize funding and resources needed to help VA implement the MISSION Act. The funding in 2019, according to the Secretary, allowed VHA to maintain its high patient satisfaction rates (89.7%); to continue to be recognized as providing “as good or better health care” than any in the private sector, and with comparable wait times; and provide 70,000 urgent care visits to veterans in the community since launching the MISSION Act⁵.

“...We’re also in the middle of the greatest transformational period in our history. We have launched the MISSION Act that finally integrates VA with the entire American healthcare system. But more importantly, fulfilling the President’s promise, this puts veterans at the center of their healthcare decisions, not the institutional prerogatives of VA, but veterans...”

VA Secretary Robert Wilkie

The concern, however, is while we recognize the substantial weight of these reform efforts and VA’s laser focus to meet congressional timelines and mandates, limiting visibility and collaboration to just key stakeholders; how unintentional as that may be on the part of VA, such narrowed coordination could lead to unintended consequences and may likely end up being more costly for both the government and veterans.

Unfortunately what MOAA and our VSO colleagues see as a growing trend these days is lack of information and communication around key developments when VA announces a new initiative or policy decision of which we have little to no knowledge or notice of, nor an opportunity to provide input into the process when it could have made a difference.

One recent example was the Department’s announcement of its realignment of VHA Central Office (VHACO). The organizational redesign took VSOs by surprise even though VA later conducted a series of briefings to discuss the realignment. The realignment is expected to be phased in over the next two years and will align people, policies, programs, and resources within the Veterans Integrated Service Networks (VISNs) and VA Medical Centers (VAMCs) charged with providing care to veterans.

While we applaud this effort and want VHA to be more effective, reliable, and agile, VSOs continue to plead frequently to VA about our desire to help and be a resource as the agency takes on and navigates these massive reforms including the MISSION Act. These organizational changes are necessary and expected with any transformation; however, the practical application of the new VHACO realignment and operations plan, including the establishment of a National Leadership Board, or “Board of Governors” as is called to help align resources with the right program lines, remains unclear.

⁵ Secretary Robert Wilkie, [Press Briefing by Secretary of Veterans Affairs, Nov. 8, 2019](#).

Fiscal years 2020 and 2021 are pivotal years for VHA transformation, and it will take “a village of stakeholders” to help the Department meet its modernization mandates. MOAA urges VA to be more transparent in communicating its plans and being receptive to stakeholder assistance—assistance Congress and veterans expect, not just in the short-term but over the months and years ahead.

VHA WORKFORCE

In its sixth report in a series on occupational staffing shortages, the VA Office of Inspector General (OIG) for a second time reported “widespread severe staffing shortages” in many occupations throughout VHA. The OIG report (VA OIG 19-00346-241, Sept. 30, 2019) highlighted:

- “A lack of qualified applicants and non-competitive salaries were the two most commonly cited reasons for severe occupational staffing shortages;
- 96 percent of VHA facilities reported at least one severe occupational shortage as of December 31, 2018;
- 39 percent of the medical facilities noted at least 20 severe occupational staffing shortages (e.g., Medical Officer, Psychiatry, Nurse occupations)—Human Resources Management was the most commonly cited non-clinical occupation; and,
- 27 occupations were listed by 20 percent of the facilities as severe occupational staffing shortage.”

At a House Veterans’ Affairs Subcommittee on Oversight and Investigations hearing last September on VA hiring, both Chairman Takano and Ranking Member Roe expressed concern over the number of clinical and other vacancies in VA—VHA alone has been dealing with chronic health care professional shortages since 2015, and most of the human capital challenges are long standing, according to OIG and the Government Accountability Office (GAO).

VA acknowledged the difficulty it has in competing with the private sector for clinical professionals but has made improvements by aggressively working on the situation—though the OIG concluded more remains to be done, warning that shortages make it difficult for VHA to provide the high-quality medical care it is known for across the system. VA has yet to develop a staffing model at the national level that allows tailoring at the local level, or a Department-wide succession plan since 2009, or consider schedule arrangements as an alternative to higher salaries to attract employees who are more interested in their work/life balance—recommendations repeatedly recommended by the OIG and GAO. According to GAO, VA has been unable to produce a succession plan due to leadership turnover—a problem when you consider about a third of leadership will be eligible to retire in the next two years.

The constant change and reforms over more than a decade are taking a toll on the VA’s health system, not the least of which are the pressures being placed on the dedicated medical providers and support staff employees who are responsible for delivering the high-quality care for which the VA is known.

Here's one VA health care provider's view of the constant churn particularly with the implementation of community care, and VHA central office realignment—and MOAA has heard similar concerns from other VA employees:

“Oh my. That’s all I can say. With the new referrals on emergency care, my workload tripled to quadrupled. We are hemorrhaging money. I don’t now how the VA is going to sustain without the proper funding. They did an analysis of the increased workload in our department at the VISN level. They said we need 2-3 nurses and 9 support staff. My boss traded 3 support staff for one nurse. We got to hire her and then leadership took away the support staff and said we could not hire.

We are drowning. We can’t keep up, which means it is taking longer to get veterans taken care of. There is no budget for us to have the appropriate staff to do what is being dictated we do. I’m so stressed I’ve had a headache for about 6 months every day I am at work. We have not been given any direction or information about the restructuring here at our VA. I would venture to guess that the morale is the lowest as it’s ever been, at least at my VA. Employees are not feeling valued.

Stories like these are concerning and we suspect more prevalent than we know. Clearly there are still barriers in staffing and human resource practices in VHA even when nurses and other critical medical professionals are available for hire.

MOAA appreciates the Secretary’s workforce management challenges across the organization and his priority in attracting and retaining high quality providers and employees. These efforts must also aggressively be directed at obtaining top-notch leadership at medical centers, up through the VISN and at VACO—this should include continuity of leadership on the Secretary’s team. Vacancies in key leadership positions like the Under Secretary for VHA (vacant since 2017) and now with the recent departure of the Deputy Secretary make it increasingly more difficult for staff in acting leadership positions. Additionally, turnover filtering down the chain places tremendous burdens on remaining staff—which we all know is eventually unsustainable. These vacancies and turnover can erode moral and culture in medical facilities, and ultimately adversely affect VHA’s reputation for delivering the *best care anywhere*.

MOAA recommends pursuing workforce improvements to eliminate VHA vacancies and strengthen recruiting and retention by:

- ***Supporting OIG and GAO recommendations for significant and sustained improvement in such areas as accurately tracking VHA’s vacancy numbers; considering the implications for support staff and other team members in staffing models for particular positions; reliable and transparent reporting; recruiting and***

retention oversight that includes consideration of both individual facility and veterans' needs within a community; and, strong and consistent leadership to create a stable and welcoming environment.

- *Establishing national operational predictive staffing and competitive salary structure models that cover all critical health care occupations to address chronic shortages, especially in high vacancy areas so that VHA is better equipped to assess and implement effective measures to address staffing needs at the national level while supporting flexibility at the facility level.*
- *Implementing independent practice authority for advance practice nurses ensuring health care professionals are practicing at the full-scope of their field of practice.*
- *Expanding outreach to DoD and other federal health agencies to recruit transitioning health care professionals; reducing hiring, credentialing and onboarding barriers, and investing in workforce development programs to retain clinicians and support staff.*
- *Tracking and assessing DoD's health system reforms and the impacts on VA; specifically the impact of the FY 2017 National Defense Authorization Act and the planned 18,000 medical billet reductions on VA and DoD joint efforts to link to system resources and provider networks through sharing agreements and other collaborative initiatives.*

SUICIDE PREVENTION AND BEHAVIORAL HEALTH

MOAA thanks the Committees, VA, and POTUS for your leadership and steadfast resolve in assuring VA and DoD have the funding, resources and authorities needed to deal with the rising rates of suicide and mental health conditions among our servicemembers, veterans and their families.

The tragic loss to suicide of veterans and currently serving members of the uniformed services, the National Guard and Reserves, is arguably one of the most critical and confounding health care dilemmas facing leaders at all levels of our government and the public sector. MOAA applauds leaders' willingness to not stand by and just wait for research or treatments to bear out but to look at new and innovative solutions to meet veterans and their families where they are and resolve their pain and psychological wounds.

The President's executive order, the *President's Roadmap to Empower Veterans and End a National Tragedy of Suicides (PREVENTS)* signed last September, is the much-needed call to action aimed at improving veterans' quality of life and lowering the veteran suicide rate. This initiative coupled with numerous legislative proposals on mental health and suicide prevention being worked diligently by these two Committees and others in Congress gives servicemembers, veterans and their families hope and sends an important message that lawmakers care about them and their welfare.

VHA has made tremendous strides in doing what it can through its direct and purchased care delivery systems but recognizes the demand and need for mental health services are so great it

cannot attack these issues alone. We remain concerned, however, that outreach and community coordination efforts are not as robust and targeted at strengthening relationships with veterans and establishing partnerships outside of VA. Veterans continue to struggle in navigating VA systems rather than VA actively enrolling veterans in health care and providing them the benefits when and where they are needed. Sadly, change is slow. There remains a culture at some VHA facilities, the old mindset that VA should dictate where and when veterans will receive their care, or continue to deliver one-off care, moving the veteran out of VHA without the necessary warm handoff or follow-up care coordination needed to prevent rehospitalization or adverse patient outcome.

One Example:

About four months ago a 63-year old veteran experienced a crisis and was threatening suicide. At the time this veteran was battling multiple health conditions—PTSD, addiction, diabetes, liver disease, memory/cognitive deficits, and frequent bouts of dizziness and instability.

The police were called when he was found in his apartment in a stupor from drinking heavily and contemplating suicide. The veteran agreed to seek help at his VA medical center.

After more than a week of inpatient care, bouncing between the mental health and other hospital wards for health care (because of dangerously high sugar levels associated with his diabetes), he was discharged from the hospital and sent home with 11 different medications for him to manage on his own—in a state of disorientation and with highly fluctuating sugar levels.

One of the medications he was given was insulin with no instructions on how to administer his shots. It was a confusing, scary and overwhelming time for him. He had no idea how he would be able to remember to take all these medications.

Not once as an inpatient did he see or hear from his primary care physician even after multiple attempts to try and connect. It took his psychiatrist to connect with his primary care physician to set up in-home care to help the veteran organize and manage his medications.

Without the help of his psychiatrist and a family member as his advocate to help this veteran, no telling how he would have come through this crisis.

Reflecting on MOAA’s testimony these last seven years, many of our recommendations and concerns still stand today. The need for increased, targeted outreach and community coordination is critical. We urged Congress to continue to appropriate necessary funds for the expansion of

VA's mental health capacity and improve oversight, accountability and responsiveness in areas of access, timeliness, quality, delivery, and follow-on care and support. We said VA can't continue doing business as usual, they must be creative and seek outside assistance to make sure every veteran needing behavioral-cognitive services is not just handed over to a system, but must extend a warm handoff to professionals who will make sure veterans have the best opportunity to heal and thrive. As such, VHA must be the coordinator and overseer of this care and not abdicate responsibility elsewhere.

Make no mistake, MOAA truly acknowledges all the persistent and unrelenting efforts of this Congress and the VA to seek new and effective ways to end the crisis of suicide and provide veterans the mental health services they need to relieve their pain and suffering. We are particularly grateful to VA and the Committees for working with VSOs on several key measures to help attack these problems—there is no doubt we all want to find solutions that will make a difference in the lives of veterans and their families—bills such as:

- **H.R. 3495 and S. 1906, *Improve Well-Being for Veterans Act***—provides financial assistance to eligible organizations outside of VA to deliver and coordinate suicide prevention services for veterans at risk of suicide and their families.
- **S. 785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act***—aims at improving mental health care through a comprehensive and aggressive approach to connect with more veterans by strengthening VA's mental health workforce, increasing outreach to veterans in rural or hard-to-reach areas, making sure they have access to the services they need, including alternative and local treatment options like animal therapy, outdoor sports and activities, yoga, and acupuncture.
- **H.R. 5697, *Veterans' Acute Crisis Care for Emergent Suicide Symptoms (ACCESS) Act of 2020***—furnishes, at no cost to the veteran, emergent mental health care, inpatient or residential care in a VA or non-VA medical facility to any veteran regardless of discharge classification who served for a period of more than 90 cumulative days.

These and similar bills provide much opportunity and innovative thinking to really make a difference. However, if efforts are not synchronized and methodically coordinated, the VA risks being charged with delivering yet another program or initiative—likely to create additional workloads and barriers, further complicating VHA's ability to successfully implement the MISSION Act and establish the high-performing networks of care mandated in law.

Congressional action should incorporate where possible other initiatives such as the President's PREVENTS Roadmap for ending veterans' suicide mentioned earlier using clinical and non-clinical approaches to preventing suicides by assuring touchpoints for getting help before a veteran succumbs to a crisis situation.

In addition, a lot of work has gone into producing a congressionally mandated report released last year by the Department of Health and Human Services (HHS), *Pain Management Best Practices*

*Inter-Agency Task Force*⁶. A number of solid recommendations were made to eliminate gaps and improve VA and DoD pain management programs and medication-assisted treatments, including opioid treatment, mental health, and suicide prevention programs for servicemembers and veterans such as:

- Physicians and clinical health care providers caring for servicemembers and veterans, regardless of practice setting, should consider in their pain-care plan prior military history and service-related health factors that may contribute to acute or chronic pain.
- The integration of the VA and DoD health systems is important for effective and timely pain care, and should include coordination of the transition from active duty to veteran status and care coordination across the health care spectrum that includes a smooth transition to primary care, mental health and pain specialty physicians, and other health care providers.

MOAA recommends VHA:

- ***Fully implement and sustain an integrated, multidisciplinary, biopsychosocial, comprehensive behavioral health system, incorporating traditional and nontraditional prevention and treatment protocols to address the epidemic of suicides and growing numbers of servicemembers, veterans and family members suffering from pain, mental health conditions and traumatic injuries.***
- ***Align the HHS Task Force recommendations with other ongoing initiatives such as the PREVENTS Roadmap, and consider these recommendations as part of any congressional legislation or administration policy or program actions going forward.***
- ***Invest in innovative programs and tools like the VA’s Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET), a predictive model that analyzes existing data from veteran’s health records to identify those patients VA considers at high risk for suicide, hospitalization, illness or other adverse outcomes in order to provide pre-emptive support and care. Expand funding and accelerate research strategies to identify and treat at-risk populations, leveraging VA and DoD electronic health records to complement data collection, prevention and treatment strategies to promote mental health and well-being and eradicate suicides.***
- ***Accelerate effective prevention, treatment, and training programs to address military sexual trauma (MST) experienced by women and men during and after service and seek joint congressional oversight hearings to improve VA and DoD policies and procedures to care for and compensate veterans suffering from MST.***
- ***Support expansion of evidence-based and complementary integrative medical treatment approaches to improve delivery of care and veteran’s health outcomes.***
- ***Invest in resources and programs to aggressively promote prevention before crisis, incorporating self-help tools and services for empowering, educating and engaging veterans’ involvement in managing their individual health care.***

⁶ Department of Health and Human Services *Pain Management Best Practices Inter-Agency Task Force Final Report*, May 9, 2019, <https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf>

SERVICE-CONNECTED OCCUPATIONAL HEALTH AND ENVIRONMENTAL EXPOSURES

MOAA lauds the Committees commitment to getting the Blue Water Navy Vietnam Veterans Act of 2019 through Congress and enacted into law. Our Association, like so many VSOs has pushed for years to extend disability benefits to an estimated 90,000 veterans who served off Vietnam's coast during the war. As of January 2020, those individuals with a presumption of exposure to toxic defoliants such as Agent Orange will be able to receive care for types of cancer and other illnesses linked to these chemicals. Unfortunately, VA continues to delay in adding four diseases the National Academies of Science, Engineering and Medicine have associated with exposure to Agent Orange to the presumptive disease list: bladder cancer, hypothyroidism, "Parkinson's-like symptoms" and hypertension.

In a letter sent to POTUS on Feb. 10, 2020, MOAA and six other VSOs representing millions of veterans, servicemembers, their families and survivors urged him to direct the Secretary of VA to immediately add the four diseases. The letter points out the continued delayed action by VA is causing additional, needless suffering for Vietnam veterans and their families. While the reasons stated by VA are in part to wait for published reports from additional studies, VSOs believe this delay is unnecessary because the scientific community has already provided enough significant data, studies and associations supporting linking these four diseases to the Agent Orange exposure. If such action is not taken by VA, VSOs will press Congress for such action.

While to some, the Vietnam segment of the veteran population is being taken care of, there remains a myriad of other potential environmental hazards affecting veterans, ranging from exposures to burn pits, used to eliminate waste and other materials in combat zones like Iraq, Afghanistan and other locations—to acute, multi-symptom chronic illnesses veterans experienced in the first Gulf War. Further, there are known exposures to contaminated water, abandoned or buried chemicals, cleaning solvents, health issues related to lead paint and other environmental hazards—including those in military housing—and synthetic chemicals used for firefighting, and the list goes on.

Each day it seems new exposures, illnesses, and diseases are coming to light while in the background VA struggles with the collection of data and records to do the necessary research to connect exposures to health conditions—data and service record information only DoD can provide.

MOAA is grateful to Congress for including a provision in the 2020 National Defense Authorization Act to address burn pit exposures by documenting locations of open-air burn pits. However, other provisions failed to pass such as conducting research and studies on the health effects of burn pits and providing mandatory training to medical providers of the DoD on the potential health effects of burn pits and other airborne hazards (such as per- and polyfluoroalkyl substances [PFAS], mold, or depleted uranium) and the early detection of such health effects.

Congress left it up to “VA and DoD to continue their efforts to study the long-term health effects of exposure to harmful toxins in burn pits and to develop jointly a clinical practice guideline on exposure to airborne environmental hazards, which would optimize patient care to servicemembers and veterans exposed to such hazards.” MOAA believes if left up to VA and DoD, servicemembers, veterans, and their families will fight and suffer extreme health and financial hardships like Vietnam veterans have endured these many long decades.

Servicemembers have suffered toxic exposures as long as the U.S. armed forces have existed. It is time for Congress to establish standing protocols and procedures to address these and future exposures, so no veteran has to fight each battle alone. This can be accomplished through legislation requiring VA and DoD to strengthen their existing relationship and move forward with urgency to document exposures in service and begin studying their health impacts immediately—treating every servicemember as the future veteran they will become. The care our servicemembers need today must transfer seamlessly to the VA when they need it tomorrow.

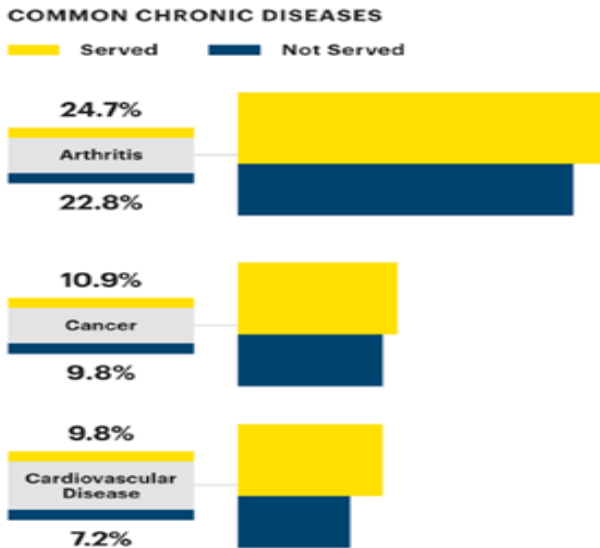
As more veterans come forward with conditions potentially linked to their military service—exposures to toxic substances or other environmental hazards, Congress must assure veterans they will receive the appropriate health care and benefits they deserve. VA and DoD need to work more aggressively together to capture the experiences of servicemembers while they are serving so that research and analysis can be done to better understand how military service affects a servicemembers health.

MOAA, in our close partnership with the United Health Foundation (UHF), has worked for over four years to determine how the unique demands of military service could affect long-term health so that research, public policy and programs can be targeted at understanding and improving the lives of servicemembers and veterans and the health of the communities where they live.

Our last report, the 2018 *America's Health Rankings® Health of Those Who Have Served Report* (an America's Health Rankings® Report) captures trends over six years, comparing 2015-2016 data to a baseline of 2011-2012 data⁷.

An important finding in the report indicated those who have served are more likely to have cancer (10.9 percent, compared with 9.8 percent of civilians), cardiovascular disease (9.8 percent to 7.2 percent), and arthritis (24.7 percent to 22.8 percent) than their civilian counterparts.

⁷<https://www.americashealthrankings.org/learn/reports/2018-health-of-those-who-have-served-report>



This and earlier America’s Health Rankings® report findings raise questions about what may be contributing to these higher incidences of chronic disease risks among those who have served, as well as notable trends and differences in the health among subpopulations of those who have served.

The UHF and MOAA are working on this year’s *America's Health Rankings® Health of Those Who Have Served Report* to be released during the month of May in recognition of National Military Appreciation Month. We look forward to meeting with Committee members and your staffs to share our findings and look for opportunities for improving the health and well-being of our servicemembers and veterans.

MOAA recommends:

- *Supporting research to determine the impact on servicemembers exposed to occupational or environmental toxins or hazardous substances resulting from their military service in or outside of the U.S.*
- *Supporting legislation that assures health care and benefits are established to appropriately compensate and support veterans, family members, and survivors, particularly veterans who experience catastrophic and devastating cancers, diseases, and other health conditions, or death that are service-connected.*
- *Requiring DoD to implement a plan to establish baseline health assessments, collecting military service assignment, deployment, military history, and other medical-personnel data at the point of entry into the military and at regular intervals throughout military service.*
- *Requiring VA and DoD to establish standard data elements and procedures, leveraging the departments’ electronic health record platform as the official data management system for collecting, retrieving and managing military assignment, deployment,*

military history, and other medical-personnel data to help in informing health care and benefits decision-making.

- *Allowing surviving family members to add deceased veterans to established registries.*

WOMEN VETERANS HEALTH CARE AND BENEFITS

As more women serve their country, VHA is also seeing an increase of women coming to their medical facilities for care as veterans. According to the Secretary at a press briefing on Nov. 8, 2019, “Ten percent of those who use VA are women. I expect that to go up to about 18-19 percent by 2025.”

Yet, women transitioning out of uniform face unique challenges because of their experiences in service, which often makes the adjustment to civilian life more difficult. For VHA, making sure women are welcomed and feel safe in medical facilities that can accommodate their needs continues to be a major challenge.

Each year, VA chips away at increasing funding and outreach programs to meet the expected demand, while encouraging women veterans to “choose VA” for their health care needs. Even with these attempts to attract women veterans, who tend to be younger than male veterans, VA’s chief consultant for women’s health, Dr. Patricia Hayes, told lawmakers at a House Appropriations Subcommittee on Military Construction-VA in early March that “women continue to use VA medical facilities at significantly lower rates than men, and while enrollment has risen, the gaps need to be addressed.”

Recently a number of VSOs gathered to talk about these gaps and our priorities for women veterans this year. Many of the gaps highlighted in a 2018 DAV report titled, *Women Veterans: The Journey Ahead*⁸ persist today with—“a broad range of women veterans’ needs across a lifespan, including health care, mental health care, community care, shelter, legal concerns, education, disability, and financial security.”

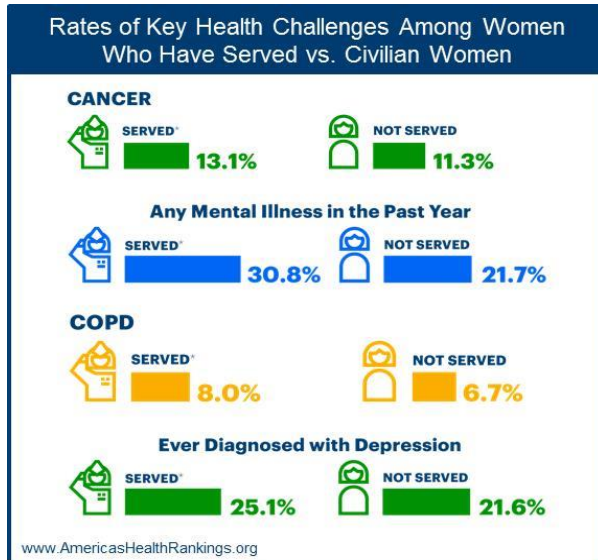
More specific and immediate priorities VSOs are focused on this year include:

- Signing of the Deborah Sampson Act into law and/or incorporating a number of other House and Senate bill provisions which would provide equal access to earned benefits and care for women veterans, including enhancing access to and availability of gender-specific programs to serve women.
- Funding for infertility services.
- Research funding for women veterans with catastrophic health conditions.
- Ending sexual harassment in VA medical facilities.
- Ensuring veterans (men and woman) experiencing MST receive a warm handoff from DoD to VA to mitigate trauma and ease transition.
- Expanding access to child care.

⁸ https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf

- Increasing outreach, research and funding for mental health services.

A number of reports and studies in recent years, by VA or outside organizations point to the real and growing challenges and needs women veterans face. As UHF and MOAA reported in our November 2017 [Health of Women Who Have Served Report](#)⁹, the study found women veterans reported higher rates of cancer, mental illness, chronic obstructive pulmonary disease (COPD), and depression. More than 8 percent of the women surveyed over a four-year period reported having suicidal thoughts in the past year—almost twice that of their civilian counterparts.



These are concerning statistics. The statistics are even more alarming when considering women are not seeking care in VA, especially when VA is known for leading the country in providing mental health services.

VA must do all it can to aggressively invest in and implement VA’s Strategic Priorities to meet the growing population of women veterans. It must reduce barriers to enrollment in VHA and increase access to comprehensive primary care, health education, and reproductive health services; enhance communication and leverage partnerships; and improve gender-specific medical and mental health care services to meet the unique needs of women servicemembers and transitioning women veterans.

MOAA recommends:

- **Secure additional funding in the FY 2021/2022 Military Construction-VA Appropriations to meet requirements to provide gender-specific care and redesign the health care delivery system and facilities, including emphasis on programs for women veterans with special needs (e.g., rural, homebound, aging, and amputee veterans).**

⁹ https://www.moaa.org/uploadedFiles/Content/Take_Action/Womens_Health_Report/hwwhs17_final.pdf

- *Consistent with other hiring challenges, develop a workable solution to facilitate hiring additional physicians and other medical staff designated as women’s health providers and clinical support team members.*
- *Assess current research, studies and treatments being used to address higher rates of mental health conditions and suicidal ideation among women who have served, and require VA to establish a comprehensive strategy and prevention plan for incorporating evidence-based approaches and practical wrap-around gender-specific health care programs and services.*

VETERANS’ BENEFITS PRIORITIES

SAFEGUARD THE INTEGRITY OF VETERANS’ EARNED BENEFITS

MOAA’s overall goal is to safeguard the integrity of veteran’s earned benefits and support those who served by ensuring they are able to access their service-earned benefits quickly and easily. Throughout the VA, modernizations efforts are ongoing and MOAA is grateful for the Committees’ effort to help drive these positive changes for veterans and by continual oversight to support successful implementation of Congress’ major legislative mandates.

Vital to this effort is adequately funding the Veterans Benefit Administration’s (VBA) information technology (IT) budget. The passage of the Forever GI Bill helped ensure the Post 9/11 GI Bill remains a valuable benefit; however the execution of the legislation exposed the need for VA to modernize its legacy IT systems. As VA attempted to update these systems, veterans experienced delays and errors in receiving their education benefits.

Since the technology challenges last year, the Forever GI Bill has met or exceeded implementation goals for many portions of the bill, but additional IT funding is required for further modernization enhancements to fully implement the legislation and so VA is able to process claims and distribute benefits accurately and on time. The hardworking employees of VBA care deeply about their mission but need Congress’ help to improve their systems and processes and better integrate IT systems. When VBA doesn’t have the resources and funding for IT and its mission, then veterans, their families and survivors are the ones who suffer.

As VBA funds are appropriated, the money for IT and administrative improvements should not come at the expense of veterans. MOAA opposes any effort to subsidize veterans’ benefits by using other veterans’ to pay for VA priorities or as an offset for other government requirements. Our nation promised to care for “those who borne the battle”—reducing veterans’ and survivor disability or education benefits should not be borne by those who gave so much for their country.

EMPLOYMENT, EDUCATION AND TRAINING PROGRAMS

The Servicemen's Readjustment Act of 1944, the GI Bill, was a triumph of congressional action to improve the lives of servicemembers through the creation of a home loan program, income to aid transition from service, and most notably the education benefit the bill is best known for. Since the GI Bill's inception after World War II, veterans have been targeted by bad actors for the monetary value of their benefit. As Congress has acted further legislation to protect the bill's promise of a quality education, abusive practices evolve, and the updates to servicemember's education benefits provide new opportunities for unscrupulous actors to exploit. The authority to end this exploitation resides with Congress, and we call on the Committees to continue acting to defend this benefit.

S. 2857, the *Protect Veterans' Education and Training Spending (Protect VETS) Act of 2019* is the first bipartisan bill that would protect military and veteran students by closing the 90/10 loophole. The bill will require for-profit schools to secure at least 10 percent of their revenues from sources other than taxpayers. Setting this standard ensures schools are focused on providing a high-quality education for students attending on the GI Bill. Addressing the 90/10 loophole will help address the targeting of GI Bill recipients and increase accountability for schools regarding the quality of the education they are providing when taxpayer dollars are going towards the GI Bill. Please support the passage of S. 2875 and ensure of GI Bill beneficiaries get the best education possible with their hard-earned benefits.

The House-passed bill, H.R. 4625, *Protect the GI Bill Act* is another important measure to increase protections for student veterans. The bill gives veterans the same rights as Title IV students regarding education oversight, including the restoration of benefits for military-connected students whose schools have closed,

VETERANS TREATMENT COURTS

Veterans treatment courts (VTCs) have proven successful across the United States thus warranting a collective effort at the national level to aid court systems that have already adopted a Veteran Treatment Court Program or are intending to establish one.

We appreciate Congress' focus and support on this issue to give veterans what they need to reintegrate into society while understanding the unique circumstances they are facing. MOAA stands behind H.R. 886, *the Veteran Treatment Court Coordination Act of 2019* as a viable instrument for improving existing programs, or for those court systems intending to establish one.

A MOAA member in Tampa, Fla., who volunteers as a VTC coordinator shared the following story of an Army National Guard veteran graduate from the program:

The SSG honorably served in the U.S. Army's Special Forces before separating from military service. In August 2014, he returned to civilian life and resumed his pursuit for a bachelor's

degree in IT Management at University of South Florida (USF), but got into legal trouble after a late-hour altercation with an off-campus convenience store clerk. Charges included drunken behavior involving a firearm found among his military equipment in his POV. The SSG subsequently was denied re-entry into USF to complete his remaining 17 credit hours for graduation. He pled guilty to charges in Felony Division Court, and his case was later transferred to Division V (VTC) in a post-adjudicatory status under the judge. While in the program the VA medical treatment program diagnosed the SSG with both PTSD and TBI. He successfully completed the program in 2017, and later graduated from Jacksonville State College in IT Management. In the summer of 2018, he wrote a personal note to me, a MOAA Life Member, who served as both the SSG's assigned mentor, and as the VTC Senior Mentor Program Coordinator. Below is an excerpt of the positive impact the VTCs made on his life:

"I [SSG] wanted to... sincerely thank you for what you do for this country, especially for veterans. A lot of people will never know the valor that is demonstrated every week in courtrooms around America, and what it truly means to traverse some of these logic gates, but I do. After I was arrested and banned from USF, I didn't see much hope for me in the civilian world. I had nearly given up completely. You gave me an azimuth, which provided the tools I need for success.

... I especially wanted to thank you, Judge..., and all the other men and women of VTC for taking interest in my case. I have since completed my Bachelor's in Information Technology Management at Florida State College at Jacksonville, Fla., conferred this May. This personal success was largely due to the guidance and motivation I received from established figures like yourself. I pray that you and your loved ones have a wonderful year, and that you and your colleagues continue to inspire others through your acts. Please know that you have been in integral part of bringing the light back into my life. God Bless."

In summary, without the VTC, this SSG would not have been diagnosed with both service- and combat-connected injuries (PTSD and TBI) and would not have received the VA medical treatment, therapies and counselling that allowed him to get well and become a positively impactful citizen in his local community. Because the SSG entered the VTC in a post-adjudicatory status (i.e., felony conviction), his conviction currently remains on his record. Currently, this issue affects the SSG's ability to secure meaningful employment.

MOAA recommends:

- ***Fully funding VBA's IT requirements and modernization efforts***
- ***Enacting S. 2857, Protect Veterans' Education and Training Spending Act of 2019***
- ***Enacting HR 4625, Protect the GI Bill Act***
- ***Enacting H.R. 886, Veteran Treatment Court Coordination Act of 2019***

VA CEMETERIES AND BURIAL BENEFITS

VA National Cemeteries are viewed by the military and veteran community as national shrines commemorating service and sacrifice to the nation. Therefore, it is critical that veterans and family members making funeral arrangements receive earned burial benefits consisting of access to a national cemetery, a government-furnished headstone or marker, burial flag, and perpetual care for their loved one's grave.

In 2018, the VA estimated that 92% of veterans had reasonable access to burial options, defined as within 75 miles. MOAA appreciates the National Cemetery Administration's (NCA) continued work to ensure increased access for veterans through a plan to establish 18 new national cemeteries.

However, according to a September 2019 GAO report ([GAO-19-121](#)¹⁰), the NCA has made limited progress for implementing these expansions. At the time of the study, the NCA had only opened two of the planned 13 urban and rural initiatives. In addition, GAO cited concerns over the increasing cost estimates for constructing new sites.

MOAA recommends:

- **Supporting GAO recommendations that the NCA adopt better cost-estimating practices for cemetery construction projects and update its cost-estimating procedures to fully incorporate GAO's guide for best practices in developing and managing program costs.**

MOAA recognizes that the NCA provides several services to veterans in their time of need. With potential changes to Arlington National Cemetery's eligibility for burial coming this year, there is greater awareness and concern among servicemembers, veterans, and their families regarding care of the deceased now and in future years.

MOAA recommends:

- **VA work with DoD/military services and VSOs and MSOs to promote and educate families on the burial benefits and resources available servicemembers, veterans and their families.**

Finally, veterans and spouses who choose burial in private cemeteries are entitled to a government-furnished headstone or grave marker; however current law prevents spouses or dependents from being included in the inscription. The FY 2021 President's budget includes allowance, if feasible and upon request, for inclusion of the name of the veteran's spouse and/or dependent child for inscription upon the headstone or marker.

Additionally, H.R. 1126, *Honoring Veteran's Families Act* authorizes the VA to provide inscriptions for deceased spouses and children on VA-furnished headstones.

¹⁰ <https://www.gao.gov/assets/710/701814.pdf>

MOAA appreciates the efforts of Congress and the Administration to resolve the issue within VA policy and allow spouses or dependents to be represented on the veteran's grave marker.

MOAA recommends:

- ***Supporting the President's budget provision to allow inclusion of the name of the veteran's spouse and/or dependent child on the headstone or marker.***
- ***Enacting H.R. 1126, Honoring Veteran's Families Act.***

CONCLUSION

Thank you for the opportunity to present MOAA's legislative priorities and recommendations for veterans and their families. As a strong proponent of our VSO partners (Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars) and coauthors of *Fiscal Years 2020 and 2021, The Independent Budget (IB): Veterans Agenda for the 116th Congress*¹¹ and our close relationship with other VSOs and military organizations, like TMC, MOAA recognizes, as do the Committees, the importance of being united and collaborative in our advocacy of those who serve this great country, their caregivers, families, and survivors. MOAA looks forward to working with the Committees, VA and other stakeholder groups this year to address these critical priorities.

¹¹ http://www.independentbudget.org/pdf/FY22IB_Budget%20Book_WEB.pdf



Statement of the
Fleet Reserve Association
on its
2020 Legislative Goals

Presented to the:

U.S. House of Representatives and
United States Senate
Veterans' Affairs Committees

By

Donna M. Jansky
National President
Fleet Reserve Association

March 3, 2020

The FRA

“Heading to 100 Years”

The Fleet Reserve Association (FRA) is the oldest and largest organization serving enlisted men and women in the active, reserve, and retired communities plus veterans of the Navy, Marine Corps, and Coast Guard. The Association is Congressionally Chartered, recognized by the Department of Veterans Affairs (VA) and entrusted to serve all veterans who seek its help.

FRA started in 1924 and its name is derived from the Navy’s program for personnel transferring to the Fleet Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During the required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy.

The Association testifies regularly before the House and Senate Veterans’ Affairs Committees, and it is actively involved in the Veterans Affairs Voluntary Services (VAVS) program. A member of the National Headquarters’ staff serve as FRA’s National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA’s VSOs oversee the Association’s Veterans Service Officer program and represents veterans throughout the claims process and before the Board of Veteran’s Appeals.

In 2016, FRA membership overwhelmingly approved the establishment of the Fleet Reserve Association Veterans Service Foundation (VSF). The main strategy for the VSF is to improve and grow the FRA Veterans Service Officers (VSO) program. The newly formed foundation has a 501(c) (3) tax exempt status and nearly 800 accredited service officers with FRA.

The VSF is sponsoring the “Healthy, Wealthy and Wise” Conference in Alexandria Va. in June 2020. The conference will provide subject matter experts in Aging, Health and Financial advice. There will also be a VSO training track. The audience will be those employees at the federal and state or local level who administer and navigate the VA, DoD and other agencies, providing veterans and active duty help.

FRA became a member of the Veterans Day National Committee in 2007, joining 24 other nationally recognized VSOs on this important committee that coordinates National Veterans’ Day ceremonies at Arlington National Cemetery. FRA will host the ceremony their centennial year, 2024. The Association is a leading organization in The Military Coalition (TMC), a group of 33 nationally recognized military and veteran’s organizations collectively representing the concerns of over five million members. FRA senior staff members also serve in several TMC leadership positions.

The Association’s motto is “Loyalty, Protection, and Service.”

Certification of Non-Receipt of Federal Funds

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

FY 2021 VA Budget

FRA welcomes the proposed 10.2 percent increase in the Department of Veterans Affairs FY2021 budget, which is a \$22.6 billion increase from the current budget. The proposed budget provides for 14,000 more employees, of which 7,000 are medical staff. The VA anticipates more than 33,000 veterans to enroll in VA healthcare in FY 2021.

The VA budget also provides for \$1.2 billion (\$485 million more than 2020) for the Caregiver program, which includes the expansion of the FRA supported program. The proposed budget provides \$2.6 billion to modernize the electronic health records (EHR). The process will provide a seamless transition to the VA for injured and wounded service members. The budget further includes \$137 million to support the processing of Blue Water Navy disability claims. The VA expects a total of 70,000 Blue Water Navy (BWN) claims. Since the first week of January, the VA has received 14,000 BWN claims and has paid \$7.5 million in retroactive benefit payments to 218 veterans and their survivors.

Agent Orange

FRA is thankful that finally, the VA has begun to adjudicate Blue Water Navy claims January 1, 2020. This change was required by FRA-supported legislation, sponsored by HVAC Chairman Mark Takano (CA) and Ranking Member Phil Roe (TN) and by federal court mandate (*Procopio v. Wilkie*). Prior to these measures, only Vietnam War Veterans who served on the ground or within Vietnam's inland waterways were eligible to receive disability compensation and other benefits based on a presumption of herbicide exposure. FRA is grateful to the Chairman and Ranking Member for their efforts to help sick Blue Water Navy veterans.

This law specifically affects Blue Water Navy Veterans who served offshore of Vietnam between Jan. 6, 1962 and May 7, 1975. The Act signed into law June 25, 2019 also applies to veterans who served in the Korean Demilitarized Zone (DMZ) between Jan. 1, 1967 and Aug. 31, 1971. These veterans can apply for disability compensation and other benefits if they have since developed one of 14 conditions that are presumed to be related to exposure to herbicides such as Agent Orange. Veterans no longer need to prove that they were exposed to herbicides.

Survivors of veterans could file claims for benefits, based on the veteran's service, if the veteran died from at least one of the presumptive conditions associated with Agent Orange. The law also

provides benefits for children born with spina bifida, if their parent is or was a veteran with certain verified service in Thailand during a specific period. The Blue Water Navy Act also includes provisions affecting the VA Home Loan Program. The law creates more access for veterans to obtain no-down-payment home loans, regardless of the loan amount. Also, the home loan funding fee is reduced for eligible Reservists and National Guard first-time borrowers who use their home loan benefit. Certain Purple Heart recipients do not pay any funding fee.

The VA recently sent a report to the House and Senate Veterans Affairs Committees asking to delay adding new presumptive conditions. It explains their concern with the scientific evidence behind the link between bladder cancer, hypothyroidism, parkinsonism, hypertension and exposure to Agent Orange herbicide. The VA claims that the National Academies of Sciences, Engineering, and Medicine did not identify any “definitive causal links” between Agent Orange and the diseases. The VA is now waiting on the results of its own study. The National Academy of Medicine has already established an association between Agent Orange exposure and these four diseases. The FRA is supporting the “Fair Care for Vietnam Veterans Act” (H.R.5610), which would increase the presumptive conditions linked to exposure of the Agent Orange herbicide to include parkinsonism, bladder cancer, hypertension and hyperthyroidism. The FRA has signed onto a letter to President Trump, with several other associations, requesting that he intervene and add these ailments to the list of Agent Orange presumptive conditions for disability benefits immediately.

FRA welcomes The VA releasing an updated Department of Defense list of locations outside of Vietnam where tactical herbicides were used, tested or stored by the United States military. The DoD conducted a thorough review of research, reports and Government publications in response to a November 2018 Government Accountability Office report. Defense Secretary Mark Esper has pledged to get the list updated as information becomes available.

Mental Health/Suicide

“In 2017 the VA reported an increase in veterans’ suicide. This increase is even more disturbing considering the total number of veterans is decreasing each year, as the older generation of World War II veterans pass away. The total number of veterans in America dropped almost 2 percent from 2016 to 2017 (about 370,000 veterans) and was down almost 18 percent from 2005 to 2017.”¹ The Association praises the Senate Veterans Affairs Committee approval of the FRA-supported “Commander John Scott Hannon Veterans Mental Health Care Improvement Act” (S. 785) sponsored by Senators Jerry Moran (KS) and Jon Tester (MT), SVAC Chairman and Ranking member respectively. The bill is a comprehensive and aggressive approach to connect more veterans with the mental healthcare they need and earned. Their bill seeks to improve VA

¹ [Marine Corps Times](#) 10/07/2019, *Veterans Suicides Still Increasing*, Leo Shane III

care by bolstering the VA's mental health workforce and increasing rural or hard-to-reach veterans' access to VA care, while making sure veterans have access to alternative and local treatment options like animal therapy, outdoor sports and activities, yoga and acupuncture.

It is estimated that more than 20 veterans die by suicide every day. Of those, 14 have received no treatment or care from the VA. The bill will improve outreach to veterans and their mental healthcare options in five major ways:

1. Bolster the VA's mental health workforce to serve more veterans by giving the VA direct hiring authority for more mental health professions, offering scholarships to mental health professionals to work at Vet Centers, and placing at least one Suicide Prevention Coordinator in every VA hospital.
2. Improve rural veterans' access to mental healthcare by increasing the number of locations at which veterans can access VA telehealth services and offering grants to non-VA organizations that provide mental health services or alternative treatment to veterans.
3. Strengthen support and assistance for service members transitioning out of the military by automatically giving every service member one full year of VA healthcare when they leave the military and improving services that connect transitioning veterans with career and education opportunities.
4. Study and invest in innovative and alternative treatment options by expanding veterans' access to animal, outdoor, or agri-therapy, yoga, meditation, and acupuncture and investing in VA research into the impact of living at high altitude on veterans' suicide risk and identifying and treating mental illness.
5. Hold the VA accountable for its mental healthcare and suicide prevention efforts by examining how the VA manages its suicide prevention resources and how the VA provides seamless care and information sharing for veterans seeking mental healthcare from both the VA and community providers.

FRA hopes that this legislation will be "fast-tracked" to ensure passage as soon as possible.

The Association applauds VA launching a new program, the Solid Start Program, to inform new veterans about benefits and support services at VA in an effort to ease transition issues. The VA believes this will help with suicide prevention. These veterans will get three phone calls from VA. The first call, expected within 90 days of separation from the military, will include an in-depth conversation with veterans about their goals and challenges, to better target what VA services may be of use to them. This program is expected to reach out to more than 200,000 veterans. Subsequent phone calls will check on veteran's transition and answer any questions the veteran may have about VA benefits and services available to them. Among the programs the callers will discuss are the free mental health resources available through VA for all separating

service members for their first year of post-military life, regardless of discharge status or service history.

FRA also welcomes efforts by the Federal Communication Commission, working with the VA, to create a 988 suicide hotline. A nationwide three-digit number for suicide prevention and mental health crises we believe will be helpful in stemming the tide of suicide. The FCC official recommendation to create the three-digit hotline was originally made following a report that showed a three-digit number would improve access for those in crisis. The goal of the number's similarity to 911, is to significantly increase the hotline's effectiveness. For veterans, the hotline also provides access to specialized help, thanks to the FCC's coordination with the VA.

Just like the current suicide prevention hotline, veterans can press 1 after dialing 988 for specialized support and counseling including text and chat functions. That same line currently answers an average of 1,800 to 1,900 calls each day, or a total of 3.5 million calls since it was launched in 2007.

Last year President Trump announced the creation of a new task force lead by VA Secretary Robert Wilkie to focus on the issue of veteran and military suicide prevention. The Task Force will issue its final report in the near future.

VA MISSION Act

The FRA appreciates the recent Senate Veterans Affairs Committee oversight hearing on the VA MISSION Act. We understand the concern expressed at the hearing regarding how the VA is building the Community Care Network and delinquencies discovered in many non-VA care providers. At a recent HVAC hearing Dr. Richard Stone, Executive in Charge of VHA explained that the problem is due to large volume of claims since the MISSION Act became accessible to many more veterans.

The Department of Veterans Affairs, Community Care Network (CCN) program that was part of the VA MISSION Act. Senior officials of the Veterans Health Administration (VHA) and the CEOs of both CCN providers testified at the hearing. All the witnesses claimed that the implementation of CCN is progressing smoothly. There were questions about the pace at which providers are being reimbursed as well as the backlog of provider payments on the VA's books. The VA is working on new processes to speed up the turnaround time for reimbursements. They expect to be caught up by the fall. The issue was raised that CCN contracts do not reflect MISSION Act standards for community care. The contracts were awarded prior to the MISSION Act's passage into law. The VA pledged to move toward MISSION Act standards with the program and the CEOs both testified that they will strive to meet the MISSION Act's more stringent standards for access and timeliness.

Caregiver Expansion

FRA and many caregiver families are disappointed that the implementation of the MISSION Act, which in part expands the Caregivers Act, has been delayed until the summer of 2020. The VA MISSION Act expands the VA Caregiver program to include all catastrophically disabled veterans. The previous caregiver law only applied to veterans disabled or wounded on or after September 11, 2001. This expansion was part of FRA's 2018 Legislative Agenda. The program will provide a monthly stipend, and health care benefits for the caregiver. The new law will provide training for caregivers, and up to 30 days of respite care.

A 2014 RAND study commissioned by the Elizabeth Dole Foundation estimates the services these caregivers provide save our nation \$13.6 billion annually, yet these caregivers too often pay a price, suffering physical and emotional stress and illnesses; difficulty maintaining employment; financial, legal and family strains; and isolation.

These military caregivers shoulder the everyday responsibilities of providing care to those who suffered the emotional and physical tolls of war. These dedicated individuals make many sacrifices to care for their loved ones, and they deserve our support. These Committees should provide adequate oversight of the expansion of this program.

Post 911 GI Bill

FRA is supporting two legislative proposals that would improve the Post-9/11 GI Bill and set an end date for the Montgomery GI Bill recently passed the House. The Protect the GI Bill Act (H.R.4625), sponsored by Rep. Mike Levin (CA), ensures that schools receiving GI Bill funding inform prospective students of the cost of attendance, how much their benefits cover, student outcomes, and more. The bill empowers State Approving Agencies (SAAs) to flag or suspend new enrollments to schools that violate these requirements. The bill also contains several other protections, including a ban on schools misrepresenting themselves while marketing, recruiting and enrolling students.

Further, the GI Bill Planning Act (H.R.4162), sponsored by Rep. Jack Bergman (MI), gives new enlistees six months rather than just two weeks, to decide to pay \$1200 or opt-out of their Montgomery GI Bill (MGIB) benefit. It also ends with new enlistee enrollments in the outdated MGIB by October 2029. Both bills were approved by voice vote and have been sent to the Senate for further consideration. FRA wants to ensure the Post 9/11 GI Bill program works effectively and wants to improve other education benefit programs for veterans, and survivors of

disabled or deceased veterans, and preserve the military Tuition Assistance (TA) program. The Association opposes shifting significant part of the cost to active duty beneficiaries.

the U.S. Court of Appeals for Veterans Claims issued its final ruling on the case of *Bo v Wilkie* letting stand an earlier decision that the Department of Veterans Affairs practice of making veterans relinquish their MGIB eligibility in order to receive Post 9/11 GI Bill benefits is improper.

Federal officials argued in court that the arrangement is designed to make sure veterans aren't doubling up on their government benefits for personal profit; but the court rejected that argument, saying that instead veterans eligible for both programs should receive each set of payouts, just not simultaneously.

Veterans' Health Care Reform

FRA supports the "Blast Exposure Protection Act" (H.R. 5739) sponsored by Rep. Nydia Velazquez (NY). This measure would establish a service-connection presumption for disabilities associated with blast exposures, which will make it easier for veterans to prove that health conditions are related to their military service. Traumatic Brain Injury (TBI) often goes unreported and these type of blast injuries go untreated. Symptoms of these injuries often take time to appear, making it difficult to connect the incident with the injury.

Combat veterans that served in Iraq, Syria, and Afghanistan have an opioid abuse rate seven times higher than civilians. "Patients in the Veterans Health Administration are almost twice as likely to die of opioid-related overdoses."² Between 2010 and 2016, deaths due to opioid overdose rose by 65 percent among veterans. During those same years, veteran deaths caused by heroin nearly quintupled and deaths caused by synthetic opioids like fentanyl increased by more than five-fold.

To combat this issue, the Veterans HOPE Act (HR 5774) sponsored by Rep. Greg Murphy (NC) would direct the VA to further investigate deaths caused by heroin and synthetic opioids. Upon conclusion of the study, the Secretary would report findings to the public and Congress and suggest veteran overdose prevention efforts to save lives.

Veteran's health care includes other significant challenges. "For example, an estimated 25% of veterans are diabetic; nearly triple the national average of 9.4%. The Veterans Health Administration reports that military veterans also are more likely to be diagnosed with chronic conditions associated with diabetes, including hypertension, chronic obstructive pulmonary

² Opioid Epidemic Affects Combat Veterans More Than Civilians, [Washington Examiner](#), Oct 1, 2019, page 44, Cassidy Morrison

disease (COPD) and heart disease.”³ According the numerous sources 30 percent of all VA medical appointments are now held in the community rather than in VA medical facilities. The law now allows authorized veterans to access “walk-in care” a limited number of times each year at clinics with VA contracts.

VA is also working to expand and improve telehealth programs targeted at rural and underserved areas of the country.

Over the last three years less two percent of clinical drug testing sponsored by pharmaceutical companies include VA hospitals. According to the National Association of Veterans Research and Educational Foundations VA protocols review and approval processes are overly complicated. Clinical drug testing at VA hospitals take on average 120 days longer to begin than non-VA sites. “For veterans suffering from post-traumatic stress disorder, traumatic brain injury, hearing loss, alcohol and other substance disorders, cancer, and other conditions for which a clinical trial may be the next or only treatment option, delays are devastating”⁴.

Recently the House Veterans’ Affairs Subcommittees on Health, and Oversight and Investigations, held a joint hearing to discuss how VA supports survivors of military sexual trauma (MST). Survivors of MST often exhibit symptoms associated with PTSD, such as anxiety, sleeplessness, intrusive thoughts, agitation, and an inability to concentrate. Many survivors of MST do not report their assaults to their commanders or medical professionals, which makes it difficult to develop a claim for VA benefits. FRA wants to make sure that these types of claims are not “swept under the carpet.” Victims of MST need to be treated fairly.

Appeals Process Reform

The Board of Veterans Appeals is adjudicating more disability claims appeals. The Board processed 11 percent more claims (more than 95,000) and held 38 percent more hearings in FY2019 when compared to FY2018. The improvement at the BVA is due to more staff and to a new appeals structure that was mandated by Congress and supported by the FRA. The Veterans Appeals Improvement and Modernization Act (H.R.2288-Public Law 115-55) sponsored by Reps. Mike Bost (IL) was enacted into law on August 23, 2017. The law created three “lanes” for veterans’ appeals including: The Local Higher Level Review Lane where an adjudicator reviews the same evidence considered by the original claims processor; The New Evidence Lane where the veteran may submit new evidence for review and have a hearing and, The Board Lane where jurisdiction for the appeal would transfer immediately to the Board of Veterans’ Appeals. The Act would allow some veterans, who were already going through the appeals process, to opt into the new system.

³ Express Script Inc. e-newsletter 11/9/18

⁴ Increasing Veterans Access to Life-saving Therapies, Rick Starrs, [Washington Times](#) Oct. 30, 2019, B-4

Disability Claims Backlog

FRA urges Congress to pass legislation that requires VA be held accountable for achieving the VA's stated goal to achieve an operational state for VA in which no claim is pending over 125 days and all claims have an accuracy rate of 98 percent or higher. Currently there are 70,689 claims that are backlogged (pending more than 125 days), and the current accuracy rate is over 95 percent. The backlog peaked at about 611,000 cases in March 2013 and was down as low as 70,000 cases in fall of 2015, when VA officials announced that zeroing out the backlog completely was likely impossible and could unnecessarily rush some cases.

Oversight of VA IT

The Association believes Congressional oversight of ongoing implementation of VA technology upgrades is vital to ensuring improvements to the system. FRA wants to ensure adequate funding for Department of Defense (DoD) and Department of Veterans' Affairs (VA) health care resource sharing in delivering seamless, cost effective, quality services to personnel wounded in combat and other veterans and their families.

FRA welcomes the House Veterans Affairs Subcommittee on Technology Modernization recent oversight hearing (December 2019) on the VA's progress implementing the Electronic Health Records (EHR). The Department of Veteran Affairs (VA) is scheduled to "go-live" March 28, 2020 in Washington State. This will be the first phase of the 10-year EHR implementation timeline. Subcommittee Chair Rep. Susie Lee (NV) expressed concern that the system is not fully tested and not enough staff training has been conducted. She asked the VA for an honest assessment. Subcommittee Ranking Member Rep. Jim Banks (IN) encouraged the VA to take a few more weeks if needed.

The VA staff at the hearing claimed that everything will be ready to go-live March 28th. At the hearing then Deputy Secretary Byrne mentioned five milestones that are vital to the success of the implementation of the EHR throughout the next 10 years.

1. Twenty Task Orders (TO) that allows the VA the flexibility to moderate work and modify implementation and deployment plans efficiently
2. Organizational structure and strategic alignment with DoD
3. Implementation planning and strategy
4. Change management and workflow councils – the VA has established 18 EHR Councils to support the development of national standardized clinical and business workflows for the VA's new EHR solution.
5. Infrastructure in place for both structural facilities and electronic capabilities

While prompt implementation of the EHR is important, it is also critical that veteran's data privacy should not be overlooked or minimized. FRA is thankful that the House Veterans' Affairs Subcommittee on Technology Modernization recent oversight hearing on the EHR focused on data privacy for users of VA services, including how data is collected by apps and VA partners. The subcommittee focused on the security of the integrated electronic health record, record sharing, and data collection and permissions from apps VA offers to veterans for use on smartphones.

Expand VA Dental Care

The House and Senate just recently passed H. J. Res.80, Sponsored by House Veterans Affairs Committee Ranking Member Rep. Phil Roe (TN), to approve a request from the Department of Veterans Affairs to pursue a pilot program to increase veteran access to dental care. Currently only eight percent of veterans have dental coverage from VA for service-connected dental problems. The VA can now begin to implement the program.

Section 152 of the FRA-supported MISSION Act created a VA Center for Innovation for Care and Payment to test new payment and service delivery models that could increase quality of care for the nation's veterans while reducing taxpayer spending. The law requires VA to submit a report to Congress requesting waiver of any such authorities necessary for carrying out an innovation pilot and requires that Congress pass a Joint Resolution approving VA's request. This pilot program is limited to five years and must obtain appropriations funding.

On December 6, 2019, VA submitted a request to Congress asking to pursue a pilot program through the Center for Innovation for Care and Payment to increase access to dental care for veterans by entering into arrangements with dental providers in the community who agree to provide free or discounted dental services to veterans who are enrolled in the VA healthcare system but are not eligible for VA-provided dental care. The request would allow administrative staff in VA medical facilities to educate these veterans about their options for dental care in the community and to coordinate such care for them, as needed. H.J. Res. 80 would approve such request. Oral health is an important component of overall health and connecting veterans who cannot seek dental care in VA medical facilities with free or low-cost dental care in their communities would allow these veterans to be better served and to live healthier lives.

Women's Veterans Issues

FRA welcomed Rep. Mark Takano (CA), Chairman of the House Veterans Affairs Committee, creating a new congressional task force to address barriers that women veterans face when trying to obtain Department of Veterans Affairs (VA) benefits and health care. The Association works to increase access to gender-specific medical and mental health care to meet unique needs of women service members and transitioning women veterans. Rep. Julia Brownley (CA) has been selected to serve as Chairman of the task force.

The Task Force endorsed the FRA-supported the "Deborah Sampson Act" (H.R. 3224) that passed the House on November 12, 2019 and sending it to the Senate for further consideration. The task Force endorsement result of several roundtables, site visits, and meetings with women veterans across the country to identify issues and barriers they face and will address many of the inequities and barriers that the Women Veterans Task Force has identified. The bill includes:

- Creating an Office of Women's Health at the VA;
- Establishing a comprehensive policy to combat harassment and sexual assault at VA facilities;
- Enhancing funding of women veteran health providers;
- Requiring the VA to assess the availability of gender-specific prosthetic items for women veterans;
- Mandating a report on VA efforts to retrofit facilities to address barriers to care for women veterans;
- Permanently authorizing PTSD counseling for women veterans in a retreat setting;
- Expanding eligibility for military sexual trauma counseling for the Reserve Component; and
- Authorizing extended newborn care coverage for women veterans.

FRA fully supports this measure and has the bill listed on its Internet Action Center to allow members to weigh in on this issue with their legislators.

Homeless Veterans

Last year the House passed the FRA-supported "Homeless Veterans Families Act" (HR 95), sponsored by Rep. Julia Brownley (CA) to help homeless veterans with children find transitional housing. The bill is still awaiting action in the Senate.

In 2010 the Department of Veterans Affairs (VA) established a goal of eliminating veteran's homelessness by 2015. That goal has not been achieved. The Department of Housing and Urban Development (HUD) and VA have a wide range of programs that prevent and end homelessness

among veterans, including health care, housing solutions, job training and education. VA, the Department of Labor, and HUD programs for homeless veterans have reduced homelessness. According to the National Coalition for Homeless Veterans claim that veterans experiencing homelessness decreased by nearly 50 percent since 2009. FRA wants the VA and other government agencies to invest in efforts to ensure that veteran's homelessness is rare, brief, and nonrecurring.

Increase Veterans Burial Benefits

The VA pays a higher level of burial benefits upon the death of a veteran who dies from a service-connected illness or disability and lesser burial benefits upon the death of a wartime veteran who dies from a non-service-connected illness or disability. The current VA burial expense payment is \$2,000 for a service-connected death and \$300 for a non-service-connected death, along with a \$700 plot allowance. At its inception, the payout covered 72 percent of the funeral costs for a service-connected death, 22 percent for a non-service-connected death and 54 percent of the cost of a burial plot. Due to the dramatic increase in private sector funeral expenses, this benefit has been seriously eroded over the years. While these benefits were never intended to cover the full costs of burial, they now pay for only a small fraction of what they covered in 1973 when the VA first started paying burial benefits. The VA should provide the resources needed to meet increasing private-sector costs of burial.

Congress should increase the plot allowance for all eligible veterans and expand the eligibility for the plot allowance for all veterans who might be eligible for burial in a national cemetery, not just those who served during wartime.

Conclusion

In closing, allow me again to express the sincere appreciation of the Association's membership for all that you and the members of both of the House and Senate Veterans' Affairs Committees and your outstanding staffs do for our Nation's veterans.

Our leadership and Legislative Team stand ready to work with the Committees and their staffs to improve benefits for all veterans who have served this great Nation.

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Statement of Jeremy Butler
Chief Executive Officer
of
Iraq and Afghanistan Veterans of America
before a joint hearing of the
Senate and House Veterans' Affairs Committees

March 3, 2020

Chairman Moran, Chairman Takano, Ranking Member Tester and Ranking Member Roe, and distinguished members of the Committees, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members, I would like to thank you for the opportunity to testify here today.

I am so proud of what we have accomplished together this past year - my first as CEO - passing the *Burn Pits Accountability Act*, passing a law reversing DoD's attempt to limit the transferability of the GI Bill benefit, and getting the *Deborah Sampson Act* through the House, among other great victories. The far-reaching changes that will result from full passage of the *Deborah Sampson Act* are long-overdue. IAVA has fought hard for top-down culture change in the VA.

In 2019 IAVA fought tirelessly for this generation of veterans, conducting over 300 Capitol Hill meetings, speaking directly with VA leadership, and executing robust media outreach to highlight the needs of post-9/11 veterans. It has been a humbling, eventful, educational year for me and I am excited about what is still to come. 2020 is an opportunity to build on that momentum and deliver real support to the veteran community.

As is too often the case however, we are in a situation where there is an urgent need for movement but a completely unacceptable lack of coordinated, timely, whole of government action to address these priorities and implement long-term solutions. The issues are complex and there will always be disagreement on the details, but inaction is guaranteed to be a failing strategy. There are less than ten months left in the 116th Congress and, with much of the country and our government focused on the Presidential election, there is little time left to make substantive advancements on these priorities. Fortunately, we have bipartisan policies that address many of the issues facing our veteran community. But if they are not treated with the urgency they require; if this body does not work with the VA and the Administration to take collective action to advance these pieces of legislation to the President's desk, then we will find ourselves one year from now having to explain to the country why we failed to turn a collective desire to help in to substantive legislative action and the delivery of real results for veterans. In 2020, IAVA will continue its focus on six priorities that our members see as most pressing. This "Big Six" contains the challenges and opportunities that IAVA members care about most --



and see as areas where we can uniquely make an impact. They include the following campaigns: Mental Health and Suicide Prevention, Government Reform, Burn Pits and Toxic Exposures, Defense of the Post-9/11 GI Bill and Education Benefits, Support for Women Veterans, and empowering veterans who want to use Medical Cannabis. IAVA members are poised to educate the public, design solutions for positive impact, and lead the way to the future. That starts with our 2020 Big Six outlined below. Each campaign will drive toward outcomes in 4 key areas: 1) Public Awareness 2) Executive Action 3) Legislative Change and 4) Local Support.

Substantial progress was made on these issue areas in 2019 but so much more needs to be done and, unless we act with the sense of urgency that is required, I fear that we will find ourselves with little to show at the end of 2020 and in a position where we are starting over from scratch in the 117th Congress. I urge you to take action now on the policy and legislative measures detailed below to ensure that our veterans are not forced to continue to wait for the support and care they earned.

1) Continue the Campaign to Combat Suicide Among Troops and Veterans

For nearly a decade, IAVA and the veteran community has called for immediate action by our nation's leaders to appropriately respond to the crisis of over 20 military and veterans dying every day by suicide. Thanks to the courage and leadership of veterans, military family members and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of increased media coverage, a reduction in stigma for seeking treatment, and a surge of government, non-profit and private support.

Yet, the problem continues to loom. According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, continue to have the highest rate of suicide. And while not always an indicator of suicide, mental health injuries continue to impact the post-9/11 generation disproportionately. In our latest Member Survey, a stunning 65% of IAVA members reported service-connected PTSD and over half report anxiety (65%) or depression (56%). Meanwhile, the nation and VA struggle to keep up with the demand for mental health care and mental health care providers such as psychiatrists and psychologists, both of which are in the top five for VA staffing shortages.

However, there is some progress. Of those with a mental health injury, three in four are seeking care for their injury, according to IAVA members. Over the past few years, much progress has been made in the realm of suicide prevention and mental health. DoD, Department of Homeland Security (DHS), and VA's plan for transitioning servicemembers targets those in the post-9/11 generation at increased risk of suicide to engage with them before the moment of crisis. VA has leveraged telemental health care to expand its reach and predictive analytics to target the top 0.1% of veterans at risk for suicide. Meanwhile, research into effective treatment options and crisis intervention methods continues.



In 2013, IAVA and our partners jump-started a national conversation. But the flood of need continues nationwide – and continues to rise. In our latest Member Survey, 65% of IAVA members know a post-9/11 veteran who attempted suicide. Sixty-Two percent know a post-9/11 veteran who died by suicide, an alarming 22% rise since 2014. Every day, we are losing more of our brothers and sisters to suicide. Now is not the time for America to let up. Instead, this is a time to redouble our efforts as a nation and answer the call to action. IAVA will continue to maintain our leadership on that charge.

We also continue to spread public awareness for the suicide crisis as thought leaders in panels, roundtable discussions with policymakers, a massive demonstration on the National Mall, and in documentaries. Sobering statistics on suicide continue to be released, identifying women veterans at especially high risk of suicide. IAVA's groundbreaking Rapid Response Referral Program (RRRP) is a safety net for veterans and families and provides comprehensive care management, resource connections and 24/7 peer to peer support for any veteran or family member in need. Since 2012 RRRP has served nearly 10,000 clients and in recent years the number of veterans that IAVA has connected to suicide and mental health support has been steadily increasing. In 2019, 15% of our clients required a connection to the Veterans Crisis Line (VCL) to receive lifesaving support, as compared to 6% in 2018 and 2% in 2017. Importantly, we have a memorandum of understanding (MOU) with the VA's Veterans Crisis Line (VCL) which allows us to provide a warm handoff with a trained responder at the VCL, where the at-risk veteran is never left alone or hung up on, literally preventing veteran suicide. In 2019, RRRP connected 75 veterans to the VCL, a more than 100% increase since 2018. This means that about every two weeks our Veteran Care Managers connected three veterans who were either currently suicidal or at-risk of suicide with life-saving support. IAVA's RRRP and the VCL have been in partnership since RRRP launched in 2012 and has connected more than 300 veterans to this life-saving resource.

In 2020, IAVA will continue to seek an expansion of mental health and suicide prevention services. Last year, IAVA worked with the Senate Veterans Affairs Committee and VSO partners to introduce the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (S. 785). This legislation has IAVA's full support, and we thank both Chairman Moran and Ranking Member Tester for their leadership on the bill and for ensuring its unanimous passage out of committee earlier this year. This remains an extremely urgent matter, so we call on the Senate to approve it this month and for the House to expeditiously pass it so the President can sign it into law.

IAVA is encouraged that this bill will bring even greater attention and resources to VA to combat the veteran suicide crisis. IAVA believes that the bill's investment into a number of studies, such as a study on Vet Centers' Readjustment Counselors efficacy, increased funding in telehealth, and increased number of tracking metrics to ensure that the VA is providing the best



possible mental health care possible, is critical to understanding the current suicide epidemic in our community. IAVA is also pleased with the focus of this legislation on studying the connection between traumatic brain injury (TBI) and mental health, including creating brain health bio markers to better track those who suffer from TBI. Over a quarter of IAVA members report suffering from TBI and these invisible wounds of war continue to be misunderstood. This legislation will not only create a center of excellence for TBI and PTSD, but also create brain health biomarkers to track servicemembers' and veterans' brain health. This legislation is the centerpiece of IAVA's Campaign to Combat Suicide and we look forward to continuing to work with Chairman Moran and Ranking Member Tester and all members of both committees to ensure it passes this Congress.

2) Modernize Government to Support the Post-9/11 Generation

Millions of veterans rely on VA for both health care and benefits. Ensuring that the system is able and agile enough to accommodate the millions of veterans who use its services is paramount to ensuring the lasting success and health of the veteran population. About 48% of all veterans and about 55% of post-9/11 veterans are enrolled in VA care. Among IAVA Member Survey respondents, 84% are enrolled in VA health care, with over 50% using VA as their primary source of care. Additionally, an extraordinary 85% of these VA users rated their experience at VA as average or above average. IAVA members have been clear that access to VA care can be challenging, but once in the system, they prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better, than the private sector.

A bold approach to ensuring today's veterans have a system willing to bend and adapt to them will take the full coordination of the executive branch and Congress, along with stakeholder partners in state and local governments, and the private and nonprofit sectors. We need a system that leverages the use of new technologies to streamline processes and enables VA to take a more dynamic approach to respond to the needs of today's veterans. Even so, the best technology will not save a system if it is built upon outdated structures. VA must connect its internal departments and work with DoD to streamline services.

Over the past few years, VA has made incredible strides in modernizing its operating systems both internally and externally. The plan currently underway to bridge VA and DoD medical records, replacing a decades-old electronic medical record system, and updating VA.gov to be more interactive and intuitive are among the significant accomplishments that have been in the works for years. A system slowly but surely moving to the 21st century is a win for all veterans.

2019 saw a substantial change in VA healthcare with the implementation of the *MISSION Act*. IAVA was supportive of this bill, but always cautioned that it will require strong Congressional oversight. Now that the Community Care program is in full effect, the strong oversight must continue. While only 16% of IAVA members have utilized the Community Care program, the



early feedback has been positive. Community Care's approval rating from users who identified as taking advantage of the program is high, with over 80% rating it at average or above average. This is thanks to the hard work from both Senate and House committees, VA, and VSOs that ensured the implementation of Community Care was a success. However, there are still some concerns that we are hearing from our membership. The most common confusion is if they are even eligible for Community Care programs or not based on drive time and distance, due to a lack of clear communication on those requirements. Additionally, we have heard concerns from our membership that appointments will be made at the latest time possible while avoiding them access to Community Care. For example, if the wait time is longer than 30 days, they will be eligible for Community Care, their appointment will be made on the 29th day. While we understand that there are growing pains with any new system, VA must ensure that their guidelines are properly communicated to avoid any confusion on the veterans' part.

Lastly, IAVA is concerned over the delays in the electronic health records (EHR) go-live date in Spokane, WA. Specifically, that implementation of the EHR on time would have resulted in a reduction in services for veterans and complicate their access to health information. While we regret that this long-awaited project needs to be further delayed, IAVA ultimately believes that this was the right decision given the apparent reduction in online services that would have resulted. However, that does not alleviate IAVA's frustration that VA did not keep VSOs informed of the known deficiencies in the new system. Going forward IAVA recommends to not only communicate these known issues earlier in the process, but also that prior to the rollout of the CERNER pilot that online tutorials and training are made available for all affected veterans on changes and how to best use the CERNER and MyHealthVet platforms. This will reduce further confusion and frustration for veterans and VSOs.

3) Drive Support for Injuries from Burn Pits and Toxic Exposures

Burn pits, a common way to get rid of waste at military sites in Iraq and Afghanistan, are the Agent Orange of our generation. Because of the efforts of IAVA and other VSO partners to educate the public and elevate the issue, they are finally starting to become a national priority. Our members see burn pits as a critical, urgent and growing threat that will impact an entire generation. VA estimates 3.5 million veterans are eligible to register in the VA's Airborne Hazards and Open Burn Pit Registry, which tracks exposures to airborne toxins. However, because enrollment is voluntary, the registry is not well-known.

There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may also pose a danger for respiratory illnesses. These include inhaled irritant gases, high levels of fine dust, heavy metals due to operations in urban environments, plus the potential impact to the respiratory system from the effects of explosives and the inhalation of depleted uranium used in munitions.



In late 2019 IAVA celebrated the passage of the *Burn Pits Accountability Act* after working with Congress to develop the bill and campaigning for its success for a year and a half. The new law finally ensures that servicemembers exposed to burn pits will be properly tracked *before* they exit service, and that they will be placed into the VA Airborne Hazards and Open Burn Pit Registry. This critical piece of legislation will not only give both DoD and VA the tools to track who exactly has been exposed to these hazards, but also increase the amount of data points in the registry which will allow for better research and tracking. Further, VA has been offering a free health exam to those who complete the Registry entry.

However, the work is far from over. The *Burn Pits Accountability Act* was a strong step forward to better track those exposed to burn pits. In 2020 we will continue to drive support to those who suffer injuries from burn pits and other toxic exposures, and IAVA will work with the newly-formed Toxic Exposures in the American Military (TEAM) to introduce ambitious new legislation that will enable those who have been exposed to get the care they deserve. TEAM is a coalition of 25 veteran and military service organizations advocating for veterans made ill as a result of toxic exposures during their military service.

4) Continue to Defend and Expand Veterans Education Opportunities

2008 was a landmark year for the post-9/11 generation. After years of tireless advocacy by IAVA and others, the Post-9/11 GI Bill was passed into law. With it, thousands and now millions of veterans and their dependents had the doors to higher education opened for them. After deploying for years to the battlefields of Iraq, Afghanistan, and other areas, Congress and the American people agreed that these warriors had earned the right to pursue a degree.

The Post-9/11 GI Bill has now sent more than one million veterans and dependents to school and remains one of the military's best retention and recruiting tools. In IAVA's latest member survey, 93% of IAVA members reported having used, or that they are currently using or planning to transfer their Post-9/11 GI Bill benefit. 79% agree that the Post-9/11 GI Bill is essential to military recruitment and 87% believe it is extremely or very important to transition to civilian life.

Since its inception, the Post-9/11 GI Bill has also faced threats of funding cuts and abuse. IAVA has been, and will remain, at the forefront of the efforts to ensure that these attempts are not successful. We must continue to not only hold the line in defending these essential, earned benefits but also in providing that they stay relevant to the changing educational landscape. In 2017, IAVA supported the passage of the *Harry W. Colmery Veterans Educational Assistance Act*, which included numerous expansions for the GI Bill, including elimination of the 15-year time limit to use the benefit and IAVA continues to spearhead the fight to close the 90/10 loophole that allows poor performing schools to be propped up at the expense of veterans and taxpayers.



The GI Bill is still being exploited by underperforming actors who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. For-profit colleges are required to get at least 10% of their revenue from outside of federal financial aid funds, but they exploit a loophole in the law that does not count GI Bill and DoD Tuition Assistance benefits as federal funds, making servicemembers and veterans a target for their generous benefits. This is why IAVA is a proud supporter of the *Protect Veterans' Education and Taxpayer Spending Act* (S. 2857) introduced by Sens. Tom Carper (D-DE), Bill Cassidy (R-LA), James Lankford (R-OK), and Jon Tester (D-MT), that would finally close this loophole. This legislation will not only protect veterans, but also the taxpayers, by increasing accountability among schools that receive GI Bill and DoD Tuition Assistance funding.

5) Establish Support for Veterans Who Want to Utilize Medical Cannabis

The use of medical cannabis has been growing in support by the veteran population for quite some time. For years, IAVA members have sounded off in support of researching medical cannabis for the wounds of war and legalizing medical cannabis. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war. In our latest Member Survey, over 80% of IAVA members supported legalization for medicinal use. Across party lines, medicinal cannabis has been rapidly increasing in support. Yet our national policies are outdated, research is lacking, and stigma persists.

Over the past few years, IAVA members have set out to change the national conversation around cannabis and underscore the need for bipartisan, evidence-based, common-sense solutions that can bring relief to millions, save taxpayers billions and create thousands of jobs for veterans nationwide.

In 2020, IAVA will continue our fight on behalf of veterans who want to use medicinal cannabis and we remain committed to the passage of the bipartisan *VA Medicinal Cannabis Research Act* (S. 179/H.R. 712), which passed unanimously out of the House Veterans Affairs Committee during the 115th Congress. Despite the House Veterans Affairs Committee holding a legislative hearing on this and having over 100 bipartisan cosponsors across the House and Senate, it has yet to be passed by committee this Congress. IAVA urges both House and Senate Committees to pass this legislation to start the research and ensure veterans, health care providers, and lawmakers are all aware of the both the benefits and the level of safety of treating PTSD, TBI, chronic pain, and other illnesses with cannabis. We applaud Sens. Jon Tester, Dan Sullivan, and Reps. Louis Correa and Clay Higgins for their leadership of this legislation and will continue working with them in its passage.

6) Galvanize Support for Women Veterans and She Who Borne The Battle



Despite the ever-growing contribution of women to our national defense, the American public still does not understand the extent of their involvement and sacrifice. This lack of understanding not only impacts their reception when seeking health care from VA, but throughout their transition home. Often having faced an unwelcoming culture in the military, VA can seem like an equally unwelcoming place to women who are transitioning. The VA motto does not help. It explicitly excludes women and their survivors from its mandate, and it reads as outdated: "To care for him who shall have borne the battle and for his widow, and his orphan."

Women veterans are becoming more prominent in American culture and are stepping up and leading: From the growing number of women veterans serving in Congress to the highest leadership positions among the service branches, VSOs, and leading groups. Also, as more women veterans step into the public sphere, their contributions and sacrifices are becoming known and recognized.

However, everyday women veterans enter into VAs nationwide and are not recognized for their service, or worse. According to VA, in April 2019, a shocking one in four women reported being harassed at a VA facility. Every day, women veterans are looked past in favor of the familiar image of a man serving in uniform. Until women veterans are as known and understood as their male counterparts, IAVA's work will not be done.

It is for these reasons that 2020 is the year that the *Deborah Sampson Act* must be passed into law. We must ensure that women veterans are receiving equal care as their male counterparts, and we must ensure that VA is a safe place for all veterans. IAVA is extremely supportive of the provisions in the House passed *Deborah Sampson Act* to address sexual harassment and assault at VA facilities and urges the Senate to adopt similar language. This can be on the president's desk *this month*. We also believe that this culture at VA will not change overnight, and the current VA motto, which excludes women veterans, must also be changed. This is why in 2020 IAVA will continue to fight for the passage of the *Honoring All Veterans Act* (H.R. 3010) which will create a VA motto representative of all veterans.

IAVA's "Big Six" - the policy issues that I presented today - represent those that our members feel are the most pressing for our community. They are not IAVA opinion - they represent what years of Member Surveys have told us. They are also the issues that I hope the members of these committees, the President, the media, and all Americans will focus on as well. We know that they are right. And that the time to act is right now, and IAVA is ready to work with you to deliver results. Not just for IAVA veterans but for veterans of all generations.

Members of both committees, thank you again for the opportunity to share IAVA's views on these issues today. I look forward to answering any questions you may have and working with the Committees in the future.

STATEMENT FOR THE RECORD
to the
Senate Veterans' Affairs Committee and House Veterans' Affairs Committee
Joint Hearing
To Receive Legislative Presentations of Veterans Service Organizations

By

Jan Thompson

President

American Defenders of Bataan and Corregidor Memorial Society

3 March 2020

AMERICAN PRISONERS OF WAR OF JAPAN
75th Anniversary of Liberation

Chairmen Moran and Takano, Ranking Members Tester and Roe, and Members of the Senate and House Veterans Affairs Committees, thank you for allowing us to describe how Congress can meet the concerns of veterans of World War II's Pacific Theater. The American Defenders of Bataan and Corregidor Memorial Society (ADBC-MS) represents surviving POWs of Japan, their families, and descendants, as well as scholars, researchers, and archivists. Our goal is to preserve the history of the American POW experience in the Pacific and to teach future generations of the POWs' sacrifice, courage, determination, and faith—the essence of the American spirit.

Today, 75 years ago, the Battle of Manila ended. The Japanese did not let liberation come without a cost. The “Pearl of the Orient” was in ruins, hundreds had been raped, and over 100,000 civilians killed. Historians have described the aftermath as less a battlefield than a crime scene. On the eve of and during the battle, U.S. troops swept into POW and civilian internment camps throughout the Philippine islands liberating thousands of Americans who were reportedly hours away from execution.

This year, 2020, is the 75th anniversary of the final battles of World War II. Whereas Nazi Germany surrendered on May 7, 1945, Imperial Japan fought on until August 15, 1945. Implicit in any account of Allied victories across the Pacific is the liberation of tens of thousands of Allied and American POWs and civilians. Most were imprisoned and interned in the early months of WWII and survived nearly four years of starvation, abuse, slave labor, and disease. [Please see Appendix II for our *Timeline of WWII 1945*]

I testify today to encourage your efforts to remember the American men and women who became POWs of Japan after fighting the first desperate battles of WWII in the Pacific and

suffering some of its worst consequences. Nearly 40 percent did not return home. To this end, I have a number of proposals for Congress to ensure that this history of sacrifice, perseverance, and patriotism is not forgotten. These are:

1. Award, collectively the American POWs of Japan the Congressional Gold Medal.
2. Instruct the U.S. Department of State to prepare a report for Congress on the history and funding of the “Japan/POW Friendship Program” began in 2010 and how it compares with programs for Allied POWs and Takahashi groups.
3. Encourage the Government of Japan to continue the “Japan/POW Friendship Program.”
4. Encourage the Government of Japan to expand its “Japan/POW Friendship Program” into a permanent educational initiative.
5. Request the Government of Japan to include the history of POW slave labor in the information provided about the sites of Japan’s “Meiji Industrial Revolution: Iron and Steel, Shipbuilding and Coal Mining” on the UNESCO World Industrial Heritage list.
6. Work with the Government of Japan to create a memorial at the Port of Moji on Kyushu where most of the POW hellships docked and unloaded their sick and dying human cargo.

Our history

On December 7, 1941, Imperial Japan attacked not only Pearl Harbor but also the Philippine Islands, Guam, Wake Island, Howland Island, Midway, Malaya, Singapore, Thailand, Hong Kong, and Shanghai. Three days later, Guam became the first American territory to fall to Japan. At the same time, the U.S. Far East Air Force on the Philippines was destroyed. By March 1942, Imperial Japanese Armed forces had crushed the U.S. Asiatic Fleet in battles off Java.

Although the aim of the December 7th surprise attack on Hawaii's Pearl Harbor was to destroy the U.S. Pacific Fleet in its home port and to discourage U.S. action in Asia, the other strikes served as preludes to full-scale invasions and brutal military occupation. Starting with the China Marines on December 8th in Peking and Shanghai, Americans throughout the Pacific became prisoners of war.

Only in the Philippines did U.S.-Filipino units mount a prolonged resistance to Imperial Japan's assault. They held out for five months. Help could not and would not be sent. They were abandoned. On April 9, 1942, approximately 10,000 Americans and 70,000 Filipinos became POWs with the surrender of the Bataan Peninsula. April 9th also marked the beginning the 65-mile Bataan Death March (85 miles in its entirety). Thousands died and hundreds have never been accounted for from the March and its immediate aftermath.

By June 1942, most of the estimated 27,000 Americans ultimately held as military POWs of Imperial Japan had been surrendered. If American civilians in Japan, the Philippines and throughout the Pacific held as POWs or internees are also counted, this number is closer to 36,000. Nearly all remained captives until the end of the war. The Japanese paroled Filipino soldiers in June 1942. By the War's end, 40 percent or over 12,000 Americans had died in squalid POW camps, in the fetid holds of “hellships,” or in slave labor camps owned by Japanese companies.

Surviving as a POW of Japan and returning home was the beginning of new battles: finding acceptance in society and living with serious mental and physical ailments. In the first six years after the war, deaths of American POWs of Japan were more than twice those of the comparably aged white male population. These deaths were disproportionately due to tuberculosis, suicides, accidents, and cirrhosis. In contrast, 1.5 percent of Americans in Nazi POW camps died (as noted above as the mortality rate for POWs of Japan was 40 percent) and in the first six years after liberation Nazi POW camp survivors deaths were one-third of those who survived Japanese POW camps.

Supporting today's veterans

As the representative of veterans who faced often-insurmountable challenges obtaining adequate healthcare for their exotic ailments and severe PTSD, the ADBC-MS is especially supportive of the Disabled American Veterans' (DAV) efforts to expand healthcare for all service-related illnesses and mental health.

The American POWs of Japan who survived the war had the highest rate of post-conflict hospitalizations, deaths, and psychiatric disorders of any generation of veterans. Their families endured and inherited their trauma. These veterans universally suffered debilitating illnesses from the residue effects of vitamin deficiency, starvation, beatings, torture, and exposure to dangerous toxins in lead and coal mines as well as chemical factories in Japan. Many of these facilities became internationally infamous for begetting the world's worst coal mining accidents and industrial mercury and cadmium poisonings.

Thus we join with the DAV in calling on Congress and the VA to: a) Support legislation to provide comprehensive support services for caregivers of severely wounded, injured and ill veterans from all eras; b) Support legislation to provide for service connection for disabling conditions resulting from toxic and environmental exposures; and most importantly, c) Improve service and enhance resources for VA mental health programs and suicide prevention. This latter request especially speaks to my veterans as all endured life-long mental health challenges and was the WWII veterans with the highest suicide rates.

Progress toward Remembrance, Reconciliation, and Preservation

An essential element of showing respect and acceptance to today's servicemen and women is to ensure that they are not forgotten. This is the primary mission of the ADBC-MS. To this end, we have had a number of significant achievements in the last decade.

In 2009, the Government of Japan, through its then-Ambassador to the U.S. Ichiro Fujisaki issued an official, Cabinet-approved apology to the American POWs of Japan. In the following year, 2010, Japan initiated the "Japan/POW Friendship Program" of trips for American former POWs to visit Japan and return to the places of their imprisonment and slave labor.

Thus far, there have been 11 trips, one each in the fall of 2010, 2011, 2012, 2013, 2014, and two in 2015, one in 2016, 2017, 2018, and 2019. In 2016, 2018, and 2019 due to the advanced age of surviving POWs, only widows and children participated in the program. In all, 46 former POWs, all in their late-80s or 90s, as well as nine widows and 18 children have made the trip to Japan.

A number of the caregiver companions were wives, children, and grandchildren. [Appendix I lists the members of the 2019 delegation.]

On July 19, 2015, the Mitsubishi Materials Corporation (MMC) became the first, and remains the *only*, Japanese company to officially apologize to those American POWs who were used as slave laborers to maintain war production. This historic apology was offered to the 900 Americans who were forced to work in four mines operated by Mitsubishi Mining, Inc., the predecessor company of MMC. This apology was followed by a \$50,000 donation to the National American Defenders of Bataan & Corregidor (ADBC) Museum, Education & Research Center in Wellsburg, West Virginia.

In April of the same year, a former National Commander of our organization, Lester Tenney, a Bataan Death March survivor and slave laborer at Mitsui's Omuta coal mine on Kyushu, attended Japanese Prime Minister Shinzo Abe's historic address to a joint meeting of Congress. Dr. Tenney was also invited to official banquet where the Prime Minister personally greeted him. That same year, Abe included in his war anniversary statement on August 14th, his recognition of "the former POWs who experienced unbearable sufferings caused by the Japanese military."

In August 2018, a historic ceremony was held in Hawaii remembering the 400 American and Allied POWs who died on January 9, 1945, in the sinking by American planes of the hellship *Enoura Maru* in Takao Harbor, Formosa (today's Taiwan). Unknown to their families until 2001, their remains had been retrieved in 1946 and moved to Hawaii. The ceremony marked the placement of a memorial stone in the National Memorial Cemetery of the Pacific for these POWs who were buried there as "unknowns."

Success should encourage more action

The benefits of Japan's long-awaited acts of contrition have been immeasurable for former POWs and their families. The visitation program is a great success. It has given the participating veterans a peace of mind and their families a connection to their fathers' challenges. For the Japanese people touched by these visits, it is often their first introduction to the non-Japanese victims of the Pacific War.

But we are concerned for the future. There is no formal agreement between the U.S. and Japan to continue the visitation program, and Japan's Foreign Ministry must request annually its line-item in the budget. We know that despite the tens of millions of dollars being expended by Japan on "Takahashi" exchange programs in the United States, the funds for the POW Friendship exchanges have been slashed. There is the possibility that the program may end altogether.

This is profoundly shortsighted. And it is something that should worry members of Congress. Our relationship with such an important ally can only strengthen through reconciliation efforts. History does not end when the last witness dies. The proliferation of revisionist history in Japan is cause enough to encourage greater work to tell a multi-faceted history of the Pacific War.

We have been especially alarmed by how the Government of Japan treats the sites of Japan's "Meiji Industrial Revolution: Iron and Steel, Shipbuilding and Coal Mining" on the UNESCO World Industrial Heritage list. There is no mention of POW slave labor at the sites nor have we

been assured that it will be noted at the soon-to-be-opened Tokyo information center. In five of these eight new World Heritage areas there were 26 POW camps that provided slave labor to Japan's great industrial giants including Mitsui, Mitsubishi, Sumitomo, Aso Group, Ube Industries, Tokai Carbon, Nippon Coke & Engineering, Nippon Steel & Sumitomo Metal Corporation, Furukawa Company Group, and Denka.

Prime Minister Abe wants to position Japan as following the path of a "value-oriented diplomacy" to defend the "liberal international order." This goal, however, cannot be accomplished until Tokyo is trusted to have come to terms with its wartime past. Only an active, ongoing, and public program of remembrance and education will guarantee Japan not falling into moral complacency. The "Japan/POW Friendship Program" is essential to this.

What we ask Congress

We ask Congress to encourage the Government of Japan to hold to its promises and responsibilities by preserving, expanding, and enhancing its reconciliation program toward its former American prisoners. We want to see the trips to Japan continued. We want Japan's Ministry of Foreign Affairs to publicize the program, its participants, and its achievements. We want to see a commitment to remembrance. We believe that both countries will be stronger the more we examine our shared history.

We ask Congress to encourage Japan to turn its POW visitation program into a permanent Fund supported by Japanese government and industry. This "Future Fund," not subject to Ministry of Finance yearly review, would support research, documentation, reconciliation programs, and people-to-people exchanges regarding Japan's history of forced and slave labor during WWII. Part of the Fund's educational programming would be the creation of visual remembrances of this history through museums, memorials, exhibitions, film, and installations. Most important, the Fund would support projects among all the arts from poetry, literature, music, dance, and drama to painting, drawing, film, and sculpture to tell the story to the next generation.

We ask Congress to instruct the U.S. Department of State to continue to represent rigorously the interests of American veterans with Japan. It is only the U.S. government that can persuade Japan to continue the visitation program, to create a Future Fund, and to ensure that the Sites of Japan's Meiji Industrial Revolution include the dark history of POW slave labor.

We ask Congress to instruct the U.S. Department of State to prepare a report for Congress on the history and funding of the "Japan/POW Friendship Program" and how it compares with programs for Allied POWs established in 1995 by the Peace, Friendship and Exchange Initiative and current Takahashi exchange groups. This report can provide a metric to evaluate the POW program, highlights its success, and assess how to expand it into a more permanent course of remembrance and learning.

We ask Congress to press the Japanese government to create a memorial at the Port of Moji, where most of the POW hellships docked and unloaded their sick and dying human cargo. The dock already features memorials to the Japanese soldiers and horses that departed for war from this port. Nowhere in Moji's historic district is there mention of the captive men and looted riches off-loaded onto its docks. This tells an incomplete history of the landmark.

The Congressional Gold Medal

In this historic year, the 75th anniversary of the end of World War II, we most importantly ask Congress to approve an accurate and inclusive Congressional gold medal for the American POWs of Japan. It is a long overdue symbol of the country's commitment to our veterans to "never forget."

Over the past few years, there have been Congressional gold medals given to groups that included American POWs of Japan. Eight members of the Doolittle Raiders were POWs, at least one Nisei member of the Military Intelligence Service was a POW, and nearly all the officers of the Filipino troops who were awarded Congressional Gold Medals were American.

Unlike previous WWII-focused Congressional Gold Medal awards that honor specific service units or ethnicities, the American POWs of Japan are men and women from many ethnic groups, religions, services, and regions. They come from all American states, territories, and tribal lands.

Seventy-nine years after the start of the War in the Pacific, it is time to recognize *all* Americans who fought the impossible and endured the unimaginable in the war against tyranny in the Pacific. Moreover, as I have described above, the Gold Medal would also recognize that the POWs are the only American wartime group to have negotiated its own reconciliation with the enemy.

High price of freedom

The American POWs of Japan and their families paid a high price for the freedoms we cherish. In return for their sacrifices and service, they ask that their government keep its moral obligation to them. They do not want their history ignored or exploited. What they want most is to have their government stand by them to ensure they will be remembered, that our allies respect them, and that their American history is preserved accurately for future generations.

Our history is one of resilience, survival, and the human spirit, good and bad. And it has become an example of a path toward reconciliation and justice between Japan and its former victims.

We ask Congress for support and to help our veterans in their unique quest for justice and remembrance. Congress needs to encourage Japan to do more toward reconciliation and considering its past truthfully. Congress can cement our past in the national history with the awarding of a Gold Medal. This is the year, the 75th anniversary of end of WWII, to do it.

Thank you for this opportunity to address your committees.

Ms. Jan Thompson

President

American Defenders of Bataan & Corregidor Memorial Society

Daughter of PhM2c Robert E. Thompson USN, USS *Canopus* (AS-9)

Survivor of the hellships *Oryoku Maru*, *Enoura Maru*, and the *Brazil Maru*

Bilibid, Fukuoka 3B, & Mukden, POW# 2011

<https://www.adbcmemorialsociety.org/>

APPENDIX I

2019 Japan/POW Friendship Program Participants August 31 - September 6, 2019

Eight children of POWs of Imperial are visiting Japan this week as guests of the Japanese government. They are the 11th delegation of the U.S.-Japan POW Friendship Program to promote reconciliation and remembrance between the two countries. This program began in 2010.

They represent eight American POWs who were members of the U.S. Army, U.S. Army Coast Artillery Corps, U.S. Army Air Corps and the U.S. Marine Corps. Japan attacked the Philippines and other American Pacific territories hours after their surprise raid on Pearl Harbor, December 7, 1941. All the men fought to defend the Philippines against invading Japanese forces and all endured years of brutal captivity. Two survived the Bataan Death March, six were slave laborers for Japanese companies, two were sent to Mukden, China, one survived the sinking of “hellship” *Shinyo Maru*, and one was rescued in the epic “Great Raid” of the Cabanatuan POW on the Philippines.

Mr. Harold “Mick” Amos Jr., 62, of Afton, Iowa is the son of Army Medic **Harold Malclom Amos** who was at General Hospital #2 on Bataan, the medical unit at Cabanatuan, and rescued on January 30, 1945 during the “Great Raid” on Cabanatuan POW Camp, Philippines.

Ms. Georgianne Burlage, 64, of Denton, Texas is the daughter of **George E. Burlage** who was a “China Marine” who fought on Corregidor. He survived work details on the Philippines; hellships to Formosa and Japan, and slave labor at a Mitsubishi lead mine in Hosokura, Miyagi.

Ms. Joanna James Sieberg, 71, of Carlsbad, New Mexico is the daughter of **Charlie F. James** who was with New Mexico’s 200th Coast Artillery Regiment. He survived the Bataan Death March, work details on the Philippines, the *Nagato Maru* hellship to Japan, and slave labor at a Yodogawa Steel Mill near Osaka.

Ms. Dawne Clay, 72, of Mohrsville, Pennsylvania is the daughter of **Wayne I. Miller** in the U.S. Army Signal Corps. Among the first to be trained to use radar, he served on Bataan and Corregidor. He survived hellships to Formosa and Korea and transport to the Hoten POW Camp at Mukden in Northern China to be a slave laborer for Mitsubishi.

James Nelson, 71, of Topeka, Kansas is the son of **John Tillman Nelson** who was with the U.S. Army’s 60th Coast Artillery on Corregidor. He survived work details on the Philippines, the *Noto Maru* hellship to Japan, and slave labor at Mitsubishi Mining’s Osarizawa copper mine in Kazuno, Akita.

Mr. Alan Overmier, 70, of Albuquerque, New Mexico is the son of **William “Bill” C. Overmier** who was a member of the U.S. Army’s 200th Coast Artillery (AA). He fought on Bataan and Corregidor, survived hellships to Formosa and Japan, and slave labor at a coal mine owned by the Furukawa Mining Company in Yoshima, Fukushima.

Mr. Rick Szczepanski, 65, of Bethlehem, Pennsylvania is the son of **Joseph “Joe” L. Szczepanski** who was a member of the U.S. Army Air Corps. He survived the Bataan Death March, work details on the Philippines, the *Clyde Maru* hellship to Japan, and slave labor at Mitsui’s Omuta coal mine on Kyushu, which is today a UNESCO World Industrial Heritage site.

Ms. Andrea Tipton Krempa, 62, is the daughter of **Lawrence Tipton** who was a member of the 59th Coast Artillery Corps who fought on Corregidor. He survived work details at Cabanatuan and the Davao Penal Colony (DAPECOL) on Mindanao. He was one of only 83 survivors, out of 750 POWs, from the sinking by an American submarine of the unmarked hellship *Shinyo Maru* off the coast of Zamboanga del Norte, Philippines on September 7, 1944.

Full profiles of the POWs represented can be found here:

https://docs.google.com/document/d/1A_AAMQ0tg4jKOvAvR5-3QteFJXP9P6VQDuesGPoqOhM/edit?usp=sharing

APPENDIX II



Significant Dates for American POWs of Japan Timeline of WWII 1945

January

2 - Japanese Americans released from Internment by [Public Proclamation No. 21](#) issued on December 17, 1944 by Major Gen. Henry C. Pratt, the commanding general of the Western Defense Command, based at the Presidio in San Francisco.

9 - Sinking of the hellship *Enoura Maru* in the Port of Takao, Formosa by aircraft from the USS *Hornet*. Ship held POW survivors from the sinking (also by aircraft from the USS *Hornet*) of the *Oryoku Maru* near Subic Bay, Philippines. 300 POWs killed and buried in shallow graves. In 1946, an American Graves Recovery Team exhumed the bodies. Their remains were put in 20 boxes and re-interred in 20 graves of “Unknowns” at the National Memorial Cemetery of the Pacific in Hawaii (Q916).

9 - General Douglas MacArthur lands in the Philippines at Lingayen Gulf on Luzon.

19 - Moji, Fukuoka, the major port of entry into Japan for POWs, suffers major Allied attack.

22 - Burma Road reopened by Allied forces.

25 – Battle of the Bulge ends. Allied Victory. The Ardennes: Belgium, Luxembourg, Germany.

27 – Soviet Army liberates Auschwitz-Birkenau in Poland, the largest Nazi concentration and death camp.

30 – *Brazil Maru* arrives at Moji, Japan with the survivors of the *Oryoku Maru* and *Enoura Maru*. Last hellship shipment of POWs from the Philippines. Seventy-four die the first day out of Manila. Of the 1,622 aboard the original ship to Japan, the *Oryoku Maru*, only 403 survive to the end of the war.

30 – [The Great Raid - Liberation of Cabanatuan POW Camp in the Philippines](#) by more than 100 U.S. Army Rangers, Alamo Scouts and Filipino guerrillas who traveled 30 miles behind Japanese lines to reach the camp. The 30-minute raid liberated 513 sick and dying POWs.

February

3 – Battle of Manila begins.

3 - Liberation of Santo Tomas Internment Camp in Manila by American paratroopers

4 - Liberation of Bilibid Prison holding American POWs in Manila

4-11 - **Yalta Conference**, Crimea to discuss the postwar order.

13-16 – Firebombing of Dresden, Germany by British and American forces.

16-27 - American and Filipino ground forces retake Corregidor Island in Manila Bay, the Philippines.

19 - **March 26** - Battle of Iwo Jima.

23 - The photo, [*Raising the Flag on Iwo Jima*](#) taken by Joe Rosenthal.

23 - Liberation of Los Banos Internment Camp, Philippines.

March

3 – Battle of Manila ends - Rape of Manila – retreating Japanese destroy city, rape hundreds, and kill 100,000 civilians.

9-10 – Firebombing of Tokyo, single most destructive bombing raid in military history

24 – Announcement to the Diet of the formation of the People’s Volunteer Fighting Corps (国民義勇隊, *Kokumin Giyūtai*) to defend the Home Islands of Japan. A mobilization not of volunteers, but of all boys and men 15 to 60 and all girls and women 17 to 40, except for those exempted as unfit.

April

1 - U.S. submarine USS *Queenfish* (SS-393) sinks the Japanese Red Cross relief ship *Awa Maru* loaded with supplies for Allied POWs, resulting in a court martial for the captain of the submarine Cmdr. Charles Elliott Loughlin, since the ship had been granted safe passage by the U.S. Government.

1-June 22 – Battle of Okinawa.

7 - Japanese battleship *Yamato* is sunk 200 miles (320 km) north of Okinawa, while underway on a suicide mission.

7 - Kantarō SUZUKI becomes Prime Minister of Japan.

8 - Japanese government issues the operational plan to defend the Home Islands called *Ketsu-Go* (Decisive Operation). The intent of *Ketsu-Go* is to inflict enormous casualties on any invaders. It was believed this would undermine the American will to continue the fight for Japan’s unconditional surrender.

9 – Third Anniversary of Beginning of the Bataan Death March and Surrender of the Bataan Peninsula.

12 – U.S. President Franklin D. Roosevelt dies. Harry Truman become President.

13 - Japanese cabinet orders reforming the People's Volunteer Corps *Kokumin Giyūtai* into a civilian militia.

18– American war correspondent Ernie Pyle is killed by Japanese machine gun fire, on the island of Ie Shima off Okinawa.

26 – Smothers Brothers' father, West Point '29 Major Thomas Smothers, Jr. (45th Infantry Regiment, Philippine Scouts) dies on the dock at Moji, Japan awaiting transport to Korea. He was a survivor of the *Oryoku Maru*, *Enoura Maru*, *Brazil Maru*, Cabanatuan, Bataan Death March, and the Battle of Bataan.

28 - Mussolini is captured and hanged by Italian partisans.

29 - U.S. Seventh Army's 45th Infantry Division liberates Dachau, the first concentration camp established by Germany's Nazi regime.

30 - Adolf Hitler commits suicide.

May

5 - B-29 crewmen captured near Kumamoto in Kyushu, Japan. They are soon killed by un-anaesthetized vivisections carried out for the edification of medical students at Kyushu Imperial University's College of Medicine with their body parts kept in formaldehyde jars for study until the end of the war.

7 – Nazi Germany officially surrenders to the Allies

June

1 - The Interim Committee, a secret high-level group tasked with advising President Truman on nuclear issues, recommends the atomic bomb be used on Japanese targets as soon as possible and without prior warning because the potential loss of U.S. life in an invasion of Japan would be unacceptably high.

10 - Japanese Prime Minister SUZUKI declares that Japan would fight to the last rather than accept unconditional surrender

12 - Japanese cabinet passes a special conscription law, and renames the recently formed militia units into the People's Volunteer Fighting Corps (国民義勇戦闘隊, *Kokumin Giyū Sentōtai*). Country fully militarized. Almost no "civilians" remain in Japan.

26 - United Nations Charter signed in San Francisco.

July

14 – **First Naval bombardment of the Japanese Home Islands.** USS *South Dakota* (BB-57), USS *Indiana* (BB-58), and USS *Massachusetts* (BB-59) of Task Unit 34.8.1 bombarded the city of Kamaishi,

Honshu, Japan. Significant damage to the Sendai POW Camp #5-B Kamaishi and its associated Nippon Steel iron mill killing at least 42 POWs.

16 – Trinity Test. U.S. Army completes the world's first atomic weapons test, at the Los Alamos research site in New Mexico.

17- 2 August 1945 – Potsdam Conference, to establish the postwar order, peace treaty issues, and countering the effects of the war.

21 – President Harry S. Truman approves the order for atomic bombs to be used against Japan.

26 – Potsdam Declaration. Demands Japan's unconditional surrender.

26 - Atlee succeeds Churchill as British Prime Minister.

28 - Japanese Prime Minister Suzuki publicly dismisses the Potsdam Declarations as a mere rehash (*yakinaoshi*) of earlier rejected Allied proposals, and says that Japan will ignore it (*mokusatsu suru*). This is interpreted in the West as “reject” the proposal. Quote: *My thinking is that the joint declaration is virtually the same as the earlier declaration. The government of Japan does not consider it having any crucial value. We simply mokusatsu suru. The only alternative for us is to be determined to continue our fight to the end.*

August

6 – Atomic Bombing of Hiroshima.

8 - Soviet Union declares war on Japan.

9 – Atomic Bombing of Nagasaki.

15 – The War Ends - The Emperor speaks directly to the Japanese people over the radio at noon.

But now the war has lasted for nearly four years. Despite the best that has been done by everyone-- the gallant fighting of our military and naval forces, the diligence and assiduity of our servants of the State and the devoted service of our 100,000,000 people--the war situation has developed not necessarily to Japan's advantage, while the general trends of the world have all turned against her interest.

Hours after the surrender, 17 American captured fliers are executed by beheading on Aburayama in the suburbs of Fukuoka City.

16 - Six man Office of Strategic Services (OSS) team parachute into (Hoten) Mukden (today's Shenyang), POW camp in northern China to liberate the POWs and locate the senior officers held by the Japanese.

19 - Several dozen British, Dutch, and American senior officers including Lieutenant Generals Jonathan Wainwright and A.E. Percival located at the Hsian POW camp, 150 miles north of Mukden.

21 - Japanese authorities decide to set up the Recreation and Amusement Association (RAA) for the benefit of Allied occupation troops modeled on the military government's Comfort Women system.

27 - First airdrops of food and supplies to POW camps on Home Islands of Japan by the 20th Air Force. From 27 August to 20 September, aircraft of the 58th, 73rd 313th, 314th and 315th Bombardment Wings flew 900 effective sorties against 158 prisoner of war and civilian internment camps.

29 – First POW camp on the Home Islands of Japan evacuated, Omori on Tokyo Bay and the nearby Shinagawa “hospital,” which rescuers said was “an indescribable hellhole of filth, disease, and death.” (Today, the Heiwajima Motor Boat Racing venue is located at the site of this former POW camp on the artificial island built by the POWs. The camp held Louis Zamperini and Pappy Boyington)

30 – Etta Jones, the first Caucasian American female taken prisoner by a foreign enemy on the North American continent since the War of 1812, liberated in Totsuka, Japan. She was captured in June 1942 when Japanese troops invaded Attu Island in the Aleutians. Her husband was killed and beheaded. She and the 42 Aleuts living on Attu were taken as POWs to Japan (22 of them died in Hokkaido—from tuberculosis, malnutrition, food poisoning, and starvation).

31 - Reconnaissance missions to Hainan Island, the Peking, Hong Kong and Shanghai areas of China, and the Mukden area of Manchuria to verify the existence and location of 57 additional POW camps.

September

2 – Formal surrender of Imperial Japan signed aboard the battleship USS *Missouri* (BB-63) in Tokyo Bay. Lt. General Wainwright in attendance.



American Defenders of Bataan & Corregidor Memorial Society

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March 2020

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