

**LEGISLATIVE PRESENTATION OF  
THE AMERICAN LEGION AND MULTI VSOs:  
VVA, PVA, JWV, MOPH, WWP, IAVA**

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

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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MARCH 4, 2021  
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Mario Marquez, Director of Veterans Affairs and Rehabilitation	
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**LEGISLATIVE PRESENTATION OF THE  
AMERICAN LEGION AND MULTI VSOs:  
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**THURSDAY, MARCH 4, 2021**

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

The Committees met, pursuant to notice, at 10 a.m., via Webex, Hon. Mark Takano, Chairman of the House Committee on Veterans' Affairs, presiding.

**Present:**

Representatives Takano, Lamb, Levin, Pappas, Mrvan, Underwood, Frankel, Slotkin, Trone, Kaptur, Ruiz, Gallego, Bost, Murphy, Mann, Moore, Cawthorn, Nehls, Rosendale, and Miller-Meeks.

Senators Tester, Brown, Blumenthal, Sinema, Hassan, Moran, Boozman, Rounds, Tillis, and Tuberville.

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

Chairman TAKANO. Good morning. I call this hearing to order. I want to welcome all members, witnesses, and guests to this hearing today.

I know this event, which we hold every year, looks a bit different this time, so I want to go over some items to ensure we have as smooth and engaging a presentation as possible.

First, if you are experiencing connectivity issues, please make sure you or your staff contact our designated technical support so those issues can be resolved immediately.

To ensure our members and participants can have robust engagement, I ask that members participating remotely continue to remain visible on camera for the duration of their participation in the hearing, unless they experience connectivity issues or other technical problems that render the member unable to fully participate on camera.

We have a lot of participants and members in this hearing today, so I will follow the House Committee on Veterans' Affairs' policy that members remain muted when not recognized, just like turning your microphone on and off during an in-person hearing. Now, this is out of courtesy to all members on the committee, our witnesses and guests, so that background noise does not interfere with another member who is recognized to speak.

As previously noted, we will recognize members in two groups today. First, in order of seniority, we will recognize members from both chambers who were present before the gavel; second, also in order of seniority, we will recognize members who were present after the gavel.

Questions will alternate between chambers and between the majority and minority members present.

Finally, members will be recognized for 3 minutes during each panel.

Today, we will be using a virtual timer to keep time. To keep the timer in your view on your main screen, select grid or focus view, move your mouse over the second thumbnail from the right, click on the white circle, select "Lock Participant," and from the list of participants choose "Hearing Timer." This will keep your timer in your view.

And when you are recognized, you will need to un-mute your microphone and pause 2 to 3 seconds before speaking so that your words are captured on the live stream.

If you wish to have a document inserted into the record, please ask for unanimous consent, and have your staff email the document to [veteransaffairs.hearings@mail.house.gov](mailto:veteransaffairs.hearings@mail.house.gov). That is [veteransaffairs.hearings@mail.house.gov](mailto:veteransaffairs.hearings@mail.house.gov). It will be uploaded to the committee document repository.

Before I proceed, does any member have a question about the procedures for this hearing?

I do not hear any questions and I see no one indicating that they want to be recognized. So, hearing none, I will proceed. I will proceed to my opening statement.

Welcome to the joint hearing of the House and Senate Committees on Veterans' Affairs to receive the legislative presentations of The American Legion and multiple Veterans Service Organizations. It is truly an honor to join all the members of the House and Senate Committees on Veterans' Affairs to hear directly from the Veterans Service Organizations that represent millions of veterans and their families.

I would like to welcome all The American Legion members and members of the Auxiliary who have joined us today. We will hear The American Legion's testimony on our first panel.

I would also like to welcome the Vietnam Veterans of America, Paralyzed Veterans of America, Jewish War Veterans, Military Order of the Purple Heart, the Wounded Warrior Project, and Iraq and Afghanistan Veterans of America, who we will hear from on today's second panel.

I would also like to specifically welcome any members from my home State of California. Now, we may not be in the same room like in years past due to the ongoing pandemic, but I want to welcome you and thank you for joining us virtually today.

The opportunity to hear from our VSO partners is incredibly important to me. Many of our VSO partners are veterans themselves, and they represent veterans and their families at all stages of life and service. Getting to hear from all of you provides the committees with the opportunity to hear directly from you about what is most important to you and how we can best be of service to our Nation's veterans.

We secured several important wins for veterans last Congress, including passing the Blue Water Navy Vietnam Veterans Act, the Deborah Sampson Act, the Commander Hannon Act, and the Veterans COMPACT Act. I am very proud of these accomplishments and we could not have achieved them without you, but they are only the beginning. We plan to build on these accomplishments and continue our work for veterans this Congress and beyond.

Now, we are making critical fixes to expand VA's ability to provide COVID-19 vaccines to veterans and their caregivers. I want to thank my friend Ranking Member Bost for introducing the VA Vaccine Act with me, which will make this essential fix to expand VA's authority and allow them to provide vaccines to all veterans, regardless of VA enrollment, and their caregivers.

I just want to make a quick note here that I am reading about VAs across the country who are actually lowering the age of enrolled veterans. And my own VA that is near my district, the Loma Linda VA Medical Center, they have invited everyone over the age of 50 who are enrolled at the VA to come and get a vaccination.

Reading from your testimony, it is clear that we share many of the same priorities. My committee's top priorities for this Congress include creating a more welcoming VA and building equity for veterans; reducing veteran suicide; addressing toxic exposure; ensuring student veterans receive quality education; advocating for women veterans; modernizing VA; supporting VA's long-term care facilities; improving VA's management and oversight; and ensuring our legislative accomplishments are implemented effectively.

Our veteran community is changing and becoming extraordinarily diverse. The community includes more women, LGBTQ+, Black, Asian, Hispanic, and Native veterans than ever before. The diversity of our armed forces is an asset and that strength should be recognized when veterans come into VA. They deserve to always feel safe and welcome when they walk through the doors.

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

Our work to prevent veteran suicide also continues and the challenges of the last year have only given us resolve to do more. We must continue to pursue well-researched and scientifically sound policies that have been proven to prevent suicide. One such policy the committee is working toward this Congress is expanding lethal means counseling, so that more VA staff, contractors, and community providers have the tools they need to help vulnerable veterans and reduce veteran suicide.

These are big goals, but I know that with the support and insight of the Veterans Service Organizations that we have here today, as well as with the support of the administration, we will be able to deliver on them and fulfill the promises we have made to our veterans.

Now I look forward to hearing your testimony and thank all of the organizations here for their continued advocacy and support for the veteran community. So, thank you again.

And, Chairman Tester, I recognize you for your opening comments.

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

Senator TESTER. Thank you, Chairman Takano, and good morning.

Thank you to Commander Oxford and other members of The American Legion for joining us. I commend you and your team's efforts to support veterans, especially during this pandemic.

And I want to thank the advocates who are joining us today for today's second panel. I look forward to hearing from each of you.

We are in a critical and unprecedented time for our Nation and for our Nation's veterans. As chairman of the Senate Veterans' Affairs Committee, my focus is bolstering the vaccine supply chain and ensuring there is a system in place to efficiently and equitably distribute vaccines to all veterans, regardless where they live.

We need to ensure that every single veteran understands the importance of being vaccinated and has the opportunity to do so, but to do this we really do need your help. You need to help spread the word that the vaccine is safe and that the best way to protect your family members and yourself is to get vaccinated. This is the only way we will get beyond this pandemic, and get our communities and our economy back on track.

Commander Oxford, I want to hear from you how VA's numerous programs are affecting the members of your organization. Tell me how the VA is doing in its efforts to support veterans who struggle with mental health issues or access to health care, and what needs to be done on behalf of women veterans. And I want to hear how toxic exposure impacts your members.

Last year, we passed legislation to expand the presumptive list for Agent Orange-related conditions. Now I would like to hear your ideas on how we can improve the presumptive process to better serve our veterans.

Lastly, as you know, ensuring veterans get their earned benefits is a top priority for me. Senator Moran and I, along with over 40 of our Senate colleagues, recently reintroduced the Major Richard Star, which will ensure combat-injured veterans get their full benefits.

Senator Boozman and I also reintroduced legislation that would reinstate the 48-hour rule, ensuring VSOs like the Legion are able to fully support their members through the claims process.

Your organizations are crucial in helping veterans get the benefits that they have earned, and it is my goal to support you as the best that I can.

We are here to listen to you. The voice that you and your members provide is an important source of information and we in the VA attempt to do right by all veterans.

I want to say welcome again and thank you for all that your organizations do on behalf of veterans and their families.

With that, I yield back, Chairman Takano.

Chairman TAKANO. Thank you, Chairman Tester.

Before I recognize my colleague and ranking member, Mr. Bost of Illinois, I will again note the plaque of the Marine Corps over



my left shoulder. He is a proud Marine and a proud member of a military family. And so we are grateful for his service and are grateful for the service of his family.

Ranking Member Bost, I recognize you for your opening comments.

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

Mr. BOST. Thank you, Chairman.

Good morning. And, you know, I am delighted to join Chairman Takano, Chairman Tester, and Ranking Member Moran in welcoming you here today in this joint hearing.

You know, as I said yesterday, these hearings are unique and they are one of the highlights of our work every year to be able to hear from you. The opportunity to meet with the VSO leaders and members from across the country is vitally important and I thank you for being here today.

I want to thank the incredible spouses and caregivers for your service every day, and we are so grateful for your selflessness and love that you bestow.

And I wish we could be all together like we normally are during this meeting, but we will have faith that we will be together next year. So I am really looking forward to shaking your hands, listening to your stories, but in the meantime it is a privilege to be here with you this morning as the lead Republican for the House Committee on Veterans' Affairs.

I am excited to continue the good work and honorable processes to get things done for our veterans and their families.

And I would also like to say that I am proud member of The American Legion. My home post is the Paul Stout American Legion Post 127 in Murphysboro, Illinois. And before I get to any questions, yes, I do have—you need to know, I have my dues all paid up, so I am good there.

As the 117th Congress gets underway, I am committed to working with each and every one of you to find common ground and address the toughest issues that affect the men and women of your organizations every day. My door is always open to you.

As a Marine veteran, my father and grandfather served before me, my son and grandson serve now. This work is deeply personal to me and my family, just as it is to you and your families. And I do not take the responsibility of this role lightly. The support of your organizations have been vital in making the positive changes at the VA. I worked closely with your organizations on great legislation this past Congress, and I would like to highlight a few organizations for their work.

Vietnam Veterans of America, for your many years of advocacy for the Blue Water Navy Act that was enacted to ensure we provide assistance to this important group of veterans.

Wounded Warrior Project and Paralyzed Veterans of America for your work on the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019.

And to every group here, thank you for your great work in helping us enact the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.

The laws will yield real results for our veterans, but our work is not done. We must continue to build on changes that are underway.

As ranking member, my priorities this Congress include overseeing VA's continued response to COVID-19 pandemic; overseeing the implementation of our recent legislative successes; creating a pathway to care and benefit for veterans exposed to burn pits and other toxins; strengthening services for women veterans; preventing veteran suicide; improving the transition process; preserving veterans' choice and increasing access to care; protecting veterans' Second Amendment rights; and modernizing the VA's outdated IT system.

Now, I am aware that this is an ambitious agenda, but I know with your help we can continue to push the ball forward inch by inch, making improvements in the lives of veterans now and for the future generations of our warriors to come.

In addition, to my broader priorities for this Congress, I want to thank the Iraq and Afghanistan Veterans of America and the Paralyzed Veterans of America, and others, for their help in continuing to push the passage of my bill, H.R. 637, the Veterans Economic Recovery Act of 2021. This bill authorizes up to 35,000 unemployed veterans to participate in a rapid retraining assistance program to help the veterans back to work. My thanks to Ranking Member Moran and Chairman Tester for introducing a companion legislation in the Senate.

And on a final note, this week marks 41 years since I graduated from boot camp on February 29th. Forty one years ago seems like a long time—and it really seems like a long time—but as luck and my drill instructors would have said, I guarantee—because I graduated on leap year, I have only been out for 10 years. So, you know, it is kind of interesting to see that come and go again, especially since in December is when my grandson graduated from boot camp.

So, you know, I am looking forward to the hearing today. I want to say thank you again for being here.

And, with that, Chairman, I yield back.

Chairman TAKANO. Well, Ranking Member Bost, we see that your grandson is following in the great tradition of your military family. That is awesome.

And before I recognize the Senator from Kansas, the ranking member of the Senate Veterans' Affairs Committee, I just want him to know that I spent a summer as a National Endowment for the Humanities Fellow at KU where I learned the chant, "Rock Chalk, Jayhawk." So I understand you are a Jayhawk.

So, Senator Moran, I recognize you for your opening statement.

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

Senator MORAN. Chairman Takano, thank you for your leadership and bringing us here together. I thank you for setting the record straight that you are a Jayhawk at least in some fashion and it is perhaps a reason that we have been able to work so closely together.

And to Ranking Member Bost, happy anniversary of 41 years. Thank you for you and your family's service.

And, Senator Tester, Chairman Tester, thank you for the solid working relationship that we have had and continue to have as we have changed positions on this committee. I doubt that most members will see a significant difference, certainly they will not see a difference in the cooperation between you and me.

And over the last 12 months, a lot has changed. COVID has affected lives and changed the way we are living, but one of the things it hasn't changed is the commitment of these Veterans Service Organizations that are with us today. Their leaders and their members continue to advocate for and work on behalf of the veterans of the United States of America. And so while we have our challenges with COVID, let me express my gratitude to all those VSOs here today with us not only for their testimony today, but for what they do every day to make sure that the opportunities for our American veterans continue to be realized.

And, particularly, thank you to The American Legion. Commander, thank you for coming to Kansas, thank you for giving me the opportunity to welcome you at a dinner in Wichita.

And to our second panel, the Vietnam Veterans of America, the Paralyzed Veterans of America, the Jewish War Veterans, the Military Order of the Purple Heart, Wounded Warrior Project, and Iraq and Afghanistan Veterans. And while I read those as quickly as I could, all of them are hugely important; all of them matter greatly and they are making a difference in other people's lives.

And I have great respect for all who served our country. Commander, I am a member of the Sons of the American Legion as a result of my own father's service in World War II. I honor them, people like my father and everyone else, for their service, but I hold a special place for those veterans who served our country but are now serving other veterans, as these organizations and their leaders, their members do.

My colleagues and I look forward to your testimony today. We look forward to hearing from you and we look forward to meeting with you in the future in which we can shake hands and have a more personal conversation.

I know that we have accomplished some things and they have been mentioned by my colleagues to this point, but we still have a good deal of work ahead of us, and that is why the relationship we have with the VSOs and their members is so important. It is one thing to pass legislation, it is an important thing to pass legislation, but it is even more important to make sure that the legislation meets the needs of veterans as it was intended.

And I welcome the Kansas veterans who may be with us today. I thank them specifically for always educating me, treating me with the kind of opportunity that allows me to understand their issues and to thank them for their service.

I want to especially thank a couple of those with us today. I extend my gratitude to Bill Oxford, to Commander Oxford and his team at The American Legion, Chanin Nuntavong and Lawrence Montreuil and Katie Purswell, for their meaningful contribution to helping us get the Commander John Scott Hannon Veterans Mental Health Care Improvement Act signed into law.

I also want to thank Jeremy Butler, who we will be hearing from in the second panel, and his team for their vital contribution to the Hannon Act and also to the Deborah Sampson Act as well.

VSOs like all of those joining us here today and their members play a critical role in the legislative process, and the input is vital and appreciated.

I very much appreciate all the veterans organizations and individual veterans who participated in a roundtable that we hosted last year on continuing challenges faced by veterans affected by toxic exposure, and how the VA can best serve women and minority veterans. You give a voice to veterans who can at times feel unheard or marginalized, you provide an annual check for our committee and help us make certain we are on the right track, and that no veteran falls through any cracks.

Additionally, you are often the faces of American veterans for civilians in our communities and you articulate to the public why it is in our national interest to have veterans succeed after their military service, and you can help us define what that success looks like.

I have read your testimony and I look forward to hearing more from you about that. Lots of things that we are in agreement on, our priorities are often the same: suicide prevention and mental health; toxic exposure; improving women's health at the VA; the 90-10 loophole; our schools and education opportunities; and to make sure that our benefits are still more timely given and provided than they currently are. You have my commitment, as I said earlier, that Senator Tester and I will continue to partner with each other and with you to address these priorities. We look forward to your presentations today.

And, with that, Mr. Chairman, I yield back my time that I no longer have.

Chairman TAKANO. Well, I thank the gentleman from the Jayhawk State. Thank you, Senator Moran.

I will now introduce the first panel of witnesses from The American Legion. We have before us today Commander James "Bill" Oxford, National Commander, The American Legion, and accompanying Commander Oxford is Mr. Vincent Troiola, Chairman of the Legislative Commission; Mr. Lawrence Montreuil, National Legislative Director; Mr. Ralph Bozella, Chairman of the Veterans Affairs & Rehabilitation Commission; Mr. Mario Marquez, Director of Veterans Affairs & Rehabilitation; Mr. Daniel Seehafer, Chairman of the Veterans Employment and Education Commission; and Mr. Joe Sharpe, Director of Veterans Employment and Education.

Senator Tillis, you are recognized to introduce Commander Bill Oxford.

#### **INTRODUCTION BY THE HONORABLE THOM TILLIS**

Senator TILLIS. Thank you, Chairman Takano, Chairman Tester, Ranking Member Bost and Moran, for the privilege of introducing Commander Oxford.

I have had the opportunity to work with Bill Oxford many times over the past several years in many capacities. He has held virtually every position one could hold within The American Legion in our great State of North Carolina and at the national level.

Bill Oxford was elected Commander of The American Legion on August 29th, 2019 during the organization's 101st National Convention in Indianapolis. He has been a member of the Nation's largest Veterans Service Organization since 1986 and this year he made history as the Legion's first National Commander to serve for 2 years.

A native of Lenoir, North Carolina, Bill Oxford is a paid-up-for-life member, as well as a past Commander of Post 29 in Lenoir. He served as Department Commander of the North Carolina American Legion from 2010 to 2011. He is a veteran of the Marine Corps and he was an aviation electronic technician for the A-6 Intruder. He served in Vietnam during its initial enlistment.

After being discharged as Sergeant in 1970, Mr. Oxford joined the North Carolina National Guard. He subsequently attended Officers Candidate School and transferred to the U.S. Army Reserve, where he ultimately retired as Colonel after more than 34 years of military service.

A former mayor and city council member in Cahah's Mountain, North Carolina, he has worked since he was in high school and most of his career choices have been in the maintenance and engineering field. Bill also served his community volunteering as a coach, an umpire, a referee, administrator in several youth athletic programs, and he served as public address announcer for the Post 29 America Legion baseball team.

Bill's lifelong record of service to our Nation and to our community have prepared him well to lead The American Legion.

His theme as National Commander of The American Legion is a foundation for the future as the organization enters its second century of service. That is a fitting theme for Mr. Oxford's tenure given our work together on the Legion Act, a bill that expands eligibility for membership in The American Legion to veterans of all eras. I was proud to co-lead that bill along with Senator Sinema and worked closely with The American Legion to successfully get the bill signed into law last summer.

Bill, thank you for your service.

Members of the committee, I am proud to introduce a fellow North Carolinian and a great leader of The American Legion, James "Bill" Oxford.

## PANEL I

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### STATEMENT OF JAMES "BILL" OXFORD, ACCOMPANIED BY VINCENT JAMES TROIOLA, LAWRENCE MONTREUIL, RALPH BOZELLA, MARIO MARQUEZ, DANIEL SEEHAFFER; AND JOE SHARPE

Mr. OXFORD. Chairman Takano, Chairman Tester, Ranking Members Bost and Moran. In a normal setting, I would like to ask members of The American Legion Family leadership team to rise and be recognized at this time, but this of course is not a normal setting. I would like to acknowledge some of those who are in the studio with me today, viewing this session online, or attending virtually.

With me today are The American Legion Auxiliary National President, Nicole Clapp, and Sons of the American Legion National Commander, Clint Bolt.

Also participating virtually are the National Officers serving with me during this unprecedented second term, American Legion past National Commanders.

And, importantly, I want to recognize the wartime veterans of our organization across the country and around the world viewing this online who are dedicated to their mission as veterans strengthening America.

It is again a great honor to bring to you and your distinguished Committee on Veterans' Affairs the legislative priorities of the Nation's largest Veterans Service Organization. We deeply appreciate the alliance we have with Congress, especially now as we all turn a corner, united in a shared commitment to help lead this Nation out of the dark year behind us.

On the same day I presented our 2020 legislative priorities in this forum a year ago, COVID-19 was declared a global pandemic. The American Legion posts would be forced to close their building. And, in the days and months ahead, many veteran members lost their jobs, some lost businesses or their homes, many of us lost loved ones, colleagues, and/or friends to COVID-19 or its effects, both physical and psychological, but The American Legion Family does not lose focus on the mission at hand, nor did we lose faith in our ability to strengthen America at a time of great uncertainty and stress.

As COVID-related obstacles confronted us, our members went to work confronting them head on. Our Buddy Check program reached out and found tens of thousands of isolated veterans and their families who needed food, medication, transportation, voting assistance, mental health checks, and, most important, a compassionate voice during a tough and confusing time.

When our friends at the American Red Cross were in urgent need of donors and collection sites last spring, we sanitized our posts, open the doors, rolled up our sleeves and gave our own blood in record numbers.

When face masks and other protective gear were in short supply, The American Legion Family found them, made them, raised money to buy them for others, and distributed them wherever they were needed in the hundreds of thousands.

Our members fed the hungry when grocery shelves were empty and restaurants were closed. We protected homeless veterans who were especially vulnerable to infection. We set up virtual gatherings, led virtual career affairs, testified at virtual congressional hearings, participated in virtual town hall meetings to help veterans understand their benefits in the time of COVID. And we worked with the VA and Phillips to launch Project Atlas that uses American Legion posts to offer veterans safe, private places to have virtual online appointments with their health care professionals, no matter how far away they are or how difficult it might be to reach them in person.

We paid respects to the fallen, wished happy birthday to World War II veterans through drive-by parades, handed out care pack-

ages for quarantined troops, and gave small business support wherever and however we could, all while social distancing.

None of these operations replaced The American Legion's priorities for Congress, the White House, or the Pentagon, but these operations amplified them.

Among our top priorities for the 117th Congress, you will find the term "peer support." Success of The American Legion Buddy Check program since it was introduced in 2019 and grew in importance during the pandemic can and should be made a cornerstone of VA outreach. We call on Congress to introduce the Buddy Check Week bill of 2020 to designate one week a year for VA as a time for laser-focused peer wellness outreach.

After 2020, we in The American Legion know just how important buddy checks are for a veteran's mental health, emotional stability, and dignity.

We also ask for the reintroduction of the PFC Joseph P. Dwyer Peer Support Program Act that would attach trained peer support specialists to local American Legion posts. There is no better way or place to find veterans in need or people willing and wanting to help those veterans.

Both of these measures stand to save veterans' lives now being lost at too high a rate to suicide. Peer support programs can put faces, voices, and real circumstances behind the people we seek to help, veterans with PTSD or TBI, those who have been victims of military sexual assault, caregivers, and the rapidly growing number of women veterans who want nothing more than fair treatment and quality gender-specific services from their VA health care facilities.

We are deeply concerned about the reported high incidence of sexual harassment from male staff and patients at VA health care facilities toward women veterans. And, as we testified last summer, we call on Congress to direct VA to tolerate no sexual harassment, and to foster a culture of safety, dignity, accessibility, and acceptance of all veterans. There can be no barriers to VA health care, especially during this time of COVID-19. Insufficient staffing or staff behavior that repels such use of VA can be such barriers.

The need to recruit and retain VA health care providers, doctors and nurses, mental health counselors, and practitioners who specialize in the needs of women cannot have been more acute during the COVID-19 pandemic. Resources were stretched dangerously thin as beds filled during the year. Overburdened as they were, VA providers have stood strong. We all owe those doctors, nurses, and specialists our deepest appreciation for their timeless and continuing devotion. I call them the infantry in our war against the coronavirus.

We have always known about the quality of VA care and the dedication of its providers, but we also know these providers are too few in number, especially in the nursing disciplines which became such a great need in 2020. If VA is not right-sized for normal operations, it certainly can't hold up forever during a pandemic. It is a credit to those dedicated professionals that an American Legion survey last spring of more than 24,000 respondents revealed that some 90 percent of veterans were somewhat or fully confident in VA's ability to handle the pandemic.

Unfortunately, that high-quality VA care is not accessible to enough veterans in the best of times. In the worst of times, access is almost impossible for veterans in remote areas that lack of broadband services, or those closer to home who need to inch through traffic to reach facilities where in-person appointments are curtailed and over-booked.

We all have work to do if we truly intend to efficiently connect veterans, especially in rural areas where care is difficult to reach with the VA services they earned and deserve.

The initial steps taken last year in the area of telehealth need to become giant strides in the months and years ahead. The American Legion is proud to be on the forefront of this through Project Atlas. Post 176 in Springfield, Virginia now has its telehealth station open and ready for safe, convenient use for VA patients.

Telemedicine took on new meaning and urgency during the pandemic. The Washington, DC VA Med Center and others around the country have been offering telehealth appointments as an alternative to in-person care, including VA video connect appointments into the veterans' homes.

And that is all well and good as long as the veteran has the right computer and internet connection to take advantage of it. For many of our Nation's older veterans, that is just not a reality. That is why Project Atlas is so important. This month, we will be opening a new location at American Legion Post 12 in Wickenburg, Arizona, and due to a recent decommissioning of a VA outpatient clinic, a third Project Atlas site will soon open at American Legion Post 5 in Emporia, Kansas. Future sites in Ohio and West Virginia are coming soon.

Government accountability for toxic exposure during military service has been a legislative priority of The American Legion for decades to secure new relief for veterans exposed to atomic radiation, Agent Orange, and other contaminants. As COVID-19 proves especially dangerous for people with cancers, The American Legion's call for accountability to veterans exposed to burn pits and now those who were exposed to a contaminated base in Uzbekistan known as K2 is especially urgent.

The pandemic also amplified our shared mission to help veterans who have sworn with their lives to protect our Nation effectively use their GI Bill benefits without worrying about bad actors at profit-driven institutions that bilk the system through the so-called 90-10 loophole, which needs to be closed. We appreciate the fact that it was recommended as part of the coronavirus relief package because there is certainly a connection to the pandemic. But if closing the 90-10 loophole needs to stand alone as a separate measure, Congress has our support.

The American Legion's legislative priorities for this Congress also include reopening the pathway to U.S. citizenship for immigrants who served in our armed forces; protecting members of the U.S. Coast Guard in the event of a government shutdown; insisting that the Federal Government reduces dependence on foreign suppliers, not just for jobs that it would create for veterans and other Americans, but as a matter of public health and national security; and our renewed call for a constitutional amendment that would allow States to pass and enforce laws to protect the U.S. flag from



deliberate acts of desecration. The flag of our Nation is the single most recognizable symbol of American unity.

The pandemic, turmoil over racial injustice last summer, the storming of the U.S. Capitol in January, veterans struggling alone and isolated at risk of self-harm, it all adds up to a profound need for unity and priorities that strive to make our Nation stronger, safer, and hopeful that the lessons we have learned over the last year will help us fulfill a pledge I have been sending to The American Legion throughout my tenure as National Commander to build a foundation for the future.

I would be happy to take any questions you may have for me or our Commission chairmen and National staff, sir.

[The prepared statement of Mr. Oxford appears on page 65 of the Appendix.]

Chairman TAKANO. Thank you, Commander Oxford, for your—I want to let you know that your full written testimony will be included in the hearing record, so that we can ensure every member and Senator here—will be included in the record.

I want to make sure that every member and Senator here has an opportunity to ask questions, so I am asking that everyone limit their questions to 3 minutes. I now recognize myself for 3 minutes of questioning.

Commander, I will begin by asking you the same question I asked the DAV yesterday. On January 6th, Americans watched current and former military personnel participating in the January 6th attack on the Capitol. Has The American Legion taken actions or provided guidance to your membership in response to these events? Do you have a policy on your members participating with or belonging to groups like the Oath Keepers and Proud Boys and the Three Percenters, or other such extremist groups that specifically recruit veterans?

Mr. OXFORD. Thank you, sir, for that question.

In the preamble to The American Legion constitution, it states our obligation to uphold the Constitution of the United States. The violent actions of those who breached the Capitol is the antithesis of this. That is why, on January 6th, I issued immediately a press release unequivocally condemning the attacks on the U.S. Capitol.

Chairman TAKANO. Well, thank you, sir. I know that The American Legion evolved the whole notion of Boys and Girls States in response to extremist movements, and I myself was a participant in that and I think that tradition—I am grateful for that tradition of The American Legion.

My committee is working to ensure a more welcoming and equitable VA for all veterans. Can I count on your support as we work to ensure that all veterans feel welcome at VA and in VA spaces?

Mr. OXFORD. Yes, sir, I think that would not be an issue at all.

Chairman TAKANO. Wonderful. I thank you for that and, building on that, what is the Legion doing to ensure that all veterans feel welcome in the organization at your posts, and what steps do you think VA should prioritize to ensure that all veterans feel welcome?

Mr. OXFORD. Sir, I would like to refer to Chairman Bozella for that information.

Mr. BOZELLA. Thank you, Commander. And thank you, Chairman Takano, for the question.

I think you had two parts to that. My experience with The American Legion posts and in my position as Chairman of the VA&R position I have traveled throughout the country and, anywhere I have ever been, I have seen veterans welcomed in The American Legion posts. I think there was a time after the Vietnam War, a lot of us being non-vets were not welcome, in not just The American Legion, even other VSOs. I am a member of the VFW, the same—it was attitude. And because of Vietnam veterans, to ensure that will never happen to veterans again, that has gone away. And I have seen veterans of different races, different genders welcomed in American Legion posts where I went.

I think conversely too, on the VA side of that, the VA needs to be aware of minority veterans, their needs and their differences, their ethnicity and so on, when it comes to research and when it comes to care and treatment of particular diseases and conditions. Those factors all need to be taken into consideration.

Chairman TAKANO. Well, thank you for your response. My time is up.

I am going to call on Chairman Tester for 3 minutes.

Senator TESTER. Thank you, Chairman Takano.

And, Commander Oxford, thank you very much for your testimony, I appreciate it very, very much.

Look, last week, the VA told us they would be receiving about 600,000 doses of COVID-19 vaccines this week. That is good news. I think the VA across this country has done a very good job in getting the vaccines into the arms of our veterans. But the challenge we are starting to see is vaccine hesitancy, where folks are offered the vaccine but turn it down for whatever reason, because they don't trust it or whatever, I can't predict that.

But can you tell me how is the Legion communicating with its members about the COVID-19 vaccines and telling them why they should get vaccinated? And basically being helpful on the vaccine hesitancy issue.

Mr. OXFORD. Yes, sir, and thank you, Senator, for that question.

The COVID vaccine, I think if we look at who veterans are, most of us are old and stubborn and don't want to change our ways, but as we consider the COVID vaccine, I had my first shot a week ago and I have wholeheartedly endorsed the vaccine for all veterans from the VA and community care, if that is necessary. But we have been supporting and endorsing, trying to make sure veterans realize the value of the vaccine. It is good, it is going to save lives in the long run. So we just wholeheartedly support and endorse the vaccine for all veterans.

Senator TESTER. Well, thank you, Commander Oxford. Anything you can continue to do to educate your members is much appreciated.

I want to go to the claims process right now. The American Legion is a critical VSO, as others that are on today's second panel are, to support veterans and guide them through the VA claims process.

As I mentioned in my opening statement, Senator Boozman and I have introduced legislation that would reinstate the 48-hour rule

at VA. Just tell me, what does this exactly mean from your perspective for the Legion and its members?

Mr. OXFORD. Yes, sir. I would like to direct that question to Director Marquez.

Mr. MARQUEZ. Senator, good morning. Thank you for that question.

Senator TESTER. Good morning.

Mr. MARQUEZ. As you are aware, sir, the claims process entails a series of events that begin with the C&P exam process, that goes into reviews. It also includes appeals and supplemental information, and it is the collective of actions that can be delayed and has been delayed by the COVID pandemic.

Additionally, VA now is in discussions with us here at The American Legion for the 48-hour rule issue. And one of the things we are looking at is working out a medium where we can discuss a notification process where we have just enough or a sufficient amount of time to review the cases so that our service officers and the veterans that are involved can be comfortable they have all the information that has been required and provided in their case, so that they have the best opportunity to receive a thorough judgment on their eligibility for benefits from VA.

Senator TESTER. Well, I just want to thank you guys for being here today.

And I will yield back to Chairman Takano.

Chairman TAKANO. Thank you, Chairman Tester.

I recognize Ranking Member Bost for 3 minutes.

Mr. BOST. Thank you, Chairman.

Comammer, last week, Chairman Takano and I introduced the VA vaccine act. This bill will expand the vaccine to all veterans and the caregivers of those who are in certain long-term and home-based care programs. Our bill requires enrolling the veterans to be prioritized first and it stipulates that the vaccine access to those other groups is of course dependent upon the availability. But do you support this bill and, if so, why or why not?

Mr. OXFORD. Yes, sir. I would like to address two things.

The vaccine for veterans I think is a given, we need to support that 100 percent, but I am glad you included caregivers. That is a critical part also. But, yes, we do support that.

Mr. BOST. I appreciate that very much. And I also appreciate, many of you have expressed support for the provisions in another bill that I have got, H.R. 637. This bill would create a rapid retraining program to help veterans who are unemployed because of COVID-19.

Last month, the Department of Labor estimated that over 500,000 veterans are unemployed and that the number is on the rise because of COVID-19.

Do you agree with me that Congress should enact this legislation to create this program and we should authorize the full extension of slots, which is 35,000 slots, to help the veterans get back to work?

Mr. OXFORD. To the answer to your question, yes, but I would like to direct that question to Director Sharpe for some more information.

Mr. BOST. Wonderful.

Mr. SHARPE. Thank you for that question. At the height of the pandemic, we had over 700,000 veterans that are unemployed, fifty percent of those veterans who were in the service industry, now it is down to 500,000. So The American Legion has always been instrumental in pushing for gainful employment of our—

Chairman TAKANO. Excuse me, Commander James—Commander James?

Mr. OXFORD. Yes.

Chairman TAKANO. Can you just pull your—can you pull your microphone closer to you?

Mr. SHARPE. As I was saying, The American Legion has always been for gainful employment of our veterans and we would definitely like to move those individuals that are in the service sector into gainful employment, and your bill that you are pushing will do exactly that.

Right now, we are gratified that you are starting this pilot program with 35,000 veterans, and we would definitely like to see that increase.

Thank you.

Mr. BOST. I want to thank you, and thank you for being here today.

I thank the chairman, Chairman Takano, for joining with me with those two bills and pushing forward. And we appreciate that very, very much.

And, as I said, thank you for being here with us and thank you for all that you do.

With that, Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Ranking Member Bost.

Ranking Member Moran, you are recognized for 3 minutes.

Senator MORAN. Chairman, thank you.

Commander Oxford, the MISSION Act's Veteran Community Care Program is an important component of delivering health care to veterans in today's environment. It is important pre-COVID, and during COVID and post-COVID. The community care access acts as a safety net for those that are the hardest hit by gaps in internal VA care to work to ensure that all veterans have access to timely, quality care on their own terms.

I have some concerns that there are those that view community care as a step toward privatization instead of as an integral part of the VA's health care delivery system. How does The American Legion view community care and its role within that VA system?

And, secondly, the new administration has made clear that it intends to review community care policies and I am a bit concerned that that may result in restricting community care access. As the VA begins that review, what are some of the community care policies you and The American Legion would urge the VA to preserve?

Mr. OXFORD. Thank you, Senator Moran, for that question. And you mentioned my trip to Kansas last fall, thank you for your reception, hospitality, and the welcome that our team got when we visited Kansas. It was terrific.

Senator MORAN. That is wonderful to hear. We loved having you.

Mr. OXFORD. To your question about the VA system, we are totally committed to the VA. We oppose privatization, but when we think about the future of the VA health care system, it has got to

be a hybrid system. The VA medical facilities have got to continue to do what they do, but the community care part of that leg is also just as critical. We have got to make sure those veterans in rural areas have access to care. So sometimes community care is the best and only way to do that. But, in addition to that, there is also the telehealth or virtual presentation of medical delivery.

So there are some other things as far as requirements and I would like to ask Chairman Bozella to discuss some of those.

Mr. BOZELLA. Thank you, Commander, and thank you, Senator Moran. That is a great question.

And you know that—you well know that through the years there has been community care options by different names within the VA system and it has really been an evolution of care, be it under the PC3 systems of six or seven different varieties of community care that was finally conglomerated and put forth through the Choice program, and now that is evolving to what is now called community care.

And the key is that veteran care is absolutely access to care and is that access not only available to people in all areas of the country, and especially in rural areas where it is difficult, as you well know by virtue of your State, but is it satisfactory care? And whenever we measure access, we need to measure the satisfaction of the veteran's care as a patient. And that is one of the things that we work on in our System Worth Saving Program, which of course in the last year we have not visited hospitals because of that, but we want to maintain current access standards to ensure that veterans have choice when they meet those standards.

And the veterans need choice for different reasons, be it the type of tertiary care that may be available, even primary care at times, gender-specific care for women, specific care for minority veterans that the VA is not able to handle that, and then the continuity of care. Is this care really being done satisfactory and in the right way.

And another thing that really comes to my mind, in fact I made a call yesterday to my community care office in Colorado and the recorded message says, "This is the non-VA care office." And for years I have been saying to VA you should get rid of that "non-VA care." Every care we get is VA care because I am their patient in their system.

And the other thing, the other piece that will make this work is that the providers must be paid, the records must be transferred.

And if those standards are met and kept, then we are going to have a good program and the community care needs to be an option.

Senator MORAN. Commander, thank you. VA care is both community care and care delivered within the VA, it is all VA care. Thank you for highlighting that.

Chairman TAKANO. Thank you, Senator Moran.

I now recognize Representative Levin for 3 minutes.

Representative Levin, you are still muted. Can we make sure that—let's make sure that Representative Levin's mike is turned on.

All right. Let's try again. Why don't you try again, Mr. Levin.

[Pause.]

Chairman TAKANO. Mr. Levin, we are going to have our staff reach out and figure this out.

Meanwhile, let me move on to—Senator Blumenthal, if you are ready, I am going to call on you while we figure out what is going on with Mr. Levin's sound.

Senator Blumenthal, go ahead.

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

Senator BLUMENTHAL. Thank you so much, Mr. Chairman. Thanks to you and Chairman Tester for holding this hearing.

Commander, thank you so much for the service of The American Legion to our country. I am very proud to be a member, I hope my dues are paid, and proud to welcome you and all of my fellow Connecticut members of The American Legion. You do such great community service and you represent what is best in this country.

I want to pursue the line of questioning that Chairman Takano began and express my gratitude for the very forthright statement that you made about the storming and assault on the Capitol. Obviously, that assault was led in part, maybe in whole, by White supremacists and violent extremists that reflect a growing threat to this Nation's national security. In fact, it has been identified by the FBI as the most persistent and lethal threat to our national security.

To what extent do you think that our Nation's veterans ascribe to the views of White supremacists or violent extremists?

Mr. OXFORD. Senator, thank you for that question.

When we think about our military services now, they are all volunteers. They volunteered knowing the requirements of their military service; poor pay, poor working conditions, continued deployments, those hardships that they face. They volunteered with one thing in mind and that was to serve this country. I think if we remember that—military members sometimes get led astray, but overall their commitment to this country supersedes anything else that they might be thinking about or talking about.

But we have taken proactive measures to identify those individuals who have been charged in Federal court related to those crimes committed on January 6th. We will continue to monitor the Department of Justice website and cross-reference those charges with individuals from local posts and, if they are convicted, I would recommend immediate expulsion from The American Legion.

Senator BLUMENTHAL. Thank you very much. I really appreciate that very forthright answer. And let me cover one other quick topic.

The rates of suicide among our veterans are still a very deep concern to many of us and I would welcome any suggestions you have. I recognize my time is about to expire, so if you want to do it in writing, that is fine too.

Mr. OXFORD. Well, Senator, let me just say, our Buddy Check Program is a way to address that. The PFC Dwyer peer support bill is also an important and critical part of that. Both those can help our suicide prevention efforts.

Senator BLUMENTHAL. Thank you. I look forward to working with you, Commander. Thank you so much for your service to our Nation.

Mr. OXFORD. Yes, sir. Thank you.

Chairman TAKANO. Thank you. I thank Senator Blumenthal for operating on House rules.

I want to go back to Mr. Levin and see if Mr. Levin—we have fixed the sound issue.

Mr. Levin, go ahead?

Mr. LEVIN. Mr. Chairman, can you hear me?

Chairman TAKANO. I can, thank goodness. Go ahead, sir, 3 minutes.

Mr. LEVIN. Terrific, thank you. And thank you to the tech team for working on that so quickly.

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

I want to thank the chairman. I want to thank our witnesses for joining us and really for all your work on behalf of veterans all across the country. And I particularly want to give a shout out to American Legion Post 416 in Encinitas, California, in my district, and they just do a wonderful job serving our veterans locally.

Commander Oxford, in your testimony you emphasized the need to safeguard veterans from predatory educational institutions. And I was glad to work with the Legion and other VSOs last Congress to introduce and pass the Protect the GI Bill Act, which, among other things, strengthened VA's oversight of schools receiving GI Bill dollars. But you are absolutely right, we haven't finished the job yet. There is a lot more to do and we have to ensure that VA implements the protections in that bill both quickly and effectively.

I am very honored to be the chair of the Subcommittee on Economic Opportunity and it is going to be a top priority moving forward to make sure that we get this right.

We also have to pass legislation to provide student veterans with the same protections that Title IV students have under the 90-10 rule. The current loophole makes veteran a target for low-quality institutions that are unable to attract non-Federal sources of funding.

Commander, can you tell us a little bit about the ways that unscrupulous institutions have affected your members and their educational success?

Mr. OXFORD. Thank you, sir, for that question. I would like to ask our VE&E Chairman Seehafer to address that issue.

Mr. SEEHAFFER. Thank you, sir.

You know, The American Legion is a leader, it is a leader in advocating the educational benefits of our Nation's heroes. And, you know, that is what they are, we are, and some of you also included in that. As you mentioned, though, there are bad actors out there. And you know, as well as I, that they stand ready to exploit us veterans each time benefits expand.

And so we are asking, close the loophole; in fact, close the loophole now.

Thank you.

Mr. LEVIN. That is music to my ears, I couldn't agree more.

What would you say to those who argue that closing the loophole will restrict veterans' educational choices?

Mr. OXFORD. Chairman?

Mr. SEEHAFFER. Mr. Levin, I am going to hand that over to our Director, Mr. Sharpe.

Mr. SHARPE. What we tell those individuals is The American Legion has always been concerned with quality of education and we expect all institutions of higher learning to provide that quality. And because of that, we feel that those individuals who may be restricted, we don't believe that will actually happen. So closing the loophole will do a far better job protecting veterans than anything else.

Thank you.

Mr. LEVIN. Thank you so much. I am out of time, but I appreciate all your good work.

And I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Levin, for your leadership on this issue. This is an issue which I have been very concerned with and with which I have been concerned.

Commander James, I am very pleased that The American Legion is also leading on this issue and understands it with regard to our student veterans.

Let me recognize Mr. Rosendale for 3 minutes.

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

Mr. ROSENDALE. Thank you, Chairman Takano.

And thank you, Commander Oxford. The American Legion is doing important work to ensure that our veterans' needs are being met, as are the other VSOs which will be joining us later on today.

I also want to say thank you to every Montanan veteran that is watching today. One in ten Montanans are veterans or active servicemembers. I am grateful for your service to our Nation, and deeply appreciate the sacrifices that you and your families have made. As others have stated, I wish we were able to meet today in person, but I look forward to being able to come together in person next year.

The American Legion has over 120 posts located throughout the State of Montana. These posts provide assistance and guidance to veterans, as well as provide local communities for our veterans. Now, more than ever, these communities are critical.

It has been a pleasure to hear from veterans back home in recent weeks. One item that is consistently mentioned is the role of The American Legion in their lives. Veterans must have access to high-quality health care and access to care in a manner that is convenient for them. It must be delivered where they need it and when they need it.

With that in mind, I would like to ask, Commander, what can be done to shorten the time or speed up the process for veterans to define benefits and begin recovering them, specifically in regards to identifying a veteran's service officer and meeting with them?

Mr. OXFORD. Thank you, sir, for that question. You mentioned the post in Montana, there are over 13,000 posts scattered around the world. So we are honored to have your department as part of that 13,000.

But when we talk about veterans' health care, I would like to ask Director Marquez to discuss that issue.



Mr. ROSENDALE. Thank you.

Mr. MARQUEZ. Thank you, Congressman, for that question.

The bottom line is that it takes a community of service officers and leadership from across The American Legion to ensure we get the information out that is required for our veterans to understand where they can go for assistance. The process of starting the benefits claim starts with the service officer, and there is a series of educational meetings and initiatives that must occur in that process. So in order for us to help those veterans out, it is a complicated process, it can be intimidating, and so referring them to our local post through the different programs, to include peer support type of programs, will enable our veterans to feel more comfortable, and also give them the opportunity for having that health care and benefits that they deserve.

Mr. ROSENDALE. Excellent. So if we could speed that process up or if we could deliver that information to those veterans, so that we could shorten that time down, it would be greatly appreciated by me and certainly by all the veterans. Thank you so much for your time today.

And, Mr. Chair, I yield back.

Chairman TAKANO. Thank you, Representative Rosendale.

I now call on Senator Tillis for 3 minutes.

**HON. THOM TILLIS,  
U.S. SENATOR FROM NORTH CAROLINA**

Senator TILLIS. Thank you, Mr. Chairman.

Bill, thanks again. It is good to see you. I wish I was sitting next to you at the table when I introduced you. And I apologize for having to step away. I have a Senate Armed Services hearing that I am kind of multi-tasking on.

One question I had. I know in your written testimony you referenced the TEAM Act. That is something that we have worked on over here. We got it passed out of committee, did not get it done in the last Congress. We appreciate your support on that and I would actually like to have you be a part of the coalition that we will continue to build on to get that passed into law.

Do you believe the TEAM Act is a priority, something that you all fully support?

Mr. OXFORD. Yes, sir, I do.

Senator TILLIS. In a recent hearing in the VA, we have heard about a number of veterans engaging with the VA for the first time as a result of the COVID pandemic. I think that on the one hand the pandemic has caused a lot of problems, but that represents an opportunity for us to engage veterans who had not previously really engaged with the VA.

Are you all looking at that and what specific steps can you all take to make sure that, once we have touched them, we keep them in the mix?

We know when you are connected to the VA, you may be in a position to where we can prevent suicides. The vast majority of veteran suicides are veterans who have no connection to the VA. Are you all looking at that as an opportunity to have better engagement with the veterans who have not previously been engaged with any Veterans Service Organizations or with the VA?

Mr. OXFORD. Yes, sir. A couple things just to address your question. If we think about veteran suicides, there is still a number like 20 veterans a day committing suicide. Two thirds of those are not associated with the VA, but approximately one third are enrolled or part of the VA system. So, as we continue to address veteran suicide, that is a continuing effort that we all share is trying to emphasize to every veteran, enroll with the VA. That assistance is available and we are here, we want to help you, if you will let us. But those veterans not enrolled we are encouraging to become part of the VA.

And I would like to dump that off just to Chairman Bozella for a comment.

Mr. BOZELLA. Thank you, Commander. And thank you, Senator Tillis.

The COVID has certainly affected VA in every aspect, claims and the health care and certainly the mental health. And the peer support programs, as the Commander mentioned earlier, it is an alternative; it is a complement to the mental health programs that VA has. And the VA has gone virtual so much in the mental health world in their Vet Centers as well as their hospitals, and there is a lot of virtual counseling taking place and that is a very important aspect of this as well.

And we do encourage our veterans to get involved with VA health care, our peer support programs, and help in any way that we can.

Senator TILLIS. Thank you. And thank you, Mr. Chairman. I also want to compliment you on the organization. This is a best practice for doing these virtual things, which I hope we get away from, but thank you all for the great work on the committee and the staff that are making it happen.

Thank you.

Chairman TAKANO. Thank you, Senator Tillis. I appreciate that. My staff is hearing what you are saying, they very much appreciate what you are saying, and I too hope that we are going to very soon be able to get back to better. So, with that, Senator, I appreciate your comments.

I now recognize Representative Pappas for 3 minutes.

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

Mr. PAPPAS. Well, thank you very much, Mr. Chairman.

And, Commander, I appreciate your testimony here today. I want to thank you for the incredible work that our veteran community, that members of the Legion, that your leadership have done to provide support to the American people through a really tough experience this past year. It certainly has made a difference in people's lives. So, thanks so much.

I wanted to say how much I appreciate you mentioning the Coast Guard in your testimony as well. There are those of us who are fighting for parity when it comes to pay for the Coast Guard and I hope that is an issue we can address here. All of our uniformed servicemembers should know that they can count on a paycheck for their service regardless of the status of appropriations here in

Washington, and I hope that is an issue that we can address with some success this term.

One other issue I wanted to bring up, and I appreciate this being a part of your priority list, is the repeal and replacement of the 2001 and 2002 authorizations for the use of military force. I am glad to see those included. As you note, there are individuals who are parents who were deployed in the early 2000s who are now sending their kids off to the same part of the world.

So I am wondering if you can give us some more insight into why this is important for the Legion and why it is important to our veteran community to repeal these outdated AUMFs?

Mr. OXFORD. Yes, sir. Thank you for that question. I don't think anybody is in favor of a forever war. But I would like to ask our Legislative Director to address that issue.

Mr. MONTREUIL. Thank you for that question, sir. And as a part of our inclusion of our written testimony, our National Executive Committee passed a resolution this past fall addressing the forever wars, and what that asked was to repeal the post-9/11 AUMF and, if necessary, replace them.

When we talk about memorializing the service of our global war on terrorism veterans, we need to have a discussion on these post-9/11 AUMF and, if necessary, update them. These AUMFs have become the legal basis for an ever-expanding range of military action that, frankly, was never imagined when anyone voted on them in 2001 and 2003. There are members of this committee who were between 5 and 10 years old when that initial vote happened. This war has become an inter-generational war and Congress needs to reassert its role in the foreign policy decision-making process, and have a debate about this and, if necessary, reestablish AUMFs that are effective for contemporary conflicts.

Mr. PAPPAS. Well, I thank you for those comments. I think your voice is so welcome as part of this conversation, so thank you for making that a priority.

And I yield back my time.

Chairman TAKANO. Thank you, Representative Pappas.

Before I recognize Senator Sinema for her 3 minutes, let me just say that as chair of this Joint House and Senate proceedings that I don't feel like I can impose on Senators the rules of the House. This will not affect how we conduct House proceedings in the future. Senator Sinema will not be turning on her camera, but I want to recognize Senator Sinema for her 3 minutes.

Senator?

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

Senator SINEMA. Thank you very much, Chairman.

Commander Oxford, thanks to you and your team for participating today.

Last year when you appeared before these Joint Committees, I was excited to announce that Arizona had been selected to participate in the Project Atlas pilot program. This year, we worked with The American Legion National and Arizona chapter, the VA, and Philips America, navigating the challenges of the pandemic to safely bring an Atlas pod to an Arizona American Legion post.

The Atlas site will provide free internet broadband access to veterans and provide a private and secure interface for veterans to connect with VA providers. This site will save veterans lengthy travel time and cost, providing easier access to VA care. We hope to have more information to share with Arizona veterans in the near future once the site is operational.

It has been a great team effort to bring this resource to Arizona and I greatly appreciate the efforts of The American Legion to make it happen.

Now, Commander, Project Atlas is just one of the efforts the VA is undertaking to expand telehealth capabilities to rural communities. What is The American Legion learning from its participation in Project Atlas that could help inform these and other efforts to expand telehealth capabilities at the VA, and what are you hearing from your members about the Atlas sites?

Mr. OXFORD. Thank you, Senator, for that question. I would like to ask Director Marquez to address those issues.

Mr. MARQUEZ. Senator Sinema, good morning. Thank you for that question, ma'am.

We have had some significant lessons learned initially, primarily evolving around the COVID pandemic. And what I mean by that is there has been a very low performance at this time in our first post, primarily because of access issues and concerns amongst veterans to come into the actual posts and doing their appointments there at The American Legion.

Additionally, because we are in an urban setting, we have competition from availability of broadband that is high speeds and the veterans can conduct their appointments from home.

However, we are also hearing from those same veterans that they don't have the privacy that they need in their home, and many a times those discussions are tough and they want to have that discussion with their provider even away from their family.

So those are the two significant issues that we have run into and, once we get all five of our pilot sites online, we are going to continue to analyze—collect data and analyze that data, so that hopefully we can see how the program will move ahead, and to see any changes or other developments that we may want to recommend for continuation of this program. Telehealth and telemedicine works, we support the Atlas program and we would like it to continue at this time.

Senator SINEMA. Well, thank you so much.

Mr. Chairman, I see that my time is about to expire. I do have additional questions, but I will just submit them. Thank you.

Chairman TAKANO. I want to express appreciation to my friend the Senator from Arizona for observing House norms as far as time allotted. Thank you, Senator Sinema.

I now call on Representative Nehls for his 3 minutes.

**HON. TROY NEHLS,  
U.S. REPRESENTATIVE FROM TEXAS**

Mr. NEHLS. Thank you, Chairman Takano, Ranking Member Bost, and Chairman Tester, and everyone else on this call. Thank you for what you do, what you all do for our veterans.

And, Commander Oxford, thank you. A very impressive resume, 30-plus years in the military. I only did 22, but you have done 30 years in the military, and what you do for our veterans is just so much appreciated by me, and with my father serving in Korea and my two other brothers in the military.

I was a member of The American Legion and served as an All American Post Commander in the VFW almost 20 years ago, so I appreciate these Veterans Service Organizations and what they do each and every day for our veterans.

But my concerns today are related to the backlog of these VA benefit claims and I know we have kind of tip-toed around it a little bit today. And in your written testimony it talks about the issues that COVID-19 has placed on these compensation and pension examinations, and I agree. I support the idea of the VA, they have turned over many of these examinations to the private vendors, and I am sure they are doing everything they can to try to reduce this backlog. The idea of using technology to our advantage, these tele-hearings. I like what you have to say about that. I believe that those tele-hearings can certainly help reduce this backlog.

But for a veteran that myself has gone through this process, which took a long and enormous amount of time but I got through it, what are you hearing today from your members as it relates to the quality and the timeliness of their disability exams during this pandemic, and what can we do to make sure that we do everything we can to speed up this process?

Mr. OXFORD. Thank you, Congressman, for that question. I would like to say that we are sure that the COVID pandemic has had a tremendous impact on that backlog, but for specifics I would like to direct that question to Director Marquez.

Mr. MARQUEZ. Congressman, thank you for that question, sir. I am going to answer this question in part one and then I am going to refer over to my chairman for part two of the answer.

Specifically, the COVID pandemic has had a significant impact on the C&P exam process. Many cancellations, thousands of cancellations at its point during February, March, April of last year, as you are well aware.

The C&P exam process involves a series of events that has now resulted to the current 231,000 approximate number of cases that are backlogged over at Veterans Benefits Administration. What they are doing right now to reduce the backlog is they are focusing on instances of telehealth, in-person appointments, and what we call available clinical evidence in order to get rid of unnecessary C&P exams.

Some of the complaints that we were getting initially was, you know, IT problems, cancellations and difficulties in rescheduling, but I know that VBA has implemented medical disability examination program standards where they hope to hold a 90 percent or greater patient satisfaction for that, and we look forward and we are working with VBA to make sure that those standards are adhered to and we reduce the backlog.

I would like to pass it over to my chairman to finish that.

Mr. BOZELLA. Very briefly, Representative Nehls. Your point on the virtual hearings before the Board of Veterans' Appeals is an ex-

cellent point, we want to see more of that. Our veterans are then represented by a service officer with them virtually and people don't have to travel. That is a good program and it is helping to reduce the backlog.

Mr. NEHLS. Gentlemen, thank you for your time. Blessings to you.

Chairman TAKANO. Thank you, Representative Nehls.  
I recognize Representative Mrvan for 3 minutes.

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

Mr. MRVAN. Thank you, Chairman Takano. I appreciate you putting this together.

I would like to also thank Commander Oxford for all that you do serving the veterans, also serving the community, and the quality of life for veterans who have served our Nation.

I am a son of the American Legion's member of American Legion Post 369 in East Chicago, Indiana, one of Indiana's largest Legion posts. Marty Zebowitz, who is a past Indiana commander, along with his wife, who is an Indiana commander of the Women's Auxiliary, and I am very prideful.

I am a freshman Member of Congress and in my past elected capacity I worked very closely with The American Legion with homeless veterans, and we were able to put three homes built with Habitat for Humanity. In one of those homes there was a survivor of sexual assault while she served in the military. And we have provided the social services for her, as she was dishonorably discharged because of drug use because of that sexual assault. And we worked with her to find a job, to also work with the VA to get the services that she needed.

That being said, in your testimony, women are the fastest-growing demographic in the armed services, and you have had the improved access to care for military sexual trauma victims and survivors. Commander Oxford, if you could take moments to address that, and what The American Legion's thoughts and leadership will be on that.

Mr. OXFORD. Yes, sir. Thank you for that question.

When we think about women veterans, I think we have got to make sure the VA understands that women are the fastest-growing part of our veteran society. Whenever we think about VA care for females or women, we have to make sure they receive the gender-specific care and make sure that those veterans are not part of a re-victimization of their accusations.

We also need to make sure and ensure the sensitivity training takes part as part of that, and we just want to make sure the military sexual trauma sensitivity training is followed and completed as part of that.

Mr. MRVAN. Thank you very much. I look forward to working with your organization to implementing legislation that protects survivors who are in the military.

And also I am chairman of the Subcommittee on Technology and Modernization, and will work very hard to make sure projects such as Project Atlas and the electronic medical records. If you could touch base on your input with the electronic medical records?

Mr. OXFORD. When we think about those issues, I would like to ask Chairman Bozella to address that.

Mr. BOZELLA. Actually, my Director here is attending briefings between Cerner and the VA, and he can do a better job of that.

Mr. MARQUEZ. Thank you, Congressman. The American Legion has not heard many issues from our membership themselves, although the electronic health record fielding has had some delays related to IT systems, as well as other issues, most of which have been fixed or addressed by Cerner.

Additionally, Cerner has met some of their benchmarks and included nine additional sites this past week in the San Diego area. The American Legion supports and is in favor of this program because we see the electronic health record as the connective tissue between a veteran when they leave the active duty service and become a veteran. It is very critical that we get these programs to maintain and stay on track and not cause any more delays, and support the VA's program for electronic health record management.

Mr. MRVAN. Thank you.

Chairman TAKANO. Thank you, Representative Mrvan.

I recognize Senator Hassan for 3 minutes. Senator?

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

Senator HASSAN. Thank you, Mr. Chair, and to both our chairs and our ranking members, thank you for this opportunity and this hearing.

And thank you to all of our witnesses for being here today, for your service and then for the work you do to support our Nation's veterans each and every day.

I want to ask Commander Oxford a follow-up to you on a little bit of your testimony. I am grateful to The American Legion for what it has done to launch the Buddy Check Program, something you launched in March 2019, to encourage members to reach out and check in on local veterans who may be struggling. This program emphasizes the importance of mental health and suicide prevention through peer-to-peer wellness checks that help veterans support each other.

This week, Senator Ernst and I re-introduced the Buddy Check Week Act, a bill that would designate a week each year for the VA to help get the word out and educate veterans on how to perform wellness checks and engage with their fellow veterans.

Commander Oxford, can you just tell us more about the importance of Buddy Checks, and how your members help their fellow veterans in need?

Mr. OXFORD. Yes, ma'am, I will be happy to discuss that issue.

We instituted the Buddy Check Program a year and a half ago, before the COVID pandemic reared its ugly head, but we were using the Buddy Check just to check on our fellow veterans. Over the months before the COVID pandemic, we were providing transportation to medical appointments, we were picking up groceries, we were picking up prescriptions, we were doing things just to make sure those veterans out there knew that we were still here, we still care, we still want to help, if you will let us.

But as the pandemic grew worse, we started learning a lot of other things. The isolationism, the separationism, all of those were affecting the mental health of a lot of veterans. So, as we continued to do our Buddy Checks, it became more evident about the criticality of the need for that.

So that is why we were supporting the Buddy Check Week bill with the VA and we will continue to do that.

Senator HASSAN. Well, thank you very much. I am really grateful for the support; more importantly, I am really grateful for the initiative that the Legion showed in starting this program up.

And I will also add to the witnesses who spoke about the importance of supporting women veterans, one of the things I am hearing about in rural New Hampshire from women veterans is just their need to know who each other are, and that may be something we can all work on together as well, so that in more rural areas our women veterans have a sense of who their peers are and how they can connect with them. So I would really look forward to working with you on that as well.

Thank you again all for your service.

And I yield the remainder of time.

Mr. OXFORD. Yes, ma'am. Thank you. Our staff will be happy to work with you on any of those issues.

Senator HASSAN. Thank you.

Chairman TAKANO. Thank you, Senator Hassan.

I recognize Representative Dr. Miller-Meeks for 3 minutes.

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

Mrs. MILLER-MEEKS. Thank you so much, Chair Takano and Senator Tester, and ranking members as well.

And thank you all for being here. Thank you for your service. I am also a proud veteran and a member of my county's veterans commission. And as part of my work with our former Governor Branstad, there was an initiation of home-based Iowa in Iowa that was—we altered licensing laws to permit veterans to use their military experience and training in order to get jobs. We also had veterans preference and a hierarchy, and also eliminated State income tax on veterans' pensions in order to honor and serve our military members and members leaving active duty service.

And we have heard a lot about suicide and suicide prevention, and we know that part of that, part of mental health, part of having a purpose in life is having employment.

And in our county, the VET TEC program, which you all are familiar with, is very popular. This is a program that allows veterans the opportunity to use their GI Bill benefits to participate in short-term training in the IT industry. I recently proposed in our Education and Labor markup for the COVID-19 bill for the funding to be increased from \$45 million to \$100 million, even though this is a pilot program.

So I know it is popular in our State of Iowa, I was just wondering if you could give your reflections on how your members and the veterans you interact with see this program, if there is a need for increased funding, and can you identify any improvements that are needed to help promote the program? Thank you.



And I yield back my time.

Mr. OXFORD. Yes, ma'am. The licensing and credentialing issue continues to be an issue, but as we move forward and address those specific things, I would like to ask Director Sharpe for his input.

Mr. SHARPE. Programs such as those are critical for us making sure that our veterans as they transition out of the military are gainfully employed, where they are able to take care of themselves, their families, and contribute to their communities.

Currently, we have about 36 million jobs in high-tech areas that we can't seem to fill. So any type of job or program that gives veterans the ability to be trained, employed, and well paid is something that The American Legion has always pushed. And that is one reason why our licensing certification program we have been working on for the last 20 years. We would like to see veterans prior to them leaving the military have a revenue stream coming into that home so they don't have to go unemployed, they don't have to reuse the GI Bill something that they have already learned in the military. And plus it also professionalizes the military so it becomes an employer of choice and not an employer of last resort.

So those type of programs are excellent. Thank you.

Chairman TAKANO. That completes the questioning of this panel, but I want to ask The American Legion before dismissing them. We have a couple of Senators who are shuttling between other hearings in the Senate, we have an Armed Services hearing going on. But I am going to introduce the second panel, but I am wondering if the Legion, since we are doing this virtually, you—Commander, if you are willing to have—

Ms. FRANKEL. Mr. Chairman, I have a question.

Chairman TAKANO. Oh, Ms. Frankel. Oh, great, great.

Ms. FRANKEL. Yes, sorry.

Chairman TAKANO. I will recognize you for 3 minutes and then, if the Senators come back, I will let them, but there may be—I do want to move forward to the next panel. But my question to The American Legion is will they be willing to stick around to respond to some of the Senators questions later.

But before that, Ms. Frankel, go ahead, 3 minutes.

**HON. LOIS FRANKEL,  
U.S. REPRESENTATIVE FROM FLORIDA**

Ms. FRANKEL. Yes, thank you, Mr. Chair. And thank you to our presenters today.

I know that now with COVID the entire access to education has been disrupted, but, you know, especially prior to COVID, we know that the transition for returning veterans is sometimes much more challenging than the average student coming out of high school, let's say, when the veterans come out and they want to go back to college.

I am wondering whether or not you have any familiarity with these Centers for Excellence at the community and at the State colleges, and other colleges, to help the veterans transition.

Mr. OXFORD. Yes, ma'am, I would be happy to address that. I would like to ask Chairman Seehafer from Veterans Employment and Education to address that.

Mr. SEEHAFER. Thank you for the opportunity, Commander, and thank you for the question.

Again, if we know the understanding of the TAP program. And, first and foremost, I do want to—you know, sometimes we get all the negative things out there and sometimes you get that brunt as well, but I just want to say because of you and the DOD, you know, you have made meaningful strides of improving that program over the last few years.

And so, you know, on my side, I guess, what we are looking at is that you can definitely build on that foundation and that would be where we would hold accountability. And all I am looking at or we are looking at is holding that Federal agencies would be accountable for implementing what you have already passed, and especially when we deal with the Battle for Servicemembers Act.

But, you know, these are the kinds of things that we are looking at. I would like to just turn it over to Mr. Sharpe just one more—just for a few seconds, if I could, please, because he has the boots on the ground.

Mr. SHARPE. Again, The American Legion is aware of such programs. We have a pretty close relationship with many of our community colleges and trade schools that provide that type of training. Again, we are looking at all institutions of higher learning that receive the GI Bill to put out a quality product so veterans are gainfully employed. And, again, many of the colleges and community colleges that are producing those type of programs have shown critical results as far as veterans being able to be gainfully employed and taking care of their families.

So, yes, those are various institutions that The American Legion has always supported and will continue to support.

Thank you.

Ms. FRANKEL. Okay, thank you. And as the mother of a United States Marines war veteran, I want to thank you all for your service and what you do for the veterans.

And, Mr. Chairman, I yield back. Semper Fi.

Chairman TAKANO. Thank you, Representative Frankel. And he is a Marine and a great chef as well. How about that? A Marine and a chef. You must be very proud, Representative Frankel—I know you are proud. And you are grandma, your second grandchild, right?

Ms. FRANKEL. Yes, two boys. Two future Marines, possibly.

[Laughter.]

Chairman TAKANO. All right. I understand that Senator Tuberville has joined us.

Senator Tuberville, I recognize you for 3 minutes of questioning.

**HON. TOMMY TUBERVILLE,  
U.S. SENATOR FROM ALABAMA**

Senator TUBERVILLE. Thank you very much.

Thank you for your service, Commander Oxford. I have just got one question.

I have dealt with quite a few veterans over the last few years, some are my friends in Alabama, and we have had some success with PTSD with hyperbaric oxygen chambers and we don't have the opportunity to use that through the VA. Could you talk a little

bit about that? I don't know if you have had any dealings with it or worked with it or seen any studies, but we have had some pretty good success with it.

Mr. OXFORD. Senator, I am sure you are familiar with Will Frazier, his first comment would be, "Roll tight." But as we move forward on your question, I would like to ask Chairman Bozella to address it.

Mr. BOZELLA. Thank you, Commander, and thank you, Senator Tuberville.

The American Legion, in our VA&R Commission we have a TBI, PTSD, and now suicide prevention committee, and we have had two publications over the years after much research. And the first publication really dealt with the many different treatments for TBI, PTSD, and mental health ailments. And the one thing that we have learned, that there is no one treatment that works across the board for everybody. One of the treatments that we did spend time on was HBOT. In fact, there is an HBOT institution just 20 miles from my house, and I have toured it many times and I have seen it in action.

And the anecdotal research it is very high, it helps people, and there is no question in my mind and any of us who have seen the place, but there is very limited empirical research on the subject in this country. Some of the best research has come from Israel. And I really believe that VA needs to do more research on this subject.

VA does have a couple of sites where they use HBOT. What I recommended, I would certainly recommend a veteran trying it if they have access to it, but it has to be carefully monitored to see if it will in fact work for that veteran.

Senator TUBERVILLE. Thank you very much. Again, anything that we can do to help these young men and women with the PTSD—and we see a lot of it in Alabama where we have got 380,000 veterans, and so we are looking for any possible answers to a very difficult question.

So, thank you very much. Thank you.

Mr. BOZELLA. It is worth a try, sir.

Senator TUBERVILLE. Yes, sir.

Chairman TAKANO. Thank you, Senator Tuberville.

I see that Mr. Trone has joined us. Mr. Trone, are you prepared to ask—sir, I recognize you for 3 minutes. So go ahead, sir.

**HON. DAVID TRONE,  
U.S. REPRESENTATIVE FROM MARYLAND**

Mr. TRONE. Great, thank you.

Commander Oxford, with this shortage of professionals who could treat our veterans in mental health and substance use disorder, which are much more over the board now with COVID as a residue of that, where do we need to specifically increase our workforce on the mental health area for counselors and also addiction specialists, what do we need to do to deal with this?

Mr. OXFORD. Yes, sir. I think one of the issues there is funding for those particular specialists, with psychiatrists or related fields. As we address the mental health, we need to fully fund and make sure those slots are filled and, to do that, we need to fully fund

some of the recruiters for our medical fields, as well as the mental health fields.

So I think fully funding those positions and perhaps adjusting the pay disparities between some of those particular specialists could help and probably would help our mental health issues in the VA.

Mr. TRONE. And, Commander Oxford, also Jim Clyburn has a great bill which we need to get through on expanding broadband affordable for all Americans, and how would that deployment help our vets get particularly access to mental health and addiction care, great broadband?

Mr. OXFORD. When we think about the medical fields and the telehealth, the virtual things that we do related to the medical fields, I think any assistance that we could do to make those kind of access availabilities more or better, that would really increase the availability of those kinds of support.

Director Marquez, would you address that?

Mr. MARQUEZ. Simply, National Commander, I would like to add a few things on it. Probably most importantly, psychiatry is one of the most common clinical occupations with severe shortages in VA, so if you could maybe focus on that. That would be something I believe is instrumental to the problem with suicide, suicide prevention.

Also, in addition to financial incentives, we need to look at other options, non-financial incentives to make sure we maintain and retain our best and most talented doctors in the system.

Chairman Bozella, would you like to add to that?

Mr. BOZELLA. The only other comment that really is significant to this is we have resolutions on file and have taken real issue with the psychotropic drugs that VA has used over and over again for mental health treatment, and there are so many other ways to treat a person. The drugs do more harm than they do good. So we are very careful about anything that has to do with heavy drug use.

Mr. TRONE. Thank you.

I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Trone.

Are there any other members that wish to be recognized? The American Legion has informed me that they can stay in their studio until 1 o'clock.

Any other members want to be recognized before I move on to the next panel? And then we will welcome our members from the other side, the Senators.

Mr. Lamb, I understand—is Mr. Lamb—are you present and ready to ask questions? If not, I will begin to—

Mr. LAMB. Mr. Chairman, I am here.

Chairman TAKANO. You are here. Okay, Mr. Lamb.

Mr. LAMB. Thank you. And thank you for giving me a chance to speak.

Chairman TAKANO. Okay. All right. Go ahead, Mr. Lamb, 3 minutes.

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

Mr. LAMB. Thank you. I want to thank our panel for putting in all this work and sticking with us all this time, and for everything you guys do. I am a member of the Legion and you guys are very active in my community, and it means a lot to us here in Western Pennsylvania.

I wanted to return to the subject of January 6th, if I could. I know that others have asked about it this morning, so I apologize if I am plowing the exact same ground, but I think this is a little different.

I understand that you are looking at who is being named in the various indictments and checking against your membership rolls, I think that is important. I would like to ask whether you are also taking a look at the use of your facilities, at the use of the Legion brand and logo, Legion resources like contact lists and emails. I ask that because there has been reporting of various VSO logos sort of showing up at some of these events, including January 6th.

There also has been reporting of meetings taking place in and around different VSOs around the country, particularly with groups like the Oath Keepers who target veterans, recruit veterans, selling them a false ideology about their oath, encouraging them to overthrow the government. They believe they are already in a civil war with the government.

These groups like the Oath Keepers have very identifiable logos of their own. People have bumper stickers, hats, sweatshirts, all that kind of stuff. And I guess what I am asking, is the Legion putting any policies in place that would prevent groups like the Oath Keepers from ever meeting at your halls, and also to address, you know, even the issue of wearing Oath Keepers gear or Three Percenters' gear, or having it on their trucks in your parking lot, are you contemplating these kind of measures going forward?

Mr. OXFORD. Yes, sir. Thank you for that question. But our National Headquarters, we have not been asked with the identification of these individuals, but we are open and willing to assist with any investigations surrounding the breaching of the Capitol. We do oppose the use of American Legion emblems in unauthorized positions and we will vehemently oppose that.

Mr. LAMB. Thank you, Commander. And my time is already running out, I appreciate you guys hanging around for me.

I just want to encourage you also to consider the issue of the use of Legion facilities around the country and active measures to identify especially the Oath Keepers, but also there is a small set of groups here at issue who are not that hard to spot. I mean, they are proud to be Oath Keepers, they make sure everybody knows it. And these groups prey upon our veterans, they lie to them about the meaning of the oath and what their duties are as a veteran in the United States. And I think the more that we can speak up and put active policies in place to find them and keep them from having access to the broader veterans community, we will all be better off.

So, thank you very much for all that you do and I hope you will take that for consideration.

Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Representative Lamb, and I appreciate your service as a Marine, along with Ranking Member Bost.

I understand we have Representative Moore. Representative Moore, if you are prepared for your 3 minutes, go ahead.

**HON. BARRY MOORE,  
U.S. REPRESENTATIVE FROM ALABAMA**

Mr. MOORE. Mr. Chairman, thank you for the time. I just want to let these gentlemen know how much we appreciate the job they are doing for our country. I have been in committee meetings, so I don't necessarily want to take up all my time and I will yield back the balance of my time.

But thank you again for meeting with us today and spending time with us, and I appreciate what you do for our Nation and for our veterans.

Chairman TAKANO. Well, thank you, Representative Moore.

And I thank The American Legion for being willing to hang in their studio and, if we have Senators that come back that want—out of courtesy, I just want to make sure that they have a chance to ask you questions. I appreciate your graciousness in remaining available to us, to the Joint Committee.

I will now not dismiss The American Legion, but I will express my appreciation for hearing from you today and express my appreciation for your willingness to stay around.

I am going to move toward the introduction of our second panel, and I now call up and recognize our second panel.

We have with us today Mr. John Rowan, National President and CEO of Vietnam Veterans of America, otherwise known as VVA. Mr. David Zurfluh, National President of Paralyzed Veterans of America, or PVA. Mr. Jeffrey Sacks, National Commander, Jewish War Veterans, JWV. Mr. Ernie Rivera, National Commander, Military Order of the Purple Heart. Mr. Michael Linnington, Lieutenant General (Ret.) of the U.S. Army; he is the Chief Executive Officer of the Wounded Warrior Project. And Mr. Jeremy Butler, CEO, Iraq and Afghanistan Veterans of America, or IAVA.

Mr. Rowan of the VVA, you are recognized for 5 minutes to present your opening statement.

Is Mr. Rowan available? Oh, there you are. Go ahead.

Mr. ROWAN. Can you hear me?

Chairman TAKANO. I can hear you, sir. Go ahead.

**PANEL II**

**STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT/CEO,  
VIETNAM VETERANS OF AMERICA (VVA)**

Mr. ROWAN. Very good. Anyway, first of all, let me congratulate Senator Tester on assuming the chairmanship in the Senate Veterans' Affairs Committee. We have worked with him for years as the ranking member and we are happy to see him as chairman as well.

So I submitted our VVA's legislative agenda, which is rather lengthy and would take me quite a long time to go through it all,

but I want to focus on one thing in particular and that is the issue of toxic exposure, which I see is a priority in the House Veterans' Affairs Committee.

It has been 53 years since I left Southeast Asia in the Air Force and returned home. In those 53 years, I have been dealing with veterans' issues most of that time, and have been dealing with toxic exposure issues both personally and through my actions as a veterans' advocate for about 50 years now, it seems. And I must say, from Vietnam to the present day, the United States has been sending troops off to places that have poisoned us, both here and abroad, and, frankly, I have been fighting this all the way while I am trying to deal with the issues that have come out of that exposure.

We are pretty familiar now with the long laundry list of Agent Orange presumptive diseases, which has recently been expanded. Even now, 53 years later, the Senate and the House finally passed a bill that added three more diseases. There are still others that we think are out there that need to be taken care of.

But it is not just the Agent Orange stuff. We are the most obvious and we have been at it longer than anybody else. But the Gulf War was exposed to all kinds of problems and the Gulf War veterans are still getting compensation for diseases the VA hasn't even agreed they have got or identified.

And since 9/11, post-9/11, all the folks that have landed in Iraq and Afghanistan have been exposed to all kinds of issues, including burn pits in particular. And now we are really starting to dig into the area of exposure here at home.

Camp Lejeune, quite honestly, is just the tip of the iceberg. There are many, many locations around the United States that have all kinds of toxic issues related to them. I understand the State of New Mexico is suing the Air Force for polluting their water. This has gone on in several other locations around the country. There are other exposures that have put our men and women in harm's way.

And then we have the oddball places like K2, which was mentioned earlier, which now I understand is a bill just to take care of the veterans from K2, the eight or 10,000 people who were exposed to this horrible Russian, former Russian air base in Uzbekistan.

The issue is really trying to see what we did right with Agent Orange and keep that and expand it to get the VA to do the right thing for everybody from our era and every era that followed us.

So, for example, the original act, the original act of 1991 was a wonderful act, and it forced the VA to do certain things; to research, to try to find out what research was going on with regard to toxic exposures, to report on those researches, and then to determine what presumptive diseases were therefore related to those who served in Vietnam. And that has worked. Unfortunately, it is now expired.

We would like to see that bill rejuvenated, and we would like to see the Congress add not just Agent Orange, but all the other toxic exposures that has happened since.

And, in regards to that, we would also like to see the establishment of the Toxic Wounds Act of 2021 to establish real regulations

for veterans exposed during wartime and at home, authorize the VA to work with the National Academy of Medicine to review diseases associated with those exposures, and establish a presumption of service connection for the purpose of veterans' disability and survivor benefits for any illnesses that the Secretary determines is based on those exposures. And we need a real electronic health record to track all of this.

I am open for any questions on this and any other issue that you folks have.

Thank you.

[The prepared statement of Mr. Rowan appears on page 97 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Rowan.

Mr. Zurfluh, you are recognized for 5 minutes to present your opening statement.

Mr. ZURFLUH. Thank you, Chairman Takano. Can you hear me? Chairman TAKANO. I can hear you.

**STATEMENT OF DAVID ZURFLUH, NATIONAL PRESIDENT,  
PARALYZED VETERANS OF AMERICA (PVA)**

Mr. ZURFLUH. Chairman Tester, Chairman Takano, and members of the committees. I appreciate the opportunity to speak with you this morning on behalf of the tens of thousands of veterans with spinal cord injuries and disorders who depend heavily on the benefits and health care available through the Department of Veterans Affairs.

This week, advocates from our 33 chapters have been meeting virtually with their Members of Congress to educate them about the issues of concern for Paralyzed Veterans of America.

Our top priority remains protection of VA's specialized system of care for catastrophically disabled veterans. We firmly believe VA is the best provider of health care for veterans with spinal cord injuries and disorders, or SCID. The VA's SCID system of care provides a coordinated, life-long continuum of services for veterans that have significantly increased our life spans and is not replicated in the private sector.

COVID-19 has reinforced our belief in this system. VA has done a good job of minimizing the pandemic's impact for veterans who are in-patients in one of the VA's 25 SCID facilities and six SCID long-term care centers. VA has kept infections of in-patients and staff to a minimum, and stepped up countermeasures to protect this extremely vulnerable population.

Our principal concern is vaccinating all SCID veterans and their caregivers against the virus. We are pleased the VA policy now prioritizes vaccination for all veterans with SCID and urge VA to continue to promote expedited access to vaccine for caregivers throughout the State and local partnerships. We also urge Congress to provide VA with the authority to directly vaccinate a wide range of caregivers.

Staffing also remains an ever-present concern. And we urge Congress to provide enough funding for VA to perform its hiring practices and hire additional personnel to meet demands for services in



the SCID system of care, and ensure the positions, pay, and other incentives they offer are competitive with the private sector.

If the VA is allowed to underfund the system and understaff its facilities, their capacity to treat veterans will be diminished. It could lead to closure of facilities and reduction of services offered to them.

Right now, we are extremely concerned about efforts to permanently reduce inpatient beds in some SCID centers, including at facilities that provide specialized long-term care. The capacity of the system to provide a continuum of care must be preserved and strengthened to meet the needs of paralyzed veterans.

VA currently operates approximately 180 long-term care beds. When averaged across the country, that equates to about 3.6 beds available per State. Let me repeat that: VA currently operates approximately 180 long-term care beds. When averaged across the country, that equates to about 3.6 beds available per State.

Despite the need for more beds, VA is not requesting, and Congress is not providing sufficient resources to meet the current demand. This deficiency must be addressed.

In addition to adding specialized long-term care beds, PVA also supports expediting caregiver supports for catastrophically disabled veterans. Although Congress expanded access to VA's comprehensive family Caregiver Program, VA did not begin the first phase of this expansion until October 1st of 2020, which is one year behind schedule. VA has adequate resources to accept new enrollees and deliver program services, thus, Congress should direct VA to complete the expansion to veterans of all eras this October.

Finally, PVA members seek greater access to adaptive vehicle assistance. Access to an adaptive vehicle is essential to their mobility and health. Because of the high cost to buy a replacement vehicle, veterans may retain the one that is no longer reliable. We ask you to support H.R. 1361 and Senate Bill 444. This bipartisan legislation would allow eligible veterans to receive an Automobile Allowance grant every 10 years for the purchase of an adaptive vehicle.

Thank you again for this opportunity to share our views and your ongoing commitment to veterans and their caregivers. The unique needs of catastrophically disabled veterans for mental health needs to women veterans with SCID, who are a growing distinct subpopulation, must not be overlooked. That is why we need your help. We need your help for us to protect access to VA specialized services, expand access to long-term care, expedite caregiver benefits, and increase transportation options for paralyzed veterans.

Chairman Takano, this is my last time testifying as President of Paralyzed Veterans of America. It has been a distinct honor, and I want to thank all of you who help our Nation's veterans.

I am available to answer any questions that you may have.

[The prepared statement of Mr. Zurfluh appears on page 113 of the Appendix.]

Chairman TAKANO. Mr. Zurfluh, thank you very much for your testimony, and I am sure surprised to hear the news, but it is probably been well-known. But thank you for informing us and thank you for your many years of service and for our Nation's veterans.

I now call on Mr. Sacks. You are recognized for 5 minutes to present your opening statement. Thank you.

**STATEMENT OF JEFFREY SACKS, NATIONAL COMMANDER,  
JEWISH WAR VETERANS OF THE USA (JWV)**

Mr. SACKS. Good morning, and greetings from Chicago. I am Jeffrey Sacks, an Army Gulf War veteran and national commander of the Jewish War Veterans of the USA.

JWV is one of America's oldest active, continuous veterans associations, and we will be celebrating our 125th anniversary on March 15th.

I am here today to tell this committee about veterans' issues that are the most relevant and concerning to our members, and these issues are not just important to JWV, but among many of the VSOs you are hearing from. The first is the elimination of the means test for all veterans, especially World War II veterans.

I am ashamed as an American that we have a means test for a few veterans that remain the greatest generation that fought and won World War II. On January 21, the South Florida Sun Sentinel reported that an Army veteran in his nineties was turned away from receiving a COVID-19 vaccination at the West Palm Beach VA Medical Center because he makes too much money.

When the means test was passed in 1996, World War I veterans and veterans in their eighties and nineties were exempted. We think you should end the means test, starting with World War II veterans. They certainly deserve the courtesy.

I must tell you I am an angry VA priority category AT veteran who became seriously ill of a diagnosed autoimmune disorder within one year of my service in the Gulf War, but since I could not prove the nexus of the disease to my military service and I also made a decent wage as a Chicago cop, I was denied VA medical care.

I detest that there is a means test for veterans' healthcare. It is not what we were promised when we joined the military; frankly, I am envious of the healthcare that you and Congress have legislated for yourselves, but I don't deny your right to good healthcare. Please don't deny mine or any one veteran who chooses to work hard to provide for their families.

Next, no privatization at the VA. JWV strongly is opposed to privatization of the VA. It has been established time and time again that if you want the best care for a specific injury, go somewhere that specializes in that care.

The VA healthcare system was designed to treat combat injuries and remains the best at treating paralysis, amputation, traumatic brain injury, blindness, and PTSD. They want our veterans to receive the best care for their combat injuries. We need to ensure they are getting their care directly from people who specialize in caring for these types of injuries.

Eliminating hopelessness among the veteran population. I retired from the Chicago Police Department 8 years ago but I still see the same homeless veterans panhandling at major intersections that I saw when I was patrolling the streets of Chicago. We are not effectively dealing with this problem, therefore, JWV recommends that the homeless veterans be designated by you as a special needs pop-

ulation to increase the funding allocation to this population and hopefully give some of them a functioning lifestyle which would meet their basic human needs.

The Major Richard Star Act. Major Richard Star of blessed memory, he passed away 3 weeks ago. H.R. 1282, Senate Bill 344, the JWV supports the efforts to enact the Major Richard Star Act to end the unfair burden of dollar-for-dollar offset paid for by the disabled, combat-related, ill, and injured servicemembers. Those of you that are sponsoring these bills, thank you, and if you are supporting it, thank you.

And then the sexual harassment within the Department of Veterans Affairs, in December 2021, JWV and many other veterans organizations were outraged by the improper handling of a sexual harassment complaint by a female Jewish veteran at a VA facility because of politics. This led to our call for the secretary of the VA to resign; clearly, the VA still has a long way to go to correct the sexual harassment issues identified by the Government Accountability Office.

And, finally, suicide prevention, on January 21, 2019, I lost my oldest son, who served in the 101st Airborne Division to suicide, so I am obviously biased that we, as a country, need to do more. But statistics show an increase in suicide among both, active servicemembers and veterans and with the added stress of COVID-19, 2020 is not going to be any better. We can and we need to do more.

We ask and hope that you set aside your political differences to work together and do the right things to care for those who have borne the battle. JWV urges the House and the Senate committees to address our concerns on behalf of all veterans and I thank you.

I am here all day if you need me.

[The prepared statement of Mr. Sacks appears on page 129 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Sacks. Very moving testimony. Thank you very much.

Mr. Rivera, you are recognized for 5 minutes to present your opening statement.

**STATEMENT OF ERNIE RIVERA, NATIONAL COMMANDER,  
MILITARY ORDER OF THE PURPLE HEART (MOPH)**

Mr. RIVERA. Thank you, Chairman.

Chairman Tester, Chairman Takano, ranking members, Representative Bost and Senator Moran and members of the committee, as the national commander of the Military Order of the Purple Heart, is it an honor and a privilege to be sitting here today to be talking to you about our organization.

One of the unique things about the Military Order of the Purple Heart is that all of our members are comprised of those that have earned the Purple Heart Medal. We have all been wounded in combat serving our country and providing the freedom for all. I am here today representing our 44,000 members that do the work of the order and 417 chapter, 48 state departments, and 6 regions across the United States.

Based on our casualty research, we estimate approximately 350,000 living Purple Heart recipients from all conflicts that require our legislative advocacy. The Military Order of the Purple Heart is a very unique organization. Since 1932, we have been the original wounded warrior organization. We continue to serve all veterans of all wars at no cost by providing tangible benefits to those veterans and families who require our assistance.

One of the main priorities, first and foremost, is I need to bring to your attention, is that there was a time when the Military Order of the Purple Heart had a very robust program. We had over 100 service officers across the United States. We did advocacy on The Hill. We did testimony. We were a huge part of the VSOs and we did many great things for all of those wounded in action.

One of the issues that has come up to light in our organization is that there was a court ruling in 2019 that provided the rights, the copyrights, and trademark of our logo to another organization; in addition, the Court ordered severed the organization as a subordinate unit of the Military Order of the Purple Heart. This court ruling also requires the order to request in writing, permission from our organization, to use our own logo and the words "Purple Heart" for any fundraising or anything necessary for our specific mission.

Since 1932, the Department of Defense has allowed the Military Order of the Purple Heart the use of the Purple Heart Medal in its logo. The Military Order of the Purple Heart is requesting support for the Purple Heart Protection Act. This proposed legislation, if passed, will allow the Military Order of the Purple Heart to use the medal and return the use, the rights of the medal we all earned.

Secondly, we are leading a coordinated effort with the National Flag Foundation on legislation that would require the DOD to create a database, the same as the Medal of Honor, Distinguished Service Cross, the Silver Star, and verified by the Department of Defense.

The last thing we would like to discuss is with our very different, extremely, you know, we as an organization, we currently have women and transgender national leaders on our National Executive Committee. I believe that as an organization, we have stepped up to include all. We believe that it doesn't matter when you are on the battlefield, your gender, anything related to you; you still can receive wounds at the hand of the enemy.

We feel that we are taking a lead on this and our goal is to ensure that everybody in that has received a Purple Heart has a right to be welcomed with open arms into our organization.

Thank you all for your time. Is there any questions?

[The prepared statement of Mr. Rivera appears on page 137 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Rivera.

I will allow questions for the group after the other two panelists have had a chance to give their opening comments.

So, I am going to move on to Lieutenant General Michael Linnington. You are recognized for 5 minutes.

Mr. LINNINGTON. Chairman Takano, can you hear me, sir?

Chairman TAKANO. General Linnington, I can hear you fine. Thank you.

**STATEMENT OF MICHAEL S. LINNINGTON, LTG (RET),  
U.S. ARMY, CHIEF EXECUTIVE OFFICER,  
WOUNDED WARRIOR PROJECT (WWP)**

Mr. LINNINGTON. Good afternoon, Chairman Takano and Tester, Ranking Members Bost and Moran, distinguished members of the committee. Thank you for today's hearing.

Honoring and empowering wounded warriors has been at the heart of Wounded Warrior Project's mission since 2003. Meeting the needs of the wounded [inaudible] veterans who volunteered to serve our country and protect the freedoms we enjoy as Americans is not only a solemn obligation, but a nationality priority.

Over the past year, a year of COVID, Wounded Warrior Project has shifted the programs and services we usually provide in person across the country to virtual offerings. Thousands of virtual connection events, peer-support meetings, mental and physical health therapy sessions, and financial assistance and benefits counseling.

In 2020 alone, Wounded Warrior Project provided more than \$200 million in direct programs and services to warriors, families, and caregivers, nearly \$20 million of which was direct financial assistance associated with COVID. And we were grateful for the support of citizens and supporters in making these programs possible.

As today's hearing is focused on priorities for the 117th Congress, let me take just a few minutes to share some of our legislative priorities for 2021; namely, mental health, toxic exposures, and women veterans.

Regarding mental health, the stress of social isolation and financial uncertainty have never been more understood across American society than they are today, but these are issues that have always been more pronounced among post-9/11 veterans. PTSD, anxiety, and depression continue to be three of the top five most prevalent issues reported by the warriors we serve.

Now more than ever, wounded warriors will benefit from a community of support that aligned and inspired to build resilience and prevent suicide among veterans. Your committees have a critical role in overseeing implementation of the Hannon Veterans Mental Health Care Improvement Act and the Veterans COMPACT Act, and we stand ready to assist in any way we can.

We also invite you to consider policies that improve care for co-occurring mental and substance abuse disorders at a time when new or increased substance use is up 13 percent among all Americans due to COVID-related stress.

As to toxic exposure, you are likely familiar with burn pits and the prevalence of lung disorders among former servicemembers deployed to Iraq and Afghanistan. At Wounded Warrior Project, 70 percent of warriors who completed our annual survey reported exposures to at least one hazardous chemical or substance during their time in uniform. This group was 10 percent more likely to report poor or fair health than those warriors who were not exposed and most importantly, only 16 percent of these warriors said they had received care at the VA for their exposure-related illnesses.

This is just one reason why we would like the committees to grant VA health eligibility to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status and we strongly encourage all members to co-sponsor the Toxic Exposure in the American Military Act, or TEAM Act, which includes many of our highest priorities on this issue.

Finally, a significant priority for Wounded Warrior Project and one that has become even more pronounced this past year is a focus on women veterans. Twenty years ago, women made up 6 percent of the U.S. veteran population. Today that is about 10 percent. And in 20 years, 1 in 7 veterans will be female. Wounded Warrior Project is leading how we serve women veterans and we are proud of the initiative we have put in place over the last many years.

Nearly 25,000 women veterans are registered with us, making up roughly 17 percent of all the wounded warriors we serve. Later this month, we are sharing the results of a year's worth of research and engagement with our women veterans and hope that you will join us virtually on March 12 at the Brookings Institution as we speak to many of the groundbreaking findings and initiatives in serving this underserved population.

For today, consider this, after Wounded Warrior Project transitioned to virtual programming due to COVID-19, we saw women warriors participating at record levels; 43 percent participated in our virtual events and in our physical health and wellness programs, 55 percent of the participants were women or more than 3 times their share of the alumni population. This last year showed us that we could do better serving our female alumni. We believe VA can do the same, because nearly all women who completed our warrior survey are enrolled in VA healthcare. Less than half are agreed that VA was able to meet their needs after they left the military.

Last year, passing the Deborah Sampson Act was a tremendous first step, but in the year ahead, we want to work with your committees to increase resources for women's health services, to create safer and more welcoming environments at VA facilities, and to optimize alternative channels of care like telehealth.

Lastly, we need greater coordination across agencies [inaudible] to improve awareness, accessibility, and quality of care for survivors of military sexual trauma. Although MST is not exclusive to women, many will benefit from improved policies to integrity MST-informed care across all disciplines, programs, and outreach efforts.

Ladies and gentlemen, it is my distinct honor to be here today and I stand by for your questions.

[The prepared statement of Mr. Linnington appears on page 144 of the Appendix.]

Chairman TAKANO. Thank you, General Linnington.

I now call on Mr. Butler to give his opening statement. I recognize you for 5 minutes, sir.

Mr. BUTLER. Thank you, sir. Are you able to hear me?

Chairman TAKANO. I am, sir.

Mr. BUTLER. Great.

**STATEMENT OF JEREMY BUTLER, CEO,  
IRAQ AND AFGHANISTAN VETERANS OF AMERICA (IAVA)**

Mr. BUTLER. Chairman Tester, Chairman Takano, Ranking Member Moran, and Ranking Member Bost, and distinguished members of the committees, on behalf of Iraq and Afghanistan Veterans of America and our more than 425,000 members, thank you for the opportunity to testify here today. Perhaps most importantly, I want to thank you for the incredible work that was done in the 116th Congress, especially in 2020. The bipartisan leadership shown by these committees to work together and pass important legislation that included the Commander John Scott Hannon Veterans Mental Health Care Improvement Act and the Johnny Isakson and David P. Roe, M.D., Veterans Healthcare and Benefits Improvement Act, which included the Deborah Sampson Act, also passed timely protections for military-connected students that were facing uncertainty as their schools went fully remote and established a National Suicide Prevention Lifeline 988.

These activities were not only instrumental in making progress and delivering on behalf of the Nation's veterans over the embodiment of what the country wants to see from Congress: actual bipartisan, collaborative efforts to solve the problems we are facing.

Throughout the year, despite challenges we all faced, IAVA continued to fight for this generation of veterans. We conducted over 300 Capitol Hill meetings, spoke directly with VA leadership, and worked through the media to highlight the needs of post-9/11 veterans during the pandemic.

And while 2020 was a landmark year for veterans legislation, we know that the work is far from over. This year, we will maintain focus on oversight of these recently passed critical reforms to ensure they are being enacted as Congress and the veteran community intended.

Further, the pandemic persists even in the face of the three vaccines, which is why IAVA is proud to be a part of the Veterans Coalition for Vaccination that is helping to combat COVID-19, to raise awareness of the safety and efficacy of the vaccine, to expand access, and to ensure that all Americans have an equitable ability to receive a COVID-19 vaccine.

The written testimony IAVA submitted for today highlights additional areas in which we will focus our efforts in 2021, but I want to end by focusing on one in particular. It has been mentioned a few times, but I think it is important that we all commit to it. We must build on the momentum of 2020 to fully and finally address the unmet needs of those veterans suffering from toxic exposures like burn pits.

This year will mark the 20th anniversary of the September 11 attacks and the start of the war in Afghanistan. Just as 9/11 first responders continue to fall sick and die from their exposures to Ground Zero contaminants, many who deployed overseas in the aftermath of the attacks are dying from the toxic exposures they received while serving in combat zones around the world.

We cannot continue to deny the existence of the problem and we cannot let money continue to stand in the way of taking care of those who were sickened because they volunteered to defend our country. We believe, I believe that the 117th Congress, this Con-

gress and these two committees is where veterans who have been exposed will finally get the healthcare and benefits that they rightfully deserve.

IAVA will work tirelessly on two bills to address these issues. We believe that both, the Toxic Exposures in the American Military Act and the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act must be passed into law this year. To further delay substantive and holistic actions condemns additional veterans and their families to suffer and fight without the support of the Government who sent them into harm's way.

We thank Senators Thom Tillis and Kirsten Gillibrand for their leadership in working to finally deliver healthcare and benefits to veterans who have been exposed.

Again, thank you all, and we look forward to working with you to finish what the 116th Congress started.

[The prepared statement of Mr. Butler appears on page 181 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Butler, for your testimony.

So that we can ensure that every member and senator here has an opportunity to ask questions, I want to continue the 3-minute rule. I want to praise my Senate colleagues for, you know, adhering to that rule. And my House members can do a better job.

[Laughter.]

Chairman TAKANO. I am going to recognize Chairman Tester, who I understand is in a hurry. So, Chairman Tester, I am going to ask you to begin our questioning. I recognize you for 3 minutes.

Senator TESTER. Thank you, Chairman Takano, for your courtesy.

And I just want to thank everybody for their testimony. With 3 minutes, you are certainly not all going to get a question, but I could talk to each one of you for extended lengths of time and in some cases, we have done exactly that.

I am going to start with you, John Rowan, and there is been a lot of talk about toxic exposure. I want to nail it down to something that you are very familiar with, and that is exposure to Agent Orange and the Agent Orange presumptives. And we did some good work last Congress; we got the presumptive list expanded.

But there are still two more ailments that are backed up by strong science that need to be taken into account and actually need to be put on that presumptive list.

Could you talk about, John, if you could, just as quickly as you could, talk about why this is so important to get hypertension, for one, [inaudible] is another on the presumptive list.

You are muted, John.

Mr. ROWAN. All right. Am I unmuted now? Can you hear me?

Senator TESTER. You are good to go now.

Mr. ROWAN. Sorry, I am not used to Webex. I am usually on Zoom.

The bottom line is I don't know why it was taken off in the first place, other than the fact that the VA thought it was too expensive, because a lot of people suffer from hypertension and the other diseases. The problem is, historically, they have just poo-pooed everything we have ever said about any disease we have ever had.



I mean, I got diagnosed with diabetes when I was in my forties, and I didn't get it until 2002 as a presumptive. I mean, I am 75 years old. I am really kind of amazed that I am still sitting here talking about presumptive diseases related to my military service from over 50 years ago. And, especially what is going on with the veterans who came after me, that they still stonewall us on everything.

So, I really hope that we take a look at this idea of a Toxic Wounds Registries Act. With the electronic health records, we should have everything in there that we talk about exposures of any kind that people could be exposed to over their military service.

Senator TESTER. Well, thank you, John. Look, I have got another question for Jeremy, but I am not going to be able to do it because we will run out of time and I don't want to make Chairman Takano mad.

I just want to tell you guys that the vaccine [inaudible] and I have talked about this with every panel, and I am going to talk about it with yours, is really a big deal and amongst our veterans, I hope that each one of your organizations do the very best to educate your members and let them know that getting the vaccination is really important if we are going to move forward. And if all you do that, that would be very, very helpful.

Thank you all very much. I appreciate you being here today. I wish we had more time.

Back to you, Chairman Takano.

Chairman TAKANO. Thank you, Chairman Tester.

I will now recognize myself for 3 minutes.

John Rowan, I always enjoy our conversations. I want to actually turn to General Linnington, but I didn't want to ignore our relationship. But I appreciate the work that you did with Senator Tester on the presumptives and it is such a great thing that we got the Vietnam veterans Blue Water Navy Act done last Congress.

General Linnington, I want to just express my gratitude for your organizations helping one of my constituents in her time of need. You mentioned the importance of peer support. Could you talk about how peer-support mental health programs can be a resource for veterans.

Mr. LINNINGTON. Yes, Chairman.

It is really important, as you know, firsthand, especially in communities or in rural areas where our warriors make their livelihoods, the ability to reach out to other veterans to share experiences, talk about issues that are going on and stay connected is really the first step in stronger resilience.

Our model with Wounded Warrior Project is to [inaudible]. You can't serve and treat the physical or emotional scars of war until you connect warriors with each other and in many cases that connection occurs through peers and in peer-support groups and in engagement events. We have expanded our peer-support network about three times in just in the past three years and certainly over this past year during COVID, we have expanded even more with the benefits of our virtual offerings that have really exploded in the ability to reach out to wounded, ill, and injured veterans and get them involved.

So, thank you for the opportunity to serve your veteran and his mother, and I really look forward to the opportunity to educate other members on the programs and services we provide [inaudible] what the VA does in remote areas.

Chairman TAKANO. Thank you, General.

I want to turn to Paralyzed Veterans of America. Mr. Zurfluh, what do you see is the most important priorities for supporting increased need for IVF and other reproductive technologies at VA?

Mr. ZURFLUH. Thank you, Chairman Takano.

Probably, the most important thing are costs, obviously. Our members have a very finite window. After you receive a spinal cord injury or illness diagnosis, unfortunately, the clock is ticking on fertility for us. I experienced that myself as an individual.

Many of them weigh the cost of having a family and that cost is a heavy pressure that shouldn't be there. I know, personally, I had a friend of mine who, if it wasn't for a medical settlement, they probably wouldn't have had a family. That medical settlement gave them the opportunity to have that family and it was a very expensive measure, but it was very important to them and, thankfully, today they have three wonderful kids they are raising.

So, probably the cost and any assistance to relieve that burden would be critical.

Chairman TAKANO. Thank you, Mr. Zurfluh.

My time is up. I do hope to talk to you and your organization more about long-term care issues that you brought up.

I do want to recognize now Ranking Member Bost for 3 minutes. Go ahead, Ranking Member.

Mr. BOST. Thank you, Mr. Chairman.

You know, I am going to direct this first question to both, General Linnington and also John Rowan. You know, last week, Chairman Takano and I introduced the VA Vaccine Act. The bill would expand access to vaccines to all veterans and the caregivers of all of those who are in certain—in long-term or home-based care programs. Our bill requires the enrolled veterans to be prioritized first and then stipulates that the vaccine access to those other groups is, of course, you know, depends on the availability.

Do you support the bill and if so why or why not?

And, General, you can go first, I guess.

Mr. LINNINGTON. Yes, Ranking Member, I will say we massively support the bill. As you know, many of our wounded, ill, and injured warriors and caregivers, especially those in our Independence Program, need the vaccine and sometimes they don't meet the threshold of the age requirements in the States or areas that the vaccines are becoming available.

So, we are highly publicizing this effort. Luckily, many of the VA facilities and areas where we have warriors that are at higher risk than are captured in the legislation you just got approved, will benefit us greatly. And, in fact, the VA right here in Jacksonville just reached out to veterans in need that are at higher risk and making the vaccines available this weekend.

So, we are excited and we are going to do everything we can to support getting our veterans the shots quickly here in the next month or two.

Mr. BOST. Thank you, General.

John?

Mr. ROWAN. Yes, I would just like to say every time I hear somebody say, talking about susceptible people to COVID being elderly with pre-existing conditions, I said that is every Vietnam veteran I know. And the sad part is, many of my Vietnam veterans never filed for disability claims. Either some of them are all right, they feel they are okay.

I have heard more people than I care to think about telling me, well, I don't deserve it or I really want to save the money for somebody who needs it. They don't understand how the system works, and because of that, they are not in the system and because they are not in the system, they can't access those vaccines, which is terrible.

And I had to go through hell to get my wife to get her vaccine through the State and she got hers four weeks later than I did in the VA and the VA was a much more please pleasant experience, I can tell you that. So, this is a good bill.

Mr. BOST. Wonderful. I appreciate that.

Real quickly, I just have a real quick question for Mr. Butler, as well. I am sure you are aware of the bill H.R. 637, which is the one for the rapid retraining program on COVID and my question is, we are trying to push for the full funding of the 3500 slots. Are you in support of that?

Mr. BUTLER. Thank you, Ranking Member Bost.

The short answer since the time is short is a hundred percent yes in support of that.

Mr. BOST. That is what I needed.

Thank you, Mr. Chairman. With that, I yield back.

Chairman TAKANO. Thank you, Ranking Member Bost.

I appreciate your partnership with the access to vaccines for our veterans. The vaccines need to be a bipartisan issue. We need to emphasize, especially to our veteran population, the importance of taking the vaccine when it is available, and we want to make it available.

And precisely, because our veterans play such a leadership role in our communities, people will look to them as examples and they are going to be so important in terms of overcoming hesitations of taking the vaccine. So, I really want to emphasize I appreciate your bipartisan partnership on that bill. So, thank you.

And now I will call upon Senator Moran for 3 minutes. Ranking member, go ahead.

Senator MORAN. Chairman Takano, thank you.

I would echo what you just said about bipartisanship in regard to most everything we do and maybe hopefully everything, but particularly in regard to COVID and its prevalence right now, the vaccination program. And I would, again, encourage all of us to work together to get the VA to be able to vaccinate spouses and caregivers, the people that are surrounding our veterans.

I want to go back just a moment, because I know that you asked The American Legion to—I am not going to ask them a question, but I want to make a comment to remain on—and I just wanted to highlight in Commander Oxford's testimony, he indicated that Emporia, Kansas, has been chosen. Phillips and American Legion were in our State and looked at a number of communities for the

Atlas pod and I wanted to thank The American Legion for their leadership and we are very pleased that you have selected a community in Kansas for what will turn out, I think, to be a very valuable opportunity for veterans to access the VA and care. And so, thank you very much, Commander, for that announcement.

I am going to turn to General Linnington. In your written testimony, General, you highlighted the work of the Wounded Warrior Project that has been doing over the past year with veterans all over the country and a finding that in your 2020 annual survey, I am particular interested in the figure that you cited, that 89 percent of surveyed respondents indicated they were definitely or probably exposed to toxic exposure during their military service. I mean, that is nearly everyone. That is a huge amount of those who serve our Nation.

Can you tell us more about what you have been hearing from veterans that you have been working with and your WWP annual report regarding their experiences with toxic exposure. What does that mean from us and what should we take from that fact?

Mr. LINNINGTON. Senator, thanks for that question.

We believe that is a top priority, for the VA should be expanding healthcare access to all veterans who were exposed to toxic substances, regardless of their disability claim. Again, the statistic you mentioned for our population is a staggeringly high statistic.

Veterans who already have serious illnesses shouldn't have to wait months or even years for much of the life-saving care that they need as they await adjudication of a claim or an appeal. So, we want a presumptive finding for those veterans to go get immediate healthcare access today and then we can take care of the benefits and the claims process down the road.

And I know I was very happy to hear my friend John Rowan. John has been working with this for, you know, dozens of years, as have all the other members of this committee, and I think we are of one voice of needing action in this upcoming 117th Congress to address toxic exposures.

Senator MORAN. Thank you, General.

John Rowan and the VBA are the ones who really brought home to me the significance of toxic exposure at a conference in Wichita, Kansas, now a number of years ago and I appreciate John very much.

My time is expired. And I won't ask a question, but you indicated in your legislative priorities that they, the top three priorities of yours, General, would be addressed if we pass the Toxic Exposure in American Military, or the TEAM Act, and that captures my attention that in one piece of legislation, maybe we can do major, significant things in regard to toxic exposure, and I look forward to exploring that with you and others further.

Thank you, Mr. Chairman.

Chairman TAKANO. Thank you, Senator Moran.

I now recognize Representative Lamb for 3 minutes.  
Representative?

Mr. LAMB. Thank you, Mr. Chairman.

And thank you to the panelists for joining us here today for all the great work that you do. It is good to see you again.

I quickly wanted to pick up on something that Senator Moran just touched on, which is the Atlas program. I am assuming, Mr. Rowan, that you would have members from the VBA who have used one of the Atlas sites. We have one here in Western Pennsylvania, up north in my district in Linesville, and it is in a VFW. I am very interested in how it works. I think there is a lot of promise.

Mr. Rowan, or anyone on the panel, do you have feedback for us from your members about being able to access one of the Atlas sites during the pandemic and whether it has worked out well for them so far?

You are on mute, Mr. Rowan, I think, in case you are answering my question.

Mr. ROWAN. I am sorry, I don't have any personal experience with that program. I would have to reach out to people to see what they know about it.

Mr. LAMB. That is okay.

Mr. ROWAN. I am going to find out, though.

Mr. LAMB. Got it.

So, let me move on. I wanted to touch on January 6 briefly while we are all here. First of all, thank you. I know many of you have made efforts to look at whether any of the charged individuals showed up on your membership roles and can take action based on that, and I think that is good.

I also just wanted to encourage any of you to consider further, more affirmative steps, particularly, as it relates to the use of any facilities controlled by your organization or membership lists. You know, no one is asking you to become J. Edgar Hoover here—that is really not what I mean—but, you know, there has been a lot of reporting that, for example, the Oath Keepers, which are an organization that targets veterans and preys on them with a false notion of what their oath means and they are also an organization that has openly acknowledged their belief that they are in a civil war with the United States. So, they are actually actively violating their oath every day.

They have met in VSO halls around the country, various organizations, different depending on where they are, but I think it is time that we all consider more active measures to know, is an organization like the Oath Keepers showing up in your space, are its members using your email lists or mailing lists? I mean, obviously, that takes a little bit of work to find out. So, I don't have much time, but does any panelist have an example or thought?

Go ahead, Mr. Rowan. It looks like you are—

Mr. ROWAN. Yes, I don't have anything on using the halls, but we did a whole thing with Facebook about the misuse of our name and our logo and we had a report that we put out about that, about both foreigners and local people trying to use our name for scams, for moving people in different directions, perhaps, with issues, things like that. It was pretty extensive and Facebook did a whole lot of work on that with us.

Mr. LAMB. That was good work. I did see that.

Mr. ROWAN. I will make sure we send you a copy of the report that we produced on that.

Mr. LAMB. Thank you very much.

I am out of time. I just want to encourage you all to consider whether we can do a little more to kind of police our own here and be eyes and ears up and down the chain. And so, you know, things like Facebook groups, for example, and, of course, any kind of meeting space in the real world, we all need to be on the lookout for that.

And so, Mr. Chairman, I yield back. Thank you.

Chairman TAKANO. Thank you, Mr. Lamb.

And Mr. Rowan, thank you. Actually, the work that VBA did was part of what led to a full committee hearing on internet spoofing of veterans and taking up veteran identities. And we appreciate the work that your organization did in that space.

I now call upon Senator Blumenthal for 3 minutes. Senator?

Senator BLUMENTHAL. Thank you, Mr. Chairman.

I really appreciate all of you being here. I am so proud to be on this call, in this meeting and hearing with you. I want to thank you all for your really excellent testimony and single out two issues.

One of them, first of all, the toxic and poisonous substances that have become so much a part of our modern battlefield, and in that respect, the testimony offered by Mr. Butler, these statistics are just absolutely horrifying, that 88 percent of IAVA members were exposed to burn pits during their deployments and over 88 percent of them exposed, believe that they have already or may have symptoms, which speaks to the incredible impact of these poisons.

And on that score, also, John Rowan, you talk about that issue, but also the continuing, accurately, abhorrent numbers on veteran suicides. So, to you first, if I may, John, thank you for all of your great work on this issue as well as on poisons and military assault and all the other topics that you covered. But let me ask you about veteran suicide.

What can we do? What should we be doing to address the invisible wounds of war, the PTSD?

You refer eloquently to the horrors of war. What more can and should we do?

Mr. ROWAN. I wish I had a magic button, I really do. I think the key thing is engagement, and we have seen a lot of the different organizations doing outreach to their membership and trying to talk to people, because I know from our perspective, while suicide is a problem and a problem amongst younger veterans, it is still predominantly us older veterans who are dealing with that problem, quite frankly, and it is something we have been dealing with Vietnam veterans forever.

I don't have a good answer, but getting people involved is important. So, that is why it is important, that the VA do more outreach and make it easier for people to come into the VA and not harder.

You know, that is the problem you have got right now; if you don't have a service-connected illness, if you don't fall into certain categories, you become a Category 8 which might as well not even exist because it means don't bother. It is telling the veteran don't bother to come in.

Senator BLUMENTHAL. Thank you for that answer. I think we are all grappling with it. And you note in your testimony a lot of the victims of suicide are 55 and older.

My time is just about to expire, but to Jeremy Butler, I just want to let you know that I am the sponsor of legislation that will presume service-connection on K2 veterans who suffer from cancer and other diseases. I think that same kind of service-connection presumption should apply to other illnesses that are related to poison or toxins on the battlefield and I would like to work with you on it. Thanks for raising this issue so forcefully.

Mr. BUTLER. Thank you, Senator, and we totally agree.

Senator BLUMENTHAL. Thank you.

Chairman TAKANO. Thank you, Senator Blumenthal.

I now call on Representative Nehls for 3 minutes.

Representative? Representative, are you here?

Before I move on to the next member if Representative Nehls—we will come back to Representative Nehls—I do want to let The American Legion know that we do not anticipate anymore questions for The American Legion. We do appreciate that you were standing by out of courtesy.

I want to thank you all, Commander, and your colleagues, for your testimony today and all of the work you do on behalf of America's veterans, so thank you so much. And I just want to formally let you know that your services are greatly appreciated and you are now dismissed. Thank you so much.

Has Mr. Nehls returned?

[Pause.]

Chairman TAKANO. He has not. So, we will move on to Representative Miller-Meeks. Dr. Miller-Meeks?

Mrs. MILLER-MEEKS. Thank you so much, Chairman Takano.

First, if I may, Mr. Zurfluh, when I became a nurse in the Army, my first duty assignment was at the old [inaudible], taking care of paralyzed veterans and so I have turned my share of Stryker frames in the past. And thank you for, you know, your testimony here today and for all you do.

This is a broad question. Mr. Zurfluh or General Linnington, you can answer. Twelve years ago at the University of Iowa, I was asked about recreational marijuana medicinal marijuana as a physician and a nurse and a director of public health. And at the time, I was very emphatic that we needed to change the Schedule 1 designation by the FDA for medicinal marijuana so we could do research.

Fast-forward now 3 years ago, the State of Iowa has authorized and legislated medical marijuana. I have attended the medical board, medical marijuana board hearings and the only research that we have because of the Schedule 1 designation for medical marijuana is from Israel or from Europe and the research out of Israel is quite good.

So, I don't know. I have heard from veterans in my community and people I have worked with, people who were in my units with me about medical marijuana, about treatment. Some of them for PTSD, some had some traumatic brain injury, some for chronic pain.

And I was just wondering if you, because the VA is a Federal facility, if you could share with us your experience or what you are hearing from your members and is this something that we need to address.

Thank you so much, and with that, I will yield and listen.

Mr. ZURFLUH. I will go first if I could.

Thank you, Representative Miller-Meeks. We fully support the medical marijuana research and being from Washington State where I currently reside, it is, I think, heavily used for pain and for other resources. And I think it is something that we should look into more. I think it could be beneficial in the long run is my short answer.

Mr. LINNINGTON. Representative Miller-Meeks, likewise here, we support H.R. 712 and certainly anything that helps veterans with symptoms of post-traumatic stress disorder or traumatic brain injury, we need to make every available resource to them, consistent with Federal laws, of course, and we certainly support looking into this in more detail and would love to be part of your committee as we go forward on this topic.

Mrs. MILLER-MEEKS. Thank you all very much. Thanks for that testimony.

And we will continue to push for it, the Schedule 1 designation to be changed so we can do active research and help our veterans.

Thank you so much.

Chairman TAKANO. Dr. Miller-Meeks, thank you so much. And it is good to know your thoughts on this as a medical professional and someone on the other side of the aisle. It has been, you know, gathering support, bipartisan support for this research for quite some time. I am hopeful we are going to be able to move forward with something.

I now want to call on my good friend and neighbor, Dr. Raul Ruiz—actually, Dr. Ruiz, I jumped the gun. Forgive me, sir. You are my good friend, but I also have a good friend from Indiana, Mr. Mrvan.

Mr. Mrvan, you are recognized for 3 minutes, and then I will go to Dr. Ruiz.

Mr. MRVAN. Thank you, Chairman.

And you are my good friend, also, as is everyone on this committee.

[Laughter.]

Mr. MRVAN. I [inaudible] with relationships with all of you and call you all my good friends as we go forward with serving the veterans [inaudible].

As subcommittee chairman of technology and modernization, my question is about patient portal. And in May of 2018, the VA contracted with Cerner to replace My HealtheVet and at least in the short-term, as part of the Electronic Health Record Modernization program. The new portal, MyVA health will replace My HealtheVet in areas that have implemented the new electronic health record program.

My question is, what have you heard about the new Cerner portal? Has the VA engaged with you to inform or train veterans on the new portal?

And then, David, being in Washington, Spokane is one of the facilities we are rolling out. If there are any feedback for us with the interactions with veterans with the VA and the electronic health records?

So, I thank you.



Mr. LINNINGTON. One of the things we have been dealing with are C files, right now, as you know, are delivered in paper form or as a compact disc and, certainly, modernization of alternatives to a CD or a fax line are important. So, we certainly support your subcommittee and modernizing the VA technology to make all information available to veterans as they both, process their claim and as we represent them in adjudicating an appeal.

Mr. MRVAN. Thank you.

Chairman, I yield back.

Chairman TAKANO. Thank you, my good friend from Indiana, Mr. Mrvan.

Now, I turn to my good friend and neighbor from the neighboring district, Dr. Ruiz for 3 minutes. Dr. Ruiz?

**HON. RAUL RUIZ,  
U.S. REPRESENTATIVE FROM CALIFORNIA**

Mr. RUIZ. Thank you, Chairman. Thank you so much for your support, as well, for the burn pits and other toxic exposures. As the co-founder of the burn pits bicameral caucus, it has been the rallying call for me and many of all of you to come together and address this once and for all.

We cannot let burn pits be the Agent Orange of our generation. Absolutely not.

Last Congress, I introduced the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act. The bill would establish a list of new diseases as service-connected for which veterans can receive VA benefits as a result of toxic exposures while serving in the military, including burn pits. It would provide access to VA health and disability services for veterans, including those who served in Afghanistan, Iraq, Gulf War, K2, and every other country where servicemembers fought and were exposed to toxins.

My bill would add a new list of presumptive diseases including pulmonary diseases like asthma, constrictive bronchitis, chronic bronchitis, chronic obstructive pulmonary disease, emphysema, pulmonary fibrosis and some cancers like gastrointestinal cancer and pancreatic cancer. In addition, the secretary of VA, in conjunction with the National Academies are directed to evaluate petitions to determine whether there is scientific evidence of a link between human disease and exposure to [inaudible] toxins and for any additional toxins.

And so, my question is to Jeremy Butler, who has also been a strong advocate for this. Jeremy, are there any other additions or any feedback that you can give at this moment?

Mr. BUTLER. Well, first off, thank you, Dr. Ruiz. I appreciate all of your leadership on this. You have been a great friend to IAVA and our members and we have enjoyed working with you.

The short answer, I would say is, we a hundred percent support your legislation and I think what we really need to keep in mind as we go forward here in the 117th Congress is probably taking the best of every piece of these legislations—there are a number of them out there; I focused on K2, some focuses on research—all of these, ultimately, I think need to be rolled-up into the best possible strongest bill this year.

As John Rowan mentioned, you know, it is 50-plus years that we are still trying to get Agent Orange right. We don't want to be doing that here. We need to get everything as much as possible into one piece of legislation.

But we certainly support your bill. We also support the TEAM Act, because I think both of them bring very strong measures to this and I think the best path forward is to, frankly, pull the best of all those together and get it into one strong bill.

Mr. RUIZ. Well, I certainly appreciate the leadership of our great chairman, Mark Takano, and the committee staff to ensure that that collaborative approach will happen so we can get the best care for our veterans in a timely manner, which is as soon as possible.

Thank you, and I yield back my time.

Chairman TAKANO. Thank you, Dr. Ruiz.

I just want to make a last call for any other members of the House or senators who are on the call who want to ask any questions. Are there any members who—I see Representative Frankel, the proud mother of a Marine veteran.

Go ahead, you are recognized for 3 minutes.

Ms. FRANKEL. Thank you, Mr. Chairman.

Thank you to all of you for your service. I have a question. I would just like to get your opinion on the value of service dogs, whether you think there are enough are available?

Mr. BUTLER. I can jump in very quickly and say that we very much support the expansion of service dogs to as many that need them as possible. They are an incredible asset. We know that for a fact and we support any effort to make it easier or as easy as possible for veterans in need to get the support of a service dog.

Mr. LINNINGTON. Congresswoman, I actually [inaudible] war. We are supportive of [inaudible.] The Wounded Warrior Project partners with many organizations that provide service dogs and we welcome being part of [inaudible] to look at that particular issue and how we might expand it.

Ms. FRANKEL. Can you comment on which disability or illnesses, you know, that the service dogs are assets for and could you possibly quantify the—

Mr. RIVERA. Yes, this is an area that is an actually a subject-matter expert of mine. I am Ernie Rivera with the Military Order of the Purple Heart.

I currently have a service dog here. I have had a service dog for roughly 6 years.

One of the unique things about it, and I even have a service dog organization, which I provide service dogs to veterans all across the United States, one of the things that is unique about a service dog is that it does enable the veteran to have a battle buddy with him. It something that it helps everybody, regardless if it is something that is physiological or psychological.

One of the key things to the service dogs is that there needs to be some kind of litmus test regarding the costs put on the dog. One of the things that we see is many different organizations out there will put a cost, very high on the dog and it basically supports their organization.

You know, the PAWS Act is a wonderful act. I think it does a lot of good things, but one of the things we need to do is to ensure

that the dog is properly trained and does the right thing for the veteran within a good cost factor.

Mr. ZURFLUH. Representative Frankel, I will jump in real quick. Paralyzed Veterans support service dogs. We support the access as a civil right. A lot of our members have mobility impairment needs and use service animals on a daily basis and I would be more than welcome to talk to you offline more about it.

Ms. FRANKEL. Thank you.

Can anyone quantify the need?

Mr. RIVERA. So, I think that I can. I mean, it has saved my life. I can assure you of that. And as a veteran that is a combat-wounded veteran, I can tell you that my service dog has provided me with stuff, and I have seen the effects of them all across the United States with people who truly get something extra out of it.

It is a lot easier to go places when you are suffering from PTSD when you do have a dog with you. And the dogs need to be trained properly so that it is not a stressful situation for the individual. It needs to be something that when you go out there and you have the dog, it is properly trained, and it gives you a therapeutic value. And they really do help. There is a huge quantifiable asset to it.

Ms. FRANKEL. All right. Thank you, all.

And, Mr. Chairman, thank you.

Chairman TAKANO. Representative Frankel, thank you so much for your interests in service dogs. I know that you are a cat owner and it is really wonderful that a cat owner takes an interest in service dogs, so thank you very much.

I now call on Mr. Trone for 3 minutes. Mr. Trone?

Mr. TRONE. Thank you very much.

Certified community behavioral health centers, CCBHCs, General Linnington and Mr. Butler, these are really crucial on helping us with mental health care during the pandemic and how can the continued expansion of these help improve access to mental health care for our vets in particular?

Mr. LINNINGTON. Congressman Trone, it really does help because it provides additional resources in the community for veterans, wounded warriors to get additional treatment and care. Really, the key to the program is VA coordinating the care in the communities and then making sure there's continuity of services provided between the community resource provider and the VA Medical Center and really all the other organizations in the community that come together to help the veteran.

Veterans return to communities. That is where they get their best treatment and certainly the MISSION Act was a big piece of standing up and expanding the access to care in the communities and we are huge advocates and thank you for that legislation.

Mr. BUTLER. Yes, sir. And I would just echo that. I think getting more care into the community is key. That is why we supported so much the Commander Hannon Act to do just that. We need more access to care in more places where it, frankly, is just not available, and any way that we can get that done is going to be helpful. We know that so many of those that are dying by suicide are not connected to the VA right now, so anything that improves access to care in more areas of the country is going to help.

Mr. TRONE. And along the same lines, our veterans need to be able to have transportation to get that healthcare and lead independent lives. I am co-leading with Republican Congressman Dan Meuser, the AUTO for Veterans Act. Right now, vets with disabilities can get one vehicle to purchase in their entire lifetime. One.

I spoke to a vet this morning. He has over 500,000 miles on his vehicle.

And so, this would allow vets to purchase a new vehicle through the VA Automobile Grant Program once every 10 years, rather than once in their life.

So, Mr. Zurfluh, what other barriers are out there like this that our vets are facing to access healthcare or mental health care and how can we help them?

Mr. ZURFLUH. When it comes specifically to the Automobile Grant, Representative, because of their bad experience on air travel, a lot of veterans feel the need to drive. And so, like you had mentioned the 500,000 miles; that is a lot of wear-and-tear on their van. So, they are driving to do everything, to access care, their travel, et cetera.

The ability to buy a new vehicle every 10 years would help ease that burden and, also, there is another [inaudible] of our membership who buy a cheaper car because they can transfer from a manual chair into the driver's seat. And as they age, their shoulders go, their body goes like all of us, and they have to have the need to have either a ramp van or a lift seat to get into the driver's seat. That is a huge part of our population and to give them the opportunity to buy another vehicle within the 10-year window would be a very, very critical burden relieved.

Mr. TRONE. Thank you.

I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Trone.

I now call upon Representative Kaptur, who actually represents the district in our country that has the highest concentration of auto-manufacturing activity. So, following on that conversation, Representative Kaptur, you are recognized for 3 minutes.

**HON. MARCY KAPTUR,  
U.S. REPRESENTATIVE FROM OHIO**

Ms. KAPTUR. Mr. Chairman, what a pleasure to participate in this hearing today and to thank everyone who is a witness who has worked so hard to help our veterans across this country. Without you, I can guarantee you the World War II Memorial would not be in existence. All the housing programs we know, the healthcare programs we know, the improvements we have made to our veterans care centers around the country, my hats off to you. I salute you. Thank you so much.

I have a couple of concerns this morning. Any one, any advice you might have for our committee regarding improving housing opportunities for veterans in settings where they receive Shelter Plus Care, which programs do you think operate well, where do you think we could expand programs?

Secondly, on the issue of mental health, we know there is a huge need in the veterans community, but there is also a need in the civilian community. We are 100,000 doctors short in the behavioral

sciences in our country and that filters into the veterans system when we do not have enough individuals with the highest level of training in these extremely complicated fields dealing with the human brain.

And I am interested in any suggestions you might have where we might expand our efforts to help people afford an education or use our defense medicine systems more effectively and then require a period of service in our veterans facilities across the country, both for doctors and for advanced behavioral care nurses.

Do you have any thoughts on that, knowing that this member is extremely interested?

And, finally, when I first arrived in Congress many years ago and got on the Veterans Committee, before, I served on the Defense Committee, it became clear to me that in the research budget, other than VA, even though the majority of patients reported with behavioral science issues, the number of research protocols was down to almost nothing. There weren't even scientists there directing new research from the VA in this area.

Could you provide any insight on whether it has improved or we need to do much better there. So, a question of housing and then behavioral care, the production of nurses and doctors, and then third, the research budget.

Thank you all. Thank you, Mr. Chairman.

Mr. BUTLER. That was a lot, ma'am.

I can just jump in very quickly on the housing part just to really echo your call for more work to be done there. We have a program called the Quick Reactions Force. It is supported more than 2500 clients last year and the number two issue that people reached out to us, that veterans reached out to us for was on housing and homelessness.

So, I certainly don't have all the answers, but I will certainly work with you and your staff to find solutions, because that is a very big problem.

Ms. KAPTUR. Thank you so very much, Mr. Butler. Thank you.

Mr. ROWAN. Yes, I will jump in on the school—the need for more medics, basically, and that is what I would like to suggest, is that we need to expand the scholarship programs that we used to have for medics and [inaudible] in the military to convert them into doctors and physicians; not just physicians, but psychiatrists and psychologists, counselors, even. You know, there is such a desperate need all over the place.

So, I mean we need to—we have these people who go through great programs in the military and they get out of the military and nobody knows they exist. It is too bad. It is a loss.

Chairman TAKANO. Mr. Sacks?

Mr. ZURFLUH. Paralyzed Veterans supports that research. That is critical to our membership, for the record.

Chairman TAKANO. Thank you, Mr. Zurfluh.

Mr. Sacks, do you have something to say about this?

Mr. SACKS. Well, I want to speak as a cop for a minute. There is just not adequate funding for psychiatric care. It is worse now than when I started 30 years ago in law enforcement. So, you are absolutely right, but I know that there is only a limited amount of money, so you have to do the best you guys can, I guess.

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

I will remind you, Mr. Sacks that my colleague from the State of Ohio is on the Appropriations Committee as senior appropriator, so we are very fortunate to have her rejoin the Veterans Affairs Committee. I will just remind everyone that 10 percent of all the medical residencies in our country are funded through the VA.

I agree, we need to really examine this question of producing the medical practitioners across our country and include an initiative to get them into rural areas, as well.

So, anyway, I want to now call upon the now parked representative from the State of North Carolina, Mr. Cawthorn.

Mr. Cawthorn, I am pleased to see you are parked. You are recognized for 3 minutes.

[Laughter.]

**HON. MADISON CAWTHORN,  
U.S. REPRESENTATIVE FROM NORTH CAROLINA**

Mr. CAWTHORN. Well, Chairman Takano, I genuinely appreciate that.

Mr. Zurfluh, I wanted to just say I am in a wheelchair myself. I am not a veteran, but I do share your concern for veterans not being able to afford having hand controls in their vehicles. I know how much freedom that has provided me to be able to drive again. So, I will, on behalf of my staff, look into that.

I know you cited a [inaudible] that the House has that might have some funding for that, so we will look into seeing if we can [inaudible].

[Pause.]

Chairman TAKANO. Mr. Cawthorn, your cell phone connection is really spotty, so we can't hear you.

You know what, if you turn off the—even though you are a House member, for this, I am going to allow you to turn off your video. It might help with the bandwidth so we can hear your audio. That is my suggestion, maybe turn off your video so that we can hear you, hear the audio.

I don't know if you can hear me? Mr. Cawthorn, can you hear?

[Pause.]

Chairman TAKANO. We just cannot hear you. The transmission is just not working.

I want to go to Mr. Nehls while we work out the technical difficulties with the connection with Mr. Cawthorn.

Mr. Nehls, I'm going to recognize you for 3 minutes. Mr. Nehls? Mr. Nehls, we are having trouble with Mr. Cawthorn's transmission, so I am going to move to you while we work that out. So, I will recognize you for 3 minutes of questioning if you are ready.

Mr. NEHLS. Thank you, Chairman.

I really have no specific questions. I just want to thank everybody for what you do for our veterans and for your past service.

Mr. Rivera, I see your CIB up on your shoulder. Thank you—and your Purple Heart—I have one, as well, my CIB—and just thank everybody for what they do and our veterans, past, present, and future, they need our attention. They are struggling so much and we just have to do our veterans, and we must do them right.

And I believe, I have a lot of faith and confidence in our leadership on this committee and I know that we are [inaudible] the right things because our heart is in the right place. We can never, we must never ever forget our veterans and I believe we have the leadership and the personnel on these committees, as well as we support our organizations and there is mutual respect for each other.

And I look forward to serving on this committee and doing our veterans a whole lot of good. They need this attention. There is so much PTSD. There is so much struggle and strife out there that I am honored to be a part of this team and I want to thank you, sir, for your time.

Thank you all, ladies and gentlemen.

Chairman TAKANO. I thank you for those sentiments, Representative Nehls. I look forward to working with you.

It looks like Mr. Cawthorn is no longer connected.

I just wanted to see if there are any other members who have not asked questions who are interested in questioning our panel? It is my last call. Last call for members who wish to question?

[Pause.]

Chairman TAKANO. Otherwise, I will make some closing remarks. I will now call on my colleague Mr. Bost, if he has any, if he is still here, if he would like to make any closing remarks. He may not still be with us.

Then let me just thank all of our panelists for participating today. I have known many of you for a good while now and I appreciate the work that you do on behalf of our veterans, the advocacy, the ways that you hold our feet to the fire and you make us aware of the urgency of the work that we need to do.

And I thank all of my colleagues in both chambers for being here and their devotion to serving our veterans, as well.

So, with that, all members will have 5 legislative days to revise and extend their remarks and include extraneous material for the record.

Again, thank you for your presentation, panelists. This hearing is now adjourned.

[Whereupon, at 1:15 p.m., the hearing was adjourned.]





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**A P P E N D I X**

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## **Prepared Statements**

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**THE AMERICAN LEGION**  
*Veterans Strengthening America*

# The American Legion Legislative Agenda

Submitted to accompany testimony before Congress by  
American Legion National Commander James W. "Bill" Oxford  
March 4, 2021



[legion.org/legislative](https://legion.org/legislative)

## American Legion priorities amplified by the COVID-19 pandemic

A year ago, on the same day I delivered The American Legion's priorities for the second session of the 116th Congress, COVID-19 was declared a global pandemic by the World Health Organization. Suddenly, and continually since then, priorities shifted. But they did not go away. In fact, they grew in urgency.

Immediately into the pandemic, the nearly 3 million members of The American Legion Family did what they do best in times of crisis. They mobilized. They raised money, collected food, made or obtained personal protective equipment and distributed it, prepared meals for health-care workers and first responders, gave blood, fed children, supported local businesses, set up COVID-19 testing sites, assisted with vaccinations, conducted virtual job fairs and performed Buddy Checks for veterans and others who were suddenly self-isolating and in need of help – or simply longing for connection with other veterans who care.



**James W. "Bill" Oxford**  
The American Legion  
National Commander

The magnitude of The American Legion's performance – through what we call "individual obligation to community, state and nation" – has been, and continues to be, so great and multi-faceted, it simply cannot be quantified. We who have served in uniform understand fully that you can learn a lot about yourself and others during the most challenging of times.

We certainly learned that attention to mental health, suicide prevention and full staffing of VA health-care facilities is more vital than ever, especially when demand for services sharply and unexpectedly escalates, as it has. The American Legion's commitment to opportunities for veterans in transition – either coming out of military service or entering the job market after using their GI Bill benefits – also could not be more profound as the economy staggers into the pandemic's second year. The winter of 2020 and 2021 further amplified our collective need to put roofs over the heads of homeless veterans, who are particularly vulnerable to infection.

The pandemic has brought to light so many issues that have occupied The American Legion's priority list for Congress in recent years. Veterans in rural and remote areas who lack broadband internet access are completely left in the cold when doctor appointments are virtual only. The American Legion's Project ATLAS initiative is just starting to address the problem, which runs deeper than the good first step of providing tele-health services in properly equipped American Legion posts; we know we have the technology to deliver care where veterans live, so now we must act to deploy it. Post-traumatic stress disorder and isolation are also an often-deadly mix, so The American Legion's resolve to find new, effective ways to help our brothers and sisters who suffer with the invisible wounds of war is extremely acute today.

The pandemic certainly drove home the importance of recruiting, hiring and retaining nurses and other health-care workers. I call them the "infantry" in our battle against COVID-19, and VA health-care facilities need more of these courageous men and women, especially now.

Those with cancer and respiratory issues, as we know, are particularly susceptible to coronavirus infection. That reality, too, adds urgency to our nation's need to recognize and provide quality care for veterans who have been exposed to toxic contaminants, like smoke from burn pits, jet fuel of K2, and Agent Orange.

These are just some of the issues The American Legion looks to resolve in alliance with the 117th Congress. Additional subjects of concern are provided in this testimony publication so members of the legislative branch can fully understand what matters most to the nation's largest organization of wartime veterans and, moreover, how we can work together to get through a time like none other in U.S. history.

*James W. "Bill" Oxford*

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## 2020 victories and looking ahead to 2021

The American Legion ended 2020 with several key accomplishments. Below is a list of legislative victories from last year's Legislative Agenda for the second session of the 116th Congress, some of which have been decades in the making:

**Preventing Veteran Suicide:** S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, was signed into law by President Trump late in 2020. This bill was the most comprehensive piece of legislation ever to address veteran suicide and will provide veterans with increased access to mental health-care services and programs.

**Women Veterans:** Key provisions of the Deborah Sampson Act were passed during the 116th Congress through a variety of legislative vehicles, including H.R. 7105, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, and S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019. These provisions will significantly reduce Department of Veterans Affairs (VA) barriers to care for women veterans and expand services to address reintegration, homelessness and newborn care.

**Expand Agent Orange Benefits:** H.R. 6395, The Fiscal Year 2021 National Defense Authorization Act (NDAA), added Parkinsonism, bladder cancer and hypothyroidism to the list of presumptive conditions for Agent Orange exposure.

**Protect the G.I. Bill:** The Protect the GI Bill Act was successfully passed into law through H.R. 7105, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. This legislation provides common-sense oversight of schools and provides additional protections for students for a variety of situations, to include school closures.

Looking ahead to 2021, top issues for The American Legion in the first session of the 117th Congress include:

**Mental Health:** A critical aspect of mental health is a sense of community and peer support. The American Legion supports several bills that would increase access and resources for peer-support programs. The American Legion is working to reintroduce legislation based on our "Buddy Check" program, which would require VA to designate one week a year as Buddy Check Week, provide training for veterans on how to conduct personal





wellness checks and require VA to allocate additional resources for the Veterans Crisis Line. Additionally, The American Legion supports the PFC Joseph P. Dwyer Peer Support Program Act, which would launch a pilot program that would create local peer-to-peer mental health programs. We call for both bills to be reintroduced and passed during the 117th Congress.

**Toxic Exposures:** The American Legion is assisting lawmakers and fellow veterans' organizations in crafting and refining several proposed bills that aim to address service connection for presumptive conditions. We look forward to Congress reintroducing and passing the Toxic Exposure in the American Military (TEAM) Act of 2020, which would improve how veterans exposed to toxic substances receive health care and benefits in a variety of ways. This includes requiring VA to respond to new scientific evidence regarding diseases associated with toxic exposure within an established timeframe; ensures VA enters into agreements with the National Academies of Sciences, Engineering and Medicine to conduct scientific studies on toxic exposures; and provides testing through VA for eligible veterans exposed to toxic substances.

**Close the 90/10 Loophole:** The American Legion encourages legislation that ensures veterans receive better quality education and improves student outcomes for institutions approved for use of VA education benefits, by closing the 90/10 loophole.

**Addressing the Forever Wars:** The Global War on Terrorism has become the longest war in American history and has now spanned generations of U.S. servicemembers. Parents who fought in Iraq and Afghanistan have now seen their own children deployed there as well. Yet numerous administrations continue to use the 2001 and 2002 Authorizations for the Use of Military Force (AUMF) to justify military action, including airstrikes or operations, in more than a dozen countries in which Congress never specifically authorized any military action. The American Legion urges a renewal of a proper constitutional balance to American foreign policy decision-making by encouraging Congress to renew its proper war-making oversight role beginning with repealing or replacing the outdated post-9/11 AUMFs and by properly funding and staffing the nation's civilian tools of diplomacy.

**Citizenship for Honorable Service:** Immigrants to the United States often join the U.S. Armed Forces as a path to citizenship. Many veteran immigrants say they have been deported after discharge because they failed to acquire U.S. citizenship while in service. The American Legion supports measures to ensure the process of naturalization through military service is completed prior to discharge. This should include the reinstatement of the USCIS Naturalization at Basic Training Initiative, training for military recruiters and military chain of command about the naturalization process, and the reopening of all USCIS field offices abroad to serve servicemembers stationed overseas.

The American Legion looks forward to working with congressional leadership in the House and Senate Veterans' Affairs and Armed Services Committees in order to achieve more victories during another productive legislative calendar year.

## Care for Our Nation's Veterans



### Veterans and the COVID-19 Pandemic

More than 400,000 Americans have died due to the COVID-19 virus with the numbers steadily climbing every day. Although administration of COVID-19 vaccines began in late December 2020, it is clear that this pandemic's impacts will be felt for the foreseeable future. The American Legion and its members have stepped up to help other veterans and communities. Local posts have raised donations, provided grants, hosted food drives, and donated personal protective equipment to support those in need. Additionally, The American Legion's Buddy Check program, which encourages Legionnaires to provide peer support to one another, has been a critical way for veterans to stay connected during these uncertain times.

The pandemic has severely impacted veterans' health in a variety of ways. VA officials have reported more than 8,000 deaths from complications related to coronavirus since March 2020. It has limited veterans' access to care, may have exacerbated underlying medical conditions, or negatively impacted their mental health. Additionally, the pandemic has caused a backlog of veteran disability claims as many health appointments and hearings, such as disability compensation & pension exams, were forced online or delayed.

However, health issues are not the only COVID-related problems facing veterans. Like much of the population, veterans have lost their jobs or been forced to close their businesses due to the pandemic. VA has taken critical steps to address these issues, but there is more to be done. The American Legion looks forward to working with Congress and VA to ensure veterans continue to receive the care and benefits they deserve during these difficult times.

#### KEY POINTS

- » VA health officials have reported more than 8,000 deaths from complications related to coronavirus since March 2020.
- » VA's coronavirus deaths have now surpassed totals from both the Iraq and Afghanistan wars combined.

#### WHAT CAN CONGRESS DO?

- » Expand tele-health and tele-hearing options for veterans to ensure all veterans receive necessary care and to reduce the backlog of claims.
- » Reintroduce and pass the Ensuring Survivors Benefits during COVID-19 Act.



## The Future of VA Health Care

The American Legion believes in a robust veterans' health-care system designed to treat the unique needs of those who have served their country. VA's most important mission is providing high-quality health care and benefits when and where veterans need it. Passage of the Legion-supported VA MISSION Act of 2018 has given VA important tools to improve access to high-quality care either in person at VA facilities, virtually through tele-health, or with increased community care options. The future of VA health care is as a hybrid system of VHA-provided, comprehensive inpatient and outpatient services, supplemented by community care when it works best for the individual veteran.

The American Legion is concerned about how VA will care for veterans living in rural communities. Many veterans in rural areas struggle to make their appointments because of the great distances needed to travel to the nearest VA facility. Many rural areas are also underserved by private health providers due to a shortage of medical professionals. With congressional support, VA is making great strides in telemedicine as an important vehicle to help address barriers preventing rural and veteran populations from accessing quality care. As part of this, VA has teamed up with The American Legion to bring care to veterans in a familiar setting – their local posts. Through Project ATLAS (Accessing Telehealth through Local Area Stations), video-communication technologies and medical devices are being installed in selected American Legion posts to enable remote examinations through a secure, high-speed internet line. Veterans will be examined and advised in real time through face-to-face video sessions with VA medical professionals, who may be located hundreds or thousands of miles away. For example, American Legion Post 176 in Springfield, Va., hosts one of the first sites. Services offered do not require hands-on exams, such as primary care, nutrition, mental health counseling and social work. Project ATLAS centers are closer to veterans' homes, which allows VA to improve care and increase access.

Another technological innovation is VA's move to a new electronic health records system that links VA, Department of Defense (DoD), and community health-care providers to patient records. This ability provides veterans and clinicians with a complete picture of patients' medical histories, driving connections between military service and health outcomes. It also offers an improved and consistent patient-scheduling experience at VA medical facilities and community care partners nationwide.

These reforms require excellent leadership and talent in the VA health-care system. The future of VA health care is a hybrid and agile system that can fully leverage available technologies to address the needs of an increasingly diverse veteran population. The means by which VA delivers care may change, but one thing won't: VA should continue to deliver the best care anywhere to our nation's veterans. The American Legion stands ready as a true ally with Congress and VA to ensure that this nation's veterans have access to the world-class, compassionate care they have earned.

### KEY POINTS

- » Modernizing the VA health-care system and IT infrastructure is an investment in VA's future and the best path forward.
- » While the overall number of veterans in the United States has been steadily declining with the aging population, the number of veterans receiving health care has increased, in part due to expanded coverage for Vietnam veterans and also as a result of medical needs of new veterans coming home from 20 years of war.
- » Over the next 10 years, VA will move to a new electronic health records system that links VA, DoD and community health-care providers to patient records and unifies all VA facilities under one system.

### WHAT CAN CONGRESS DO?

- » Ensure that private-sector care meets the same rigorous quality, timeliness and reporting standards followed by VA, without limiting veterans' options.
- » Revitalize and modernize VA's aging IT infrastructure.
- » Ensure VA is accountable to deadlines proposed for various IT system upgrades and installations and that they remain fully funded.
- » Enhance VA's ability to offer tele-health services and tele-medicine to rural communities.

## VA Recruitment and Retention

The American Legion has long expressed concern about VA staffing shortages. Attracting, hiring and retaining top talent is critical to the Veterans Health Administration's (VHA) mission to provide high quality and timely care for the nation's veterans. Demand for VHA's services will continue to grow due to increasing demand from servicemembers returning from military operations in Afghanistan and Iraq and the growing needs of an aging veteran population. The COVID-19 pandemic has only exacerbated the situation as frontline health-care professionals test positive for COVID-19, care for family members, or quarantine out of precaution.

The American Legion was heartened when VA onboarded 20,000 new staff members in the months when the pandemic began and netting 8,000 workers, after accounting for departures, as of mid-year. Using various authorities during the pandemic, some of which were newly granted in the Coronavirus Aid, Relief and Economic Security Act, VA announced that it had brought its time-to-hire down from a 94-day average to 10-12 days. In some cases, VA has onboarded applicants in just three days.

### KEY POINTS

- » A 2020 VA Inspector General report lists medical officer and nurse occupations as the most commonly cited as having severe occupational staffing shortages and have been the most commonly cited occupations annually since 2014.
- » Psychiatry is the most commonly cited clinical occupation, and custodial worker is the most commonly cited nonclinical occupation with severe occupational staffing shortages.
- » Hiring of new health-care professionals and nonclinical staff is needed for the VHA to maintain a robust and viable care system for our nation's veterans.

### WHAT CAN CONGRESS DO?

- » Require VA to develop and implement a plan to hire directors at VA medical centers that lack permanent leadership and to prioritize hiring at those facilities that have lacked such leadership the longest.
- » Address the recruitment and retention challenges VA has regarding pay disparities among physicians and medical specialists who are providing direct health care to veterans.

- » Monitor VHA and Veterans Benefits Administration (VBA) plans to address the underlying causes of severe occupational staffing shortages.
- » Expand the number of medical provider recruiters and provide additional financial and non-financial incentives for medical providers in hard-to-recruit specialties and rural VA centers or those near tribal lands.
- » Assist VA with improving advertising of hiring incentives, increasing academic recruitment efforts, and expanding professional development of existing VA employees.



## Improving Care for Women Veterans

Women have served in the U.S. Armed Forces since the American Revolution. They have stood shoulder-to-shoulder with their male counterparts filling roles critical to our country's national security. Women are the fastest growing demographic in the armed forces and veteran community. According to recent VA data, they are expected to increase by 0.6% annually from 2015 on and to reach 2.2 million women veterans by 2045. VA must plan now to account for these demographic shifts and ensure that women veterans are provided high-quality care and resources.

With the recent passing of provisions of the Deborah Sampson Act, a comprehensive bill that addressed the needs of many women veterans, VA has the opportunity to oversee these programmatic changes, research initiatives, and encourage the creation of a gender-inclusive environment within VA medical facilities. VA must be prepared to serve the gender-specific needs of women veterans now that Congress has given it the tools to do so.

Additionally, VA should consider the barriers women face when seeking health services. While VA offers Maternity Care Coordinators at every VA medical center, this program often goes overlooked and underutilized, due to VA's lack of promotion. The American Legion urges Congress to extend post-delivery care services for newborns and examine the need for childcare services within VA facilities for the convenience of veterans seeking medical treatment pre- and post-delivery.

### KEY POINTS

- » Women have voluntarily served in every war since the American Revolution.
- » By 2045, the number of women veterans will rise to 2.2 million, doubling the share of veterans who are women, from 9% to 18%.

### WHAT CAN CONGRESS DO?

- » Provide timely oversight of recently passed legislation that addresses VA care inequity toward women veterans.
- » Offer quality childcare services at VA medical centers.
- » Urge VA to become better prepared for the gender-specific needs of the fastest-growing demographic within the veteran community, by offering extended and quality newborn care in VA medical centers.

## Improve Access to Care for MST Victims and Survivors

According to recent DoD information, there has been an increase in reports of Military Sexual Trauma (MST) by 3% in Fiscal Year 2019, compared to Fiscal Year 2018.<sup>1</sup> MST is an issue in the military community and rears its ugly head throughout the survivor's life. The American Legion is deeply concerned with the presence of MST in DoD and how it is addressed within VA. There is much to be desired with how VA handles disability claims regarding MST.

It is VA's duty to provide care to MST survivors without re-traumatization or unjustifiably long wait times for services and treatment. This can be accomplished by encouraging compliance with recently passed legislation to ensure proper sensitivity training and culture change from the top down.

### KEY POINTS

- » MST is a military issue; this traumatic experience does not exclusively belong to one gender or sexual orientation.
- » Incidents of MST within the military have increased annually by 3%, according to DoD.

### WHAT CAN CONGRESS DO?

- » Ensure and verify compliance with VBA's MST sensitivity training and Directive 1115.
- » Provide VA with all necessary resources to equip veterans on their journeys to recovery from incidents and effects of MST.
- » Pass legislation that ensures a proper handoff occurs between DoD and VA for survivors of MST seeking care at VA facilities.
- » Assist VA in creating reporting and claims filing processes that prevent re-traumatization of veterans when documenting or filing disability compensation claims.

## Support for Veteran Caregivers

Caregivers play vital roles in many aspects of veterans' lives. They often manage the home, finances and other needs of their families. However, their most taxing role is serving as the link between VA, the veteran and society as a whole. These various roles, juxtaposed with typical life stressors, can be strenuous on mental health. In the veteran space, it has been shown in several academic studies that by utilizing peer support, "burn out" – one's own physical, emotional and mental exhaustion – can be prevented.

The American Legion recognizes the significant daily contributions the veteran caregiver population makes and will continue to work to ensure that their needs are met. VA has a duty to support caregivers to ensure that they can provide quality care to our veterans. This can be accomplished by expediting the caregiver's application program, promoting open lines of communication regarding benefits, and providing quality peer-support opportunities.

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<sup>1</sup> United States, Congress, Sexual Assault Prevention and Response. Department of Defense Annual Report on Sexual Assault in the Military. United States Department of Defense Sexual Assault Prevention and Response, 28 Apr. 2020. [www.sapr.mil/sites/default/files/1\\_Department\\_of\\_Defense\\_Fiscal\\_Year\\_2019\\_Annual\\_Report\\_on\\_Sexual\\_Assault\\_in\\_the\\_Military.pdf](http://www.sapr.mil/sites/default/files/1_Department_of_Defense_Fiscal_Year_2019_Annual_Report_on_Sexual_Assault_in_the_Military.pdf).

## KEY POINTS

- » Veteran caregivers have a complex, multifaceted role in the lives of veterans, often providing around-the-clock physical and mental care, steady income, and fulfillment of day-to-day household duties.

## WHAT CAN CONGRESS DO?

- » Pass legislation that encourages caregiver involvement and open and frequent lines of communication about the veteran's health-care needs.
- » Ensure VA provides the necessary mental, social and financial support for veteran caregivers of all eras, through the VA's Caregiver Support program.

## Mental Health

The COVID-19 pandemic has negatively affected many people's mental health and created new barriers for those suffering from mental illness and substance abuse disorders.<sup>2</sup> This year, the Centers for Disease Control and Prevention (CDC) revealed the results of a survey conducted in late June that demonstrated the physiological and emotional impact of the COVID-19 pandemic. The survey showed that reports of anxiety were nearly three times higher than those reported in 2019, and reports of depression were nearly four times higher.<sup>3</sup> Additionally, another CDC survey found that 13.3% of respondents reported starting or increasing the use of drugs or alcohol this year. Additional stressors and increase in substance use as a result of the global pandemic have exacerbated pre-existing mental health conditions for many. Unfortunately, The American Legion has found this to be a common occurrence within the veteran community.

Recent statistics have shown that veterans experience higher suicide rates when compared to their civilian counterparts. VA, along with members of the veteran community, are no strangers to the impacts of suicide. While mental health needs manifest themselves in various ways, some more severe than others, all need quality treatment options that address military and veteran-specific needs. VA must continue to address two common risk factors in the veteran suicide epidemic: substance abuse and post-traumatic stress disorder (PTSD).

PTSD is a mental health concern that has plagued the military and veteran community for years. Unfortunately, due to the recent impacts of COVID-19, PTSD and other mental health concerns among veterans have increased due to social, financial and health-related hardships. The American Legion conducts a biennial Mental Health Survey to analyze treatment for PTSD among veterans and will socialize results with Congress and VA in hopes of providing insight on how best to counter the impacts of COVID-19.

Substance abuse is also known to be a harmful result or identifier of deeper mental health concerns. Substance abuse can take many forms including alcoholism, narcotics use and misuse of prescription or over-the-counter drugs. While opioids can be offered as a useful short-term or controlled treatment plan to alleviate pain for a variety of health concerns, informed consent and education on the cause and effects of substance-use disorders should be offered to participating veterans by licensed clinicians. The American Legion believes this will not only provide self-efficacy and educated health decisions in the veteran's health journey, but it will have a positive impact on the growing issue of substance abuse in the veteran population.

There are many factors to consider when addressing mental health issues: biological, psychological and social elements. Therefore, the approach to addressing mental health concerns should be cognizant of these elements when exploring types of therapies, medications and community reintegration options.

<sup>2</sup> Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., & Chidambaram, P. The implications of COVID-19 for mental health and substance use. Kaiser Family Foundation. (2020). Retrieved from: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>3</sup> Czeisler, Mark E., Rashon I. Lane, Emiko Petrosky, Joshua E. Wiley, Aleta Christensen, Rashid Njai, Matthew D. Weaver et al. "Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020." *Morbidity and Mortality Weekly Report* 69, no. 32 (2020): 1049.

## KEY POINTS

- » In 2017, The American Legion established a suicide-prevention program to encourage conversations on the review of methods, programs and strategies that can best address and reduce veteran suicide.
- » The American Legion is scheduled to conduct its 2021 Mental Health Survey to understand the impact of the COVID-19 pandemic in regard to mental health.

## WHAT CAN CONGRESS DO?

- » Encourage VA to provide informed consent on various psychotropic drugs that are being recommended for patient treatment, to ensure safe and informed usage.
- » Provide oversight of the legislation that provided vast research and pilot program opportunities to address suicide rates within the veteran community.
- » Continue to monitor and address evolving issues related to the COVID-19 pandemic and mental health.
- » Provide additional resources to existing and new peer-support programs.



## Peer Support

Servicemembers become members of something larger than themselves when they join the military. They join a diverse family that provides around-the-clock emotional and social support. When servicemembers transition out of the military and back to the civilian world, they can feel isolated. The series of emotional and environmental changes that accompany transition may cause mental health issues, substance abuse and even financial insecurity.

Veteran Service Organizations (VSOs) serve as the connective tissue between veterans, VA and the community. This is why The American Legion proudly facilitates its “Buddy Check” program among members and all veterans who wish to participate. This peer-to-peer outreach creates an opportunity to have an open and candid dialogue with someone who has shared similar experiences. The American Legion urges Congress to pass legislation similar to the S. 4657 “Buddy Check” bill that was introduced in the 116th Congress which would require VA to designate one week each year as “Buddy Check Week” for the purpose of outreach and education on peer wellness checks for veterans.

Peer-support programs can provide a network of support during turbulent times and can take many forms. VA has recognized the value of these networks and in response has implemented Peer Support Programs at various facilities across the nation but not at all VA facilities. VSOs bridge the gap and connect veterans with the community and the services they have earned. To this end, The American Legion supports the PFC Joseph P.



Dwyer Peer Support Program Act, which would create a pilot program that provides grants to place peer-support specialists in local posts.

### KEY POINTS

- » Studies show that peer-to-peer support improves social and emotional wellbeing.
- » Peer support services have also been recognized as most beneficial when utilized by the veterans' families and caregivers.

### WHAT CAN CONGRESS DO?

- » Ensure the passage of legislation similar to S. 4657 "Buddy Check Week" bill which would require VA to designate one week each year as "Buddy Check Week" and provide educational opportunities on how to conduct peer-wellness checks.
- » Encourage VA and VSO collaboration to ensure the needs of veterans are addressed and met with, whether the veteran chooses to use VA services or not.
- » Reintroduce and pass the PFC Joseph P. Dwyer Peer Support Program Act, which would create a pilot program that provides grants to place peer-support specialists in local posts.

## TBI

Traumatic brain injury (TBI) is a sudden injury that causes damage to the brain when there is a blow, bump, blast or jolt to the head. Commonly known as "the signature wound" of recent wars, TBI has remained a priority for The American Legion. Originally created through Resolution No. 9: Appointment of TBI/PTSD Committee in 2015, The American Legion's TBI, PTSD, and Suicide Prevention Committee has continued to advocate for veterans suffering from this injury.

TBI can be accompanied by many symptoms, including depression, anxiety, irritability, insomnia, personality changes and memory and emotional regulation issues. What makes TBI particularly difficult to treat is its symptoms similarity with PTSD. This symptom overlap makes identifying the source of these symptoms a complicated task. In addition, the symptoms of TBI may exacerbate symptoms of PTSD and vice versa.

The most concerning and ongoing issue of TBI is the number of related symptoms that are common risk factors of suicide. As we continue to adjust to the coronavirus' societal impacts, we must monitor how "our new normal" has affected those dealing with TBI and other associated mental health issues. Recent research shows that individuals who have experienced past traumas are more likely to develop new mental health symptoms or experience worsening symptoms as they encounter new traumas.<sup>4</sup>

### KEY POINT

- » The American Legion TBI, PTSD and Suicide Prevention Committee encourages the advancement of research into the complex issues of those who have experienced TBI, through new innovative care options.

### WHAT CAN CONGRESS DO?

- » Pass legislation to provide oversight and funding to VA for innovative, evidence-based, complementary and alternative medicine (CAM) in treating TBI/PTSD.
- » Pass legislation that empowers veterans' abilities to choose treatments that work best for them to address TBI and PTSD while ensuring that veterans are counseled regarding the treatments so they can give informed consent to alternative medications and treatment options.

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<sup>4</sup> Lynsay Ayer et al., "Behavioral Health of Gulf Coast Residents 6 Years After the Deepwater Horizon Oil Spill: The Role of Trauma History," *Disaster Medicine and Public Health Preparedness* 13, no. 3 (June 2019): 497-503, DOI: 10.1017/dmp.2018.84



## Toxic Exposures During Service

The exposure of military personnel to toxic substances, both while deployed overseas or stationed at home, has been an ongoing issue across a range of wars and generations. These exposures have resulted in conditions and illnesses among veterans which can have long-lasting adverse effects on health and quality of life. The American Legion has fought an ongoing struggle for service-connected disability benefits for adverse health conditions linked to exposures from various toxic substances.

It took decades for VA to provide relief for veterans of Vietnam exposed to Agent Orange. The U.S. government still has yet to finish its work for Vietnam veterans, and we have already begun the cycle anew with the current generation of servicemembers who served in Iraq and Afghanistan. Millions of servicemembers have been deployed in the Global War on Terrorism, and a disturbingly high percentage of them have been exposed to toxic hazards during their service, from burn pits in Iraq and Afghanistan to radiation exposures at Karshi-Khanabad (K2) in Uzbekistan. Yet, VA has not conducted sufficient studies to determine illnesses and diseases directly related to various types of toxic chemicals, nor has it begun to develop a list of presumptive conditions.

We must break this cycle of providing care that is considered “too little, too late” for our veterans. They cannot wait decades to receive the care they need and rightfully deserve.

### KEY POINTS

- » Generations of veterans were exposed to various toxic and environmental hazards that continue to affect them and their children.
- » Veterans exposed to toxicants have been forced to endure a long and arduous journey before receiving health care and benefits for diseases stemming from exposure during their military service.
- » As many as 3.5 million service members are estimated to have been exposed to burn pits since Sept. 11, 2001.

### WHAT CAN CONGRESS DO?

- » Reintroduce and pass the Toxic Exposure in the American Military Act of 2020, the “TEAM Act of 2020.”
- » Require VA to properly study and understand toxic chemicals veterans were exposed to, where exposures occurred, and develop a list of health conditions related to them.

## Reduce the Backlog of Veterans Claims and Appeals

A severe backlog of VA benefits claims and appeals continues to exist. For each one of these claims, a Compensation and Pension (C&P) Examination must be performed to determine if a disability is connected to military service. Recently, VA turned over 100% of its C&P exams to vendors in the private sector, except in certain cases, such as those who are currently admitted to VHA facilities.

In January 2020, the Chairman of the Board of Veterans Appeals (BVA) reported that the BVA had set a goal of performing 50,000 hearings for veterans who have appealed their cases. The chairman believes that such a goal can be met through the widespread use of virtual hearings – a new option introduced by the board last year as an alternative to in-person or videoconference hearings. Through this online technology, veterans' hearings can be scheduled more quickly and will significantly alleviate veterans' travel expenses.

VA has worked diligently to reduce its backlog of new disability claims from its peak of 611,000 in March 2013 to its all-time low of 64,000 in December 2019. The COVID-19 pandemic significantly impaired VA's ability to process claims as it was forced to suspend in-person C&P exams for several months, and the amount of VA personnel able to work on claims was limited to mitigate exposure of staff to the virus. VA must redouble its efforts again to bring the backlog back down to a manageable level.

### KEY POINTS

- » VA's Undersecretary for Benefits reported that the COVID-19 pandemic has led to a backlog of about 300,000 disability claims.
- » New virtual tele-hearing options provide veterans with the flexibility and convenience of attending board hearings from personal computers or mobile devices.

### WHAT CAN CONGRESS DO?

- » Expand virtual board hearing options for veterans to ensure they receive benefits earned through their service and to reduce the backlog of claims and appeals.
- » Reassign C&P exams to VA as a temporary measure to reduce the C&P backlog.
- » Establish interim benefits for veterans awaiting action on claims for service-connected disabilities if no action is taken within the first 125 days of the claim's submission.

## VA's National Cemetery Administration

The VA National Cemetery Administration (NCA) was established by Congress and approved by President Lincoln in 1862 to provide proper burial and grave registration of the Civil War dead. More than 3 million Americans, including veterans of every war and conflict, are buried in VA's national cemeteries.

However, cemeteries are running out of space, particularly in urban areas where there are large populations and land is expensive. VA has worked to handle this issue through programs such as the urban initiative which would establish columbarium-only national cemeteries in certain urban areas. According to a 2019 Government Accountability Office (GAO) report, VA planned to provide reasonable access (within 75 miles of their home) to burial options for every veteran at a national or state veterans cemetery, which would establish 18 new national cemeteries. However, NCA has made limited progress on these plans and has had difficulty acquiring land for new cemeteries and columbaria. Only about 92% of veterans had reasonable access to burial options in Fiscal 2018. All veterans should have access to proper burial sites in recognition of their service.

The American Legion urges Congress to appropriate necessary funds to establish additional national and state cemeteries and columbaria and ensure that all veterans can be buried with the appropriate honor they deserve.

**KEY POINTS**

- » More than 3 million Americans veterans of every war and conflict are buried in VA's national cemeteries.
- » Congress must provide sufficient major construction appropriations to permit NCA to accomplish its stated goal of ensuring that burial in a national or state cemetery is a realistic option by locating cemeteries within 75 miles of 90% of all veterans.
- » Only about 92% of veterans had reasonable access to burial options in Fiscal 2018.

**WHAT CAN CONGRESS DO?**

- » Appropriate the necessary funds to establish additional national and state cemeteries and columbaria wherever a need is apparent and ensure appropriate oversight of the maintenance of these facilities and grounds.



## Career Transition, Education & Economic Opportunity for Servicemembers & Veterans



### Transition Assistance Program

The most critical period in a veteran's ability to succeed in the civilian job market is the period of transition between active duty and civilian life. With our nation continuing to face the challenges of the COVID-19 pandemic, it is critical that servicemembers receive meaningful transition assistance before separating. The American Legion strongly supports mandatory Transition Assistance Program (TAP) training for all departing servicemembers, including those separating from Reserve and National Guard components.

Congress and the DoD have made meaningful strides to improving TAP over the last few years. The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 called for VA to carry out a one-year independent study of TAP to research the program's effectiveness and a five-year longitudinal study comparing TAP programs. The American Legion looks forward to these studies and stands ready to assist VA and DoD in developing future programming.

#### KEY POINTS:

- » The National Defense Authorization Act (NDAA) of 2021 authorized a pilot program for off-base transition training to make the transition process easier for veterans and spouses by giving them more time to access resources and digest the information.
- » The new NDAA also provides grants to eligible organizations to provide transition assistance to recently discharged veterans in résumé assistance, interview training and job-recruitment training.

#### WHAT CAN CONGRESS DO?

- » Hold federal agencies accountable for implementing the John McCain NDAA for the Fiscal Year 2019 adapted provisions of the Better Access to Technical Training, Learning and Entrepreneurship for Servicemembers Act (BATTLE for Servicemembers Act), which folds optional two-day workshops on higher education, skills training and entrepreneurship into the five-day TAP workshop.

- » Hold VA accountable for completing studies of TAP, as directed by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 and the NAVY Seal Chief Petty Officer William "Bill" Mulder (Ret.) Transition Improvement Act provisions of the Fiscal Year 2021 NDAA.
- » Introduce legislation to authorize military spouses to accompany servicemembers participating in TAP.

## Veterans Preference Hiring

The American Legion believes that federal and state governments should set the standard for hiring veterans. Government employers, more than any others, should be acutely aware of the unique advantages veterans bring to the table when working on their teams. Veterans Preference Hiring benefits the government and assists veterans from every socioeconomic class, gender, religion, ethnicity, sexual orientation and creed.

With the Office of Personnel Management and VA consistently requesting changes to federal hiring authorities and practices, The American Legion opposes any changes that degrade current Veterans Preference Hiring authorities. The American Legion strongly opposes recent policy proposals that have suggested limiting Veterans Preference Hiring to 10 years after service. Those who answer the call to service in the U.S. Armed Forces should be able to join the ranks of the civil service any time they choose to serve the nation again.

### KEY POINTS:

- » Veterans have made up over 30% of the federal workforce since 2017.
- » Alongside veterans' preference, there is the Veterans' Recruitment Appointment authority which allows agencies to appoint eligible veterans to certain positions without competition.
- » In June 2020, the National Commission on Military, National, and Public Service issued a report recommending limiting veterans preference to 10 years after an individual's separation from the military to better target servicemembers trying to transition to civilian careers.

### WHAT CAN CONGRESS DO?

- » Oppose any legislation that degrades current Veterans Preference Hiring, including proposals that limit it to 10 years after service.
- » Mandate that agencies using new hiring authorities report annually to Congress on the employment levels and representation of veterans in their workforces, along with the number of veterans hired using these new authorities.
- » Include in that required report a catalog of all veteran recruiting and applicant sourcing activities to ensure the veteran community is aware of job opportunities, regardless of hiring authority and any other activities that demonstrate commitments to conducting affirmative outreach to veterans.
- » Require that agencies develop best practices in administrative measures and resources that educate and train human resources professionals and hiring managers on the value of veterans and military spouses and facilitating the translation of military-to-civilian work experience.

## Eliminate Veteran Homelessness

The causes of homelessness can be grouped into three categories: economic hardships, health issues and lack of affordable housing. Although these issues affect all homeless individuals, veterans face additional challenges in overcoming obstacles, including prolonged separation from traditional support, such as family and friends; stressful training and occupational demands, which can affect personality, self-esteem and the ability to communicate after discharge; and non-transferability of military occupational specialties into the civilian workforce.

Addressing veteran homelessness isn't the job of just one federal agency. It requires complex coordination among multiple stakeholders at the federal, state and local levels. The American Legion is proud to have advocated for

numerous programs and improvements to existing programs passed in the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 last Congress. This comprehensive legislation expanded current federal grant programs, provided funding for legal services for homeless veterans and veterans at risk for homelessness, and requires VA to address staffing shortcomings for case managers in the Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program.

The American Legion is focused on preventing homelessness through the simple mantra, “Get them before they get on the street.” The American Legion offers support to at-risk and/or homeless veterans and their families, advice and counseling, assistance obtaining care and benefits, financial help, career fairs, business development workshops and other forums.

#### **KEY POINTS:**

- » Twenty-one out of every 10,000 veterans were homeless in 2019. Overall, 17 out of every 10,000 Americans are homeless.
- » COVID-19-related unemployment rates and evictions are a cause for alarm. Despite government moratoriums, evictions are still occurring throughout the United States, and a surge is expected of veterans seeking assistance from homeless service providers.
- » Female veterans are the fastest-growing demographic among the homeless population in the United States.
- » VA has helped house or prevent more than 800,000 veterans and their families from experiencing homelessness since 2010.

#### **WHAT CAN CONGRESS DO?**

- » Hold VA accountable for staffing 100% of HUD-VASH case managers, including using newly enacted authorities to contract the position out when a vacancy exists for an extended period of time.
- » Permanently authorize the supportive services for veterans and families.
- » Provide a higher allocation of project-based HUD-VASH vouchers for homeless veterans.



## Close the 90/10 Loophole

The American Legion is a leader in advocating for educational benefits for our nation's heroes. Bad actors stand ready to exploit veterans each time benefits expand. Congress has a responsibility to safeguard veterans from predatory institutions and should immediately pass legislation to close the "90/10 loophole."

Under current law, for-profit colleges may receive no more than 90% of their revenue from federal aid. At least 10% of revenue must be acquired outside of federal aid so that the Department of Education has quality assurance. If a college offers a quality education at a competitive price, someone other than the federal government, such as employers, philanthropic scholarships or students, will be willing to pay for attendance at the school. VA and DoD education programs are statutorily counted as private dollars on the 10% side, allowing schools to report GI Bill and DoD Tuition Assistance as private dollars, resulting in aggressive recruitment.

The American Legion believes that legislation is needed and federal action should be taken to ensure better quality and student outcomes for servicemembers and veterans, by excluding DoD and VA funds from the 90/10 calculation for federal student aid.

### KEY POINTS:

- » VA-approved schools now provide in-state tuition rates to all veterans regardless of residency status.
- » Legislation closing the 90/10 loophole has been introduced every year since 2011. The Protect Veterans' Education and Taxpayer Spending Act is the first bill that closes the loophole and has earned bipartisan support.

### WHAT CAN CONGRESS DO?

- » Pass the Protect VETS Act to close the 90/10 loophole that counts VA and DoD educational funds as private dollars.
- » Ensure the implementation of the safeguards of the Protect the GI Bill Act adapted provisions passed in the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 that reinstates GI Bill benefits to students whose schools have closed, as well as implementation of additional GI Bill oversight of schools.





## American Made for Critical Goods

Outsourcing manufacturing to foreign countries with low-cost labor results in job loss, the decline of the American middle-class and undermines U.S. national security interests. The American Legion recognizes the reality of a globalized economy; advocating for wholesale insourcing of all products and decoupling the U.S. economy from the world is not an option. As a nation, the United States must chart a course to eliminate dependencies on foreign sources for products that have national security and strategic importance.

The American Legion believes the U.S. supply chain of emergency medical and personal safety supplies should be stronger and more resilient. The COVID-19 pandemic-induced product shortages and price gouging exposed the disadvantages of globalization and over reliance on foreign-sourced goods. The Buy American Act only requires that goods purchased by the federal government are 50% manufactured in the United States. A substantial amount of raw materials and components in “Made in USA” labeled goods are sourced overseas. This statutory deceit must be fixed.

The American Legion has long recognized the importance of VA contracting vehicles that make up its medical supply chain and understands the need to secure that supply chain with U.S.-sourced products to ensure that VA can provide adequate care for veteran patients in emergency times. The American Legion supports legislation that would require VA and the DoD to adopt a “Buy American” policy.

### KEY POINTS

- » Italy was home to one of two factories that made the vast majority of nasal swabs used in the kits required for COVID-19 tests. When Italy became the epicenter of COVID-19, this became the weakest link in our medical supply chain, severely hampering testing capacity.
- » In 2019, U.S. manufacturing dropped to the smallest percentage of GDP since 1947.
- » The Biden Administration has pledged to close the 51% loophole and pursue complaints filed with the Federal Trade Commission on “Made in America” branded products manufactured in China.

### WHAT CAN CONGRESS DO?

- » Require VA and DoD to adopt a “Buy American” policy for products critical to veterans’ care and reduce dependence on foreign-sourced products.
- » Require the government to support veteran entrepreneurship and increase federal procurement opportunities for veterans.

## Licensing and Credentialing

DoD provides the best vocational training in the nation for its military personnel. Many occupational career fields in the military translate to civilian jobs. However, there are occupations in the civilian workforce that require a license or certification. Every year, skilled servicemembers miss out on the chance to quickly move into good, high-paying, career-building jobs because they must undergo lengthy and expensive retraining to meet civilian requirements, often for the same type of jobs they held in the military.

To respond to these challenges, The American Legion joined forces with Lumina Foundation in 2019 to launch the Military Credentialing Advancement Initiative (MCAI). MCAI convened small groups of public and private sector stakeholders across industry, education, labor, and the military to compile models and principles that have been successfully executed to lower credentialing barriers for servicemembers. Our recent MCAI Report published these results and included public-private partnerships, recognition of learning and stackability of credentials, tools, resources and the latest research on military hiring trends.

While this report focuses on many private-sector and state-level solutions, Congress has its own opportunities to strengthen the pipeline between military training, transition and employment.

**KEY POINT**

- » In 2019, more than 23,000 servicemembers earned civilian credentials, and more than 12,000 participated in DoD's Skillbridge Initiative.

**WHAT CAN CONGRESS DO?**

- » Pass the Work for Warriors Act of 2020 to authorize a pilot program to enhance efforts to provide advanced job-placement assistance and employment services directly to members of the National Guard and Reserves. The program would be modeled after California's Work for Warriors Program, which has successfully created more than 900 business partnerships throughout the state.
- » Pass the National Apprenticeship Act of 2020 to reauthorize the historic National Apprenticeship Act and codify many of the regulations into statute and modernize them to meet today's workforce's needs through targeted grants and partnerships.
- » Convene roundtables with cross-sector stakeholders to discuss best practices to lower credentialing barriers and empower veterans to faster tracks toward employment.

## Financial Protections for Veterans Against Predatory Lenders

Military service often makes servicemembers targets for predatory and unscrupulous lending practices. Everyone who has served has heard the horror stories of auto loan rates of more than 20%, and reverse mortgage schemes for older veterans and military retirees who are desperate to remain in their homes.

The Consumer Financial Protection Bureau (CFPB) was created in 2011 in the aftermath of the economic crash a decade ago. The CFPB has recovered millions of dollars in relief for servicemembers, veterans and military families from companies that targeted them with scams or illegal practices. CFPB's Office of Servicemember Affairs (OSA) works to help military families overcome unique financial challenges by providing educational resources, monitoring complaints and working with other agencies to solve problems faced by servicemembers.

The American Legion supports expanding the authority of the CFPB to conduct supervisory examinations for violations of the Military Lending Act and improving servicemember financial protections and enforcement. The American Legion opposes any legislation that undermines the powers of the CFPB with respect to protection of servicemembers, veterans and their families.

**KEY POINT**

- » The CFPB announced 25 new enforcement actions between July and October 2020, as part of another investigatory sweep concerning potential unlawful advertising by mortgage companies offering mortgages guaranteed by VA.

**WHAT CAN CONGRESS DO?**

- » Expand the authority of the CFPB to enforce violations of the Military Lending Act.
- » Oppose repeals of CFPB's rule on arbitration agreements and bar servicemembers, veterans and other consumers from joining in court against unscrupulous financial institutions.

## Maintain a Strong National Defense



### Ensure the Coast Guard is Paid

The U.S. government recognizes that the military cannot take time off protecting the nation and has rightfully ensured that the DoD is paid during government shutdowns. However, the U.S. Coast Guard does not receive the same consideration. Government shutdowns have a terrible effect on the federal government's ability to function, partly because it cannot pay its employees. Often these employees who are furloughed get their wages in back pay after the government shutdown ends, but this can have major short-term repercussions on those servicemembers who cannot pay their monthly bills.

The Coast Guard employs approximately 42,000 active-duty, reserve and civilian personnel and is organized under the Department of Homeland Security (DHS). When government shutdowns sequester the DHS budget, members of the Coast Guard are among the thousands of federal employees who do not receive pay. Despite not being paid, they continue to work because their jobs are a matter of national security.

During the 2019 government shutdown, The American Legion issued more than \$1 million in expedited Temporary Financial Assistance grants to Coast Guard personnel and their families. The American Legion believes that the Coast Guard should continue to be paid even in the event of a government shutdown, just like the other uniformed services.

#### KEY POINTS:

- » The U.S. Coast Guard is the only branch of the uniformed services that does not fall under the DoD. During federal government shutdowns, Coast Guard personnel are exposed to working without pay.
- » In nearly every conflict that the United States has been involved in, the president has transferred all assets of the Coast Guard to the Department of the Navy because the Coast Guard is a unique branch of the military responsible for maritime security, search and rescue, port security, law enforcement and military readiness with jurisdiction in both domestic and international waters.

#### WHAT CAN CONGRESS DO?

- » Reintroduce and pass legislation, such as the Pay Our Coast Guard Act and Pay Our Coast Guard Parity Act of 2019, which would ensure that the Coast Guard is paid in the event of a government shutdown.

## Military Quality of Life

The U.S. military's greatest resource is its personnel and their families. Without highly qualified, dedicated men and women, even the most sophisticated weaponry will not provide the deterrent force necessary for our nation's protection.

Military quality of life has many factors, including proper compensation, fair treatment, career stability, appropriate housing, adequate health care, access to commissaries and sufficient day-care facilities. Servicemembers have enough to worry about with their normal duties and should not need to be concerned about ensuring their families are safe and properly cared for. Childcare remains an issue as many military families could not use installation childcare providers due to lengthy waiting lists, even before the pandemic. Now there are even fewer spots available for childcare as facilities try to mitigate the risks of COVID-19. Housing remains a recurring problem as it has been discovered that many military privatized housing companies provided substandard housing to military families that contained toxic substances and mold. A recent GAO report found that the DoD oversight of military privatized housing remains inadequate to ensure that military families have suitable housing. Proper funding and oversight of these quality-of-life benefits ensures that servicemembers can focus on safeguarding and defending this great nation rather than worry about their families.

The American Legion believes that legislation and federal agency action should be taken to ensure quality-of-life standards for servicemembers and their families through increased funding for programs that enhance military quality of life, protect existing benefits and provide proper oversight of DoD and its contractors.

### KEY POINTS:

- » DoD considers childcare services a quality-of-life benefit and DoD officials have indicated that the primary reason for providing childcare services is to enhance force readiness.
- » DoD policy ensures that childcare services support readiness, retention and morale of the total force during peacetime, overseas contingency operations, periods of force structure change, relocation of military units, base realignment and closure and other emergencies.
- » By using commissaries, military families can save an average of more than 30% on their purchases, compared with commercial supermarkets.

### WHAT CAN CONGRESS DO?

- » Provide increased funding for childcare centers and ensure that servicemembers have affordable access to it.
- » Continue to fully fund and retain the military commissary system which is essential to morale and readiness.
- » Rebuild military infrastructure by increasing funding for facilities sustainment allowing for military construction, including family housing.
- » Consistently pass the National Defense Authorization Act without the need for continuing resolutions, to provide reliable, consistent funding and ensure that all military members are paid without delay.

## Addressing, Memorializing the Forever War

Nearly two decades after the terrorist attacks on Sept. 11, 2001, American troops continue to wage war in Iraq and Afghanistan. The primary mission of U.S. military forces has been the Global War on Terrorism. The so-called "forever war" or "endless war" has been the basis for an ever-expanding range of military deployments and supporting operations around the world.

The war in Afghanistan, for example, has spanned a generation. And for some families, the idea of multi-generational war takes on new meaning. Parents who fought in Afghanistan have seen their own children deployed there as well. An entire generation has lived through the Global War on Terrorism and its successor campaigns. However, since 1945, when the United States assumed the role as global peacekeeper, war has been a way of life.

Arguably there have been only two years in the past 75 years (1977 and 1979) when the United States was not fighting in foreign countries or lesser-known corners of the world.

The United States continues to be a force for good as it strengthens resilience among partners and allies. Yet cuts to the U.S. Department of State have significantly inhibited America's ability to make diplomacy the pillar of foreign policy and defense strategy. Complex global threats cannot be solved by military power alone. The American Legion urges Congress to pass legislation to ensure that the Department of State and the U.S. Agency for International Development (USAID) have the necessary resources to address the root causes of violent conflict. Furthermore, The American Legion urges a renewal of a proper constitutional balance to American foreign policy decision-making by encouraging Congress to renew its proper war-making oversight role by repealing or replacing the outdated post-9/11 Authorizations for Use of Military Force (AUMF).

Also, in light of the nearly 3 million American servicemembers who have deployed abroad since 9/11 – thousands of deaths and tens of thousands of casualties – The American Legion strongly supports the placement of a national memorial on the National Mall in Washington, D.C., to honor the service and sacrifice, as well as that of their families, of this extraordinary generation of veterans.

### KEY POINTS

- » Our servicemembers accomplished their original objectives in Afghanistan long ago at great cost – psychological, physical and spiritual.
- » Two-thirds of U.S. veterans, a majority of military families and the general public support a full withdrawal of U.S. troops from Afghanistan and Iraq, according to recent polling.
- » The post-9/11 AUMFs have been in effect for over twice as long as the 1964-1971 Gulf of Tonkin Resolution, which gave President Lyndon B. Johnson authorization, without a formal declaration of war by Congress, for the use of conventional military force in Southeast Asia.
- » Nearly 3 million Americans have served in the Global War on Terrorism, thousands having lost their lives and tens of thousands more having been wounded; a national memorial to this generation belongs in Washington D.C.

### WHAT CAN CONGRESS DO?

- » Repeal and replace the outdated AUMFs in Afghanistan and Iraq.
- » Pass the Fiscal Year 2022 State, Foreign Operations and Related Programs appropriation bill. This legislation funds the Department of State, USAID and other diplomatic and political initiatives.
- » Pass the Global War on Terrorism Memorial Location Act.



## Build National Pride and Advance Patriotism

### Amend and Update the U.S. Flag Code

Appropriate care, display, and respect for the U.S. flag has been a mission of The American Legion for nearly its entire history. In June 1923, the Americanism Commission called the first National Flag Conference in Washington D.C. There, representatives from The American Legion, Daughters of the American Revolution, Boy Scouts, Knights of Columbus, the American Library Association, and more than 60 other patriotic, fraternal, civic and military organizations gathered to draw together one standard set of guidelines relating to the flag from the many traditions and variations rampant in the country at that time. A second National Flag Conference was held in June 1924. After both conferences, The American Legion printed and distributed guidance nationwide.

Congress made the U.S. Flag Code public law in 1942. Amended several times in the decades since its adoption, the U.S. Flag Code is a codification establishing advisory rules for the care, display and respect of the American flag. However, the law does not provide any criminal or civil penalties for violating any of its provisions. Minor changes have been made, but Congress has never made comprehensive changes to the code.

The American Legion believes the U.S. flag, which predates the U.S. Constitution, says "America" more than any other symbol. The flag represents the values, traditions and aspirations that bind Americans together as a nation. It stands above the fray of day-to-day politics and unites the nation in times of crisis. Therefore, The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple accepted patriotic customs and practices pertaining to the display and use of it. These changes include additional times and occasions where the flag should be displayed at half-staff, how other flags should be flown when accompanying the U.S. flag, and allowing for flag patches to be worn on the uniforms of military personnel, first responders and members of patriotic organizations.

#### KEY POINT

- » In a national poll commissioned by the Citizens Flag Alliance, the majority of respondents support a new amendment to the Constitution that would restore the power of Congress to protect the American flag from physical desecration.

#### WHAT CAN CONGRESS DO?

- » Update and modernize the U.S. Flag Code to codify multiple accepted patriotic customs and practices pertaining to the display and use of the flag of the United States of America.
- » Approve an amendment to the U.S. Constitution that would allow Congress to prohibit the physical desecration of the American flag, our nation's enduring symbol of unity and freedom.



## American Legion Legislative Testimony in 2020

### Jan. 29: CARING FOR VETERANS IN CRISIS: ENSURING A COMPREHENSIVE HEALTH SYSTEM APPROACH

**The issue:** Reduction of veteran suicide

**The forum:** House Committee on Veterans' Affairs

**American Legion testimony:** Urges recruitment, fulfillment and retention to improve VA staffing shortages, specifically in psychiatric care; addresses access-to-care issues faced by veterans in rural, remote areas and explains Project ATLAS, a pilot program that provides tele-health services in American Legion posts.

### Feb. 5: EXAMINING HOW THE DEPARTMENT OF VETERANS AFFAIRS SUPPORTS SURVIVORS OF MILITARY SEXUAL TRAUMA

**The issue:** Military Sexual Trauma

**The forum:** House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations and the Women Veterans Task Force

**American Legion testimony:** American Legion System Worth Saving site visits reveal that staff in the VA MST program are facing high demand, greater than the 20-percent allotment specified for that purpose in their full-time work schedules. Also troubling is that one in four women report unwelcome behavior, comments and other acts of sexual harassment at VA facilities and do not feel safe seeking care there. The American Legion calls for a re-evaluation of VA's MST program, improve staff training and education and impose disciplinary action on VA claims raters who fail to acknowledge MST markers in disability benefits applications.

### Feb. 6: ECONOMIC OPPORTUNITY LEGISLATIVE HEARING

**The issue:** Pending and draft legislation

**The forum:** House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity

**American Legion testimony:** Dispositions on 14 bills that seek to improve the transition process and services for veterans, including the Wage Adjustment for Veterans Enrolled in School Act to changes to the Edith Nourse Rogers STEM Scholarship program and authority for VA to collect outcome-based data as a comparison tool for veterans making choices about where to use their GI Bill benefits.

### Feb. 11: ACHIEVING HEALTH EQUITY FOR AMERICA'S MINORITY VETERANS

**The issue:** Disparities in VA care for minority veterans

**The forum:** House Committee on Veterans' Affairs, Subcommittee on Health

**American Legion testimony:** Better race and ethnicity data collection and accuracy are needed to more clearly track the issue; better communication and outreach can build trust among minority veterans eligible for VA care, or improve trust for those now using it; and many health-care conditions or diseases that are more prevalent among minorities require greater research, emphasis and changes to reduce disparities between minority VA health-care patients and others.

## Feb. 27: VA BUDGET REQUEST FOR FISCAL YEAR 2021

**The issue:** Funding priorities for VA

**The forum:** House Committee on Veterans' Affairs

**American Legion testimony:** Top American Legion priorities for funding, staffing and attention from VA are identified as: reduction of errors in VA claims adjudications related to mental health conditions; more funding and attention to veteran suicide prevention; continuation of advancements for veterans who were victims of Military Sexual Trauma; continued efforts to fully update and properly fund VA's information technology systems; institute long-awaited Electronic Health Records Modernization program that follows the individual from military enlistment throughout life; improved outreach to veterans so they fully understand their VA benefits; further implementation of the VA MISSION Act; resources to improve care for women veterans; expansion of benefits and support for caregivers of disabled veterans; increased funding for State Approving Agencies that provide oversight for GI Bill and other education and training benefits; ensuring quality care for veterans living in rural and remote areas; advancement and reporting compliance improvements for the Appeals Modernization Act for veterans disputing VA claims decisions; improved and more stable funding for VA medical and prosthetic research; adequate resources to combat veteran homelessness; and other areas of budgetary concern.

## March 11: THE AMERICAN LEGION NATIONAL COMMANDER'S TESTIMONY

**The issue:** American Legion's legislative priorities for remainder of 116th Congress

**The forum:** Joint Hearing of the House and Senate Committees on Veterans' Affairs

**American Legion testimony:** American Legion National Commander James W. "Bill" Oxford calls for "implementation, oversight and improvement" of key veteran-support measures already passed by Congress and signed into law, including the MISSION Act, the Blue Water Navy Act and the Harry W. Colmery Veterans Educational Assistance Act. The commander also addressed the need for improvement in the areas of mental health services, care for women veterans, support for caregivers of disabled veterans, toxic exposure during service, career transitions, education benefits and more.

## March 11: RESILIENCE AND COPING: MENTAL HEALTH OF WOMEN VETERANS

**The issue:** The need for improved care and treatment of women veterans

**The forum:** House Committee on Veterans' Affairs, Subcommittee on Health

**American Legion testimony:** Support for the Deborah Sampson Act and general improvements in the care and treatment for the fastest-growing demographic in the U.S. Armed Forces and veteran community: women. The act aims to enhance readjustment and related assistance programs for women veterans; provide more suitable legal and supportive services; further develop and improve newborn care; eliminate barriers to access health-care services for women; and strengthen data collection and reporting on issues related to care for women veterans.

## July 22: ENDING SEXUAL HARASSMENT IN THE DEPARTMENT OF VETERANS AFFAIRS

**The issue:** Sexual harassment against women in VA health-care facilities

**The forum:** House Committee on Veterans' Affairs, Subcommittee on Oversight & Investigation

**American Legion testimony:** Male veterans who use VA care and male VA employees are reported to have the highest incidence of sexual harassment in the federal government. The American Legion calls on Congress to "direct VA to foster an environment that is free from harassment and nurtures a climate of safety, dignity, accessibility, and acceptance of all veterans." Corrective action through training and culture changing is urged.



## July 23: FULL COMMITTEE LEGISLATIVE HEARING

**The issue:** Impact of COVID-19 on veterans and other legislative issues

**The forum:** House Committee on Veterans' Affairs

**American Legion testimony:** Advances sought in VA tele-health care (H.R. 3228) and economic relief from the pandemic (H.R. 7111) as veteran unemployment rate has doubled from the same time in 2019 and health-care appointments are routinely conducted through virtual, online sessions that require fast and effective communications.

## Sept. 9: S.785 SVAC TESTIMONY

**The issue:** S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act

**The forum:** Senate Committee on Veterans' Affairs

**American Legion testimony:** Support expressed for the measure, which aims to reduce veteran suicide, better understand the phenomenon through data collection and research and advance alternative mental health care programs; improved recruitment, staffing and retention of VA mental health professionals; and improves women's health-care services.

## Sept. 10: HOUSE COMMITTEE HEARING ON PENDING LEGISLATION

**The issue:** Reconciliation of House and Senate versions of S. 785 to reduce veteran suicide

**The forum:** House Committee on Veterans' Affairs

**American Legion testimony:** The American Legion urges reconciliation of Senate and House versions of legislation that aims to curb the rate of veteran suicide; increases mental health staffing; advances research and calls for public release of findings; and strengthens training for care providers in the area of mental health and suicidality.

## Dec. 2: A TIME FOR CHANGE: ASSESSING THE NEED TO MODERNIZE VETERAN ELIGIBILITY FOR CARE

**The issue:** Consideration of a bipartisan commission to re-examine VA eligibility

**The forum:** House Committee on Veterans' Affairs

**American Legion testimony:** The American Legion supports the establishment of a commission to assess current VA health-care eligibility criteria and make changes where needed to preserve the system's essential purposes and value for multiple generations of veterans. No major assessment or change in eligibility has occurred since 1996, the testimony notes.

## Dec. 8: IDENTIFYING CONGRESSIONAL AND ADMINISTRATION PRIORITIES FOR THE NEXT CONGRESS

**The issue:** Economic effects of COVID-19 pandemic on veterans

**The forum:** House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity

**American Legion testimony:** Concern expressed about the effects of the pandemic, as veteran unemployment stands at double the previous year's rate, on economic and education opportunities for those who have served; calls for reauthorization of the 1937 National Apprenticeship Act that would provide opportunities for veterans in specialized career fields; also supports the Buy American Act that would set a 50% or more Made in America minimum on goods purchased by the federal government, particularly in light of supply-chain breakdowns during the pandemic, which caused negative impact on U.S. business and employment.

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## Preamble to The American Legion Constitution

FOR GOD AND COUNTRY, WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:

- To uphold and defend the Constitution of the United States of America;
- to maintain law and order;
- to foster and perpetuate a 100-percent Americanism;
- to preserve the memories and incidents of our associations in all wars;
- to inculcate a sense of individual obligation to the community, state and nation;
- to combat the autocracy of both the classes and the masses;
- to make right the master of might;
- to promote peace and good will on earth;
- to safeguard and transmit to posterity the principles of justice, freedom and democracy;
- to consecrate and sanctify our comradeship by our devotion to mutual helpfulness."



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**Testimony**  
*of*



**Legislative Priorities  
&  
Policy Initiatives  
*for the*  
117<sup>th</sup> Congress**

*Presented by*

**John Rowan  
National President**

*Before the*  
**House and Senate  
Veterans' Affairs Committees**

**March 4, 2021**

Good morning, Chairmen Tester and Takano, Ranking Members Bost and Moran, and distinguished members of your respective committees. I first want to acknowledge you, Senator Tester, on your elevation to the chairmanship of your critically important committee. And, on behalf of our members and their families, I want to thank each member of both committees for all that you do to transform support for veterans to real programs, initiatives, and benefits. This gives real meaning to what it means to be “veteran-friendly.”

I am pleased to appear before you today to present highlights of the legislative agenda and policy initiatives of Vietnam Veterans of America for the second session of the 117<sup>th</sup> Congress. As you know, although VVA is the only Vietnam veterans service organization chartered by Congress, we advocate on behalf of veterans of all eras, those who served before us and those who have served most recently in the Persian Gulf War in 1991, and the Post-9/11 wars in Afghanistan and Iraq, and in Syria, the Philippines, in Africa, and elsewhere.

***THE FULLEST POSSIBLE ACCOUNTING*** of America’s POW/MIAs has long been our solemn priority. VVA continues to press for answers regarding those Americans still listed as killed in action, body not recovered, in the Southeast Asia theatre of operations. We must insist that Congress fund the Defense POW/MIA Accounting Agency (DPAA) with what is required to investigate potential crash and burial sites, and to recover and identify remains. This is our 27<sup>th</sup> year of our Veterans Initiative Program. We continue to assist our former enemy in locating their unrecovered loved ones by providing fate-clarifying information such as maps of mass burial sites, ID cards, photos, and more. As we continue to work veteran-to veteran with our former enemy, we have strengthened the trust between American and Vietnamese veterans and have encouraged the continued cooperation by Vietnamese authorities with DOD search teams.

From Vietnam to the present-day, members the U.S. military have been exposed to numerous toxic elements, at home and abroad, that have killed more people than our enemies. What has made the situation more disgraceful is the fact our government hid the negative aspects of these toxic substances from everyone serving in these areas and fought their claims with the VA for many years.

Just now, 45 years after the end of the Vietnam War, Congress had to force the VA to add three more diseases to the list of presumptive diseases related to exposure to Agent Orange. In the latest issue of the *American Legion*, an article details the resistance veterans who served in the Karshi-Khanabad Air Base (K2) in Uzbekistan, a former Russian base that is loaded with various toxins, are having in getting compensation and healthcare for ailments resulting from exposure to elements whose dangerous effects should have been known. Thirty years after the Gulf War the VA has still not completed studies to determine what made these veterans sick.

For several years, VVA's foremost legislative objective was enacting a statute that would foster the peer-reviewed research necessary to determine if a veteran's exposure to certain toxic agents might be responsible for certain birth defects, cancers, and/or learning disabilities that have afflicted far too many of our children and grandchildren. And toxic exposures, not only to Agent Orange, remain our prime concern.

#### **VETERANS AND TOXIC EXPOSURES**

**Public Law 114-315 Subtitle C, the Toxic Exposure Research Act.** In one of its final acts, the 114<sup>th</sup> Congress passed a "minibus" that incorporated much of the intent of a bill VVA had promoted for eight long years. We are particularly grateful to Senator Moran, Senator Isakson, and Senator Blumenthal for their staunch bi-partisan support of this vital legislation. This law laid the groundwork for research into the health of our children and even our grandchildren, which we believe is impacted by our exposures during military service. We fear the epigenetic impact of our exposures on those we love the most.

By "our," we refer to not only those of us who served in Southeast Asia, but to *veterans of all eras*, including veterans who served in CONUS, because, as you are aware, numerous current and former military bases in the continental United States are now categorized as toxic waste sites – some are even designated as Superfund sites – polluted by long-lasting chemical, biological, and/or radiological waste. This is the detritus of research projects and experiments, from the development and production of arms and ordnance to programs on the potential use of hallucinogens against an enemy. It is our hope that this legislation will ensure that our most recent veterans will not have to wait 50 years for answers, inasmuch as many of them were exposed to a mix of toxic substances in the burn pits of Southwest Asia.

Now that it has been determined it is feasible to conduct follow-up epidemiological studies on the "descendants" of veterans exposed to toxic substances while in uniform, the VA has, under the law, the next move. However, thus far, they haven't moved at all, much less with any sense of urgency. Rather than establishing the commission called for in the law, the former Secretary had only recently pulled together an ad-hoc committee from various government departments. We request from you, Senators Tester and Moran, vigorous oversight on the VA's lack of implementation of the law.

Veterans deployed to Southwest Asia during the Gulf War in Operations Desert Shield and Desert Storm are still waiting for answers. The list of toxicants to which they were more than likely exposed include (but not limited to):

- Vaccinations for Anthrax and Botulinum Toxoid;
- Oil Well fires;

- Chemical and Biological weapons, including Sarin, from the demolition of the ammunition storage depot at Khamisiyah;
- Depleted Uranium used in U.S. military tank armor and bullets;
- CARC – Chemical Agent Resistant Coating – paint on military vehicles to resist corrosion and chemical agents;
- Pesticides;
- PB – Pyridostigmine Bromide – a pre-treatment drug to protect against the nerve agent soman; and
- Solvents, including Benzene, Cyclohexanol, Ethylene Glycol, Methylene Chloride, Methyl Ethyl Ketone, Methyl Isobutyl Ketone, Naphtha, Toluene, Tetrachloroethylene, Trichloroethylene, and Xylenes.

When those who served, who did our nation's bidding, came home and encountered illnesses they couldn't explain, and went to a VA medical center, treatments often could not mitigate their maladies or their pain; and when they sought disability compensation, most were treated as if they were trying to get over on the government, as the VA more often than not, put up roadblocks to veterans suffering with illnesses. It was déjà vu all over again. Even now, the Compensation & Pension Service of the Veterans Benefits Administration (VA) often rejects the claims of those who prove they have a medically presumptive condition. This is more than wrong; it is nothing short of outrageous.

*The Agent Orange Act of 1991* mandated that the VA engage the Institute of Medicine, now the National Academy of Medicine of the National Academies of Science, Engineering, and Medicine, to convene panels of experts every two years to review the peer-reviewed scientific literature; hold public hearings; produce their findings on levels of association, ranging from sufficient to none known at this time, on suspect health conditions related to exposure to dioxin; and publish their findings in biennial updates of *Veterans and Agent Orange*.

There is a real need for Congress to reauthorize the funding for this endeavor for at least another decade and to expand its scope to embrace *the potential effects of exposures to toxicants on veterans of all eras*, specifically the 1991 Persian Gulf War and the recent conflicts in Afghanistan and Iraq and Syria.

Such research and the publication of the panel's findings also should include sites in CONUS known for the presence of toxic substances. This publication would follow the format of the *Veterans and Agent Orange Updates*. These sites include, but are hardly limited to: Fort McClellan in Alabama; Fort Chafee in Arkansas; Fort Detrick and Aberdeen Proving Ground in Maryland; Dugway Proving Ground in Utah; the Marine base at Camp Lejeune, North Carolina;



the former Marine air base at El Toro, California; Fort Greely up in Alaska; and Luke Air Force Base.

Too many veterans warrant an acknowledgment that their health may have been compromised in the long term.--like the tens of thousands in the Gulf War exposed to the toxic plume from the demolitions of the Iraqi ammunition dump at Khamisiyah and the CIA's detonation of at least five other sites that remain classified, and the hundreds of thousands of veterans who have seen service in Iraq and Afghanistan and lived or worked next to those insidious burn pits that pockmarked their bases in the desert. And those exposed to Per- and Poly-fluroalkyl Substances, the forever chemicals in fire-fighting foam which are pervasive not just at overseas sites, but virtually all Air Force bases in the Continental U.S. (CONUS).

#### **TOXIC WOUNDS REGISTRIES ACT OF 2021**

This leads us to argue for legislation that will *establish real registries* to cover deployments during which troops were likely to have been exposed to airborne toxic hazards. Sadly, the VA's Agent Orange Registry is little more than a mailing list. The VA's Hepatitis C Registry could serve as the template for subsequent and future registries.

Toxic Wounds Registries would enable epidemiological research by linking, in Electronic Health Records, a veteran's military history by encoding their location and time of service. So, if a veteran in Plano, Texas, comes down with a malady they feel evolved from a particular exposure, and their battle buddy living in Topeka, Kansas, is afflicted with the very same condition, VA techs would be able to access the appropriate registry to locate others with whom they served, who may now be living in Glastonbury, Connecticut, and Livonia, Michigan. For the record, we must insist that you in Congress ensure that this capability is built into the VA's new multi-Billion dollar IT system.

We are now seeking "champions" from both sides of the aisle and in both houses of Congress to introduce and enact the *Toxic Wounds Registries Act of 2021*. This legislation would direct the Secretary of Veterans Affairs to *establish a master registry* that would incorporate *real* registries that are not just mailing lists for:

- Exposure to Agent Orange during and in the aftermath of the Vietnam War;
- Exposure to toxicants relating to deployment during the 1991 Persian Gulf War;
- Exposure to toxicants from a deployment during Operations Enduring Freedom, Iraqi Freedom and New Dawn, and the Global War on Terror;
- Exposure to toxicants during a deployment to Bosnia, Somalia, or the Philippines; and

- Exposure to toxicants while stationed at a military installation contaminated by toxic substances overseas and/or here in CONUS.

This legislation would authorize the VA Secretary to enter into an agreement with the National Academy of Medicine to review published, peer-reviewed scientific research, and suggest future research on *the health effects of the toxic exposures* identified in those registries; and it would require those conclusions to inform the Secretary's selection of research to be conducted and/or funded by the VA.

It also would establish *a presumption of service connection* for the purpose of veterans' disability and survivor benefits, for any illness that the Secretary determines warrants such presumption because of a positive association with exposure to a toxicant noted in the master registry; and becomes manifest, within a time period determined by actual science evidence, conferred by act of the Secretary of Veterans Affairs, in a veteran who experienced such exposure while serving on active duty in the Armed Forces.

Lastly, legislation pursuant to this act must authorize and fund a special section on epidemiological and other scientific research that would include extramural as well as intramural funding for these efforts. This fund would be separate from the current "Research & Development" program.

**"HAVE YOU EVER SERVED?"** - In this same vein, there is limitless potential for the *Electronic Health Record* to be of significant assistance to clinicians in private practice – especially those who participate in the VA's Community Care Program – as well as those who are employed in a VA healthcare facility. Obviously, a patient at a VAMC or CBOC has seen service in uniform. Still, a clinician should pose a series of questions: In what branch of the military did you serve? . . . When and where did you serve? . . . What was your Military Occupational Specialty? . . . Were you ever in combat? . . . Were you ever wounded? . . . Were you ever exposed to blood or other bodily fluids in combat or in the wake of combat? . . .

The answers to these questions can, and should, lead a savvy clinician to understand a potentially crucial aspect of a patient's medical history, which should suggest that the clinician ought to look to certain health conditions that might not be readily apparent. With some 70 percent of all medical students in this country receiving at least some of their training at a VAMC or CBOC, they are a captive audience who can learn an awful lot about veterans who might be among those they will treat in private practice, simply by asking, *Have you ever served in the Armed Forces of the United States?*

**NEW AGENT ORANGE PRESUMPTIVES**

*The Agent Orange Act of 1991* specifies the timeline the VA Secretary is to follow after having received the latest *Veterans and Agent Orange Update*. This has patently *not* been followed after National Academy of Medicine panels found a positive association between exposure to dioxin and a quartet of health conditions: bladder cancer, hypothyroidism, hypertension, and Parkinson's-like symptoms. We are deeply indebted to Chairman Jon Tester (D-MT) and Rep. Josh Harder (D-CA-10th) for their leadership on behalf of our wounded veterans and for their amendment to the NDAA in P.L. 116- 283 the *FY2021 National Defense Authorization Act*, that included the three Agent Orange-related diseases, bladder cancer, hypothyroidism, and Parkinsonism to the Department of Veterans Affairs list of conditions linked to herbicide exposure in Vietnam and elsewhere. This law will correct a long-lingering injustice, allowing our afflicted Vietnam veterans to receive the care and benefits they have earned by their service in our long-ago, unpopular war. We are heartened that after years of hurdles and delays, Secretary McDonough, in his first weeks of office, has acknowledged the urgency of implementing this law.

**THE VETERANS ECONOMIC OPPORTUNITIES ADMINISTRATION**

The VA must embrace a corporate culture that measures its vocational rehabilitation programs and educational initiatives by results and measure how they assist veterans in obtaining and sustaining gainful employment at a living wage. To achieve this worthy goal, the VA should institute "one-stop shopping" by creating a fourth entity, the *Veterans Economic Opportunities Administration*, to be headed by an Under Secretary, nominated by the President and confirmed by the Senate.

This is logical and will be cost-effective. It will eliminate duplicative programs and it will increase cooperation among and between its various divisions. The VEOA would house, under one roof, the Vocational Rehabilitation Service and the Veterans Education Service. It would grant functional control, if not the outright transfer, of VETS--the Veterans Employment and Training Service--from the Department of Labor, as well as newly federalized DVOP (Disabled Veterans Outreach Program) and LVER (Local Veterans Employment Representative) positions, which currently reside in state departments of labor. It will promote Veterans' Preference; and it will facilitate veterans' entrepreneurship.

**SERVING VETERANS WITH LONG-TERM PTSD**

It should come as a surprise to no one the VA employs far too few mental health clinicians. This is true for myriad reasons, not the least of which are the hiring hoops clinicians must negotiate, which can take six, eight, ten months, or longer before they can be officially employed by the

VA. Yet, in a short-sighted attempt to satisfy the needs of the moment, the VA is leaving in the lurch too many vets afflicted with chronic, long-term PTSD. The VA is not addressing, let alone fixing, a situation its bureaucrats created. The question is: Will you in Congress use your standing to support these veterans? VA is currently still operating with critical shortages of staff that has, unfortunately also become a chronic and acute shortage of vitally needed mental health clinicians across the United States.

If we are going to make progress on reducing the number of suicides among veterans of every age, the first step is fill long vacant positions and return to full staffing.

#### **AGAINST PRIVATIZATION**

Under the MISSION Act, the VA, bowing to the entreaties of proponents of privatization, established regulations that loosened eligibility for travel time and distance, making several million more veterans eligible for non-VA care. We have argued that what has been established will prove to be economically unsustainable; we can imagine potential scenarios in which VA healthcare services are cut back or simply cut so that private clinicians and hospitals may get paid. Hence, we urge Congress to exercise strict oversight of VA's management of its responsibilities under MISSION and to consider the implications for undermining VA facilities at the altar of increasing eligibility for non-VA care and preserving "choice." What actually is needed is to restore the infrastructure and the organizational capacity of the VA, not to undo the VA by outsourcing care.

#### **HOMELESS VETERANS**

Because it had been often stated that a key goal of the VA has been to end veteran homelessness (a promise that, realistically, never could be kept), this has given rise to placing as many as possible in apartments, if only for the short-term. As long as the VA is able to provide a continuum of care, the key to which is a plenitude of well-staffed and well-funded transitional services, this policy is sensible. The statistics looked good; the VA can rightly claim its policies are helping. The reality, however, that must be acknowledged is that there are some homeless vets who will not come in from the cold. Despite their circumstances, they still are deserving of our respect and gratitude, twin attributes that the VA might better promote via a sensitive outreach campaign.

#### **MILITARY SEXUAL ASSAULT**

It is clear from the multitude of reports in the last ten years that sexual harassment and sexual abuse are rampant within all branches of the military. Reports of these instances are only the tip of the proverbial iceberg. VVA has had women in leadership roles in our organization since its beginning in 1983. Congressional testimony in the 1980's and forward by members Joan Furey,

Lynda Van Devanter, Dr. Linda Schwartz, Lily Adams, Rose Sandecky, and Marsha Four all addressed these issues. Our sisters and brothers have suffered from these same crimes for the last fifty years.

The Departments of Defense and Veterans Affairs acknowledged sexual trauma as a crime under the Uniform Code of Military Justice (UCMJ) in the *Defense Authorization Act of 2005*. The *Military Justice Improvement Act of 2014* was passed with hopes of solving these injustices. Programs such as Sexual Assault and Prevention Response Office (SAPRO) and Sexual Harassment/Assault Response and Prevention (SHARP) have not helped. Though the “FY2020 Report on Sexual Assault in the Military” showed a reduction in reports of sexual harassment in the fourth quarter, this is likely due to the pandemic response, as academies sent students home and implemented social distancing. Military Sexual Trauma and Sexual Harassment must be treated as crimes and adjudicated as such. Women veterans are twice as likely as men veterans to develop Post-traumatic Stress Disorder, and approximately one out of four women veterans report military sexual trauma. Survivors may fear that their own actions may be cause for punishment. VVA will continue to support Senator Kirsten Gillibrand (D-N.Y.) and her colleagues on both sides of the aisle to prevent and respond to military sexual violence and to remove the reporting of sexual assault from the chain of command.

#### **THE NEEDS of WOMEN VETERANS**

As VA continues to adapt to the reality of the increasing number of women in military service, they must continue to expand their healthcare delivery to meet their needs, e.g., providing (or contracting out) prenatal care, counseling victims of military sexual trauma, understanding the unique problems faced after facial disfigurement or loss of a limb. To meet these relatively new challenges, the VA must call for and fund research that will illuminate treatment options; the VA must also seek out and hire enough female OB-GYN specialists, whom many women veterans prefer. The VA must be a safe place where women veterans can enter without fear of being victimized by sexual harassment.

#### **VETERANS BENEFITS**

##### **Rescind the Chairman of the Board of Veterans’ Appeals (BVA) Memo Re: IHP Deadlines**

On April 1, 2019, the Chairman of the Board issued a Memorandum compelling all Veterans Service Organizations (VSOs) to submit informal hearing presentations (IHP) within 120 days of receiving a veteran’s file. A 120-day period is manifestly insufficient to constitute meaningful opportunity to submit argument in support of an appeal.

The written informal hearing presentation was originally conceived to assist the Board in managing its overtaxed hearing docket. The understanding has always been that IHPs are

equivalent to in-person hearings and that, therefore, any decision made by the Board without a substantive submission of evidence or argument—or informed waiver of same—deprives claimants of their constitutional right to a hearing. *See* 38 C.F.R. §20.700(b) (2018) (establishing that a hearing “will not normally be scheduled solely for the purpose of receiving argument by a representative. Such argument should be submitted in the form of a written brief.”).

Effective October 1, 2020, the Chairman of the BVA issued a second memo advising VVA that “past due” cases would be recalled for adjudication on the first of every month, based on how many days had elapsed since VA first assigned us the case, with our entire inventory of 1,868 cases becoming due by July 2021.

VVA has a limited staff of dedicated National advocates (attorneys and service officers) with resources deeply impacted by the COVID-19 crisis. In our experience, an average of 16 work hours is required to adequately review a veteran’s file, perform the appropriate legal and medical research, and obtain supporting evidence. By that standard (which is similar to the quotas required of BVA attorneys), we will have capacity to complete approximately 1,000 cases by July 2021. Therefore, the remaining claimants are in danger of having their cases decided by the Board without any representation. *VVA believes that the IHP deadline memo should be rescinded to afford the claimants before BVA more choice and control over their case.*

#### **Improve Cooperation with Veteran Service Organizations (VSOs) and Other Stakeholders**

VVA has always supported VA’s efforts to secure appropriate funding and efforts to improve its necessary work of helping our Nation’s veterans. VA’s important work is best done when it is open to collaboration with VSOs and other subject-matter experts with a vested interest in VA’s success.

In recent years, VVA has observed a decrease in collaboration throughout VA, with fewer opportunities for open dialogue with VA’s leadership. Specifically, meetings with the Under-Secretary for Benefits have been discontinued, and the frequency of meetings with BVA and Veterans Benefits Administration (VBA) has been greatly reduced. Furthermore, the meetings that do occur are frequently for the purpose of announcing VA policy changes, with no opportunity for discussion. That is also the case regarding the *Board of Veterans Appeals*. *VVA would like to return to a closer working relationship, with proper respect by both partners for the other with VA.*

#### **Modernize VA’s Method of Providing Notice to Advocates**

VVA has experienced longstanding issues with receipt of notice letters from VA, which have only worsened as a result of COVID-19 personnel reductions in mail rooms. VVA no longer receives written notification of VA initial adjudications, and this materially impairs our ability to competently represent veterans. VA has proposed ceasing mail notifications altogether, even after its mailing processes normalize.

The CAVC has consistently held that veterans are not deemed to have received adequate notice if their representative was not provided adequate notice. *VVA supports the implementation of a reliable, electronic, notification system.*

#### **Reinstate 48h Review Process**

For many years, prior to issuing a decision, VA regional offices would allow VSOs 48 hours to review the drafted decisions to identify errors. This was a critical program that VVA utilized to correct numerous mistakes that improved the accuracy of VA decisions, lessened the burden on the appeal system, and prevented substantial heartache for the claimant. *VVA strongly advocates in favor of reestablishing this important program.*

#### **Overhaul the BVA Quality Review Program**

In a collaborative effort between legal scholars and the former Chief of the BVA's Office of Quality Assurance, the first comprehensive study was conducted to measure the effectiveness of the BVA's Quality Review (QR) program. *See* Quality Review of Mass Adjudication: A Randomized Natural Experiment at the Board of Veterans Appeals, 2003–16, *The Journal of Law, Economics, and Organization*, Volume 35, Issue 2, July 2019, Pages 239–288.<sup>1</sup>

The study concluded that the BVA's QR program “had no appreciable effect on reducing appeals or reversals.” Furthermore “for both original and CAVC-remanded appeals, the QR program did little to stem the backlog of appeals sent back to the BVA for multiple rounds of decisions.” Most troublingly, the study's authors “demonstrate that this inefficacy is likely by design, as meeting the performance measure of ‘accuracy’ was at cross-purposes with error correction.”

To VVA's knowledge, the Chairman of the Board has not proposed or implemented any changes to QR in response to these stark revelations. BVA issued 4,740 decisions in January and February 2020, combined, for cases in the Veterans Appeals Modernization and Improvement Act (abbreviated as “AMA” by VA) system.<sup>2</sup> According to information provided to VVA in a FOIA request, the BVA's QR program reviewed 195 decisions in the same time period, or 4.1%.

QR identified 54 errors and assigned an accuracy rate of 72.6% for January and 87.4% for February, well below BVA's stated goal of 95%, and over a year since AMA was implemented.<sup>3</sup> Notably, where a decision has multiple errors “that case is only counted once in the number of cases with errors column,” thus the true accuracy rate should be even lower.

<sup>1</sup> <https://doi.org/10.1093/leo/ewz001>

<sup>2</sup> <https://www.benefits.va.gov/REPORTS/ama/>

<sup>3</sup> BVA provided data from August 2019 through March 30, 2020. The highest accuracy rate in this period was 87.4% (February 2020).

Although VVA fully supports BVA's goal of issuing decisions in a timely manner, we feel it is critical that quality not fall by the wayside. Failure to improve quality causes significant waste of public funds in litigation expenses and, most importantly, impermissibly delays or denies justice to our Nation's veterans and their families. Therefore, *VVA urges VA to first commission a study that evaluates how best to overhaul BVA's QR system, and then to timely implement the proposed changes.*

**Provide Oversight for Compensation and Pension (C&P) Contractors**

Although VA has been required by law, for decades, to provide veterans with free competent medical examinations to support their claims for disability benefits, it has yet to succeed in implementing a system to ensure compliance with CAVC standards.

Initially performed by the Veterans Health Administration (VHA), these exams have been outsourced to contractors such as QTC and LHI at progressively greater rates over time. VA's stated goal is to fully privatize the C&P examination process within the next few years.

While these contractors have been adept at managing the scheduling aspect of the process, VVA has observed no meaningful efforts to ensure that medical professionals hired by them provide an "adequate" examination. This term has been clearly defined by the CAVC in a long series of precedential decisions, yet VVA advocates continue to see hundreds of inadequate exam reports produced each year.

Invariably, these inadequate examinations are relied upon by VA adjudicators (who are prohibited from making medical determinations), resulting in the improper denial of benefits. *VVA strongly supports implementation of a robust accountability system that ensures public funds are only use to procure adequate examinations for our veterans and their survivors.*

**CAREGIVERS EXPANSION**

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides a wide range of benefits, including monthly stipends, reimbursement for travel costs, medical coverage, training, counseling, and respite-care caregivers of veterans who were severely injured during service to their country. Since implementation, the program has assisted thousands of disabled veterans and their families during their long road to recovery and independence.

*The Caregivers and Veterans Omnibus Health Services Act of 2010*, P.L. 111-163, only provided these services to Post-9/11 veterans, however, with the passage of the *VA MISSION Act* in 2018, P.L. 115-182, the law allowed changes to the Program of Comprehensive Assistance for Family Caregivers, and on October 1, 2020, family caregivers of veterans who were seriously injured in the line of duty on or before May 7, 1975, that have a single or combined service-



connected disability rating by VA of 70 percent or higher, regardless of whether it resulted from an injury, illness, or disease became eligible for this program.

VVA applauds the expansion of this long-overdue caregiver benefit, which will enhance the quality of life for Vietnam Veterans and their families, however, Veterans Health Administration, has reported that most of these older and sicker veterans are being denied access to the PCAFC program because they do not meet the eligibility requirements of the program. Chairmen Takano, Tester, Ranking Members Bost and Moran, VVA is willing to work with both committees to remove these imposed restrictions on who qualifies for the caregiver-support program.

#### **ADDRESSING VETERAN SUICIDE**

Two out of three veteran suicides are over 55 years of age. Fourteen of twenty do not get care at a VA healthcare facility. Former Ranking Member Dr. Roe was quoted as having said that more and more millions of dollars are being expended in an attempt to make an impact on the number of veterans who die by their own hand, yet the numbers don't seem to lessen. Mountains of studies, funded by millions of VA and DoD dollars, seemed only to develop recommendations revolving around the need to learn why veterans commit suicide . . . by funding yet more studies.

The whys may be unique for each individual who attempts to take their life, but they are no mystery: Demons borne of the horrors of war, horrors they have experienced. Return from a war zone to a society that does not know, or understand, what they went through too often leads to drinking and/or drugging to ease the pain. Add to these fiscal uncertainties, failed relationships, and the loss of hope. Permitting vets to seek help from non-VA practitioners may help some. This will be costly, and its effectiveness difficult to gauge.

The answers may lie in community. Increased reliance on "battle buddies" may be viable for recent veterans but not necessarily for those who served in Vietnam a half-century ago. We want to help VA create a culture that proactively seeks out lonely, homeless, family-less, disenfranchised veterans and brings them in from the cold.

Also, let the experts at the VA, clinicians who have been dealing with veterans every day, do what they do best. As Dr. C. Edward Coffey, Affiliate Professor of Psychiatry and Behavioral Sciences at the Medical University of South Carolina, a leading expert on achieving system-wide culture change within a health system in order to reduce suicide deaths, testified before the House Veterans Affairs Committee regarding a promising initiative to disrupt suicide attempts: He states;

"In conjunction with our National Center for Patient Safety, we developed the "Mental Health Environment of Care Checklist." This tool is used by interdisciplinary inspection

Vietnam Veterans of America

House and Senate Veterans Affairs Committee  
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teams to assess the environment for hazards and determine actions that need to be taken to protect our veterans. The rate of suicide prior to the implementation of the checklist was 4.2 deaths per 100,000 admissions. It is now less than 1 per 100,000 admissions.”

What Congress might do is enact a law that will make mandatory the insertion of this single question on every death certificate: ***Did the decedent ever serve in the Armed Forces of the United States?*** This will enable researchers to do a more thorough medical post mortem of anyone determined to have committed suicide. This would add to our understanding of the whys and wherefores of a real American tragedy.

Vietnam Veterans of America greatly appreciates the efforts of both committees to improve the lives of veterans, our families, and our survivors. We are grateful for your bipartisan support in seeking justice for our Blue Water Navy Vietnam veterans and for the repeal of the “widow’s tax,” a financial penalty affecting military survivors across the country and the passage of the Deborah Sampson Act.

We appreciate the opportunity to testify today and to submit our extended remarks for the record. We look to work in concert with Congress, as partners, to make inroads into many of the issues and problems you have heard about this afternoon and over the past several weeks. And we will do our best to reply to any questions or concerns you might care to put to us.

Thank you.

**VIETNAM VETERANS OF AMERICA**

**Funding Statement**

**March 4, 2021**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

**For Further Information, Contact:**

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Vietnam Veterans of America

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**John Rowan**

John Rowan was re-elected to a seventh term as National President of Vietnam Veterans of America (VVA) at the organization's 19th National Convention in 2019.

Rowan enlisted in the U.S. Air Force in July, 1965 and attended language school, learning Indonesian and Vietnamese. He served as a linguist in the Air Force's 6988 Security Squadron in Vietnam and with the 6990 Security Squadron at Kadena Air Base in Okinawa, Japan, providing Strategic Air Command (SAC) with intelligence on North Vietnam's surface-to-air missile sites to protect U.S. bombing missions.

Rowan has been active with VVA since the organization's inception in 1978. A founding member and the first president of VVA Chapter 32 in Queens, N.Y. in September 1981, he has served three terms on VVA's board, as Chairman of VVA's Conference of State Council Presidents, and as president of VVA's New York State Council from 1995-2005. Rowan served as a VVA veterans' service representative in New York City before being elected to VVA's highest office in 2005.

Following his honorable discharge from the Air Force, as a Sergeant (E-4), Rowan received a B.A. in Political Science from Queens College and a Master of Science in Urban Affairs from Hunter College both part of City University of N.Y. Rowan retired from the City of New York as a Chief Investigator with the Comptroller's Contractor Procurement Review Unit. He resides in Middle Village, N.Y., with his wife, Mariann

**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 4, 2021**

Chairman Tester, Chairman Takano, and members of the Committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2021 policy priorities. For 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. Proper consideration must be given to how those reforms will impact veterans, like PVA members, who rely almost exclusively on VA for their health care, and specifically depend upon 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 of the United States (VFW), continue to present comprehensive budget and policy recommendations to influence debate on issues critical to the veterans we represent. We recently released our Veterans Agenda for the 117th Congress and budget recommendations to inform the debate on VA funding for Fiscal Years (FY) 2022 and 2023 advance appropriations.

#### **COVID-19's IMPACT ON VA's SCI/D SYSTEM OF CARE**

VA's SCI/D System of Care has a solid foundation and COVID-19 has reinforced our belief in the system. The Department has done a good job minimizing the pandemic's impact for veterans who are inpatients in one of the VA's 25 SCI/D facilities and 6 SCI/D long-term care (LTC) centers. VA kept infections of inpatients and staff to a minimum, and stepped-up countermeasures to protect this extremely vulnerable population. Since the beginning of the pandemic, we have been in regular communication with officials from both the Veterans Health Administration (VHA) and VA's SCI/D National Program Office on the current state of the system, and in most cases, have been alerted in advance of potential changes that may affect our membership. Still, the pandemic has shed light on some issues the committees should be aware of as you evaluate the Department's response to COVID-19 and its future needs to combat the virus.

Due to the complexity and severity of SCI/D, veterans who live with these conditions are among the most susceptible to suffer negative outcomes from COVID-19. Unfortunately, the roll out of the vaccine across VA has been uneven and resulted in different levels of access to the vaccine for our members based upon their location versus their level of need. In late January, we surveyed our members regarding their access to the COVID-19 vaccine. Over half of the more than 800 respondents were age 65 or older but every one of them fall well within the definition of "high-risk." Slightly less than 29 percent of them (231) said they received the COVID-19 vaccine and 85 percent of those who did not indicated they would like to. VA's slow roll out of vaccine has caused considerable angst among its SCI/D outpatient population and left thousands of its most vulnerable veterans still at risk of contracting the disease. We are pleased that on February 19, VA officially announced that all veterans with SCI/D would be prioritized for access to the vaccine due to data showing the high fatality rate among SCI/D veterans who contract the virus.

Many PVA members are also worried about their caregivers' access to the vaccine. Eighty-one percent (576 members) of respondents reported that their primary caregiver had not been vaccinated. Of those veterans whose primary caregiver had been vaccinated, 17 reported that their caregiver had received the vaccine at VA. The Department recently authorized providing the vaccine to participants of VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) but only 15 percent of members (121) reported being enrolled in that program. We urge the Department to continue to expedite entry into the PCAFC for eligible veterans and evaluate potential partnerships that will help all caregivers for high-risk veterans to access the vaccine as soon as possible.

Aside from uneven access to the vaccine, VA's ability to ramp up its telehealth and teleconference capabilities during the pandemic has been commendable. Use of digital options are a lifeline for thousands of veterans who receive outpatient care through VA. However, SCI/D veterans are "high touch" patients so VA telehealth and teleconference options must not be viewed as a long-term solution to providing needed care. These veterans must be able to resume face-to-face meetings with their providers as quickly and as safely possible.

Likewise, COVID-19 caused the deferral of thousands of elective procedures, resulting in a huge backlog of care. However, in truth, the term "elective procedure" does not apply to our members because every touchpoint increases the Department's ability to detect well-known secondary complications of an SCI/D such as bowel or urological complications, infections, autonomic dysreflexia, degeneration of the spine, pressure sores, overuse of the shoulders, compression syndromes, and so on. The early identification and treatment of complications related to lifestyle, aging, and living with an SCI/D are critical, but VA postponed its yearly comprehensive preventative health evaluations for these veterans in most locations. It is imperative that VA resume these annual evaluations as quickly as possible to maximize veterans' health, prevent complications, and help them get the most out of life.

Our final COVID-related observation concerns funds that VA provides through Special Monthly Compensation (SMC)/Aid and Attendance (A&A) programs for veterans who require the regular aid of another person to complete activities of daily living such as eating, bathing, dressing and undressing, transferring, and toileting. These benefits help offset the costs of acquiring care, which is often provided in a veteran's home. SMC is an additional benefit provided to veterans with service-connected disabilities who meet certain disability requirements. In the case of veterans receiving VA pension benefits, A&A is provided when warranted in addition to the basic pension rate.

Shortly after the pandemic began, VA started to ration personal protective equipment (PPE) such as masks and gloves that would normally be issued to veterans who perform procedures like bowel and bladder care at home. In many cases, they ceased to provide it altogether. At the same time, we heard from veterans who were informed that rates would be increased by their home care providers to offset the higher cost of buying PPE needed to protect the home health workers and their veteran clients. A few months ago, VA resumed issuing a modest amount of PPE to certain veterans, and thankfully, the cost of procuring it on the civilian market has come down. Unfortunately, the cost of providing care has not. Rates remain high and there continues to be a shortage of providers; so, those who are willing to provide these services can command premium rates. Thousands of Registered and Licensed Practical Nurses who left their jobs in tertiary systems because of COVID are now making themselves available in local communities to perform home care. They tend to cost more because rates are commensurate with the level of training and experience of the provider.

Sadly, some veterans are forgoing needed home care because they are unable to meet those costs. Allowing this to continue is untenable for a group of veterans whose care should be VA's primary concern, particularly because in many cases they also represent those most vulnerable to the virus. As a nation, it is important that we do everything we can to help veterans stay safely in their homes and help minimize the burden of these increased costs.

I urge you to pass S. 219 and H.R. 789, the “Aid and Attendance Support Act,” which temporarily raises VA A&A rates as quickly as possible.

#### **STRENGTHEN AND IMPROVE VA’S HEALTH CARE SYSTEM AND SERVICES**

**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/D centers and six 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 VA’s specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, and polytrauma care—remains the highest priority for PVA. However, if VA continues to woefully underfund the system and 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.

PVA is very concerned about efforts to permanently reduce inpatient beds in some SCI/D centers, including at facilities that provide specialized long-term care. Such a decision would come at a time when VA’s aging SCI/D population needs care the most. The capacity of the system to provide a continuum of care must be preserved and strengthened to meet the needs of paralyzed veterans. If necessary, Congress must block any attempt to reduce capacity within the system without a thorough evaluation of SCI/D veteran needs nationwide.

**Staffing Vacancies**—Before the pandemic, VA had roughly 45,000 unfilled vacancies, including about 2,500 primary care physicians, more than 700 psychologists, and 1,900 social workers. Despite hiring thousands of staff through relaxed hiring and management practices to respond to the pandemic, staffing levels remain relatively unchanged. VHA has experienced chronic health care professional shortages for many years, which diminishes the Department’s ability to deliver timely, accessible, and high-quality care, and in some cases, places the health and well-being of veterans at risk. Even though VA has taken many steps to track and address staffing shortages, a more cohesive plan is needed to maintain adequate staffing levels for the timely delivery of veterans’ care.

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. In 2019, staffing levels for environmental (custodial) employees dipped below 50 percent, which heightens the health risks to veteran patients, particularly those with compromised immune systems during a pandemic.

Staffing problems have a direct, adverse impact on the SCI/D 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.

**Accelerate Caregiver Program Expansion**—Passage of the VA MISSION Act of 2018 (P.L. 115-182) expanded access to VA's PCAFC to family caregivers of veterans severely injured before September 11, 2001, and was to be implemented in two phases starting on October 1, 2019, when the VA Secretary was to certify a new information technology (IT) system to support the program. However, due to IT delays and failures, VA did not begin the first phase – which includes eligible veterans who became severely injured or ill on or before May 7, 1975 – until October 1, 2020, a full year later than the law required. As a result, the second phase – which will include veterans who became severely injured or ill on or after May 8, 1975, and on or before September 10, 2001, will not begin until October 1, 2022, two years later as required by the law. VA has adequate resources to accept new enrollees and deliver program services so veterans and their caregivers should not be forced to wait an additional year before applying for this critical support program. Thus, Congress should direct that the second phase of the caregiver expansion begin on October 1, 2021, as originally intended.

**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, because of insufficient resources, VA is moving toward purchasing private care instead of maintaining LTC in-house for these veterans. However, it is especially difficult to find community placements for veterans who are ventilator dependent or have bowel and bladder care needs.

Our nation's lack of adequate LTC options presents an enormous problem for people with catastrophic disabilities who, because of medical advancements, are now living longer. Nation-wide, there are very few LTC facilities that are capable of appropriately serving SCI/D veterans. VA operates six such facilities; only one of which lies west of the Mississippi River. All totaled, the Department is required to maintain 198 authorized LTC beds at SCI/D centers to include 181 operating beds. When averaged across the country, that equates to about 3.6 beds available per state.

Many aging veterans with SCI/D need VA LTC services but because of the Department's extremely limited capacity, they are forced to reside in nursing care facilities outside of VA that are not designed, equipped, or staffed to properly serve veterans with SCI/D. As a result, veterans staying in community nursing facilities often develop severe medical issues requiring chronic re-admittance back into an acute VA SCI/D center.

VA has identified the need to provide additional SCI/D LTC facilities and has included these additional centers in ongoing facility renovations, but most of these plans have been languishing for years. A contract was just awarded for a fully funded project at San Diego to build a replacement acute care facility there that will add 20 new LTC beds into VA's SCI/D System of Care.

Unfortunately, construction of an LTC SCI/D Center at the VA North Texas Health Care System, designed to include 30 SCI/D resident beds and shell space for an additional 30 beds, has experienced protracted delays despite being an essential step for VA to address the national shortage of LTC beds for veterans with SCI/D. We anticipate a design update and secondary bids to be completed later this year. If everything stays on track, the project could be completed as early as December 2024. The other half of the project remains unfunded. It would add 30 additional LTC beds, along with shared resident dining, kitchen, and living areas to support them, as well as common resident gathering areas and space to support staff on that level. Not fully funding this project postpones the opportunity to further address the shortage of VA LTC beds for the aging population of veterans with SCI/D. The shortage is particularly severe in the south-central region as there is not a VA SCI/D LTC center within 1,000 miles of Dallas despite a significant regional population of veterans with SCI/D. A partial build is an inefficient use of taxpayer money compared to completing the entire project during one construction period. Also, if the day comes that the project is completed in this manner, it would subject veterans and staff occupying the initial 30 bed area to significant noise, vibration, and disruption directly below their living and working environment.

PVA strongly recommends that Congress provide supplementary funding to construct the full complement of 60 SCI/D resident beds at the VA North Texas Health Care System in order to complete the project in one construction phase. We estimate that adding the 30 additional SCI/D resident beds and support spaces to the initial project phase will cost between \$15 and \$19 million. This additional funding is only approximately 12 percent of the anticipated \$160 million total initial phase project cost, whereas if delayed, the additional cost to construct the remaining 30 beds will continue to escalate every year.

***Oversight of VA MISSION Act Implementation (P.L. 115-182)***—Congress should continue its rigorous oversight of the VA MISSION Act to ensure VA meets its obligations to our veterans under the law, including a stringent evaluation of the Veterans Community Care Program (VCCP) and implementation of the caregiver program expansion in accordance with what Congress intended. 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.

Regarding the accessibility of care in the community, we have heard 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. Some veterans took matters into their own hands to coordinate care that VA staff should have handled. There have been several instances where veterans were erroneously charged for care they

received through the VCCP. Other times, veterans were told they would be contacted regarding care they would receive in the local community, but the call never came.

Additionally, VA's Bowel and Bladder (B&B) program provides an avenue for veterans with SCI/D who have a neurogenic bowel and bladder to receive care from a third party. This care is paid for through a program designed and executed by VA. For caregivers to receive payment for the care they provide, they must follow a process of submitting timesheets. Over the past year, our National Office has received a steady stream of complaints from members and their caregivers about the B&B program. They range from VA failing to pay caregivers after they submitted their claim to home health agencies not receiving timely payment. In one case, VA failed to compensate the agency nearly \$180,000 for services provided to veterans in their care. When providers begin turning away veterans because VA cannot pay their bills in a timely manner, it is veterans who suffer and have to find other ways to meet their health care needs. Providing this specialty care is critical to the health and well-being of veterans with SCI/D. Any lapses in the delivery of this care, even one day, can have a detrimental impact on the health of veterans with SCI/D. Given the serious nature of the payment issues described above and the adverse impact they have on veterans and providers alike, we urge the Committees to conduct oversight hearings on the Department's payment processes as soon as possible.

PVA also 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.

***Mental Health***—Recent data from the VA Office of Mental Health and Suicide Prevention show a startling rate of suicide among veterans with SCI/D. Wounds and injuries that result in paralysis for military personnel during deployments are highly complex and difficult to evaluate and treat. These challenges are complicated by the reality that gender differences call for an advanced understanding of differing health care needs to be effective, particularly in cases involving catastrophic injuries or illnesses and mental health. Thus, it is essential more research is conducted on how mental illness presents in veterans with SCI/D, especially women veterans.

There is also inconsistency in VA's ability to meet the inpatient mental health needs of veterans with catastrophic disabilities. VHA is obligated to provide inpatient mental health care to those in need, which includes veterans with SCI/D. According to VA, there is no readily available list of VA facilities that can provide on-site inpatient mental health care to veterans with SCI/D. Services provided vary based on Veterans Integrated Service Networks (VISNs) and local arrangements to provide care.

Congress should conduct oversight of VA's ability to meet the mental health needs of veterans with SCI/D, including the Department's ability to handle the detoxification and withdrawal needs of individuals within this population living with substance use disorder. Currently there are limited or no opportunities for inpatient residential substance abuse treatment for SCI/D patients.

***Permanent Access to In-vitro Fertilization (IVF)***—Hundreds of veterans have been able to start or grow their families since VA began providing services to veterans with service-connected infertility. We are thankful for this provision and would like to see it made a permanent part of the health benefits package of veterans enrolled in VA health care. We would also like to see the services expanded. VA's current temporary authority prohibits the use of gametes that are not a veteran's and his or her spouse's. Because they require donated gametes, they are ineligible for IVF through VA, which is confusing as donated gametes are authorized for use in VA-provided artificial insemination.

Also, due to the complex care needs of women veterans with SCI/D, many of these veterans are unable to carry a pregnancy to term. These women veterans need the services of a surrogate to have a child. We call on Congress to mandate that VA establish permanent authorization of assisted reproductive technologies to include IVF services, gamete donation, and surrogacy for veterans with service-connected infertility, and include the treatment of veterans' spouses in applicable cases.

In addition, we support the soon to be introduced Women Veteran and Families Services Act which directs VA to provide fertility treatments and counseling to covered veterans and active duty service members or a spouse, partner, or gestational surrogate of such veteran or service member.

***Prosthetics***—The Prosthetic and Sensory Aids Service's (PSAS) responsibility is to fill the prescriptions written by the medical services in the hospital that will provide prosthetics, orthotics, and sensory aids to replace missing parts of the body and to support bodily functions that will enable veterans to regain independence and mobility. PSAS also manages the Home Improvements and Structural Alterations (HISA) grant program that allows modification to a veteran's home to allow accessibility through the use of ramps, widening doorways, and modifying bathrooms and kitchens. PSAS also works in a partnership with the Veterans Benefits Administration to provide Automobile Adaptive Equipment and Clothing Allowance to eligible disabled veterans.

The complexity of the PSAS requires a clear set of national policies and consistent training at the field level. Of equal importance, communications between VA clinical and administrative personnel, veterans, and their veterans service organization (VSO) representatives is imperative. Unfortunately, due to a lack of training and knowledge and poor communications, prosthetics care was inconsistent from facility to facility. Lack of flexibility within national prosthetics policy restricted VA providers from providing individualized care that met the true needs of veterans. There were rigid, antiquated policies instead of determining what is best for the patient and how to deliver that care most effectively. Furthermore, VA Handbooks and Directives were outdated and they failed to incorporate advances made in prosthetics during the Post-9/11 era. Veterans were ultimately denied items and services they should have received.

Today, significant changes have been made. PSAS Leadership at VA Central Office has implemented many positive improvements. The new Prosthetics final rule has replaced the outdated VA Directives and Handbooks. This will now enable prosthetic items and services to be provided in a standardized manner at each facility. Clinical care of the veteran will now be considered in a holistic manner. Communication between PSAS Central Office leadership and VSOs is conducted at a bi-monthly meeting where briefings are presented by PSAS. Problems and issues are discussed resulting in the best working relationship in years; however, we must work together to maintain this relationship. This will ensure that VA will continue to lead the world in prosthetics and rehabilitation through their integrated delivery system.

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. To meet the demand, VA must ensure adequate funding, a continuous training program for prosthetics and clinical staff, and provide updates to their new regulations in a timely manner.

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 and maintain the quality of prosthetics and control overall program costs cause additional delays. It could also generate inappropriate and non-standard care, and/or increase complaints about 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.

**Care of Women Veterans With SCI/D**—The number of women veterans using VA health care continues to rise and is expected to continue to rise as more women are joining the military. Women veterans with SCI/D are a small, but important subset of these users. It is essential that women veterans, including those living with SCI/D, have 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. VA has developed a robust SCI/D system to serve the needs of veterans with SCI/D but there needs to be a stronger focus on the needs of these veterans among services provided outside of the SCI/D System of Care.

Specialty services such as OB/GYN, inpatient mental health, and even ER care must ensure they are accessible for non-ambulatory users. As Congress develops strategies and policies for VA to follow, additional emphasis is needed to ensure women veterans with SCI/D are incorporated into these plans. As Congress oversees the implementation of recently passed legislation aimed at improving care for women veterans, they must ensure implementation of the women veteran specific sections of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P. L. 116-315) is conducted with this population in mind. And lastly, research is the key to improved health outcomes. Congress must mandate and fund VA to conduct research on the unique health care and economic opportunity needs of this population.

**BENEFITS IMPROVEMENTS AND APPEALS REFORM IMPLEMENTATION**

***Oversight of the Veterans Appeals Improvement and Modernization Act (P.L. 115-55)***—It has now been two years since the Veterans Appeals Improvement and Modernization Act (AMA) of 2017 went into effect. While many aspects of its implementation seem to be running smoothly, we do have some concerns and look forward to working with VA and Congress on continued oversight and improvements.

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, and they have not yet been informed of the new Outside Medical Opinion process. We are also concerned with administrative process errors stemming from the Board of Veterans' Appeals (BVA) takeover of certifying appeals. Furthermore, we have concerns with issues related to hearings, such as delays in scheduling, then time limits on the hearings. These hearings are essential due process for veterans and a non-adversarial environment to finally tell their story. We urge Congress to follow this issue closely.

Finally, we encourage flexibility. While Appeals Modernization was advertised as providing veterans with more control over their cases, in some respects it has only provided new and unfamiliar roadblocks. For example, so far, the agency has not been flexible with veterans who have issues completing the right form at the right time, or who misunderstand the "intent to file" process. This "gotcha" game that literally elevates form over substance can result in lost benefits, and Congress should monitor this issue.

We are mindful that 2021 will be a time of transition for VA, and we look forward to working with the agency and Congress to ensure veterans are receiving fair and timely adjudications of their appeals and that VA provides the information necessary for all stakeholders to make sure that VA is meeting its goals.

***Benefits Improvements for Catastrophically Disabled Veterans***

***Automobile Allowance Grants and Adaptive Equipment***—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. The substantial costs of modified vehicles, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its lifespan. The current, one-time VA Automobile Allowance Grant of roughly \$21,500 covers anywhere from one-half to one-third of the cost to procure a vehicle to accommodate certain disabilities that resulted from a condition incurred or aggravated during active military service. In order to ensure veterans have access to safe, reliable transportation, Congress must pass the "Advancing Uniform Transportation Opportunities for Veterans Act" or the "AUTO for Veterans Act" (H.R.1361/S. 444), which would allow eligible veterans to receive an Automobile Allowance Grant every ten years for the purchase of an adapted vehicle.

VA's Automobile Adaptive Equipment (AAE) program helps physically disabled veterans enter, exit, and/or operate a motor vehicle or other conveyance. VA provides necessary equipment for veterans with qualifying service-connected disabilities such as platform wheelchair lifts, UVLs (under vehicle lifts), power door openers, lowered floors/raised roofs, raised doors, hand controls, left foot gas pedals, reduced effort and zero effort steering and braking, and digital driving systems. The program also provides reimbursements (to service-connected veterans) for standard equipment including, but not limited to, power steering, power brakes, power windows, power seats, and other special equipment necessary for the safe operation of an approved vehicle. Support for veterans with non-service-connected disabilities is limited to assistance with ingress/egress only. Veterans need the independence AAE provides, allowing them to transport themselves to and from work, medical appointments, and other obligations. Congress must pass legislation that allows veterans who have non-service-connected catastrophic disabilities to receive the same type of adaptive automobile equipment as veterans whose disabilities are service-connected.

**VA Home Improvement Programs**—PVA greatly appreciates last year's passage of the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019 (P.L. 116-164) which made much needed improvements to VA's Specially Adaptive Housing (SAH) grant program. There are other concerns with the SAH program that we hope you will address to make the program even more beneficial and effective for veterans.

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.

Also, because the SAH program is one of VA's most critical programs, more resources are needed to promote it to the homebuilder and remodeling industries. We believe 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.

Additionally, "SAHSHA," the software program VA uses to manage the SAH program needs to be updated. We understand some money may be designated in the FY2021 budget towards the development of a new system, but it falls well short of what is needed to replace the program altogether.

Finally, additional full-time employees (FTEs) are needed for this program to distribute the workload more evenly throughout the country and address the impact of previous legislation that moved part of the management of the Veteran Readiness and Employment's (VR&E) Independent Living Services under the SAH program. We understand the program office has requested additional FTEs for FY2021 and 2022. These requests bear watching because in order to ensure this program is operating efficiently, these personnel increases must be filled.

Improvements must also be made to VA's HISA program. As the name suggests, HISA grants help fund improvements and changes to an eligible veteran's home. Examples of qualifying improvements include improving the entrance or exit from their homes, restoring access to the kitchen or bathroom by lowering counters and sinks, and making necessary repairs or upgrades to plumbing or electrical systems due to installation of home medical equipment. The lifetime HISA benefit is worth up to \$6,800 for veterans with service-connected conditions and \$2,000 for veterans who have a non-service-connected conditions. These rates have not changed since 2009 even though the cost of home modifications and labor has risen more than 40 percent during the same timeframe. As a result, that latter figure has become so insufficient it barely covers the cost of installing safety bars inside a veteran's bathroom. We urge Congress to raise HISA grant rates to at least \$10,000 for service-connected disabled veterans and \$5,000 for non-service-connected disabled veterans, and tie HISA grants to the Turner Building Cost Index or similar formula to help ensure rates remain current.

**SMC Rates**—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 disabled 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 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 beneficiaries at the R-2 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**—If a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death, their eligible survivors can receive an additional \$288.27 per month in Dependency and Indemnity Compensation (DIC). This monetary installment is commonly referred to as the DIC "kicker."



Amyotrophic Lateral Sclerosis (ALS) is an aggressive disease that quickly leaves veterans incapacitated and reliant on family members and caregivers. Many spouses stop working to provide care for their loved one who, once diagnosed, only has an average lifespan of between two to five years. Because so few veterans survive beyond five years, the surviving spouses of veterans with ALS rarely qualify for the additional DIC benefit.

VA already recognizes ALS as a presumptive service-connected disease, and due to its progressive nature, automatically rates any diagnosed veteran at 100 percent once service connected. The current policy fails to recognize the significant sacrifices these veterans and their families have made for this country. We urge Congress to extend the DIC kicker to the surviving spouses of veterans who die from ALS regardless of how long they were service connected for the disease prior to death.

**Veterans Employment**—It is important to get veterans who have lost their jobs during COVID back to work. Employment can positively factor into recovery from illness and enhancement of mental wellness, especially when compared to unemployment. Meaningful employment provides daily structure, gives a person a sense of worth, and supports social engagement.<sup>1</sup> Thus, not only is it financially important to get veterans back to work, but it is also better for their overall health.

Prior to the pandemic, the U.S. Department of Labor (DOL) reported that veteran unemployment numbers were at the lowest rate in almost two decades.<sup>2</sup> Unfortunately, employment rates for veterans with significant disabilities, including many PVA members, have consistently lagged behind those of their counterparts without disabilities. According to DOL's statistics, veterans with service-connected disabilities are less likely to participate in the labor force than veterans without disabilities.<sup>3</sup> Veterans with non-service-connected disabilities experience similar challenges; only 37 percent are employed compared to more than 75 percent of veterans without disabilities.<sup>4</sup> For some veterans with disabilities an immediate return to work is necessary. PVA is concerned that those who were previously facing challenges in the employment landscape will only see these challenges exacerbated by the COVID-19 pandemic and subsequent economic recession.

PVA's Veterans Career Program, formerly known as PAVE, provides career support to our members, other veterans with disabilities, their family members, and caregivers. As a result of the pandemic, our vocational counselors have seen an increase in employers' willingness to hire individuals for full-time work-from-home positions. We hope this trend will continue after the pandemic has abated.

As our nation focuses on how to get veterans back to work, it is essential we target our valuable resources and time on training and opportunities for both service-connected veterans and non-service-connected veterans. There are several federal government

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<sup>1</sup> [The mental health benefits of employment: Results of a systematic meta-review - Matthew Modini, Sadhbh Joyce, Arnstein Mykletun, Helen Christensen, Richard A Bryant, Philip B Mitchell, Samuel B Harvey, 2016 \(sagepub.com\)](#)

<sup>2</sup> [Newsletter | U.S. Department of Labor \(dol.gov\)](#)

<sup>3</sup> [Employment Situation of Veterans — 2019 \(bls.gov\)](#)

<sup>4</sup> [Employment Data for Veterans With Disabilities | ADA National Network \(adata.org\)](#)

programs that provide support to the larger veteran community. Many of these programs focus their resources on transitioning service members and post-9/11 veterans, even though veterans with disabilities, older veterans, and those in remote areas continue to face significant challenges, including high unemployment and underemployment. PVA believes existing federal programs must expand their focus to include those with significant or catastrophic disabilities, non-service-connected disabled veterans, older veterans, and those in rural communities.

VA's VR&E program has successfully assisted many service-connected veterans in pursuing employment and educational opportunities. PVA remains concerned, however, about the high caseloads VR&E counselors maintain. Large caseloads limit the amount of time they are able to spend with individual clients assessing their current status, their needs, their goals, and what meaningful employment is for that veteran. Many veterans also continue to experience high rates of turnover of their VR&E counselors, which can affect their long-term success in the program. As a result, PVA would like to see a VA Office of Inspector General assessment of the VR&E program staff outlining the amount of time each counselor spends working with a veteran, rate of turnover of staff, and length of employment for veterans placed into positions through VR&E.

The Department of Labor's Veterans' Employment and Training Service (DOL VETS) offers significant support to transitioning service members and military spouses. PVA recommends that DOL VETS focus more on the broader veteran population by developing additional paid training and apprenticeship programs for veterans who have already entered the workforce, significantly disabled veterans, non-service-connected disabled veterans, and those in remote areas.

Finally, the earlier we engage transitioning service members with disabilities and veterans with disabilities in the employment process the more likely they are to re-enter the workforce with meaningful careers. PVA strongly recommends that the Department of Defense, DOL, and VA work together on a comprehensive program for service members who are processing out of the military due to a disability to educate them on their rights and opportunities.

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

**Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

***Fiscal Year 2021***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$455,700.

***Fiscal Year 2020***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

***Fiscal Year 2019***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

**Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.



**DAVID ZURFLUH**  
**National President, Paralyzed Veterans of America (PVA)**

**“PVA changed my life forever. PVA literally stays with you from initial injury to the grave, not only for the veteran but the spouse/caregiver, family and friends.” — David Zurfluh**

David Zurfluh felt a duty to serve his country and follow in the footsteps of his grandfather (Navy), dad (Army), brother Tom (Air Force), and extended family who served in all military branches. When Zurfluh was in high school, he narrowed down the branches he wanted to serve in between the Marine Corps and the Air Force. His friend flipped a coin to determine his path — heads for Air Force and tails for the Marine Corps. The coin landed on heads, and Zurfluh's path was set in motion.

A member of the U.S. Air Force from 1987 to 1995, Zurfluh served as a jet engine mechanic and a crew chief in Operation Desert Shield and Operation Desert Storm. While on active duty, in April 1995, he was injured in a motor vehicle accident in Hachinohe, Japan, suffering a shattered left arm, broken left wrist and a broken neck. Zurfluh was diagnosed with incomplete quadriplegia. After three weeks navigating through three hospitals, he wound up at the Seattle VA Medical Center.

Zurfluh was at his lowest point when two PVA National Service Officers came to his bedside and told him they would take care of him and do everything they can to make him as whole as possible. Zurfluh became a member of PVA when this life-changing moment occurred, in 1995.

Zurfluh spent one year as an inpatient, and two years as an outpatient in the Seattle VA Spinal Cord Injury Unit. After finishing rehab, Zurfluh wanted to do all he could for the organization that gave him dignity and purpose again. He determined to make it his life's mission to help veterans with spinal cord injury, disorders, and related diseases like MS and ALS.

A native of the state of Washington, Zurfluh started volunteering at the PVA Northwest Chapter, helping local members. He held chapter-level positions as legislative director, vice president, president, and member of the sports committee. Zurfluh realized that he could help even more PVA members by serving at the national level. In 2010, he was elected to the Executive Committee as national vice president, serving three consecutive terms. In May 2014, Zurfluh was elected as national senior vice president and re-elected for two consecutive terms.

In May 2017, he was elected as national president and re-elected in 2018 and 2019. In May 2020, during PVA's 74<sup>th</sup> Annual Convention held virtually for the first time, Zurfluh was re-elected as national president for a third consecutive one-year term to begin July 1, 2020.

Zurfluh has served on the Veterans Legislative Coalition in Olympia, WA, and as co-chair of the West Slope Neighborhood Coalition in Tacoma, WA. In addition to his work on behalf of PVA in Washington, DC, Zurfluh currently serves on the National Board of Advisors of the Museum of Aviation Foundation, is a lecturer at Holy Rosary Church in Tacoma, WA, and volunteers at local food banks. His hobbies include hand cycling, shooting sports (trap, handgun, and archery) golf and snow sports.

Zurfluh travels extensively throughout the country advocating for and serving Paralyzed Veterans of America and wants people to know that “We specialize in SCI/D veterans, but we serve all veterans; if a veteran needs help and comes through our doors or calls, we will help them, their caregivers and their loved ones, period.”

**Statement of  
Jewish War Veterans of the USA  
2021 Legislative Priorities  
Before the Joint House and Senate  
Veterans Affairs Committees  
March 4, 2021**



**Presented by  
Jeffrey Sacks  
National Commander**

### JWV National Commander Jeffrey Sacks

Jeffrey Sacks was elected as National Commander of the Jewish War Veterans of the United States of America (JWV) during its 124<sup>th</sup> Annual, and first virtual, National Convention, held in August 2020. A member of JWV since 1996, Jeff has previously served as JWV's National Awards Committee Chairman, Resolutions Committee Vice Chairman, and National Executive Committeeman from Illinois. Jeff was Commander of JWV's Department of Illinois, and of JWV Post 153 of Chicago. He is a life member of JWV, VFW, American Legion, National Sojourners, and Military Order of the World Wars. Jeff also serves on the Board of the National Museum of American Jewish Military History.

Jeff is a veteran of Operation Desert Storm and was awarded the Bronze Star for meritorious service. His service during the Gulf War included Base Defense, Enemy Prisoner of War Operations, Convoy Escort, and Customs/Agriculture Pre-Screening of Troops returning to their home stations. As an Army Reserve Captain, he commanded the 822<sup>nd</sup> Military Police Company of the US Army Reserve in Southwest Asia in 1991. Under his command, the 822<sup>nd</sup> MP Company received a Meritorious Unit Commendation, among other decorations.

After the war, Jeff returned home and resumed his civilian occupation as a law enforcement officer and was a Supervisor with the Chicago Police Department, before retiring in December 2012. Jeff served in the Army Reserve until 1997, when he joined the Retired Reserve, retiring from the Army in October 2017, due to a disability.

Jeff suffers from a rare autoimmune disorder, Pemphigus Vulgaris, which was diagnosed within a year of his service in the Gulf War. Jeff has been denied VA disability because Pemphigus Vulgaris is not on the list of diseases currently considered service connected. Being VA Category 8C, he is not entitled to free medical treatment at the VA.

Jeff is active in the Jewish community. He is a member of Ezra Habonim the Niles Township Jewish Congregation and is Chairman of his Synagogue's Security Committee. He is an NRA Range Safety Officer and enjoys teaching safe handling and shooting of antique firearms in inclement weather at the Conservation Club of Kenosha County, Wisconsin. He is also an active Mason and Shriner.

Jeff was born and raised in Chicago, Illinois. He graduated from the University of Illinois in 1979. He also graduated from the US Army Military Police School (Officer basic and advanced courses), and the Chicago Police Academy. He has worked in law enforcement and security for over 40 years.

Jeff is married to Pye Squire and together they have five remaining children and ten grandchildren. Jeff's eldest son, an Army veteran who also was a Chicago police officer, committed suicide on January 1st, 2019. Two of their remaining children also serve on the Chicago Police Department, and one is on active duty with the US Armed Forces.



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## INTRODUCTION

Chairman Takano and Chairman Tester, and distinguished Members of the House and Senate Committees on Veterans' Affairs, my fellow veterans, and friends, I am Jeffrey Sacks, the National Commander of the Jewish War Veterans of the U.S.A. (JWV). JWV was established in 1896 and was congressionally chartered August 21, 1984.

JWV advocates for all veterans regardless of their religion. We provide counseling and assistance to veterans encountering problems dealing with the Department of Veterans Affairs (VA), and other entities with which our members work.

JWV has been helping veterans and preserving the legacy of American Jewish military service for almost 125 years. We represent veterans from all conflicts.

Volunteering at VA facilities, hosting educational programs, supporting patriotic organizations like Scouts of America, and advocating on behalf of all veterans lead the efforts our members make to serve the American veteran and our country.

The following veteran issues are the most relevant and concerning to our members. JWV urges the House and Senate Committees to address our concerns for all veterans. JWV strongly supports:

- Elimination of the means test for all veterans, especially WWII veterans
- No privatization of the VA
- Suicide prevention

Mr. Chairman, on March 15, we at JWV will celebrate our 125<sup>th</sup> birthday. Throughout our existence JWV has advocated for a strong national defense and fair recognition and compensation for veterans. Like all of us sitting here before you today, the Jewish War Veterans of the USA represents a proud tradition of patriotism and military service to the United States.

## NO GOVERNMENT FUNDING

For the record, the Jewish War Veterans of the USA, Inc., does not receive any grants or contracts from the federal government. This is as it should be.

## THE MILITARY COALITION (TMC)

JWV continues to be a proud member and active participant of The Military Coalition (TMC). Past National Commander Norman Rosenshein, JWV's National Chairman, serves on the Board of Directors.

JWV requests that the Senate and House Committees on Veterans' Affairs do everything possible to fulfill the legislative priorities of The Military Coalition.



### NO PRIVATIZATION OF THE VA

JWV is strongly opposed to veterans' healthcare being privatized. Privatizing VA healthcare would be a giant step backwards.

The VA system is designed specifically to meet the needs of veterans. That means amputees, paralyzed veterans, blinded veterans, the traumatic brain injured, and PTSD sufferers see medical personnel in the VA who specialize in these types of combat related injuries and know how to best deal with them. Privatizing the VA, i.e., changing the VA and giving every veteran a healthcare card, would result in the loss of access to these invaluable specialists.

The traumatized veteran needs medical personnel who are experienced working with these specific types of problems.

Also, those who work in VA healthcare have a special affinity for veterans and seem to give an extra effort on their behalf. Moreover, veterans who are patients tend to wear caps to indicate their military service, and tend to bond with each other, which helps make the VA health facility a friendlier place.

The Jewish War Veterans of the USA strongly urges the members of this joint committee to firmly resist any, and all efforts of those who want to privatize the VA.

### HOMELESS VETERANS

There continues to be a serious problem with too many veterans being homeless throughout the country. One homeless veteran is ONE TOO MANY!

In order for homeless veterans to receive the funding necessary to address some of their difficulties they need to be considered as a "Special Needs Population".

As a Special Needs Population, the homeless veterans will receive a larger portion of the funding allocation.

The Jewish War Veterans of the USA supports having our homeless veterans deemed as a Special Needs Population.

### MEANS TEST FOR WWII VETERANS

In 1996, Congress passed the Veterans Health Care Eligibility Act which established a means test for eligibility for some veterans to be able to make use of the VA healthcare system.

The Legislation exempted veterans of the Spanish-American and World War I.

The Legislation exempted veterans who, at the time of its passage were in their late 80s to 90s.

Today our surviving World War II veterans are in this same age bracket and deserve the same courtesy.

Thus, the Jewish War Veterans of the USA strongly urges Congress to eliminate the means test for all World War II veterans and their spouses.

### MAJ. RICHARD STAR ACT (H.R. 1282) (S. 344)

Maj. Richard Star is a combat engineer in Afghanistan and Iraq. Maj. Star had to retire with less than 20 years of service due to service-connected terminal lung cancer.

The proposed legislation would authorize full concurrent receipt of military retirement and disability compensation.

Under the system now in existence, there is a dollar-for-dollar offset so that the average disabled veteran suffers an offset of \$494.11 per month or almost \$6,000 per year.

The Jewish War Veterans of the USA supports the efforts to enact the Maj. Richard Star Act to end this unfair burden on combat-related ill and injured service members.

### SERVICE MEMBER AND VETERAN SUICIDES

In 2013, there were 18.5 suicides per 100,000 active-duty troops but in 2018 there were 24.8 suicides per 100,000 active-duty troops.

Male veterans were about 30 percent more likely to commit suicide than their civilian counterparts, and women veterans are committing suicide at a rate of almost double their civilian counterparts. This is a crisis!

The Jewish War Veterans of the USA has long called upon Congress and the Departments of Defense and Veterans Affairs to redouble their efforts and financial support to halt this trend toward more suicides.

The Jewish War Veterans of the USA strongly urges that Congress and the Departments of Defense and Veterans Affairs increase the funding and psychological testing of all members of the military and all veterans to ensure that they are not at risk for suicide.

A system whereby appropriate authorities can be notified that a member of the military or a veteran might be in danger to him/herself without any negative repercussions to the endangered individual or the person making such a report should be introduced.

### SEXUAL HARASSMENT IN THE VA

A Government Accounting Office study found that 26% of female employees within the Department of Veterans Affairs felt that they had been victims of sexual harassment on the job site. The GAO study found conflicting and incomplete policies concerning sexual harassment as well as a lack of data about allegations.

The Department of Veterans Affairs told Congress that it could take up to four years to implement the recommendations within the GAO report.

The Congressional Committee overseeing the Department of Veterans Affairs has directed that the four-year timeframe was completely unacceptable.

The Jewish War Veterans of the USA strongly urges the Department of Veterans Affairs to immediately implement to GAO recommendations as a staff fearing sexual harassment may not pay as much attention to caring for veterans they serve as they do trying to avoid being sexual harassed. There is no place for sexual harassment in the VA or in any government organization!

### POW/MIA

For many years JWV has consistently sought the return of all POW's, the fullest possible accounting for the missing, and repatriation of all recoverable remains. At every National Executive meeting, JWV displays the POW/MIA flag in front of the dais to show our continued support.

JWV asks the Congress to provide the necessary personnel and funding to continue to make every effort to bring closure to the families of the missing. The number of still missing and otherwise unaccounted for servicemembers from the Vietnam War is 1,585.

The Jewish War Veterans of the United States of America urges Congress to provide adequate funding to support the greatest possible accounting of missing service members and the repatriation of all recoverable remains. JWV remains a strong advocate for the return of all those missing in action and prisoners of war. It's important that as many families as possible have closure.

### CONCLUSION

Our members serve in war, as volunteers in their communities jointly with other veterans' organizations, as patriotic citizens, and as advocates for veterans. JWV strongly urges each of you to remember the needs of those who have served.

We thank you for the opportunity to present our priorities to you today.

God Bless the United States of America.

**Jewish War Veterans  
of the United States of America**

Established in 1896

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**Veterans Helping Veterans**

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**THE  
MILITARY ORDER OF THE PURPLE HEART  
OF THE U.S.A., INC.**



THE ONLY CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION  
EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS

**ANNUAL TESTIMONY  
ERNIE RIVERA, NATIONAL COMMANDER**

**BEFORE A JOINT HEARING OF THE SENATE AND HOUSE COMMITTEES  
ON VETERANS AFFAIRS**

**MARCH 4, 2021**

**MILITARY ORDER OF THE PURPLE HEART  
ERNIE RIVERA, NATIONAL COMMANDER**

**2021 ANNUAL TESTIMONY**

**BEFORE A JOINT HEARING OF THE  
SENATE AND HOUSE COMMITTEES ON VETERANS' AFFAIRS**

**MARCH 4, 2021**

**Chairman Tester, Chairman Takano, Ranking members  
Senator Moran, and Representative Bost, members of the  
committees, and ladies and gentlemen.**

**As the National Commander of the Military Order of the  
Purple Heart (MOPH), it is an honor and privilege to appear  
before you today, representing members of the Order. I am  
sure that all of you are aware that the MOPH is unique among  
Veteran Service Organizations (VSOs) in that our membership  
is comprised entirely of veterans who were wounded in  
combat on the battlefield in the numerous wars in which this  
nation has been engaged. For the wounds they suffered they  
were awarded the Purple Heart Medal.**

I am here today representing our 44,000 members that does the work of the order in 417 Chapters, 48 state Departments and 6 Regions across America in our communities and VA medical centers, veterans' homes and community based out-patient clinics through the VAVS program.

Based on our casualty research we estimate approximately 350,000 living Purple Heart recipients from all conflicts that require our legislative advocacy and services that only the Military Order of the Purple Heart can provide.

I believe I also sit before you here today on behalf of the almost 2 million servicemen and women, Purple Heart recipients all, who either gave their lives or spilled their blood for our nation and its citizens while defending the freedoms that all Americans are blessed to enjoy.

My oral testimony will be as brief as possible with the understanding that the full written testimony will be entered into the record.

Since it's organizing in 1932, the MOPH has been, and continues to be, the original Veterans' Organization for wounded warriors. We continue to serve veterans of all wars,

at no cost, by providing tangible benefits to those veterans and their families who require our assistance.

I would also like to state that MOPH supports the recommendations made by the VSOs who devote their time and effort to publish the Independent Budget. MOPH is a proud member of both The Military Coalition (TMC) and the National Military Veterans Alliance (NMVA).

**MOPH 2021 PRIORITIES:**

First and foremost, I need to bring to your attention concerning an issue on the rights and usage of the Military Order of the Purple Heart Logo, the words and marks Purple Heart, and the Purple Heart medal. In 2019, a court ruling gave the rights, copyrights, and trademarks of our Logo to another organization. In addition, the court order severed the organization as a subordinate Unit of the Order.

The court ruling also requires the Order to request in writing, permission from the Organization to use our own Logo and the words Purple Heart for fundraising events and purposes. This has severely hampered our ability to provide the necessary services to Veterans that is specified in our mission statement.



Since 1932, the Department of Defense has allowed the MOPH to use the Purple Heart Medal in its logo. The Military Order of the Purple Heart is requesting support for the Purple Heart Protection Act. This proposed legislation, if passed will allow the MOPH to use the Medal, its likeness, and the word mark Purple Heart. I am requesting assistance from your committees to allow members of the MOPH to use the Purple Heart medal, its likeness, the word mark Purple Heart to support our organization, and to return to us the rights of the Medal we have all earned.

Second, we are leading a coordinated effort with the National Flag Foundation which propose a database like those we have for the Medal of Honor (MOH), Distinguished Service Cross (DSC) and Silver Star (SS) that is verified by the DOD. Sadly, we have found several phonies claiming to be Purple Heart recipients, and some managed to join our organization with forged documents we simply cannot verify. Stolen Valor hurts every Veteran legitimately awarded the Purple Heart medal thru theft in services and makes business suspicious of being scammed, when a Veteran mentions he was awarded the Purple Heart. By working together on this project, we feel this should be added to the Purple Heart Protection Act. Whatever

the course of action we absolute need this to be a priority.

Lastly our desire is to see the US Department of Veterans Affairs put more direction, funding, and effort into alternative therapies. We have clearly seen the benefits of alternative therapies and would like to see much more.

This concludes my testimony, and I will be pleased to answer any questions.

Thank you,

***ERME RIVERA***

MOPH National Commander

**Disclosure of Federal Grants and Contracts:**

The Military Order of the Purple Heart (MOPH) does not currently receive, nor has MOPH ever received any federal money for grants or contracts other than the routine allocation of office space and associated resources at government facilities for outreach and direct veteran assistance services.

**(a) In General. —**

Whoever knowingly uses the term Purple Heart or the likeness of the Purple Heart Medal with intent to obtain money, property, or other tangible benefit, fraudulently holds oneself out to be a recipient of a decoration or medal described in subsection (c)(2) or (d) shall be fined under this title, imprisoned not more than one year, or both.

The Military Order of the Purple Heart USA Inc, the only Congressional Chartered Veterans Service Organization that is comprised of all Purple Heart recipients and is authorized to use the term and likeness of the Purple Heart medal for fundraising purposes to support the operations and mission approved by Congress. No other organization or entity is authorized to use the word mark or likeness for exchanges for anything of value any decoration or medal authorized by Congress for the armed forces of the United States, or any of the service medals or badges awarded to the members of such forces, or the ribbon, button, or rosette of any such badge, decoration or medal, or any colorable imitation thereof, except when authorized under regulations made pursuant to law, shall be fined under this title or imprisoned not more than six months, or both.

**(b) Fraudulent Representations About Receipt of Military Decorations or Medals. —**

Whoever, uses the term Purple Heart or the likeness of the Purple Heart Medal with intent to obtain money, property, or other tangible benefit, fraudulently holds oneself out to be a recipient of a decoration or medal described in subsection (c)(2) or (d) shall be fined under this title, imprisoned not more than one year, or both.

**(c) Enhanced Penalty for Offenses Involving Purple Heart Medal. —****(1) In general. —**

If a decoration or medal involved in an offense under subsection (a) is a [Purple Heart Medal](#), in lieu of the punishment provided in that subsection, the offender shall be fined under this title, imprisoned not more than 1 year, or both.

**(2) Purple Heart Medal defined.**—In this subsection, the term “[Purple Heart Medal](#)” means—

**(A)**

a Purple Heart medal awarded under section 1129 of title 10.

**(d) Enhanced Penalty for Offenses Involving Certain Other Medals. —****(1) In general. —**

If a decoration or medal involved in an offense described in subsection (a) is a distinguished-service cross awarded under [section 7272 of title 10](#), a Navy cross awarded under [section 8292 of title 10](#), an Air Force cross awarded under [section 9272 of title 10](#), a silver star awarded under section 7276, 8294, or 9276 of title 10, a Purple Heart awarded under [section 1129 of title 10](#), a [combat badge](#), or any replacement or duplicate medal for such medal as authorized by law, in lieu of the punishment provided in the applicable subsection, the offender shall be fined under this title, imprisoned not more than 1 year, or both.

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WOUNDED WARRIOR PROJECT  
STATEMENT OF  
LT. GEN. MICHAEL S. LINNINGTON (RET.)  
CHIEF EXECUTIVE OFFICER  
ON  
WOUNDED WARRIOR PROJECT'S 2021 LEGISLATIVE PRIORITIES  
March 4, 2021

Chairmen Takano and Tester, Ranking Members Bost and Moran, distinguished members of the Senate and House Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement to highlight our legislative priorities for 2021.

Much has been seen, said, and felt about the impact of the COVID-19 public health crisis on America's wounded warriors. This pandemic has created additional and worsening challenges to mental health, physical health, and financial wellness. The stressors of social distancing along with other adversities associated with the virus (e.g., loss of employment, sudden homelessness, isolation) may lead to long-term hardships including psychological distress, physical decline, depression, and sustained unemployment.

In 2021, WWP remains deeply committed to understanding and advocating for the needs of more than 150,000 wounded, ill, and injured veterans Service members, and 38,000 family members and caregivers who we serve. Although many have been adapted to virtual platforms over the past several months, WWP continues to offer more than a dozen free programs and services that promote mental, physical, and financial health and well-being. In Fiscal Year 2020 (October 1, 2019 to September 30, 2020), WWP:

- Hosted more than **4,300** virtual and in-person events to keep warriors connected;
- Facilitated over **900** warrior-only peer-to-peer support group meetings;
- Provided more than **149,500** hours of mental health treatment across our continuum of mental health care and support programs;
- Connected more than **1,850** warriors and family members to meaningful employment with veteran-friendly employers;
- Delivered over **190,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible, and

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

woundedwarriorproject.org



- Extended more than **\$11 million** in direct COVID-19 relief payments to help 11,000 warriors in financial crisis cover food and shelter expenses during the pandemic.<sup>1</sup>

We continue to partner with other organizations who share our vision to transform the way America's veterans are empowered, employed, and engaged in their communities. In 2020, WWP granted \$43 million to 51 nonprofit organizations – many within your states and districts – to address a range of purposes touching on the invisible wounds of war, housing insecurity, economic empowerment, quality of life, and caregiver support. WWP is grateful for the opportunity to partner with like-minded organizations – and for the public's generosity that makes it possible – to improve the long-term well-being of the warriors we serve by creating a holistic and interconnected support network.

Lastly, we are dedicated to championing legislative efforts to help the federal government continue to be our most critical partner in meeting needs throughout the veteran community. For those returning to the committees in the 117th Congress, your leadership over the last twelve months has provided steady and unwavering support for the well-being of veterans across the country at a time of dramatic distress and uncertainty. Among those efforts WWP was most pleased to support:

- **Sweeping new laws to bolster mental health support:** Through the *Commander John Scott Hammon Veterans Mental Health Care Improvement Act* (P.L. 116-171) and the *Veterans COMPACT Act* (P.L. 116-214), Congress has provided the Department of Veterans Affairs (VA) with more than 40 new tools to address the mental health needs of America's veterans. Through these actions, Congress is empowering VA to be a national example of how to provide for those with mental health needs.
- **Far-reaching advances in health care and services for women veterans:** The enactment of the *Deborah Sampson Act* (P.L. 116-315 §§ 5001-5503) represents a milestone in fully integrating women veterans into the VA system. Through this legislation, Congress has directed VA to implement nearly 30 provisions that will markedly expand health care, benefits, programs, and data collection in support of women veterans.
- **Improvements to the Specially Adapted Housing (SAH) Grant:** With passage of the *Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act* (P.L. 116-154), eligible veterans will now able to use the SAH grant every 10 years instead of only once and will have access to increased grant funds. These enhancements will ensure that disabled veterans are able to update their homes as their needs change over time.
- **A new three-digit dial code for veterans in crisis:** By passing the *National Suicide Hotline Designation Act* (P.L. 116-172), Congress has acted upon the need to reduce barriers to emergent suicide prevention support. By July 2022, reaching out in an emergency will only require dialing 9-8-8, and we believe many lives will be saved because of it.

<sup>1</sup> See Appendix 1 for more figures on WWP's programmatic impact in FY 2020.

- **Access to toxic exposure records:** Thanks to a successful amendment to the *FY 2021 National Defense Authorization Act* (P.L. 116-283 § 9105), veterans will now have access to their own Individual Longitudinal Exposure Record (ILER) which contains data linking individual Service members to known toxic exposure incidents. Previously available only to VA and Department of Defense (DoD) clinicians and researchers, ILER access will help veterans better understand their own health care needs and assist them with filing VA disability claims.
- **Veterans' life insurance modernization:** With the passage of the *Veteran Families Financial Support Act* (P.L. 116-315 § 2004), the maximum amount payable under the Service-Disabled Veterans Life Insurance program was increased from \$10,000 to \$40,000. This will provide surviving families with greater financial security in the event that a veteran passes away.

While WWP was proud to generate awareness, understanding, and support for these proposals, the Senate and House Committees on Veterans' Affairs made these new laws possible. As we begin the 117th Congress with a slate of new members and new leaders, WWP remains a partner in identifying challenges, developing solutions, and advocating for swift, sustainable, and positive impacts in communities we serve across all 50 states. We are pleased to be a voice for the warriors and families we engage through our programs, and many more we reach through our advocacy before Congress. In this context, we have identified several priority issues – rooted in our *2020 Annual Warrior Survey*<sup>2</sup> – that will guide our actions in the 117th Congress:

**Women Veterans:** Nearly all women warriors reported being enrolled in VA health care (95%), but less than half agree (49%) that VA was able to meet their needs after they left military service.

- *Improve accessibility and ubiquity of women's health care.* Increase resourcing of women's health services, adapt facility operations to create safer and more welcoming environments, and optimize alternative channels of care.
- *Enable stronger networks of professional and social support for women veterans during transition.* Establish programs connecting women warriors to peer and professional mentors who can serve as amplifiers of VA resources and reliable support systems.
- *Enact greater coordination across agencies and disciplines to improve awareness, accessibility, and quality of care for military sexual trauma (MST) survivors.* Establish clear and consistent platforms for clinical and non-clinical providers of MST-related care to communicate, streamline access to services, and build a stable community of support.

**Toxic Exposure:** 89% of survey respondents indicated they were definitely or probably exposed to toxic substances during their military service, and 98% of them report one or more symptoms or illnesses related to those exposures.

- *Prioritize the extension of health care.* Grant VA health care enrollment eligibility to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status.

<sup>2</sup> The *2020 Annual Warrior Survey* is available for download and review at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

- *Adoption of presumptive service connection criteria.* Develop a framework that requires VA to establish presumptive service connection in a timely manner when there is credible evidence of association between toxic exposures and illnesses.
- *Improve training and awareness among VA health providers.* To provide better care and service, VA providers should be able to properly identify, treat, and assess the impact of illnesses related to toxic exposures. A toxic exposure questionnaire at the beginning of every VA primary care appointment should be required.

**Mental Health:** PTSD (83%), anxiety (77%), and depression (72%) continue to rank among the top five most common health problems self-reported by WWP warriors.

- *Assist with mental health referrals and resilience building in community settings.* Successful implementation of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* Section 201 will boost VA's ability to leverage non-profit support and outreach services.
- *Improve the quality and coordination of care for co-occurring substance use and mental health disorders.* Ensure that provider toolkits and training developed under the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* Section 302 help create sufficient support for veterans with co-occurring substance use and mental health disorders, including strong aftercare plans to help prevent relapse.
- *Drive broader mental health reforms across American health systems.* As the majority of our nation's veterans receive care outside of VA<sup>3</sup>, improvements to the national mental health care landscape have potential to create a stronger and more accommodating network of care for all who need it.

**Brain Health:** Traumatic brain injury (TBI) remains a signature wound of the post-9/11 generation as 37% of survey respondents reported experiencing a TBI in service.

- *Improve the continuity of care through effective case coordination services and raise awareness of support systems currently available.* Reduce barriers to care caused by the difficulty of navigating federal and state resources, especially for moderate to severe TBI.
- *Prepare for long-term care needs of the post-9/11 generation.* Fund and oversee efforts to research the care needs of veterans with TBI.

**Caregivers:** WWP directly serves more than 700 warriors and 500 caregivers through our Independence Program. Additionally, 55% of survey respondents indicated that they needed some assistance or were completely dependent on assistance from another person for at least one daily living activity.

- *Expand VA mental health care to caregivers.* Extend these services to caregivers to help address heightened risk of developing or suffering from a mental health issue and bolster resilience in a community that provides an estimated \$14 billion of unpaid care each year<sup>4</sup>.

<sup>3</sup> The Department of Veterans Affairs' FY 21 budget request included funding to provide for 7.2 million veteran patients. According to U.S. Census Bureau research published in June 2020, there are approximately 18 million veterans in the United States.

<sup>4</sup> RAJEEV RAMCHAND ET AL., HIDDEN HEROES: AMERICA'S MILITARY CAREGIVERS 122 (RAND Corp., 2014), available at [https://www.rand.org/pubs/research\\_reports/RR499.html](https://www.rand.org/pubs/research_reports/RR499.html).

- *Remove barriers and increase funding for respite programs.* Create more opportunities for quality self-care and respite to mitigate against increased likelihood of personal health emergencies and burnout.
- *Protect severely wounded veterans' eligibility for services.* Ensure that the Program of Comprehensive Assistance for Family Caregivers continues to support veterans who necessitate great care and attention, even if they are not completely dependent on their caregivers.

**Compensation Reform:** While 72% of respondents reported VA disability ratings of 80 percent or higher, one in three agreed with the statement that they “have or expect to run out of money for myself or my family’s necessities.”

- *Create efficiency in VA’s Clothing Benefit Allowance.* Remove the annual requirement to file VA Form 10-8678 for those with static, non-changing disabilities.
- *Modernize VA’s approach to static disability ratings.* Reduce current thresholds related to permanent designation of service connection and disability ratings.
- *Implement an online portal for veterans to request claims files.* Create an option for veterans beyond current inconvenient and antiquated offerings.
- *Allow for concurrent receipt of VA and DoD benefits by medically retired veterans:* Pass the *Major Richard Star Act* to receive both retirement pay and disability benefits without offset.

The remainder of this statement will explain why each of these issues has become a priority for WWP, how our organization is addressing these issues programmatically, and what public policy initiatives we are pursuing to improve the health and well-being of the wounded, ill, and injured veterans we serve. We are confident these recommendations will help the lives of our nation’s wounded warriors, their families, caregivers, and those who will come after them.

## **WOMEN VETERANS**

The year 2020 represented a landmark year for women veterans, bringing with it innovations in health care, historic and bipartisan legislative victories, and new opportunities for WWP to invest in the women veterans we serve. Alongside our programmatic offerings, many of which provide options for female-only engagement, WWP has committed to strengthening our advocacy efforts dedicated to women veterans by enhancing both qualitative and quantitative data collection. As nearly 25,000 women warriors are registered with WWP – approximately 17 percent of all those registered as Alumni with WWP – our organization set itself on the course to dig deeper into the lives of this population.

In January 2020, WWP initiated our Women Warriors Initiative by distributing a survey to all registered women veterans. Approximately 5,000 women responded with consequential insights into the challenges, gaps, and opportunities that women warriors experience and served as the backbone of several roundtables that followed. The discussions revolved around five key themes: access to care, mental health, transition, isolation, and financial stress. Combined with more than a decade’s worth of data collected through the *Annual Warrior Survey* and WWP’s



programming expertise, findings from the Women Warriors Initiative inform our testimony today.

As we collectively address new opportunities to assist women veterans, WWP offers the following areas for your consideration:

- **Improve accessibility and ubiquity of women's health care. Increase resourcing of women's health services, adapt facility operations to create safer and more welcoming environments, and optimize alternative channels of care.**

Increasing access to VA-facilitated care remains among WWP's foremost priorities. While nearly all registered WWP female veterans (95%) report being enrolled in VA health care, less than half (49%) believe that VA was able to meet their needs after they left service. The explanations for this gap between utilization and satisfaction may lie within the barriers to care that women veterans have consistently identified via the *Annual Warrior Survey*. Chief among them are issues with appointment availability, hours of operation, provider turnover, and quality of care.

The COVID-19 pandemic has motivated VA and all service-minded organizations to think innovatively about how to address these barriers to care. As WWP transitioned to virtual programs during the public health crisis, we learned that women warriors were participating at unprecedented levels. For example, WWP's Physical Health and Wellness program offers health coaching services and facilitates wellness-focused activities like educational seminars, fitness challenges, and exercise inspiration. In Fiscal Year 2020, 55% of participants in virtual Physical Health and Wellness program engagements were women, or more than three times their share of the WWP population and a notable increase from in-person event participation.<sup>5</sup> Across all programs, women made up 43% of participants in our virtual programming events, which was both higher than their engagement during in-person programming (27%) and higher than their share of the overall Alumni population (17%). These findings indicate that removing the barrier of in-person interaction increases women's interest and ability to engage in programs that can help address their needs.

Just as WWP has committed to continuing virtual offerings after COVID-19, VA should capitalize on this moment of social distancing to deeply analyze and reflect on how health care delivery has functioned effectively in a virtual environment and bolster options like telehealth that are serving women veterans in meaningful ways. While telehealth and other technology-driven solutions represent exciting new opportunities, this same level of innovation should also be applied to traditional health care delivery models to break down long-standing barriers to accessing women's health care.

The emergence of women's health clinics, for example, represents progress toward the provision of holistic and gender-informed health care for women veterans. Where they are available, women warriors shared with WWP overwhelmingly positive feedback with specific recommendations for improvement in mind. Namely, standardizing quality of care across clinics will improve both access and experience for those across geographies. Women ask for larger

<sup>5</sup> 42% of participants in face-to-face Physical Health and Wellness events were women.

spaces and staffs, separate entrances and waiting areas, and greater consistency of care. In sum, VA should continue to invest in women's health clinics and identify best practices to standardize or lift the quality of those in underperforming, less populated, or newly established clinics.

Women's health clinics, however, represent only a microcosm of the larger VA health care system. The factors prioritized in their operation – like privacy, gender-sensitivity, and safety – are not applied universally at all VA medical facilities. As a result, participants in WWP's Women Warriors Initiative commonly reported their discomfort and high levels of anxiety when attending VA health care appointments. Of those who do not use VHA as their primary health care provider, one in three cited “bad prior experience” as a topmost reason. Their explanations vary and reflect many of the barriers we explored through the Women Warriors Initiative – including frustrations with provider turnover or competency, hours of operation, and accessibility of the Community Care Network – but in nearly all cases, the stress of navigating male-dominated, often security-laden health care facilities posed a significant challenge. These findings underscore how the environments of care at VA facilities significantly impact women warriors' experiences and willingness to utilize care. The physical layouts and utilization patterns of VHA facilities should be regularly assessed to maximize safety, convenience, and overall ease of access by women veterans.

- ***Enable stronger networks of professional and social support for women veterans during transition. Establish programs connecting women warriors to peer and professional mentors who can serve as amplifiers of VA resources and reliable support systems.***

The period of transition from Active Duty military service to civilian status can prove challenging for any Service member. While still conducting their military duties, Service members may face a range of stressors like securing new employment, finding and financing a home, coping with service-connected injuries both physical and mental, and adapting to significant differences in cultural norms and expectations, all while guiding their families through their own changing lives. For women, however, these challenges can be compounded by their overall sense of connection to the military and veteran community.

In large part, fostering a strong sense of community underlies every aspect of WWP's mission and programming. Understanding that their experiences as a small minority of the military population may impact their enthusiasm to connect with other veterans, WWP proactively creates spaces exclusively serving women veterans. For example, WWP operates twelve women-only peer support groups, all of which currently function online in a virtual setting. This format enables meaningful communication and connection despite distance or other obstacles that may dissuade women such as childcare, drive time, and anxiety in crowded spaces. Another lesson on how mental and social wellness can be cultivated virtually is illustrated through WWP's Connection program, which facilitates events and activities designed to connect warriors to their peers, families, and communities. While women warriors made up only 26 percent of participants in face-to-face events, their stake rose to 43 percent in virtual engagements. These observations clearly underscore the heightened accessibility and interest that virtual options make possible.

Through the Women Warrior Initiative, we also learned that many women veterans found effective support resources accidentally or were directed to them by peers rather than by DoD or VA-led outreach. WWP facilitates these opportunities with the knowledge that high rates of MST and lack of recognition for their service can leave some women veterans with a negative impression of their military service, engendering mistrust or reluctance to access VA resources and underscoring the importance of peer connection during transition. Women veterans feel more strongly connected to one another than to male veterans, and yet given their small share of the overall veteran population, forging these bonds can prove challenging.<sup>6</sup> Nevertheless, peer connection is an essential tool for connecting women veterans to the resources and networks of support that can help, whether facilitated through VA or external entities.

Social support also plays a critical role in fostering financial wellness during transition. While DoD's Transition Assistance Program (TAP) offers preparation and professional skill-building courses, these options are not universally effective for all. Many women warriors interviewed through our Women Warriors Initiative felt inadequately prepared to be competitive or successful in the civilian workforce, calling for greater access to personalized career counseling, networking and mentorship opportunities, and clearer preparation for the cultural differences many have encountered in civilian workplaces.

The value provided by a sense of community, word of mouth, and education all underscore the impacts of individualized connection and support. Women warriors are seeking mentors who can not only assist them in navigating the job market, but who also can help them grow professionally with an understanding of their military background, unique skills, and the life experiences that set them apart. Mentors are hugely beneficial as women veterans' transition into civilian careers, providing guidance on practical skills like resume writing and interview practice as well as preparation for the cultural changes they are likely to experience.

- ***Enact greater coordination across agencies and disciplines to improve awareness, accessibility, and quality of care for MST survivors. Establish clear and consistent platforms for clinical and non-clinical providers of MST-related care to communicate, streamline access to services, and build a stable community of support.***

Military sexual trauma remains one of the most complex yet widespread challenges facing Servicewomen and women veterans. While one in three women utilizing VA health care screen positive for MST<sup>7</sup>, WWP's population of women veterans report even higher rates; a majority (61%) of women who completed the 2020 *Annual Warrior Survey* reported experiencing sexual harassment in service, and 44% reported experiencing a sexual assault. WWP is acutely aware of the presence of MST among the veterans we serve, especially women veterans and as such has taken steps to ensure our programming reflects the needs of sexual trauma survivors. WWP seeks to create supportive spaces – both environmentally and emotionally – for MST survivors to heal, be it through clinical and non-clinical mental health programs or through social events designed to facilitate authentic peer connection.

<sup>6</sup> 52% of respondents to the Women Warriors Initiative survey agree that they have strong connections with female veterans, while 45% agree they have strong connections with male veterans.

<sup>7</sup> U.S. DEP'T OF VET. AFFAIRS, MILITARY SEXUAL TRAUMA FACT SHEET, [https://www.mentalhealth.va.gov/docs/mst\\_general\\_factsheet.pdf](https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf) (last visited Mar. 1, 2021).

While the effects of MST are wide-ranging, women warriors commonly described feeling a sense of isolation, experiencing a lack of support in the wake of a traumatic events, and struggling to avoid further traumatization when seeking treatment or benefits. Given its prevalence and severity, VA and Congress have similarly worked to expand MST-related care to all survivors who seek it. However, more can be done to integrate MST-informed care across all disciplines, programs, and outreach efforts.

Care and benefits should exist along a continuum that meets MST survivors where they are along their journey to recovery, beginning at the point of incident and being fully inclusive of DoD, the Veterans Health Administration, the Veterans Benefits Administration, and external partners with the responsibility to provide care. One specific point of frustration along the continuum of care is the compensation and pension exam, during which MST survivors are at risk for re-traumatization due to the thorough and often intense nature of the exam. While it is justifiable to ensure that compensation and pension exams are comprehensive, VA should strive to adopt a consistently compassionate, trauma-informed perspective. The risk of re-traumatization can be greatly reduced by ensuring that examiners execute VA's policy to allow family members, caregivers, and significant others into exam rooms, and by conducting wellness checks with veterans after examinations in order to connect them with mental health or social support resources. These actions can lead to more productive, dependable information gathering practices and ensure that MST survivors have access to support systems they can lean on during that difficult step of the benefits process.

The issues discussed above characterize only a fraction of the findings and recommendations WWP has developed because of the Women Warriors Initiative. WWP looks forward to sharing with the committees our in-depth analysis and providing greater detail to the ideas we have put forth today.

### **TOXIC EXPOSURE**

Just as our nation has a responsibility to provide health care and benefits to veterans who suffer physical and mental injuries in service, we must also meet the needs of those who suffer from illnesses associated with exposure to toxic substances, both on the battlefield and in peacetime. With the legacy of a decades-long campaign to deliver care and benefits to those who have and continue to suffer from Agent Orange exposure, WWP is striving to ensure that today's veterans struggling to receive recognition for toxic exposure illnesses are not fighting for treatment years from now like their Vietnam Era counterparts. Over the course of nearly 20 years and, for many, multiple deployments, post-9/11 veterans have been exposed to contaminants such as burn pits, toxic fragments, radiation, and other hazardous materials found on deployments to places like Iraq, Afghanistan, Uzbekistan and elsewhere. Now, far too many of them are experiencing serious, rare, and early-onset conditions which we strongly suspect are correlated to those exposures, and WWP is committed to addressing their toxic wounds with the same urgency that we address the physical and mental wounds of war.

Historically, Congress has dealt with toxic exposure related illnesses with era-specific legislation. Vietnam veterans' exposures were addressed with the *Agent Orange Act of 1991*

(P.L. 102-4), and Desert Storm/Desert Shield veterans' exposures were addressed by the *Persian Gulf War Veterans Act of 1998* (P.L. 105-368 §§ 101-107). However, no comprehensive legislation has been enacted specifically addressing the toxic exposure concerns of the current and future generations of veterans. In recognition of this fact and motivated by our own data and the shared priorities of other advocates, WWP spearheaded formation of the Toxic Exposure in the American Military (TEAM) Coalition. Currently comprised of over 30 military and veteran service organizations and experts, the TEAM Coalition is collectively dedicated to raising awareness, promoting research, and advocating for legislation to address the impact of toxic exposures on all those who have been made ill as the result of their military service, now and in the future.

After nearly two years of collaboration and consensus building, the TEAM Coalition was successfully advocated for the introduction of the *TEAM Act*, a comprehensive bill which would provide VA health care eligibility for all veterans exposed to toxic substances, create a framework for establishing presumptive disabilities for all toxic exposures to include the post-9/11 generation and beyond, and improve the provision of care for toxic exposure-related conditions. First introduced in July 2020 as S. 4393 (116th Congress), the *TEAM Act* was advanced unanimously by the Senate Committee on Veterans' Affairs in December 2020 after undergoing a bipartisan amendment process which we believe made the legislation stronger. WWP and the TEAM Coalition fully supported the amended version of S. 4393, and we look forward to its reintroduction and passage this year.

While WWP has been and will continue to be a staunch advocate for the *TEAM Act*, and its passage would satisfy each of our below recommendations, we recognize that there will be other toxic exposure-related legislation introduced in the coming months that we will be proud to support as well. We also understand and are grateful that the Chairmen and Ranking Members of both committees have identified toxic exposures as a top priority this year. With that in mind, WWP eagerly looks forward to working with both committees as you move forward to confront this urgent matter in the 117th Congress.

- ***Prioritize the extension of health care. Grant VA health care enrollment eligibility to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status.***

Traditionally, eligibility for VA health care is established when a veteran is granted one or more service-connected disabilities. In the case of toxic-exposure related conditions, however, this is often an exceedingly difficult task. According to VA data, from June 2007 to July 2020, only 2,828 of the 12,582 (22%) veterans who claimed conditions related to burn pit exposure were granted service connection.<sup>8</sup> The most critical consequence of these decisions is delayed access to VA care.

Results from WWP's 2020 *Annual Warrior Survey* illustrate how the segment of warriors we serve generally confirms that those exposed to toxic substances are more likely to struggle

<sup>8</sup> *Toxic Exposures: Examining Airborne Hazards in the Southwest Asia Theater of Military Operations: Hearing Before the Subcomm. on Disability Assistance and Memorial Affairs of the H. Comm. on Vet. Affairs, 116th Cong., (2020)* (testimony of Laurine Carson), available at <https://docs.house.gov/meetings/VR/VR09/20200923/111024/HHRG-116-VR09-Wstate-CarsonL-20200923.pdf>.

with their health. We found that a majority (70.6%) of warriors reported that they were “definitely” exposed to toxic substances or hazardous chemicals during their service, and another 18.1% reported they were “probably” exposed. Warriors who reported exposures were more likely to indicate poor health. Those who answered, “definitely yes” or “probably yes” to whether they were exposed were more likely to rate their health as poor or fair (49.6%) compared to those who indicated “probably no” or “definitely no” (38.8%). Alarming, only 16.1% of those definitely or probably exposed said they had received treatment at VA for their exposure, while another 11.1% reported that they tried to receive treatment but were unsuccessful. A mere 2.4% of warriors who report being exposed to toxic substances during military service believe that they suffer no symptoms or illnesses as a result.<sup>9</sup>

Our call for expedited health care access is not unprecedented. Legislation enacted over the course of several decades has provided health care eligibility to veterans of previous generations. Vietnam and Persian Gulf War veterans are eligible for priority group 6 VA health care enrollment without the need to establish a service-connected disability due to the known exposures associated with those conflicts. Currently, veterans who served in combat and were discharged after January 28, 2003 are eligible for enrollment on a similar basis, but only for a period of five years. We can achieve parity for post-9/11 veterans who served in areas of known exposure by granting them permanent priority group 6 enrollment eligibility. We believe this is critically important, as it would eliminate the need for veterans who are already ill to wait months while their claims are decided – or years if their claims go to appeal – from accessing the care they need. Furthermore, we believe that veterans who were exposed to toxic substances but may not be ill yet should have access to regular preventative care so that any illnesses that may arise can be diagnosed and treated early before they become serious or even life-threatening.

For these reasons, access to care is WWP’s top priority regarding toxic exposure legislation. To achieve this, the *TEAM Act*, as amended, would expand priority group 6 health care enrollment eligibility to any veteran who earned certain service-specific accommodations and awards associated with post-9/11 deployments or is eligible for inclusion in the Airborne Hazards and Open Burn Pit Registry. This bill would also grant eligibility to any veteran who DoD identifies as having been possibly exposed to a toxic substance inside or outside the United States (and establish a mechanism that would allow veterans to self-identify as having been exposed). WWP strongly supports these provisions and believes their enactment would provide lifesaving treatment and preventative care to all those who were exposed to toxic substances, now and in the future.

- ***Adoption of presumptive service connection criteria. Develop a framework that requires VA to establish presumptive service connection in a timely manner when there is credible evidence of association between toxic exposures and illnesses.***

Traditionally, VA disability claims are granted by establishing direct service connection with a medical nexus linking an in-service event with a veteran’s current diagnosis. In the case of toxic exposure-related claims, however, direct service connection is often impossible for veterans to prove due to inconsistent documentation of exposure and long latency periods in

<sup>9</sup> For a closer review of the variety of exposures and ailments considered in the 2020 *Annual Warrior Survey*, please see Appendix 2.

which the onset of diseases may not occur until several years after discharge. To address this, Congress has historically created mechanisms that require VA to make determinations on whether to establish presumptive service connection when scientific data indicate a link between specific exposures and associated illnesses, as it did for Vietnam veterans with the *Agent Orange Act of 1991*. However, no law currently exists to require VA determinations on illnesses that may be associated with all toxic exposures, to include the post-9/11 generation and beyond.

The *TEAM Act*, as amended, would require a framework for establishing presumptive conditions for veterans exposed to toxic substances now and in the future. This would include the establishment of an independent Toxic Exposure Review Commission comprised of scientists, health care professionals, and veteran service organizations (VSOs). This commission would collect information and hold public meetings to identify all possible military toxic exposures and make recommendations to VA on whether scientific reviews are warranted. VA would also be required to enter into an agreement with the National Academies of Science, Engineering, and Medicine (NASEM) to conduct scientific reviews regarding associations between diseases and military toxic exposures. These reviews would be based on the recommendations of the commission and NASEM's own analysis of available scientific evidence. Upon receiving a report from NASEM, VA would be required to respond within an established timeframe and the Secretary would be authorized to grant presumptive service connection for diseases by reason of having a positive association with exposure to a toxic substance. If NASEM reports a positive association and the Secretary determines the disease does not warrant presumptive service connection, VA must publish their scientific reasoning in the Federal Register for public comment.

Recognizing that scientific research takes time and that far too many veterans are already suffering from toxic exposure-related illnesses, we urge the establishment of this framework without delay. While WWP has and will continue to support legislation that creates presumptive conditions by statute in cases where VA has failed to act, we believe that all veterans who have been exposed to toxic substances deserve a system that requires VA to respond to scientific data in a timely, transparent manner.

- ***Improve training and awareness among VA health providers. To provide better care and service, VA providers should be able to properly identify, treat, and assess the impact of illnesses related to toxic exposures. A toxic exposure questionnaire at the beginning of every VA primary care appointment should be required.***

One of the strengths of the VA health care system is the cultural competency of its providers. VA clinicians receive training and learn over time to speak the language of military service and associated conditions. This not only puts veterans at ease with a provider that understands them and their experiences but can also lead to better health outcomes when providers know what potential conditions and comorbidities may be present based on the nature of a veteran's service. We believe that this could be especially beneficial when treating veterans who were exposed to toxic substances.

By developing and implementing a primary care questionnaire and training module to ensure that VA health care personnel are prepared to identify, treat, and assess toxic exposure-

related illnesses they will be able to generate a dialogue that could lead to early detection of symptoms that the veterans may not have otherwise brought up. Ideally, this training would be completed by both VA and non-VA providers.

### **MENTAL HEALTH**

Wounded Warrior Project has been a leading advocate for programs and policies that recognize the interconnectedness of factors such as social connection, financial security, physical health, and mental resilience on overall health and wellness. Within the specific context of mental health and suicide prevention, the Senate and House Committees on Veterans' Affairs delivered on the top priorities of our 2020 legislative testimony by passing the *Commander John Scott Hamon Veterans Mental Health Care Improvement Act*. Specifically, the new law provides authorization for VA to pursue a community grant program to aggressively connect more veterans with clinical and non-clinical services in their communities (Section 201) and enhanced research capabilities related to precision medicine for PTSD and TBI with a goal of developing diagnostic tests and personalized therapeutics for millions of veterans who suffer the devastating effects of trauma to the brain (Sections 305, 704, and 705). WWP applauded the passage of this historic legislation, along with key supplemental improvements provided by the *Veterans COMPACT Act*, which will strengthen support during military transition, implement suicide prevention initiatives, and improve care and services for women veterans.

At the outset of the 117th Congress, improving mental health continues to be a top priority throughout all of WWP's programs to address some of the most serious issues impacting our warriors. In the last twelve months, warriors have faced added stress due to the social isolation and economic insecurity of COVID-19, which, combined with the ongoing prevalence of factors such as PTSD and TBI, has resulted in new and greater mental health challenges. According to data collected through our 2020 *Annual Warrior Survey*, over 60 percent of registered WWP Alumni feel more disconnected from family, friends, or their community, and 52 percent stated that their mental health is worse since socially distancing themselves.

Many of the provisions in the newly passed *Commander John Scott Hamon Veterans Mental Health Care Improvement Act* and *Veterans COMPACT Act* are particularly timely given the environment many veterans have been facing for months. In addition to swift and effective implementation of these laws, broader mental health reforms across American health systems will provide a strong path forward to empower veterans facing mental health conditions and crises. The following recommendations represent what we believe to be the best path forward to improve access to care, provide greater quality of care, deliver needed services, and keep the mental health community accountable.



- ***Assist with mental health referrals and resilience building in community settings. Successful implementation of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act Section 201 will boost VA's ability to leverage non-profit support and outreach services.***

Wounded Warrior Project's approach to mental health care is grounded in several core and scientifically supported beliefs. We agree that no one organization – and no single agency – can fully meet all veterans' needs. We recognize that empirically supported mental health treatment works when it is available and when it is pursued, but the best results will be found by embracing a public health approach focused on increasing resilience and psychological well-being and building an aggressive prevention strategy. With passage of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, Congress has become a key driver of reform that will test the validity of this approach at levels not seen before in mental health.

Research and evidence have consistently shown that social connection is an extremely important protective factor for suicide. Pursuing such engagement through local community organizations can be especially impactful. For example, the *2019 Community Integration: Annual Survey Report* by America's Warrior Partnership reported that, on average, nearly 24 percent of warriors felt a sense of wellbeing within the first three months of engagement with a community organization. After three months of participation, a considerably larger share (76 percent) of warriors indicated a sense of wellbeing. The report also found that twice as many warriors who engaged and sought resources were found through outreach efforts as opposed to walk-ins.<sup>10</sup>

Amidst the current public health crisis, WWP has witnessed first-hand the effects of social isolation on veterans' mental health and wellbeing. To provide connection and support during this time of uncertainty, WWP initiated Operation Check-In. This initiative involved WWP staff making 39,757 calls, resulting in 996 program referrals. Forty-one percent of referrals were for connection programs to give warriors and their families the opportunities to virtually engage with their peers and WWP, 35 percent of referrals were to financial wellness programs, and another 19 percent of the referrals were for mental health programming, including a range of services from telephonic health to intensive outpatient care.

These sources illustrate the variety and value of supports being sought by wounded warriors who self-report mental health challenges on a level that exceeds their civilian peers. Protective factors like social connection and economic security – pursued by the WWP community in greater numbers during the spread of COVID-19 – underscore the importance of broadly defining "suicide prevention services" as they are written into the SSG Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201). In addition to accommodating protective support services with inherent value, we believe many of these programs will drive referrals to the VA health system for clinical care. Accordingly, WWP stands by to assist the committee efforts to oversee implementation of the SSG Parker Gordon Fox Suicide Prevention Grant Program, a critical new tool to prevent veteran suicide and a top mental health policy priority for WWP.

<sup>10</sup> *2019 Community Integration: Annual Survey Report*, AM. WARRIOR PARTNERSHIP, <https://www.americaswarriorpartnership.org/community-integration>.

- ***Improve the quality and coordination of care for co-occurring substance use and mental health disorders. Ensure that provider toolkits and training developed under the Commander John Scott Hannon Veterans Mental Health Care Improvement Act Section 302 help create sufficient support for veterans with co-occurring substance use and mental health disorders, including strong aftercare plans to help prevent relapse.***

Wounded Warrior Project is working to address co-occurring mental health and substance use disorders (SUDs) by connecting veterans to the care they need, including investments in programs and studies. A 2020 report, *Improving Substance Use Care: Addressing Barriers to Expanding Integrated Treatment Options for Post-9/11 Veterans*<sup>11</sup>, published by the RAND Corporation and commissioned by WWP, provided several key findings. This study reveals that co-occurring SUDs and mental health disorders are common among post-9/11 veterans. Substance use disorder is often present in veteran suicide and screening positive for PTSD or depression has been associated with being almost 20 percent more likely to also screen positive for hazardous alcohol use or a potential SUD.

Despite this common co-occurrence, treatment facilities typically specialize in treating one type of disorder or the other. Mental health treatment facilities – particularly within VA’s community network – often require veterans to abstain from substance use; however, veterans may be using substances to manage their mental health symptoms. Veterans who receive substance use treatment alone may be at risk for failing to meet their treatment goals if their mental health symptoms are not addressed. Addressing both simultaneously can be necessary for lasting improvement. It is critical that veterans can access programs and facilities that are equipped to treat the veteran population and that post-care plans are strong and coordinated with VA to help prevent relapse.

Wounded Warrior Project believes that Section 302 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* is vital to accomplish these goals. Establishment of a clinical provider treatment toolkit and accompanying training materials for comorbidities will pave the way for more consistent and effective treatment. We look forward to this toolkit increasing the adoption of evidence-based patient-centered treatment for co-occurring disorders, including plans focused on relapse prevention, while also expanding VA’s internal capacity and military-culture training in community providers.

- ***Drive broader mental health reforms across American health systems. As the majority of our nation’s veterans receive care outside of VA, improvements to the national mental health care landscape have potential to create a stronger and more accommodating network of care for all who need it.***

Through the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Veterans COMPACT Act*, VA has been given the critical task of implementing over 40 new mental health initiatives across multiple modalities and a range of scale. VA’s efforts will provide many improvements, including to upstream interventions, telehealth, and precision medicine; however, many opportunities exist to collaborate with other federal and state agencies

<sup>11</sup> Available at [https://www.rand.org/pubs/research\\_reports/RR4354.html](https://www.rand.org/pubs/research_reports/RR4354.html).

to lead more veterans to care. Pursuing strategies to improve the greater care landscape like training more providers, improving reimbursement, and lowering stigma will improve access for all Americans, including veterans who may not choose VA or choose not to seek care at all.

Eleven out of 17 veterans who die by suicide are not connected to VA, and among those veterans who were connected, 40 percent<sup>12</sup> were not being treated for a mental health or substance use disorder. Additionally, according to the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Task Force, nearly 60% of veterans choose to receive healthcare outside of VA for many reasons.<sup>13</sup> WWP’s 2020 *Annual Warrior Survey* confirms that a considerable amount of post-9/11 wounded warriors may follow that path due to the belief that VA health care is not as good as other available care (42%), bad prior experiences at the VA (41%), or difficulty accessing the VA due to parking and/or appointment availability (39%). Nevertheless, VA has consistently been rated as the top mental health resource by survey respondents over the last three years.

Wounded Warrior Project strives to connect more veterans to mental health care and has long espoused that there should be no wrong door when seeking treatment. VA remains a national leader in developing an array of treatment and support, but data illustrates that many veterans will not seek care at VA or otherwise. As such, WWP supports a public health approach that leverages care and support beyond the VA health system.

The following pieces of legislation present ways to improve the nation’s mental health landscape, which would, in turn, improve the mental health landscape for veterans. VA has many successful and innovative mental health programs already in place that can be expanded and replicated outside VA. To this end, WWP recommends that the following measures be adopted. All of the bills mentioned were originally introduced in the 116th Congress. The accompanying bill numbers reflect each bill’s most recent introduction; so far, the *Stopping the Mental Health Pandemic Act* (S. 165, H.R. 588) is the only one to have been reintroduced this year. WWP hopes to see all of these initiatives reintroduced and passed into law.

- Increase proactive emergency room interventions – similar to VA’s Safety Planning in Emergency Departments (SPED) program – by reintroducing and passing legislation like the *Effective Suicide Screening and Assessment in the Emergency Department Act* (S. 3006, H.R. 4861) and the *Improving Mental Health Access from the Emergency Department Act* (S. 1334, H.R. 2519). Nearly half of all patient health care visits each year occur in emergency departments, presenting a significant opportunity to identify and treat patients at risk of suicide.
- Expand access to telemental health by allowing practice over state lines – like VA’s “Anywhere to Anywhere” initiative – by reintroducing and passing the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act* (S. 2741, H.R. 4932). VA has been able to deliver exceptional mobile care

<sup>12</sup> OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP’T OF VET. AFFAIRS, 2019 NATIONAL SUICIDE PREVENTION ANNUAL REPORT, [https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf) (last visited Mar. 1, 2021).

<sup>13</sup> U.S. DEP’T OF VET. AFFAIRS, PRESIDENT’S ROADMAP TO EMPOWER VETERANS AND END A NATIONAL TRAGEDY OF SUICIDE, [https://www.va.gov/PREVENTS/docs/PRE-007-The-PREVENTS-Roadmap-1-2\\_508.pdf](https://www.va.gov/PREVENTS/docs/PRE-007-The-PREVENTS-Roadmap-1-2_508.pdf) (last visited Mar. 1, 2021).

throughout COVID-19, due to the strength of its telehealth laws. This bill would provide the Department of Health and Human Services (HHS) with the authority to waive telehealth restrictions, remove geographic restrictions for services like mental health and emergency medical care, and allow rural health clinics and other community-based health care centers to provide telehealth services.

- Improve the detection, prevention, and treatment of mental health issues among public safety officers. Although the *Helping Emergency Responders Overcome (HERO) Act* (S. 3244, H.R. 1646) is not specific to veterans, many would benefit due to the large number of veterans in the profession. Six percent of the population at large has served in the military, but 19 percent of police officers are veterans; it is the third most common occupation for the veteran population.
- Strengthen the National Suicide Prevention Lifeline. WWP was thrilled to witness passage of the *National Suicide Hotline Designation Act of 2020* (P.L. 116-172) to launch 9-8-8 as the new three-digit dial code for the national suicide prevention hotline. The *Suicide Prevention Lifeline Improvement Act* (H.R. 4564) would develop a plan to ensure the provision of high-quality service for the hotline, strengthen data-sharing agreements to transmit epidemiological data from the program to the Centers for Disease Control, and implement a pilot program focused on using other communications platforms for suicide prevention.
- Address behavioral health needs caused by COVID-19. The *Stopping the Mental Health Pandemic Act* (S. 165, H.R. 588) directs HHS to award grants to upgrade technology to support effective delivery of telehealth services, promote collaboration between primary care and mental health providers, and support emergency crisis intervention.

## **BRAIN HEALTH**

Over the past several years, public health and advocacy communities have come to know traumatic brain injury (TBI) as a signature wound of post-9/11 conflicts. From 2000 to the third quarter of 2020, the DoD reports 430,720 TBIs among Active Duty Service members.<sup>14</sup> Other research indicates that this figure could be even higher due to undocumented injuries in Iraq and Afghanistan before improvements in documentation implemented in November 2006.<sup>15</sup> Most TBIs are diagnosed as “mild” and result in relatively manageable clinical symptoms that resolve soon after injury; however, long-term effects are widely varied and can include cognitive deficits, memory loss, personality changes, sleep difficulties, sensory deficits, mood volatility, and substance use disorders that can place significant stress on a warrior and his or her support system.

<sup>14</sup> DEF. HEALTH AGENCY, U.S. DEP’T OF DEF., <https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Development/Traumatic-Brain-Injury-Center-of-Excellence/DoD-TBI-Worldwide-Numbers> (last visited Mar. 1, 2021).

<sup>15</sup> Rachel P. Chase & Remington L. Nevin, *Population Estimates of Undocumented Incident Traumatic Brain Injuries Among Combat-Deployed US Military Personnel*, J. HEAD TRAUMA REHAB, Jan.-Feb., 2015, at E57, available at [https://journals.lww.com/headtraumarehab/Abstract/2015/01000/Population\\_Estimates\\_of\\_Undocumented\\_Incident.14.aspx](https://journals.lww.com/headtraumarehab/Abstract/2015/01000/Population_Estimates_of_Undocumented_Incident.14.aspx).

Many veterans will ultimately benefit from new and continuing investment in research and programs to address near- and long-term needs, as well as the risk associated with brain injury. While Congress has extended support through several of these initiatives within the context of mental health, suicide prevention, and aging, WWP supports more concentrated efforts on TBI specifically. In addition to a general call for VA to collaborate with DoD to create a strong continuum of policies across prevention, documentation, diagnosis, rehabilitation, and treatment, WWP provides the following recommendations:

- ***Improve the continuity of care through effective case coordination services and raise awareness of support systems currently available. Reduce barriers to care caused by the difficulty of navigating federal and state TBI resources, especially for moderate to severe TBI.***

In a recent study of the service needs and barriers faced by veterans years after sustaining moderate to severe TBI, the most frequently cited barrier to care was not knowing where to get help.<sup>16</sup> This finding underscores the fact that, while the number of Service members catastrophically injured in service has decreased in recent years, the needs of severely injured Service members and veterans with TBIs have not diminished over time. Establishing treatment and support programs may simply not be enough. We must work to connect those in need with the resources created for them to maximize the impact of those services and, in many cases, improve the veteran's quality of life. Additionally, understanding the treatment and support for those diagnosed with a mild TBI, or repeated mild TBIs, will likely require a renewed focus especially as these Service members and veterans age.

In its June 2013 report to Congress, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) outlined three broad goals for TBI care in the military and veteran community: (1) increased awareness, (2) improved surveillance, and (3) stronger collaboration across the federal government.<sup>17</sup> Several recommendations – which were composed in collaboration with DoD and VA – have been implemented, and WWP was pleased to see specific efforts related to precision medicine adopted as part of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*. Long-term care was also addressed, and while the House Committee on Veterans' Affairs Subcommittee on Health took the laudable step of holding an oversight hearing on VA's preparation for the "Silver Tsunami,"<sup>18</sup> more can be done to oversee the adequacy of TBI supports for a younger generation of warriors.

In 2013, CDC and NIH stated that "improving continuity of quality care and service delivery along with inter-service, interagency, intergovernmental, and public and private collaboration for care are all critical to the success of long-term care [for TBI]." In so doing, the agencies called on VA to establish multiple reforms including implementing uniform training for recovery coordinators and medical and non-medical care/case managers, establishing a single tracking system, and providing a comprehensive plan for the seriously injured. The Federal

<sup>16</sup> R. Jay Schulz-Heik et al, *Service Needs and Barriers to Care Five or More Years After Moderate to Severe TBI Among Veterans*, BRAIN INJURY, vol. 31, 2017, at 1219, available at <https://www.tandfonline.com/doi/full/10.1080/02699052.2017.1307449>.

<sup>17</sup> CTRS. FOR DISEASE CONTROL AND PREVENTION & NAT'L INSTS. OF HEALTH, *Report to Congress on Traumatic Brain Injury in the United States: Understanding the Public Health Problem Among Current and Former Military Personnel* (June 2013).

<sup>18</sup> *The Silver Tsunami: Is VA Ready?: Hearing Before the Subcomm. on Health of the H. Comm. on Vet. Affairs*, 116th Cong., (2020).

Recovery Coordination Program was cited as a main driver of these reforms, but that office has since transformed into the Federal Recovery Consultant Office in February 2018 in response to the Presidential Executive Order, “Comprehensive Plan for Reorganizing the Executive Branch.” While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to address the reforms that have not been fully realized.

In consideration of recent research revealing the barriers created by poor awareness of programs, anecdotal evidence from warriors that supports the same conclusion, and years-old calls to improve care coordination at VA, WWP will explore ways to improve the ability of veterans with moderate and severe TBI symptomatology to navigate the systems of care available to them – and we invite Congress to join those efforts.

- **Prepare for long-term care needs of the post-9/11 generation. Fund and oversee efforts to research the care needs of veterans with TBI.**

Congress can guide VA towards correcting the current landscape and acknowledging that today’s arrangements for care for veterans in their 20s, 30s, and 40s may not be sustainable as many of their caregivers approach their 70s and 80s. Research is needed to investigate the progression of mild and moderate TBI to better prepare VA for the challenge of supporting these injuries in the future. WWP believes Congress can help align and coordinate current research efforts and help create a roadmap for more investment in the future with considerations about current research exploring early onset of long-term, debilitating illnesses that will require increasing levels of long-term therapy. Among the initiatives that WWP invites to the committees to consider most closely:

**Research at VA:** The Translational Research Center for TBI and Stress Disorders (TRACTS) program promotes multidisciplinary research aimed at improving our understanding of TBI and associated symptomatology. TRACTS has become a national leader in research publication and is continually increasing the knowledge base for deployment related trauma. Continued funding for TRACTS and application of its research findings holds great potential to improve care for affected veterans as well as better identify veterans at-risk for TBI and symptom progression, enabling VA to intervene earlier on behalf of affected patients.

**Longitudinal study at DoD:** Pursuant to the *FY 2007 National Defense Authorization Act* (P.L. 109-364 § 721(e)), DoD is nearing the 11-Year update to its 15-Year longitudinal study on the effects of TBI incurred by OIF/OEF veterans. This study focuses on both veterans and caregivers with regard to particular needs and outcomes for TBI patients. The purpose of the study is to provide cumulative outcomes and recommendations for legislative, programmatic or administrative action in order to improve long-term care and rehabilitative programs for service members and veterans with TBI. The last report was delivered to Congress in July 2017, and we encourage the committees to assess the results of the next update due in 2021.

**Coordination through HHS:** The Administration for Community Living (ACL), part of HHS, manages several programs for individuals with brain injuries, including many veterans who depend on care and support across multiple federal, state, and local programs. Accordingly,

committee members should consider supporting efforts to help HHS carry out its mandate to develop a plan for coordinating federal activities impacting TBI service delivery.

### CAREGIVERS

As an early and enduring champion for caregivers and the warriors they care for, WWP has kept care for this community as a centerpiece of our advocacy and programming. Currently serving nearly 700 warriors and nearly 500 caregivers, our Independence Program pairs warriors who rely on their families and/or caregivers with a specialized case management team to develop a personalized plan to restore meaningful levels of activity, purpose, and independence into their daily lives. With the Program of Comprehensive Assistance for Family Caregivers (PCAFC) now expanded and soon available to veterans of all generations, we are acutely aware of how new changes and existing gaps may impact the lives of the veterans and caregivers we serve.

Supporting our nation's military and veteran caregivers is one of the most effective ways to improve the health and wellbeing of wounded, ill, and injured Service members and veterans. Without the support of 5.5 million military and veteran caregivers who provide billions in service value each year, VA would face insurmountable costs related to home-based care and supports. However, caregivers face a unique set of challenges in supporting their veterans. Caregivers suffer from high rates of depression, physical illness, and burnout. Critically, they are also on the frontlines of the veteran suicide crisis, watching for every emotional trigger, and monitoring every change in behavior. Caregivers truly are America's hidden heroes, and they need our support more than ever. The areas that we are focusing on to improve caregiver's quality of life are:

- **Expand VA mental health care to caregivers. Extend these services to caregivers to help address heightened risk of developing or suffering from a mental health issue and bolster resilience in a community that provides an estimated \$14 billion of unpaid care each year.**

Research has shown that military and veteran caregivers have higher levels of mental health problems than civilian caregivers and non-caregivers. According to RAND Corporation's *Hidden Heroes: America's Military Caregivers*, 40 percent of post-9/11 caregivers are likely to suffer from major depressive disorder (MDD) and pre-9/11 caregivers are reportedly twice as likely to suffer from MDD.<sup>19</sup> According to this same research, roughly two-thirds of caregivers with probable depression have not received care from a mental health professional in the last year, but 80 percent of those who sought care have found such care helpful.

Although many caregivers feel their role has given them a sense of meaning and purpose, these positive emotions often coexist with feelings of strain or stress. According to the National Alliance for Caregiving's (NAC) *Caregiving in the U.S. 2020* report, these positive emotions can be accompanied by physical, emotional, and financial strain that can manifest in poorer health. Specific to mental health, nearly 4 in 10 caregivers consider their caregiving situation to be

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<sup>19</sup> RAMCHAND ET AL., at 81.

highly stressful, while an additional 28 percent report moderate emotional stress<sup>20</sup>. Increases in stress also associated with caring for a relative and providing care for more than a year – both more likely to occur in the veteran community.

Based on this research and a strong and enduring relationship with caregivers through our Independence Program and our partnership with the Elizabeth Dole Foundation, WWP strongly believes that expanding access to mental health care for caregivers is an important step to ensuring our hidden heroes are equipped to continue to perform their caregiving duties.

- ***Remove barriers and increase funding for respite programs. Create more opportunities for quality self-care and respite to mitigate against increased likelihood of personal health emergencies and burnout.***

Caregivers constantly monitor their care recipients mental and physical health while oftentimes ignoring their own, and this leads to health emergencies and caregiver burnout. Respite provides a short-term break that allows caregivers to prioritize their health and gives them a chance to reset. Accessing respite care is commonly met with bureaucratic red tape and limited quality care. We need to remove any barriers to accessing respite and increase funding to VA, DoD, and community respite programs to increase accessibility.

Within this context, WWP has recognized and responded to increased caregiver needs during COVID-19. To provide additional respite and support to caregivers during these challenging times, WWP invested more than \$7 million in a caregiver relief initiative. This initiative provided direct care for caregivers to optimize quality of life outcomes for both them and the warriors they care for; additional support for caregivers, including increased access to mental health care, engagement with other caregivers, and opportunities for respite and wellness; and 35,000 hours of relief to caregivers nationwide in partnership with the Elizabeth Dole Foundation. Perhaps the biggest takeaway is the impact on caregiver outlooks: 76% felt more confident in their ability to hand personal problems after receiving the grant, and 63% felt like things were going their way. WWP looks forward to finding comparable approaches alongside Congress and VA to deliver more positive outcomes for veteran and military caregivers.

- ***Protect severely wounded veterans' eligibility for services. Ensure that the Program of Comprehensive Assistance for Family Caregivers continues to support veterans who necessitate great care and attention, even if they are not completely dependent on their caregivers.***

The newly expanded PCAFC provides crucial benefits and support to qualifying veterans and their caregivers. While this program is critical, it is not always managed uniformly across the entire VA system. Increasing oversight and making further improvements to the program will allow for more caregivers and their veterans to access critical support such as mental health services, health insurance, and a monthly stipend. The *VA MISSION Act of 2018* expanded this program and allowed for improvements to be made, but there are still improvements needed to ensure there is equal access to these benefits.

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<sup>20</sup> *Caregiving in the U.S. 2020*, NAT'L. ALLIANCE FOR CAREGIVING, <https://www.caregiving.org/caregiving-in-the-us-2020/>.



Wounded Warrior Project is hopeful that PCAFC regulations will preserve (or help establish) eligibility for a meaningful number of veterans with moderate and severe needs. However, our 2019 *Annual Warrior Survey* data supports the proposition that several additions and modifications to PCAFC definitions may be too restrictive to accommodate currently eligible and prospective PCAFC participants with moderate and severe needs.

In its public notice to address changes to “71.15 Definitions,”<sup>21</sup> VA outlined its rationale for amendments to terms including “inability to perform an activity of daily living,” “serious injury,” and “unable to self-sustain in the community.” While these definitions were eventually adopted to assist VA’s stated effort to focus on veterans with moderate and severe needs, WWP program data indicates that many veterans with moderate and severe needs – including several who are currently enrolled in the PCAFC at the Tier 3 level – would fail to meet the standards offered in the final rule. More specifically, the definition of “inability to perform an activity of daily living” now requires that a veteran or Service member need personal care services each time he or she completes any of the activities of daily living (ADLs) listed in the definition, effectively excluding veterans and Service members who need help completing an ADL only some of the time the ADL is completed.

Our *Annual Warrior Survey* data – which can be reviewed more closely in Appendix 2 – shows that this restriction may prove to be too restrictive. The data reveals that extremely few warriors are completely dependent on caregivers to complete those ADLs that correspond with PCAFC ADLs. Generally speaking, less than two percent of responding warriors reported total dependence on another to complete an ADL – a statistic that spanned each of the seven PCAFC ADLs. While the data is self-reported and not clinically verified, the number of warriors requiring assistance only some of the time to complete these ADLs was generally six to nine times higher than those requiring assistance each time. Of all warriors who completed the 2019 *Annual Warrior Survey*, only 1.7 percent reported complete dependence or assistance from another for three or more ADLs that align with VA ADLs (561 warriors). It is worth noting that this finding may not be consistent with clinical evaluations used by PCAFC for determining eligibility; however, it can reasonably be viewed as a marginal cohort of the 31.8 percent of all respondent warriors who reported the need for aid and attendance of another person because of post-9/11 injuries or health problems.

Wounded Warrior Project will continue to work alongside warriors and VA to ensure that warriors and their caregivers are provided with the care, support, and acknowledgement that is consistent with the original intent of PCAFC. As the committees oversee implementation of a long overdue and deserved expansion to veterans and caregivers of all ages, we encourage members to keep these concerns in mind.

### **COMPENSATION REFORM**

Along with physical and emotional health, financial security is an essential factor in overall wellness and a key component to a veteran’s success after service. The 2020 *Annual*

<sup>21</sup> Programs of Comprehensive Assistance for Family Caregivers Improvements and Amendments under the VA MISSION Act of 2018, 85 Fed. Reg. 46,226 (July 31, 2020).

*Warrior Survey* was administered during a challenging time for the WWP warrior population. The survey was administered from May 2020 to June 2020, at the peak of the coronavirus pandemic and social distancing measures. Employment has been a significant concern among most Americans during this time, and for warriors, health challenges only add to these concerns. Those who reported their health status as fair or poor were more likely to report challenges related to employment and finances than warriors with good, very good, or excellent health status. Our survey results indicate that the warrior unemployment rate has increased significantly over last year, reaching 16.5 percent, compared to 11.5 percent in 2019. Overall, one-third of warriors reported that they either have or expect to run out of money for themselves or their family's necessities.

With an increase in unemployment and a large population of our Alumni receiving monetary assistance from VA, it is vital to ensure that the disability process is friendly and exhibits minimal stress on the veteran population. Below are recommended legislative changes identified by our *Annual Warrior Survey* and through WWP national service officer analysis of VA programs and services that wounded warriors depend on.

- ***Create efficiency in VA's Clothing Benefit Allowance. Remove the annual requirement to file VA Form 10-8678 for those with static, non-changing disabilities.***

Since 1972, Public Law 92-328 has required VA to pay clothing allowances to veterans as compensation for the wear and tear caused by prosthetics, wheelchairs, and similar devices. The allowance is an annual benefit that requires annual submission of VA Form 10-8678. Although the process may be simple in theory, it creates a burden in practice that can be overcome by legislative action.

A common complaint from WWP registered Alumni and WWP national service officers is the requirement for veterans with static, non-changing disabilities to reapply for the clothing allowance every year. The annual application must be accompanied by engagement with the VA prosthetics department to receive their clothing allowance. This entire process can be uninviting and cumbersome, and it must be performed without clear guidance from the VA website.<sup>22</sup> If a veteran is late in applying for their clothing allowance, he or she must wait until next year to reapply. We know of warriors who decide to forgo this benefit because of the difficulty in applying each year.

This process can be resolved by acknowledging that some disabilities are static and will not improve over time. We urge Congress to remove the yearly requirement to resubmit the VA Form 10-8678 each year and automatically disperse the clothing allowance to those deemed eligible. The current process is confusing to veterans and, at times, discourages veterans from applying for a benefit that they are eligible for. An automated process would allow veterans more ease in receiving the benefits they are owed, lower the administrative burden on VA, and help build trust between the veteran community and VA.

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<sup>22</sup> U.S. DEP'T OF VET. AFFAIRS, *VA Clothing Allowance* (Sept. 23, 2020), <https://www.va.gov/disability/eligibility/special-claims/clothing-allowance/>.

- ***Modernize VA's approach to static disability ratings. Reduce current thresholds related to permanent designation of service connection and disability ratings.***

Static disabilities – legal determinations established through a designated process – are service-connected disabilities that are considered to be permanent. VA's role in the process is to consider the nature, history, or severity of each disability and ascertain whether it needs to be evaluated for improvement in the future. If VA determines the disability to be permanent, the need for future examinations to ascertain whether the disability has improved is removed, and the disability earns static distinction.

During this process, VA has temporal checkpoints at 5, 10, and 20 years in the evaluation timeline. If a veteran has the same (single) disability rating for five or more years, the VA cannot reduce the veteran's disability rating unless the condition has improved. The improved disability must be sustained by all medical evidence, not just the reexamination report. After 10 years, the service-connected disability rating is protected from being dropped or removed as a disability; however, VA can lower the rating if the disability has improved. Once a rating is in effect for 20 years, VA cannot reduce it below its previous lowest rating unless the veteran submitted a fraudulent claim.

Wounded Warrior Project submits thousands of benefits claims each year on behalf of veterans. A common warrior question is whether an approved benefit can be removed over time. Once the 5-, 10-, and 20-year rules are explained to the veteran, some decide not to use the VA as their primary healthcare provider due to mistrust in the system that anything they say could be used against them in the future. Conversations in online forums, among benefit legal services professionals, and through word of mouth have also contributed to veteran distrust over how VA will use future medical information in readjusting a veteran's disability rating.

Regardless of VA decisions in any individual case, a broader sense of distrust has endured for many years. To help foster trust and collaboration between the veteran population and the VA, the 5-, 10-, and 20-year rules should be adjusted. We urge Congress to lower the 10- and 20-year rules to 5 and 10 years, respectively, and remove the 5-year rule entirely. This would build trust with the veteran community and encourage them to speak openly with their primary care doctor without fear of what they say to the VA and how those discussions will impact their future finances.

- ***Implement an online portal for veterans to request claims files. Create an option for veterans beyond current inconvenient and antiquated offerings.***

A claims file – commonly referred to as a C-File – is created when a veteran submits a claim for VA benefits. The C-File may contain the veteran's service records, VA exam results, additional information submitted by the veteran, and anything else VA deems necessary to decide a disability claim. A veteran may want to view their C-File to ensure all the information it contains is accurate and complete before the claim is decided or, once a case has been decided, to better understand how VA reached its decision.

The process for a veteran to be able to view their C-File is antiquated and inconvenient. Currently, if a veteran wants to view their C-File, their options are:

- Making an appointment with their VA Regional Office (RO) to physically view the C-File in person. This option is often inconvenient to veterans who do not live within a reasonable proximity to the RO and to those who struggle to find time to visit during business hours.
- Submitting VA Form 3288, *Request For and Consent to Release of Information from Individual Records*, by mail or fax. Unfortunately, VA's fax number and mailing address are not published online with the VA Form 3288<sup>23</sup>, and no confirmation of VA receipt is sent to the veteran. The VA Form 3288 also asks for substantial Personal Identification Information (PII), and any response may take several months depending on the individual RO. Fax numbers listed in various corners of the internet may not be accurate, and requests delivered to inaccurate locations can lead to further complications or ambiguity.
- Submitting a *Freedom of Information Act* (FOIA) request, which is convoluted and difficult for veterans who are not familiar with the procedure. Such requests often take substantial processing time.

C-Files are delivered in paper form or as a compact disc (CD). As computer manufacturers are well along with a migration away from building internal CD drives, the CD format is quickly becoming old technology which many computers do not support. Accordingly, the time has come for VA to provide the option for electronic delivery of a C-File. VA has the technology to make information available online, and precedent has already been established by making medical records available through the MyHealtheVet portal.

An electronic delivery option should be available to any veteran after securely logging in to the eBenefits portal. The process offers advantages to providing request confirmation, to speed and convenience of delivery, and to VA resources, which would be expectedly lower than mail service and current processing costs. VA would gain the capability to fulfill all online C-File requests in a timely manner and create additional time to redact any personally identifiable information as needed. If executed, this proposal would make the process more convenient for veterans, increase veterans' faith in VA transparency, and decrease unnecessary appeals since more veterans will have access to all the information VA used to decide their claims.

- ***Allow for concurrent receipt of VA and DoD benefits by medically retired veterans: Pass the Major Richard Star Act to receive both retirement pay and disability benefits without offset.***

When Service members retire from the military, they are entitled to retired pay based on their rank and the number of years they served. Traditionally, Service members become eligible for retirement after serving 20 years. However, some are forced to retire early due to medical conditions, known as Chapter 61 retirees. Like all veterans, military retirees are also entitled to VA disability compensation if they are injured while in service. Unfortunately, many retirees are unable to collect both earned benefits due to a statutory dollar-for-dollar offset. WWP strongly

<sup>23</sup> See <https://www.va.gov/find-forms/about-form-3288/>.

believes that DoD retired pay and VA disability compensation are two different benefits established by Congress for two different purposes, and no eligible veteran should have to forfeit a portion of their earned retirement income simply because they suffered a service-connected disability.

In 2004, Congress acknowledged this injustice by ending the offset for military retirees with at least 20 years of service and disability ratings of at least 50 percent. If enacted, the Major Richard Star Act would expand this policy and create parity for approximately 42,000 Chapter 61 retirees whose military careers were cut short due to combat-related injuries and illnesses, finally allowing them to collect the hundreds of dollars per month that they have been denied until now. This would not only fully honor the extraordinary sacrifices they have made in service to our Nation but would also represent a meaningful step towards concurrent receipt for all.

This legislation was named in honor of Major Richard Star, an Army veteran who was diagnosed with stage 4 lung cancer after completing multiple deployments to the Middle East. Since his illness triggered a medical retirement before he could complete 20 years of active service, he was a Chapter 61 retiree, unable to collect the full benefits that would have helped him and his family during this difficult time in their lives. Tragically, Major Star passed away of his illness in February of this year before the bill that was named for him could become law. WWP calls on Congress to honor his legacy by swiftly passing the *Major Richard Star Act*, finally eliminating the offset for all Chapter 61 retirees who were retired due to combat-related injuries and illnesses.

#### **ADDITIONAL PRIORITIES**

##### ***VETS Safe Travel Act***

Air travel security, in and of itself a stressor for many Americans, presents a significant challenge for our nation's severely disabled veterans. In the face of long lines and impatient passengers, many veterans are required to remove their prosthetics or other assistive devices, vacate their wheelchairs, or make other extensive accommodations that are time-consuming, frustrating, and potentially dangerous.

The *Veterans Expedited TSA Screening (VETS) Safe Travel Act* seeks to ease the stress and discomfort of this process by offering TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. Doing so will provide a more dignified experience to veterans when passing through security checkpoints, improve efficiency, and enable a safer environment for all travelers. This benefit aligns with what is already offered to Active Duty, Reserve, and National Guard Service members free of charge.

The *VETS Safe Travel Act* has been introduced in the 117th Congress as H.R. 855. Its bipartisan introduction in the House of Representatives evidences the common-sense, veteran-

first solution that this legislation offers, one that we hope will be mirrored by the U.S. Senate in short order. WWP thanks Representatives Bergman (R-MI-01), Brownley (D-CA-26), Lamb (D-PA-17), and Slotkin (D-MI-08) for cosponsoring and strongly encourages members of the House Committee to join them, members of the Senate to introduce a companion, and asks that each advocate for its swift passage to ensure safety and dignity for our nation's severely injured veterans.

### ***Rural Veterans***

One of the challenges of delivering high quality, consistent VA care and services to all veterans is the diverse geographic locations in which they live. Considerations such as driving time, appointment availability, and scarcity of specialty care impact the VA experience of all veterans, and this is especially true of those who live in rural areas. While many rural veterans may be accustomed to traveling further than their non-rural counterparts to access services of any kind, the rightfully expect the same level of access and quality that all veterans deserve.

While much has been made in recent years on the promise of telehealth to alleviate many of the hurdles that rural veterans face in accessing care, recent events have greatly accelerated its usage. In response to the COVID-19 pandemic, VA increased its video health visits by 1,200% between March and July 2020.<sup>24</sup> VA's telehealth capabilities have been largely effective for the veterans who have utilized it, with large portions attesting to ease of use, satisfaction with providers, and trust in the platform. This has not, however, altered the availability of IT resources or infrastructure, particularly in rural communities where many veterans still have to drive to more populated areas just to reach cellular service. To address this issue, we urge swift implementation of Section 701 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, which provides grants to organizations for technological support to help rural veterans connect with their providers.

Scarcity of providers is also an issue that is compounded in rural areas, both at VA and out in the community. While many rural veterans qualify for community-based care under the *VA MISSION Act* due to their distance from VA facilities, they may still struggle to find network providers in nearby areas. Through the *VA MISSION Act* Section 203 market assessment data, we will learn more about current and projected demographics; current and future market demand and capacity of providers, broken out by specialty; average wait times and distance; quality and satisfaction measures; and all additional factors that will paint a clearer image of the true landscape of care for rural veterans. WWP looks forward to these findings so we can better understand where we need to recruit and retain VA and community providers in order to meet the needs of all veterans, especially those living in rural communities.

Wounded Warrior Project understands the challenges of providing programs and services to a geographically diverse population. Of the over 188,000 registered warriors and family members we serve, approximately 56% (84,299) of them live in areas the U.S. Census Bureau

<sup>24</sup> *VA Telehealth During and Beyond COVID-19: Challenges and Opportunities in Rural America: Hearing Before S. Comm. on Vet. Affairs, 116th Cong., (2020)* (testimony of Dr. Kameron Matthews), available at <https://www.veterans.senate.gov/imo/media/doc/7.29.2020%20Dr.%20Kameron%20Matthews%20testimony.pdf>.

defines as rural. Reflective of our commitment to meeting warriors where they are, 57% (17,199 out of 30,177) of our unique event participants in FY 2020 live in those areas. We recognize that VA is also making great strides in serving this population and we look forward to continuing to work with your committees to ensure that all veterans can access the care and services they have earned, irrespective of their geographic location.

### ***Global War on Terror Memorial***

In 2003, as a direct response to the critical needs of those severely injured, WWP came to life with a mission to honor and empower our nation's post-9/11 wounded, ill, and injured veterans. Since the attacks on September 11, almost two million of our sons, daughters, fathers, and mothers have deployed far across the globe in support of the Global War on Terror (GWOT).<sup>25</sup> Today, almost two decades after the U.S. first entered GWOT, there are 4.2 million post-9/11 veterans, 2.8 million of whom enlisted after the September 11 attacks<sup>26</sup>. Approximately 5,437 Servicemen and women have been killed serving in GWOT operations, and 53,251 have been wounded.<sup>27,28</sup> About one out of every five veterans alive today served on Active Duty at least once since the start of GWOT.<sup>29</sup>

This upcoming September 2021 will mark the 20th anniversary of the terrorists' onslaught against the United States. Perhaps the most fitting tribute we can offer in remembrance of this day is the placement of a memorial alongside other most notable monuments. Death and sacrifice surely know no date in time and can easily be understood across the battlefields of generations. A letter Lincoln once wrote to a mother of those lost in battle can rightfully be appreciated yesterday, today, and tomorrow:

*Dear Madam, --*

*I have been shown in the files of the War Department a statement of the Adjutant General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle.*

*I feel how weak and fruitless must be any word of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering you the consolation that may be found in the thanks of the Republic they died to save.*

<sup>25</sup> NAT'L INST OF. MED., RETURNING HOME FROM IRAQ AND AFGHANISTAN: PRELIMINARY ASSESSMENT OF READJUSTMENT NEEDS OF VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES 17 (The National Academies Press, 2010), available at <https://www.nap.edu/read/12812/chapter/4> (citing Defense Manpower Data Center, 2009b).

<sup>26</sup> NAT'L CTR. FOR VET. ANALYSIS AND STATISTICS, U.S. DEP'T OF VET. AFFAIRS, *Profile of Post-9/11 Veterans: 2016* (Mar. 2018), available at [https://www.va.gov/vetdata/docs/SpecialReports/Post\\_911\\_Veterans\\_Profile\\_2016.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2016.pdf).

<sup>27</sup> U.S. DEP'T OF DEF., *Casualty Status* (Feb. 24, 2021, 10:00 AM EST), <https://www.defense.gov/casualty.pdf>.

<sup>28</sup> Includes those wounded in GWOT and Overseas Contingency Operations previously classified as GWOT. See, e.g., CONGRESSIONAL RESEARCH SERV., *In Focus: U.S. War Costs, Casualties, and Personnel Levels Since 9/11* (Apr. 18 2019), <https://fas.org/sgp/crs/natsec/IF11182.pdf>.

<sup>29</sup> Kim Parker et al., *The American Veteran Experience and the Post-9/11 Generation*, PEW RESEARCH CTR., (Sept. 10, 2019), <https://www.pewresearch.org/social-trends/2019/09/10/the-american-veteran-experience-and-the-post-9-11-generation/>.

*I pray that our Heavenly Father may assuage the anguish of your bereavement, and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom.*

*Yours, very sincerely and respectfully,  
Lincoln*

In remembrance of all post-9/11 veterans, WWP urges Congress to pass the *Global War on Terrorism Memorial Location Act* (H.R. 1115), with the goal of enactment by Memorial Day 2021. We thank Rep. Jason Crow (D-CO-06) and Rep. Mike Gallagher (R-WI-08) for introducing H.R. 1115 and welcome the introduction in the Senate.

### ***Vocational Rehabilitation***

Under Chapter 31 of Title 38, the Vocational Readiness and Employment (VR&E) program provides employment opportunities through job training and other employment-related services, including education, job search services, and small business start-up funds. The program is designed to evaluate and improve a veteran's ability to achieve his or her vocational goal; provide services to qualify for suitable employment, enable a veteran to achieve maximum independence in daily living, and enable the veteran to become employed in a suitable occupation and to maintain suitable employment. WWP supports using the VR&E program as a pathway to long-term employment for disabled veterans.

To ensure that VR&E is operating at its highest potential and capacity, VA should raise awareness and improve clarity and intentions for prospective veterans. The process to enroll in Chapter 31 educational benefits can vary significantly among locations where the program is offered. An ambiguous and seemingly subjective process for establishing entitlement can lead to meaningfully different outcomes for veterans who present with similar needs or requests. VA and VSOs can renew their commitment to educating veterans on the intent of the VR&E program before applying for its benefits, and WWP invites Congress to consider additional ways to use VR&E to better serve unemployed veterans with disabilities through programmatic shifts and fundamental quality changes.

### ***VA Fiduciary Program***

The VA Fiduciary Program was established to protect veterans and other beneficiaries who, due to injury, disease, or age, are unable to manage their financial affairs. While the program has been mostly successful in its service to veterans – currently over 180,000 – WWP has noted several continuing challenges for post-9/11 veterans and their family caregivers. While we have been pleased to work with the appropriate representatives from VBA's Pension and Fiduciary Service, we are also pleased to offer our observations and associated recommendations to the committees.

The process to have a fiduciary appointed is often long and cumbersome, even when conforming to the 141-day guidance offered by the Veterans Benefits Administration. In



emergent situations, especially those without an advocate to speak on veteran's behalf, the inability to designate a fiduciary relatively quickly can result in the loss of funds for the veteran and his or her family. Additionally, this multiple step process is fraught with pitfalls where the process can get stuck or derailed. While the designation of a temporary fiduciary is possible, according to the VA, the Fiduciary Hub schedules their work according to several factors, only one of which is the well-being of the veteran.

The VA should explore the option of establishing a "fiduciary coordinator," similar to caregiver coordinators, who can assist high-need veterans without an advocate during the fiduciary process. The establishment of a fiduciary coordinator could help shepherd vulnerable veterans undergoing this arduous and complex process, while at the same time acting as a liaison for inquiries from recognized service organizations.

The VA currently requires those who have been designated as fiduciaries to secure a surety bond if the funds for which he or she is responsible exceed \$25,000. Spouses are exempt from this requirement, but parents, like paid fiduciaries, are required to secure a bond which can cost several hundred dollars per year. VA's argument for exempting spouses is that the agency wants to "minimize Government intrusion into the marital relationship"<sup>30</sup> This is an admirable goal, but parental-child relationships should merit the same level of respect. Parents and adult children with a successful history of participation in the Fiduciary Program should be included in the same category as spouses for the purposes of the surety bond requirement.

Once a fiduciary has been appointed, no matter their status as a family member or if they are enrolled in the Caregiver Support Program, they receive relatively minimal training and support relative to their financial responsibilities. While the information provided offers general knowledge, it often does not answer many questions that can come from fiduciaries, much less by overwhelmed family members who are also coordinating complex care and services for their veteran. In addition, varying levels of training at fiduciary hubs leads to differing approaches to family caregiver fiduciaries – some individuals performing audits are more responsive to the individual circumstances of the veteran and family member, while others are far more adversarial and confrontational.

To assist family caregiver fiduciaries, Congress can explore the creation of a "family fiduciary hub" to focus training on the unique questions, issues, and circumstances of those who are very seriously injured and their family caregivers. Similarly, the creation of a hotline for family fiduciaries to answer questions about reporting requirements could raise community knowledge. Further alignment of the requirements of the VA Fiduciary Program with the Social Security representative payee program can be pursued, as could the use of a modified Supervised Direct Pay for family fiduciaries and beneficiaries in good standing who consistently meet requirements over time.

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<sup>30</sup> Fiduciary Activities, 83 Fed. Reg. 32,716 (July 13, 2018).

**CONCLUSION**

Wounded Warrior Project thanks the Senate and House Committees on Veterans' Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. Your actions to meet the growing needs of women veterans; to recognize and treat the harmful effects of military toxic exposures; to support quality mental health care and interventions; to chart a course for the near- and long-term care for TBI; to support hidden heroes; and to bolster financial benefits provided to wounded warriors will have a particularly strong impact on the post-9/11 generation. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

**Appendix 1**

**WOUNDED WARRIOR PROJECT**

★ Fiscal Year 2020 Impact ★

**MENTAL HEALTH**

NEARLY 1/3 OF WARRIORS SAY THEY STRUGGLE TO GET THE MENTAL HEALTH CARE THEY NEED. WARRIORS WANT BETTER ACCESSIBLE, INNOVATIVE CARE.

**149,500 +**  
hours of PTSD treatment provided

**76% +**  
RESULTING IN  
experiencing fewer PTSD symptoms

**21,400 +**  
emotional support calls conducted with warriors and family members

**69% +**  
RESULTING IN  
improving psychological well-being, increasing overall quality of life

**62% +**  
becoming more resilient, a key factor in preventing suicidal ideation

**1,200 +**  
participants in Project Odyssey, a WWP program that provides coping skills through adventure-based activities and virtual sessions

**PHYSICAL HEALTH**

IMPROVED PHYSICAL WELL-BEING IN VETERANS IS ASSOCIATED WITH LOWER HEALTH CARE COSTS. FEWER WARRIORS REPORT LOWER MENTAL HEALTH OUTCOMES.

Among warriors who participated in WWP health and wellness coaching:

**53% +**  
experienced an improvement in sleep quality

**48% +**  
AND  
experienced a reduction in pain, reducing the interference of physical injuries on daily life

**55% +**  
improved psychological well-being, contributing to their mental health recovery

**INDEPENDENCE**

**190,000 +**  
hours of in-home and local care provided to the most severely injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible

**\$7.25 MILLION**  
granted and invested in the caregiver relief initiative, supporting caregivers of the most severely injured warriors

**FINANCIAL WELLNESS**

WARRIORS WORKING FOR AN EMPLOYER THAT HAS AN AFFINITY PROGRAM ARE MORE LIKELY TO BE TOTALLY SATISFIED WITH THEIR EMPLOYMENT.

**52,200 +**  
career coaching services provided, including resume review, interview prep, and post-placement consulting

**1,850 +**  
RESULTING IN  
warriors and family members achieving meaningful employment with veteran-friendly employers

**\$142 MILLION**  
economic impact of V.A. benefits claims filed by WWP

**MAINTAINING A**

**90% +**  
approval rate through FY20

**\$11 MILLION**  
IN COVID RELIEF FUNDS  
to cover food and shelter expenses for over 11,000 warriors in financial crisis as a result of COVID-19

**CONNECTION**

VETERANS WITH GREATER SOCIAL SUPPORT HAVE MORE POSITIVE MENTAL HEALTH OUTCOMES, INCLUDING LOWER RATES OF SUICIDAL IDEATION.

**4,300 +**  
virtual and in-person events, keeping warriors and their families connected and out of isolation

Among those who participated in these events:

**91% +**  
reported that they feel socially connected to their peers

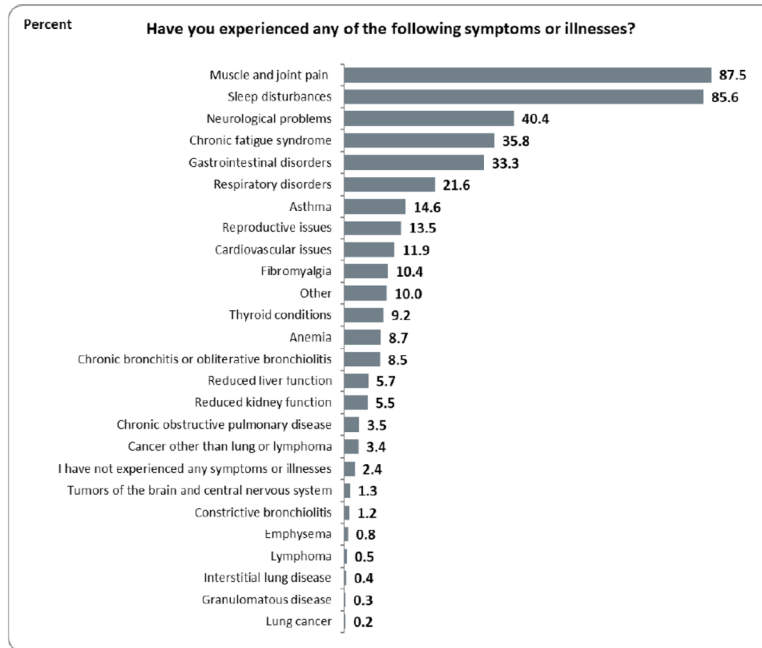
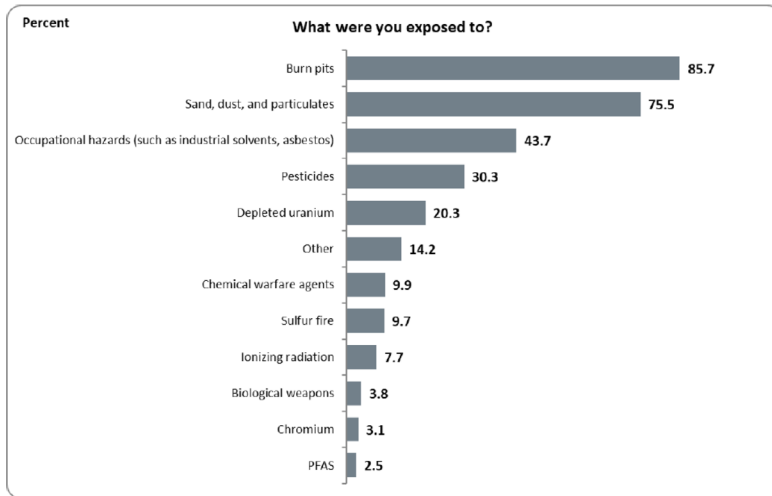
**AND**

**89% +**  
said they have people they can depend on

**917**  
warrior-only peer-to-peer support group meetings held

**92% +**  
of participants in WWP cycling-based connection events say they have a support person after participating in the event

**Appendix 2**



**Appendix 3**

<b>Level of Assistance Needed with Daily Activities (Average Week) by VA Rating of 70%-100% 2019 Annual Warrior Survey</b>			
	<b>I can do without assistance (%)</b>	<b>I can do with some assistance (%)</b>	<b>I am completely dependent on assistance (%)</b>
<b>Dressing</b>			
70% Rating	88.2	10.7	0.8
80% Rating	86.5	12.2	1.0
90% Rating	80.1	18.0	1.6
100% Rating	66.3	30.5	2.7
<b>Bathing</b>			
70% Rating	90.1	8.5	1.1
80% Rating	88.1	9.8	1.6
90% Rating	83.3	14.6	1.7
100% Rating	69.0	27.1	3.3
<b>Grooming</b>			
70% Rating	91.2	7.3	1.1
80% Rating	88.8	9.5	1.3
90% Rating	85.7	12.2	1.5
100% Rating	73.0	23.7	2.7
<b>Prosthetic adjustment/use of assistive devices</b>			
70% Rating	40.2	3.4	0.9
80% Rating	38.7	4.2	1.0
90% Rating	38.2	5.9	1.2
100% Rating	31.7	12.1	2.7
<b>Using the toilet</b>			
70% Rating	95.7	3.1	0.8
80% Rating	94.8	3.9	1.0
90% Rating	92.6	5.5	1.3
100% Rating	84.8	12.3	2.3
<b>Eating</b>			
70% Rating	94.7	3.8	1.1
80% Rating	93.9	4.3	1.4
90% Rating	92.3	5.8	1.5
100% Rating	84.0	12.9	2.5
<b>Mobility/Transfer from bed or chair</b>			
70% Rating	88.4	9.4	1.2
80% Rating	85.7	12.2	1.3
90% Rating	81.2	16.4	1.4
100% Rating	69.8	26.1	2.9
<b>Doing household chores</b>			
70% Rating	73.5	22.0	3.1
80% Rating	68.5	25.6	4.4
90% Rating	61.0	31.4	5.3

100% Rating	44.1	42.2	9.8
<b>Managing your money</b>			
70% Rating	66.7	23.5	7.5
80% Rating	63.5	26.1	8.1
90% Rating	59.1	27.9	10.3
100% Rating	49.6	31.3	14.9
<b>Taking medications properly</b>			
70% Rating	71.3	20.1	5.5
80% Rating	68.1	23.8	5.8
90% Rating	62.9	27.8	7.6
100% Rating	46.6	37.8	13.9
<b>Preparing meals</b>			
70% Rating	86.4	10.7	1.9
80% Rating	83.2	13.6	2.5
90% Rating	77.3	17.8	3.4
100% Rating	60.8	28.7	7.4
<b>Using the telephone</b>			
70% Rating	95.3	3.0	1.2
80% Rating	94.9	3.4	1.2
90% Rating	93.1	5.0	1.3
100% Rating	87.7	9.2	2.0

<b>Warriors Participating in the Program of Comprehensive Assistance for Family Caregivers – Level of Assistance Needed with Activities of Daily Living (Average Week) 2019 Annual Warrior Survey</b>			
	<b>I can do without assistance (%)</b>	<b>I can do with some assistance (%)</b>	<b>I am completely dependent on assistance (%)</b>
Dressing	35.8	56.3	7.6
Bathing	37.6	53.6	8.3
Grooming	44.1	49.0	6.5
Prosthetic adjustment/use of assistive devices	18.6	23.9	6.4
Using the toilet	64.2	30.1	5.2
Eating	65.2	29.0	5.3
Mobility/Transfer from bed or chair	44.9	47.2	6.6
Doing household chores	14.3	55.0	22.0
Managing your money	23.2	35.5	31.9
Taking medications properly	13.1	50.8	34.5
Preparing meals	27.0	46.1	20.1
Using the telephone	73.9	20.5	3.5

★ WOUNDED WARRIOR PROJECT 2021  
**Legislative Priorities**




#### WOMEN VETERANS

- ★ **Access to Care:** Improve accessibility and ubiquity of women's health care by increasing resourcing of essential services, adapting facility operations, and optimizing channels of care like telehealth and the Community Care Network.
- ★ **Transition:** Enable greater economic opportunity through improved employment counseling and financial education; strengthen social support through programs that facilitate peer connection, mentorship, and professional networks; and streamline connections to VA benefits and care.
- ★ **Military Sexual Trauma (MST):** Enact greater coordination across agencies and disciplines to improve awareness, accessibility, and quality of care for MST survivors.



#### TOXIC EXPOSURES

- ★ **Access to Care:** Grant VA health care enrollment eligibility to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status.
- ★ **Disability Claims:** Adopt a framework that requires VA to respond to scientific data and establish presumptive service connection in a timely manner when there is credible evidence of association between toxic exposures and illnesses.
- ★ **Education and Awareness:** Develop a training module to ensure VA providers and VA contractors are able to properly identify, treat, and assess the impact of illnesses related to toxic exposures and require a toxic exposure questionnaire at the beginning of every VA primary care appointment.

\*All of these priorities would be accomplished by the introduction and passage of the TEAM Act.



#### WHOLE HEALTH AND WELLNESS

- ★ **Mental Health/Suicide Prevention:** Build alignment with broader mental health care access initiatives outside of VA, including training more providers, increasing reimbursement, lowering stigma, and improving military cultural competence.
- ★ **Complex Case Coordination:** Improve access, reimbursement rates, and hours available for skilled and unskilled home health care, the availability of respite services for caregivers, and the coordination of benefits across TRICARE, the Veterans Health Administration (VHA), and other health care options.
- ★ **Substance Use Disorders (SUDs):** Promote stronger care and coordination for co-occurring SUDs and mental health disorders, including by enhancing internal VA capacity and post-care planning.
- ★ **Brain Health:** Support ongoing and future research at Translational Research Center for TBI and Stress Disorders (TRACTS), and ensure a strong continuum of policies across prevention, documentation, diagnosis, rehabilitation, and treatment across VA and DoD.




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#### ENHANCED QUALITY OF LIFE

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- \* **Rural and Minority Veterans:** Improve the ability of rural and minority veterans to access quality care and receive preventative care by improving access to broadband, focusing on social determinants of health, integrating community care options more fully, providing innovative health care delivery models, and decreasing IT burdens.
- \* **Community Grant Programs:** Find more ways to connect veterans to mental health care while continuing to support access to protective factors that can mitigate suicide risk like social connection, financial security, and resource education.
- \* **Veterans Expedited TSA Screening (VETS) Safe Travel Act:** Introduce and pass the VETS Safe Travel Act, which would make certain severely injured veterans eligible for the Transportation Security Administration PreCheck Program at no cost.




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#### CAREGIVERS

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- \* **Mental Health Needs:** Expand caregiver access to VA mental health care to ensure that military and veteran caregivers are able to properly perform their caregiving duties.
- \* **Respite Care:** Remove barriers and increase funding for VA and community programs to help caregivers find more opportunities and time for self-care and respite.
- \* **Oversight of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Expansion:** Monitor the impact of PCAFC expansion on warriors who may be ineligible despite their high needs.




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#### FINANCIAL SECURITY

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- \* **Employment and Homelessness:** Provide separating service members with the necessary tools to successfully transition to civilian life, ensure that all veterans have access to the job training, education, and apprenticeships they need, and continue to advocate for robust VA transitional housing and voucher programs to ensure that no veteran suffers homelessness.
- \* **Concurrent Receipt:** Introduce and pass the Major Richard Star Act, which would allow former service members, who were medically retired from the military with less than 20 years of service (Chapter 61 retirees) and who are eligible for Combat-Related Special Compensation (CRSC), to concurrently receive both military retired pay and VA disability compensation with no offset.
- \* **Disability Benefits Stability:** Reduce the timeline for static disability designations. Currently, for those with static disabilities – which the VA considers permanent by virtue of their nature, history, and severity – their service-connection becomes permanent after five years, their static designation may not be removed after ten years, and their disability rating cannot fall below the rating that exists after twenty years. These figures should be lowered to five, five, and ten years, respectively.
- \* **Transition:** Pursue a more thorough, well-planned transition process with greater coordination across federal and state departments and agencies.




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#### GLOBAL WAR ON TERRORISM (GWOT) MEMORIAL

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- \* **Global War on Terrorism Memorial Location Act:** Introduce and pass the Global War on Terrorism Memorial Location Act to establish a National Global War on Terrorism Memorial on the National Mall within the Reserve.





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March 4th, 2021

**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 4, 2021**

Chairman Tester, Chairman Takano, Ranking Member Moran and Ranking Member Bost, 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.

2020 was an incredibly challenging year for everyone, not only the veteran community. Shortly after I testified in front of you last March, our world shifted dramatically. Within a week we were in quarantine and have been working remotely ever since. However, despite the unprecedented challenges, IAVA remained steadfast in our commitment to the post-9/11 generation of veterans, and I am extremely proud of the work that we were able to accomplish in 2020. Working with Congressional leaders on both sides of the aisle we were able to pass critical reforms that will positively affect many veterans for years to come, including in areas of mental health care, women veterans, and veterans education. One year ago I urged you all to pass the *Commander John Scott Hannon Veterans Mental Health Care Act* and the *Deborah Sampson Act*, and I am proud that we were able to get both of those bills signed into law. We also worked to help pass timely protections for military-connected students that were facing an incredible amount of uncertainty as their schools went fully remote. Additionally, we helped to pass legislation last year to establish a national suicide prevention hotline, 9-8-8, to ensure that all Americans, including veterans, have easier access in times of crisis to lifesaving mental health and suicide prevention resources.

Despite unprecedented challenges, in 2020 IAVA continued to fight 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 during this pandemic.

While 2020 was a landmark year for veterans legislation, as many of you know the work is far from over. In 2021 we will remain focused on the oversight of these critical reforms, to ensure they are being enacted as Congress intended. Additionally, we must build on this momentum to continue to address the unmet needs of veterans, especially those veterans suffering from toxic



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exposures like burn pits. We can not let this issue become the Agent Orange of the post-9/11 generation. We believe that the 117th Congress is when veterans that have been exposed will finally get the health care and benefits that they rightfully deserve.

We also must recognize that the COVID-19 pandemic is not over, and the effects of this unprecedented event will be long lasting. IAVA is proud to be part of the Veterans Coalition for Vaccination, that is helping to combat COVID-19 to raise awareness, expand access, and ensure that all Americans have equitable access to COVID-19 vaccines. However, we must also address issues caused by this pandemic, such as veteran unemployment. Veterans were not immune to the damage that COVID-19 caused to the American economy and we once again saw the veteran unemployment rate rise, with the youngest generation of veterans the most severely impacted. IAVA will fight to expand resources for veterans that have lost their job due to the pandemic through aggressive retaining programs.

2020 will be remembered as a historic year for many reasons. Despite the challenges I thank all the Committee members that worked tirelessly to ensure that pressing issues facing our nation's veterans were not forgotten. As we look to 2021 and the 117th Congress we must not rest, but continue to press forward with our work.

#### **Burn Pits and Toxic Exposures**

According to IAVA's most recent member survey, 86% of IAVA members were exposed to burn pits during their deployments and over 88% of those exposed believe they already have or may have symptoms.

Year after year, the concern grows surrounding the health impacts of burn pits and toxic exposures in recent conflicts. Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan, particularly between 2001 and 2010. The effect of burn pits is not just the chemicals in the smoke, but the particulate matter these men and women breathed in from the ashes and dust from the fires themselves.

There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may pose danger for respiratory illnesses including human waste, irritant gases, high levels of fine dust, heavy metals in urban environments, explosives and depleted uranium used in munitions. Without due attention, this issue may become the Agent Orange of the post-9/11 era of veterans, with veterans waiting decades for closure and care. It is past time that comprehensive action is taken to address the growing concern that these exposures have had severe impacts on veterans' long term health.



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For many that feel they are suffering from their exposure to burn pits or other toxic exposures, accessing quality care can be a challenge. At VA, barriers to care are even more apparent, as the VA does not fully recognize claims connecting injury or illness to burn pit exposure.

Like those who fought for recognition of the effects of Agent Orange, the hope for those exposed to burn pits and other toxic exposures is that they will one day be able to claim certain illnesses and injuries as presumptive service-connected illnesses or injuries due to their exposure. Until the VA recognizes the damage burn pits had on the health of those who served around them, access to VA benefits and health care will be challenging.

The 117th Congress must be the Congress that addresses this critical issue and gets veterans the health care and benefits that they deserve. IAVA will work tirelessly on two bills to address these issues. We believe that both the *Toxic Exposures in the American Military (TEAM) Act* and the *Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act* must be passed into law this year. We thank Senators Thom Tillis and Kirsten Gillibrand for their leadership on this issue to finally deliver health care and benefits to veterans that have been exposed.

#### **Defend and Expand Veterans Education and Economic Opportunities**

The effects of the COVID-19 pandemic on the American economy will be long lasting. Veterans, and especially the post-9/11 generation of veterans, have been hit extremely hard by unemployment. Younger veterans have consistently had higher rates of unemployment than their older veteran peers, and their civilian counterparts. It is clear that we need bold, aggressive legislation to confront these challenges. This is why IAVA has been working to pass the *Veterans Economic Recovery Act* since its introduction last year. This critically important legislation will provide up to 12 months of retraining assistance for veterans who are unemployed due to the pandemic. While we appreciate the House efforts to open this program to 17,500 eligible veterans, more must be done and IAVA asks the Committees to work to expand this program to at least 35,000 veterans. It is clear that in order to fight the effects of the pandemic that we must take new, bold approaches to ensure that a generation of veterans are not left behind due to the economic impact of COVID-19.

To further address employment and to fight the pandemic, IAVA worked with Rep. Conor Lamb and Sen. Gary Peters to develop the *Supporting Education Recognition for Veterans during Emergencies (SERVE) Act* to ensure veterans' service-connected medical qualifications and expertise are utilized by the VA and civilian healthcare facilities to meet the challenges of the Coronavirus.



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Veterans who gained critical medical skills in the military are an under-tapped source, and we need to get them into the fight and help alleviate medical staffing shortfalls across the country. The SERVE Act is an easy, impactful solution that Congress should immediately enact to address the continuing crisis.

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.

However, 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 many 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 closing the 90/10 loophole to protect veterans, servicemembers, and being responsible stewards of taxpayers dollars. These predatory schools should not be 100% dependent on American taxpayer dollars while robbing veterans of hard-earned education benefits.

In 2020, many military-connected students had to quickly adjust to 100% online classes, and the uncertainty of what that would mean for their housing allowance. IAVA was quick to work with our VSO and Congressional partners to ensure that military-connected students would continue receiving their full housing allowance if their school shifted online. While these protections were crucial for students that were forced into an online-only environment, there remains concerns with making this a permanent change going forward. Stronger protections for military-connected students attending online-only classes will be needed to help safeguard these students from predatory institutions. IAVA also urges the Committees to oversee the implementation of critical reforms in the GI Bill passed last Congress. The *Protect the GI Bill Act* passed last Congress ensures that GI Bill money is not spent on schools with a proven history of defrauding students. It is extremely important that this bill is properly implemented to ensure that students are protected and the GI Bill is not being spent on schools with a proven predatory history.

#### **Combat Suicide Among Troops and Veterans**



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For nearly a decade, IAVA and the veteran community have called for immediate action by our nation's leaders to combat the crisis of 20 servicemembers and veterans dying every day from suicide. In the last two years, we made groundbreaking strides towards addressing this epidemic.

2020 was a significant year in mental health and suicide prevention. In September 2020, I testified before both the Senate and House Veterans Affairs Committees on the urgent need to pass the centerpiece of our Campaign to Combat Suicide - the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (S. 785). I am happy to be before you all today to express my gratitude for your diligence and hard work ensuring that this legislation was signed into law, and for the vision of Chairman Tester and Ranking Member Moran for their vision and initiative.

This legislation will result in critical reforms in how America combats the suicide crisis. Key provisions include the creation of a community grant program to help identify isolated veterans and provide mental health services, modeled after the extremely successful Supportive Services for Veteran Families (SSVF) program. These targeted programs are designed to identify the 14 veterans per day who die by suicide not currently participating in VA services and connect them to lifesaving resources. Additionally, this legislation will expand VA's tele-health services at a time when veterans may be feeling more disconnected than ever before. These are critical improvements to VA care. But the work is not done.

According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, have the highest rate of suicide. And while not always an indicator of suicide, mental health injuries continue to disproportionately impact the post-9/11 generation. In our latest member survey, a stunning 65% of IAVA members reported service-connected PTSD and over half reported anxiety (58%) 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 5 for VA staffing shortages.

Now that the *Commander Hannon Act* has been successfully passed into law, it is our responsibility to ensure its successful implementation. Oversight of the execution of this new law is a top priority for IAVA, especially considering its 34 separate provisions. Staffing improvement plans for mental health professionals, increased tracking metrics, and funding for numerous studies are just a few of the disparate sections of this comprehensive legislation.

Furthermore, despite additional funding and scrutiny, VA still faces a shortage of mental health care professionals, specifically in rural areas. Recent legislation targeted deficiencies in recruitment and retention by creating separate scholarship and student loan repayment programs



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and by adding \$65 million to VA's recruitment, relocation, and retention bonuses budget. However, these scholarships are extremely limited in number and capacity.

IAVA recommends that VA take additional measures in order to address the shortage of qualified medical professionals within VHA. Moving psychologists under the Hiring Authority, Title 38, which would provide a more competitive salary rather than the federal GS pay scale is one viable option. Private sector psychologists earn a considerably higher salary than their VA colleagues. Furthermore, psychologists and some pharmacists are the only doctorate-level medical professionals at VA who are not included in Title 38.

We will also continue to spread public awareness for the suicide crisis as thought leaders in panels, roundtable discussions with policymakers, and in documentaries. Sobering statistics on suicide continue to be released, identifying women veterans at especially high risk of suicide. IAVA's groundbreaking Quick Reaction Force (QRF) 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. QRF's services are free and confidential and are available to any veteran or family member, regardless of era, discharge status or location, making the barrier of entry very low. The needs of veterans remain high, particularly in light of the COVID-19 pandemic and in 2020, QRF saw a 400% increase in clients served from 2019. QRF is built to address all aspects of a veteran's life that are in need of intervention and support and we do this by providing holistic and comprehensive care for all of our clients. In 2020 more than 15% of all client requests were directly related to mental health needs, and 56% were related to emergency financial assistance or the threat of homelessness, or both, which directly impacts an individual's overall well-being and stability. IAVA continues to have a Memorandum of Understanding (MOU) with the Veterans Crisis Line (VCL) and also has 24/7 in-house clinical support for clients that reach out to the program and are at risk for suicide.

### **Women Veterans**

At the end of 2020, we celebrated as the *Deborah Sampson Act*, the cornerstone of IAVA's #SheWhoBorneTheBattle campaign for the past four years, officially passed Congress while included in the *Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Act*. It was a historic year for women veterans and will ensure that VA is a place for all veterans. We thank all those that were relentless in their efforts to push this instrumental piece of legislation over the finish line. The *Deborah Sampson Act* includes provisions that will address sexual harassment and assault in VA facilities, establish an Office of Women's Health directly under the Undersecretary of VA for Health, and improve access to care and benefits for survivors of Military Sexual Trauma (MST). We should most certainly celebrate this historic win but recognize that our work is far from over.



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Women veterans and servicemembers are currently the fastest-growing populations in the military and veteran communities. Despite these numbers consistently growing since the 1970s, veteran services and benefits for women often fall behind. Over the past few years, there has been a groundswell of support for women veterans' issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans have rightly been focused on and elevated on Capitol Hill, inside VA, and nationally. While this growing interest has been encouraging, VA continues to have a motto that explicitly leaves women veterans out. It is past time that we recognize the service of all veterans from the moment they walk through the doors of a VA. This change must start at the top. Last year we were encouraged when the House unanimously passed legislation to approve the motto change; however, the Senate was not able to take it up before the year's end. IAVA will continue to call for changing the current VA motto to be gender-neutral and we encourage your committees to pass this legislation soon.

For years, VA has faced scrutiny for sexual harassment and assault within their medical centers, and the lack of action by top leadership. While not solely a women veterans issue, it is known that these issues disproportionately affect women and the lack of action by VA furthers the problem of women veterans feeling unwelcome at their facilities. We know that this issue of sexual assault and harassment stems from a larger issue within the military community. While this is currently a hearing to address issues within the veteran community, 15 of you also sit on the Armed Services Committee and IAVA feels it would be a mistake not to take this opportunity to also address the problem of sexual assault and harassment within our military.

In IAVA's most recent survey, 43% of our female members stated that they are survivors of military sexual trauma. Of those, only 31% reported the crime, and 73% reported experiencing some sort of retaliation as a result of their report. Those who did not report listed their reasons for not reporting as fear of retaliation by their peers or commander, concern about the impact on their career, and doubt that their commander would believe them. Our survey data, and the recent stories that have made this issue impossible to ignore, is why a trained military prosecutor should have the authority to decide to move forward with a sexual assault case, instead of a commander. If Congress values retaining women servicemembers then it must pass legislation that removes a servicemember's chain of command from the decision and give it to independent, trained prosecutors. Now is the time to pass the *Military Justice Improvement Act*. Fruitless promises by senior military leaders to prioritize a solution that preserves the current role of the chain of command have gone on too long.

#### **Support for Veterans Who Want to Utilize Medical Cannabis**



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The use of medical cannabis has been growing in support among the veteran population for quite some time. For years, IAVA members have sounded off in support of researching and legalizing medical cannabis use for treating the wounds of war. 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 2021, IAVA will continue our fight on behalf of veterans who want to use medicinal cannabis and we remain committed to the goal of VA conducting research into the efficacy of medical cannabis as a treatment for veterans with chronic pain, PTSD, and other conditions. However, As a Schedule I drug under the FDA, research into the effects and efficacy of cannabis has been stagnant, cumbersome, and convoluted. While not impossible, federal research into cannabis faces many bureaucratic hurdles that hinder good research. A January 2017 National Academy of Sciences study found “conclusive or substantial” evidence that cannabis is effective in treating chronic pain, moderate evidence that cannabis helps with sleep, and the science is inconclusive on cannabis as an anxiety and PTSD treatment option. However, federal bureaucratic hurdles continue to halt the system and stymie good research. We will never get a definitive answer on the efficacy of cannabis as a treatment option while federal regulations that actively undermine solid research studies remain in place. The system is antiquated and must be adjusted to match state laws and research needs. For these reasons, in the 117th Congress IAVA will work to remove these barriers to research and usage to those veterans where it is already legal by advocating to remove cannabis as a Schedule I drug.

#### **Global War on Terrorism Memorial**

Over 75% of IAVA veterans and military members do not believe that the American public understands their sacrifice. Nearly 7,000 service members have given their lives in overseas





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post-9/11 conflicts and the nation must honor these men and women, those who continue to serve, and their families.

We can take a big step in helping to close this divide by passing the *Global War on Terrorism Memorial Location Act* to enable the construction of a GWOT Memorial on the National Mall, in the Reserve, in Washington, DC. Although our footprint in Iraq and Afghanistan has been significantly reduced since the surge years, our forces continue the fight against terrorism around the globe. This fight is not over, nor will it be any time soon, and our military families continue to sacrifice. Those who have fought, and continue to serve, know that there is not a V-GWOT parade on the horizon, but we can provide a solemn place of honor on the National Mall where servicemembers, veterans, and their families can gather to reflect and remember. Those of you who have witnessed the heart-wrenching scene that plays out in Section 60 across the Potomac each Memorial Day largely hidden from public view know what I am talking about. If you have not, I invite you to visit with IAVA - we go there and pay tribute every year. It is time to build the Memorial in a place of prominence now, and those of you who sit in the House Natural Resources and Senate Energy and Natural Resources Committees can play an important role and advance this legislation.

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.