

**LEGISLATIVE PRESENTATION OF THE
DISABLED AMERICAN VETERANS AND MULTI VSOs:
SVA, BVA, MOAA, NASDVA, MVA, NCHV**

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 3, 2021
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C O N T E N T S

MARCH 3, 2021

REPRESENTATIVES

	Page
Takano, Hon. Mark, Chairman, U.S. Representative from California	1
Bost, Hon. Mike, Ranking Member, U.S. Representative from Illinois	5
Brownley, Hon. Julia, U.S. Representative from California	17
Bergman, Hon. Jack, U.S. Representative from Michigan	19
Lamb, Hon. Conor, U.S. Representative from Pennsylvania	20
Pappas, Hon. Chris, U.S. Representative from New Hampshire	22
Rosendale, Hon. Matt, U.S. Representative from Montana	23
Mrvan, Hon. Frank, U.S. Representative from Indiana	24
Levin, Hon. Mike, U.S. Representative from California	27
Murphy, Hon. Greg, U.S. Representative from North Carolina	29
Kaptur, Hon. Marcy, U.S. Representative from Ohio	30
Miller-Meeke, Hon. Mariannette, U.S. Representative from Iowa	31
Underwood, Hon. Lauren, U.S. Representative from Illinois	33
Nehls, Hon. Troy, U.S. Representative from Texas	34
Cawthorn, Hon. Madison, U.S. Representative from North Carolina	35
Luria, Hon. Elaine, U.S. Representative from Virginia	36
Mann, Hon. Tracey, U.S. Representative from Kansas	39

SENATORS

Tester, Hon. Jon, Chairman, U.S. Senator from Montana	4
Moran, Hon. Jerry, Ranking Member, U.S. Senator from Kansas	6
Manchin III, Hon. Joe, U.S. Senator from West Virginia	18
Cassidy, Hon. Bill, U.S. Senator from Louisiana	19
Blumenthal, Hon. Richard, U.S. Senator from Connecticut	25
Tuberville, Hon. Tommy, U.S. Senator from Alabama	26
Hassan, Hon. Margaret Wood, U.S. Senator from New Hampshire	32
Blackburn, Hon. Marsha, U.S. Senator from Tennessee	38
Boozman, Hon. John, U.S. Senator from Arkansas	39

INTRODUCTION OF COMMANDER WHITEHEAD

The Honorable Jon Tester, U.S. Senator from the State of Montana	8
--	---

WITNESSES

Panel I

Stephen "Butch" Whitehead, National Commander, Disabled American Veterans	9
<i>accompanied by</i>	
Edward R. "Randy" Reese, Jr., Executive Director of the National Service and Legislative Headquarters	
Jim Marszalek, National Service Director, Disabled American Veterans	
Joy J. Ilem, National Legislative Director, Disabled American Veterans	

IV

Page

Panel II

Thomas A. Zampieri, Ph.D., National President, Blinded Veterans Association (BVA)	41
John Hilgert, Director, Nebraska Department of Veterans' Affairs, President, National Association of State Directors of Veterans Affairs (NASDVA)	47
Cory Titus, Director, Government Relations for Veterans' Benefits, Military Officers Association of America (MOAA)	43
Jared Lyon, National President and CEO, Student Veterans of America (SVA)	45
Lindsay Church, Executive Director/Co-Founder, Minority Veterans of America (MVA)	49
Kathryn Monet, Chief Executive Officer, National Coalition for Homeless Veterans (NCHV)	50

APPENDIX

PREPARED STATEMENTS

Stephen "Butch" Whitehead, National Commander, Disabled American Veterans	69
Thomas A. Zampieri, Ph.D., National President, Blinded Veterans Association (BVA)	101
John Hilgert, Director, Nebraska Department of Veterans' Affairs, President, National Association of State Directors of Veterans Affairs (NASDVA)	113
Cory Titus, Director, Government Relations for Veterans' Benefits, Military Officers Association of America (MOAA)	118
Jared Lyon, National President and CEO, Student Veterans of America (SVA)	135
Lindsay Church, Executive Director/Co-Founder, Minority Veterans of America (MVA)	157
Kathryn Monet, Chief Executive Officer, National Coalition for Homeless Veterans (NCHV)	189

**LEGISLATIVE PRESENTATION OF THE
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WEDNESDAY, MARCH 3, 2021

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

The Committees met, pursuant to notice, at 10:04 a.m., via Webex, Hon. Mark Takano, Chairman of the House Committee on Veterans' Affairs, presiding.

Present:

Representatives Takano, Brownley, Lamb, Levin, Pappas, Luria, Mrvan, Sablan, Underwood, Allred, Frankel, Brown, Kaptur, Ruiz, Bost, Bergman, Banks, Murphy, Mann, Moore, Mace, Cawthorn, Nehls, Rosendale, and Miller-Meeks.

Senators Tester, Sanders, Brown, Blumenthal, Manchin, Sinema, Hassan, Moran, Boozman, Cassidy, Rounds, Tillis, Sullivan, Blackburn, 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. This is out of courtesy to all members on the committee, our witnesses,

and guests, and so that background noise does not interfere with another member who is recognized to speak.

As previously noticed, we will recognize members in two groups today. First, in order of seniority, we will recognize members who are present before the gavel; second, in order of seniority, we will recognize members who are present after the gavel. Questions will alternate between members and between the majority/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 and focus—grid or focus view, you can select either grid or focus view, move your mouse over the second thumbnail from the right, click on the white circle, and select “Lock Participant,” and from the list of participants choose “Hearing Timer.” This will keep the timer in your view.

When you are recognized, you will need to un-mute your microphone, pause for 2 or 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. It will be uploaded to the committee document repository.

Does any member have a question about the procedures for this hearing?

I see none and I hear none, so we will proceed.

First of all, I just want to ask Ranking Member Bost to give me a thumbs-up if the Marines plaque is positioned correctly behind me in its proper place. Ranking Member Bost, give me a thumbs-up if that is the case. Thank you, thank you.

Well, welcome, everyone, to the Joint Hearing of the House and Senate Committees on Veterans’ Affairs to receive the legislative presentations of Disabled American Veterans and multiple Veterans Service Organizations. It is an honor to join all the members of the House and Senate Committees on Veterans’ Affairs virtually to hear directly from Veterans Service Organizations that represent millions of veterans and their families.

I would like to welcome all DAV members and members of the Auxiliary who have joined us online today. We will hear DAV’s testimony on our first panel.

I would also like to welcome the Blinded Veterans Association; National Association of State Directors of Veterans Affairs; Military Officers Association of America; Student Veterans of America; Minority Veterans of America; National Coalition for Homeless Veterans; and who we will hear from on today’s second panel.

I especially want to welcome MVA and NCHV, who will be testifying for the first time at our yearly legislative presentations. Inviting groups that specifically advocate for minority and under-served veterans is a crucial first step toward our goal to create a more welcoming VA.

I would also like to specifically welcome any members from my home State of California. Normally, we would have a room full of visiting veterans and we would hear a raucous cheer from our home State. 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 today virtually.

The opportunity to hear from our VSO partners is incredibly important to me. Our VSO partners represent veterans and their families at all stages of life and service, and hearing from these partners allows the committee 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. This is another way we can also hear from veterans directly as many of those participating today bring their own veteran's experience to the table.

While this is one platform that allows us to hear many voices, we plan to continue to promote the inclusion of more diverse voices, more diverse veteran voices beyond today's hearing. This point is incredibly important as we face the challenge of a global pandemic, and it gives us the opportunity to discuss ways to build better veterans programs that can overcome the difficulties of future crises and address problems for all veterans.

In the last Congress, together we secured several important wins for veterans, including the passage of the Blue Water Navy Vietnam Veterans Act, the Deborah Sampson Act, the Veterans COMPACT Act, and the Commander Hannon Act. And I am very proud of these accomplishments, but they are only the beginning. We need to build on these achievements and continue our fight for better veterans programs in this Congress and beyond.

Now, already 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 colleague 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 access to all veterans regardless of VA enrollment, as well as the authority to administer the vaccine to their caregivers.

Additionally, we are close to closing the 90-10 loophole to provide more education protections for servicemembers, veterans, and American taxpayers.

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

Our diverse veterans community includes more women, LGBTQ-plus veterans, Black, Asian, Hispanic, and Native veterans than ever before. Our country's diversity strengthens our armed forces and veterans communities and they deserve to have a place at VA, and to feel safe and welcomed when they walk through VA's doors.

Additionally, the VA must acknowledge the diversity of its workforce to 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 continues, and we must continue to pursue well-researched and scientifically sound policies that have been proven to prevent suicide.

This Congress, we must also focus on toxic exposure. So many veterans are suffering from health effects due to exposure to toxic substances during military service. In the 116th Congress, we made major strides in providing benefits to veterans with Agent Orange exposure. We will continue our efforts in this Congress by improving VA's claims process for toxic exposures and looking to provide support to the many veterans who are suffering from other toxic and environmental exposure such as burn pits.

We have big goals, but I know that with your support and insight 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 Nation's veterans. I look forward to hearing your testimony today, and thank all the organizations here today for their continued advocacy and support for the veteran community.

So, thank you.

And now, Chairman Tester, I want to recognize you for your opening remarks. Chairman Tester.

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

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

Welcome to the leadership of the Disabled American Veterans. We are grateful to have you here today. And I want to thank the leaders and advocates who will be joining us on the second panel today. We all look forward to hearing from you also.

This is undoubtedly a critical and unprecedented time for our Nation and for our Nation's veterans. At the top of our challenges is the pandemic and getting shots into the arms of as many veterans as soon as possible. And, as the Chairman of the Senate Veterans' Affairs Committee, my focus is bolstering the vaccine supply chain, ensuring there is a system in place to efficiently and equitably distribute vaccines to all veterans, regardless of where they live. But we need your help getting the word out to your fellow veterans. That is, when it is their turn to get the vaccine, they should get one. That is the only way we will get beyond this pandemic and get our communities and our economies back on track.

Commander Whitehead, thank you for all the work that you have done on behalf of disabled veterans while serving as National Commander. We need to hear from you whether the VA is operating in a transparent manner as they execute legislative priorities, including the expansion of the caregivers program, the John Scott Hannon Mental Health Improvement Act, and the Deborah Sampson Act.

To the second panel, I want to hear about how VA's numerous programs are affecting the members of your various organizations. There are a wide range of veterans represented here today. Your testimony will cover a variety of issues vital to ensuring we know what your priorities to work on are this year. Tell me how well-transitioned programs are working; what inequalities minority veterans are facing when it comes to receiving VA services; what VA

needs to do to improve its support of State programs; and what we can do to end veteran homelessness, among other issues.

And I want to know how toxic exposure impacts your members. Last year, we worked hard to expand presumptive lists for Agent Orange-related conditions, now I want to hear your ideas for how we can change the presumptive process to better serve veterans.

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

Welcome again. Thank you for all that you and your organizations do on behalf of disabled veterans and their families.

With that, I will turn it back to you, Chairman Takano.

Chairman TAKANO. Mr. Bost of Illinois. Mr. Bost and his family have a rich tradition of military service, and I would like to extend my thanks to him and his family for their tradition of service to our country.

Ranking Member Bost, you are now recognized for your opening remarks.

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

Mr. BOST. Thank you, Chairman, and good morning.

It is an honor to join Chairman Takano, Chairman Tester, Ranking Member Moran, and welcoming you here today in joining this hearing. These hearings are unique and one of the highlights of our yearly work.

The opportunity to meet in person with VSO leaders and members from across the country is vitally important. I wish we could do that together today, but I am sure by next year we will be through this and we will be able to do that next year. I am also looking forward to shaking your hands and listening to your stories.

In the meantime, it is a privilege to be a participant in this hearing and for the first time as the Republican for the House Committee on Veterans' Affairs as the ranking member. I am looking forward to this visit, but I am also looking forward and letting you know that I have big shoes to fill. My predecessors served this committee with the entire veteran community with distinction. They left an incredible legacy of achievement behind. I am excited to continue the work they started and to get things done for veterans and their families.

Please know this: I am committed to working with each and every one of you to find common ground and address the tough issues that affect the men and women of your organizations every day. My door is always open.

As Chairman Takano mentioned, I am a Marine veteran. My father and grandfather served before me, my son and grandson are serving now. This work is deeply personal to me and my family, just as it is for all of you and your families. I do not take this responsibility or this role lightly.

Before I continue with my opening remarks, I did want to take a moment, though, to thank each and every one of you for your service both in uniform and out. Our communities rely on your Washington, DC staffs to offer key insight on legislation and over-

sight. As important as that is, I know that that is just a fraction of the work that your organizations do every day to serve veterans and their families all across this country. And I want to say thank you. It is because of the support from organizations like yours that there have been so many positive changes underway at the VA in the last several years. I have seen the rising veterans' trust and satisfaction scores and I don't think they are exaggerated. Your advocacy and input is essential. Your policies you have helped us put up and put forth are working. But, like all virtuous endeavors, our work is never done. We must continue to build on the changes that are underway.

As ranking member, my priorities to this Congress include overseeing VA's continuing response to the COVID-19 pandemic; overseeing the implementation of our recent legislative successes; creating a pathway to care and benefits for our veterans exposed to burn pits and/or any 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. I am aware that it is an ambitious agenda and not one that I can do alone.

We will never know all the names or hear all the stories, but it is our duty to work together to deliver real results for the men and women who raise their right hand in service to this great Nation. We have a responsibility to serve them once they return home. We have a responsibility to put their needs above partisan politics. We have a responsibility to get things done because in many cases we are the only advocates they have got. On behalf of them and the future generations of warriors to come, I look forward to working with you to be the best that we can be.

Thank you all for being here today.

And, with that, I yield back.

Chairman TAKANO. Thank you, Ranking Member Bost.

Ranking Member Moran, before I recognize you for your opening statement, let me just say that I appreciated the bipartisan common ground we found in the last Congress; it was very productive. So I recognize you for your opening remarks.

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

Senator MORAN. Chairman Takano, thank you very much, and I appreciate our working relationship when you and I were both chairman for the last 2 years. And to my new chairman, we are working together, as we have in the past, which is a good thing.

I congratulate Ranking Member Bost on his arrival as the ranking member. I thank him for his service and now his service in even a broader opportunity to veterans.

And I welcome my new Kansas colleague to the House Veterans' Affairs Committee, Tracey Mann. Tracey, 24 years ago when I joined the House of Representatives, I became a member of the House Veterans' Affairs Committee. And I wish you well and thank you for your efforts to care for Kansans who have served our Nation.

I welcome all of our witnesses to this morning's hearing. I know that the virtual format, as we have talked, is a bit unusual. We are all anxious for the opportunity to return to that moment in which we can press the flesh, say our words in person, and congratulate and thank those who have served our Nation.

We are anxious to hear from each of their organizations, their leadership today. They have great passion and expertise; they represent many veterans across the country. And your input is of value to me and to my colleagues.

I also extend my gratitude to veterans around the country and especially in Kansas who are watching today and I thank them for paying attention, and I would welcome their input when the hearing is over to tell me what I should have learned and what I should take away from this opportunity to hear from veterans across the Nation.

We have accomplished a lot working together in recent years: legislation to help reduce veteran suicide, improve access and choice in health care, and provide resources and flexibility to assist veterans during this COVID-19 pandemic. That is just a few examples. I expect that bipartisan effort to continue in the 117th Congress, and I will continue to look to your organizations for guidance on the issues that you think are most important.

As most of you all know, however, the real measure of success is not simply passing legislation, but it is ensuring effective execution of the law and seeing concrete results. Our committees remain engaged in providing oversight of the Department implementation of laws and its use of scarce resources, but the membership of your organizations are our eyes and ears on the ground, indispensable to that oversight.

One example of what I am talking about came last year from Student Veterans of America. Through a quirk in the law, veterans attending school in person who were told because of COVID to shift to a virtual learning environment were on the verge of having their educational assistance benefits reduced even though their living expenses remained the same. Because of SVA's advocacy, we changed the law and helped thousands of students who otherwise may have had to have dropped out of their educational experience. To Jared Lyon and SVA, I say thank you.

To Commander Whitehead, the DAV's advocacy has been just as invaluable. Your focus on improving health care for women veterans and monitoring the expansion of family caregiver assistance is critical to our oversight work.

I could go on and on citing examples of how each of the organizations that are with us today have aided our collective efforts, but your testimony this morning will make an account of the work that needs to be done today to care for your brothers and sisters in arms that served before you, those that served alongside you, and those that will answer the call to serve after you.

All of us should recognize that we are able to enjoy the freedoms and liberties as Americans because of men and women who have served. Part of our collective responsibility is to make clear to the public what our commitment to veterans is and what role the VA and other governmental entities, and even the private sector, should play in fulfilling our commitment. I know Secretary

McDonough feels passionately about this and I am grateful to each of your organizations for making it central to your daily work.

In concluding, my thank you to each of you again for your testimony. I am hopeful that this will be our last virtual hearing together, and that we come back in 2022 and have a hearing room packed again with Kansans and veterans from across the country.

Chairman Takano, I thank you, and I look forward to our witnesses' testimony.

Chairman TAKANO. Thank you, Senator Moran. I too hope that this year will be the last year that we do virtual hearings. We still have a few more to do this session of Congress, but with the President's announcement that every American—President Biden's announcement that every American who wants to be vaccinated by the end of May, that will be possible. So we have a lot of reasons to be optimistic.

With the introduction of our first panel, let me begin to announce who will be here today.

Today, we have Commander Stephen "Butch" Whitehead, National Commander, Disabled American Veterans. Accompanying Commander Whitehead is Mr. Edward R. "Randy" Reese, Jr., Executive Director of the National Service and Legislative Headquarters; Mr. Jim Marszalek, National Service Director, Disabled American Veterans; and Ms. Joy J. Ilem, National Legislative Director of the Disabled American Veterans.

Senator Tester has offered to introduce our first witness. So, Senator Tester, please go ahead.

INTRODUCTION BY THE HONORABLE JON TESTER

Senator TESTER. Thank you, Chairman Takano, and it is indeed my honor and privilege to introduce the National Commander of the Disabled American Veterans, Stephen "Butch" Whitehead.

Commander Whitehead comes to us from Trimont, Minnesota. He served in the Minnesota Army National Guard from 1991 until 2019, deploying twice overseas and earning a Bronze Star for combat service in Iraq in 2007. He retired at the rank of Command Sergeant Major.

Commander Whitehead currently serves as Executive Director of the Disabled American Veterans of Minnesota Foundation, and has served as National Commander of the DAV since 2019. During that time, along with his top-notch policy team and network of advocates, he has worked with us in Congress to pass some of the most impactful reforms for veterans in generations.

Commander Whitehead, thank you for your service, thank you for being here to advocate for the needs of your fellow veterans. I look forward to your testimony and to working with you in the upcoming Congress to further build on the work that we have done to ensure that no veteran is left behind.

Thank you and I yield back, Chairman Takano.

Chairman TAKANO. Thank you, Senator Tester.

And welcome, Commander Whitehead. You are now recognized for your opening comments.

PANEL I

**STATEMENT OF STEPHEN "BUTCH" WHITEHEAD,
ACCOMPANIED BY EDWARD R. "RANDY" REESE, JR.,
JIM MARSZALEK; AND JOY J. ILEM**

Mr. WHITEHEAD. Thank you, Chairman Tester, for your kind introduction.

Chairman Takano and all members of the Committees on Veterans' Affairs, thank you for providing me the opportunity to present the 2021 Legislative Program of DAV, Disabled American Veterans, an organization of more than one million members forever changed in wartime service.

My full written statement thoroughly details DAV's legislative priorities for the 117th Congress and reports on our many programs and accomplishments. So, today, I will just highlight some of our most critical policy goals. But, before I do, I would like to introduce my DAV colleagues joining me today: DAV Washington Headquarters Executive Director Randy Reese, DAV National Service Director Jim Marszalek, and DAV National Legislative Director Joy Ilem.

I also want to thank the many DAV leaders watching this hearing at home who are vital to our organization's success, they include DAV's Senior Engineer Vice Commanders and the leaders of the DAV Auxiliary. I also want to extend my gratitude to DAV's National Adjunct, our National Headquarters Executive Director, our National Executive Committee, our National Legislative Interim Committee, as well as my chief of staff.

Of course, I also want to recognize our dedicated DAV members across the country, hundreds of whom would have been here in person to support me at this hearing if not for the ongoing pandemic.

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

Messrs. Chairman, this past year, DAV commemorated a century of dedicated service to America's veterans, their families and survivors. While it looked and felt different than we had planned, it gave us an important opportunity to reflect on our organization's history and the lessons we have learned in the face of adversity.

DAV was formed in 1920 in the wake of World War I as the influence of the pandemic of 1918 drew to its end. We can find many parallels between the time of our establishment and our centennial anniversary: a viral outbreak sweeping the globe; overrun and overburdened health care systems; economic downturn; soaring unemployment; and, underlying it all, a pressing need to address critical issues affecting our Nation's wartime disabled veterans.

I am proud to say that despite the significant challenges of this past year and thanks to the dedication and adaptability of our teams in Kentucky, Washington, DC, and across the Nation, DAV's mission did not change and our commitment did not falter.

Messrs. Chairman, at our core, DAV is rooted in service. When veterans needed us most, as many lost their jobs, fell ill, or became isolated in their homes, DAV members, volunteers, and staff quickly pivoted to provide necessary help and resources. Although our offices across the Nation were closed to foot traffic to help limit the

spread of the virus, DAV rapidly set up and staffed a new toll-free hotline for veterans so our experts could assist them with claims and benefits. Since the pandemic began, we have fielded nearly 190,000 calls, and last year DAV service officers filed 140,000 new claims for veterans benefits.

DAV also established a COVID-19 Unemployment Relief Fund in April to provide financial aid to service-connected disabled veterans who lost employment or small business income in the wake of the outbreak. So far, DAV distributed more than \$2 million in unemployment relief nationwide to veterans. And as we watched our unemployment numbers soar last year and hundreds of thousands of veterans were without work, DAV transformed all of our in-person career fairs to virtual events.

Since 2014, our employment program has hosted 700 traditional and virtual career fairs, which has resulted in over 150,000 job offers for active duty servicemembers, Guard and Reserve members, veterans, and spouses who attended.

As many of you know, DAV's transportation network has become a resource that veterans rely on for free transportation to their VA medical appointments. Though safety precautions required the program to be halted as the pandemic began, DAV volunteers in my home State of Minnesota and nationwide have proven it is possible to carry on through challenging times by implementing new measures to keep themselves and the veterans they serve safe. Despite COVID-related challenges last year, our volunteers logged almost 10 million miles and provided veterans nearly a quarter million rides to VA hospitals, saving taxpayers more than \$18 million.

Messrs. Chairman, although the full and lasting impact of this pandemic is not yet clear, we do know that there are many issues our Nation must stand ready to address; health care is chief among them. Over the course of this pandemic, the VA had to make drastic changes in health care delivery. We saw a significant increase in telehealth services, as VA adapted to the ever-changing landscape.

There have also been serious economic impacts. Nearly 800,000 veterans were left searching for work last summer, with disabled veterans disproportionately affected. How many of those veterans today are still unable to pay their bills, feed their families, and make ends meet? We know that before the pandemic many veterans were already struggling with post-deployment challenges, mental health issues and, in some cases, thoughts of suicide. While the VA has worked hard to keep veterans connected with their mental health providers, we are concerned that many face dark times. Many have been without access to the support system and resources they had before the pandemic. We will all need to work together to ensure that we do not lose ground in the battle against veteran suicide, and we must also explore the future of what VA health care will look like in the post-pandemic world.

While we have many challenges ahead of us, we know that when we work together, despite obstacles we face, we can make progress. For example, led by your committees, Congress expanded access to benefits and health care for Vietnam veterans suffering from the impacts of Agent Orange. Last year, more than 30,000 Vietnam veterans gained access to long-overdue VA health care and received

almost \$800 million in retroactive benefit payments due to the passage of the Blue Water Navy Vietnam Veterans Act.

In addition, this past December, Congress approved legislation to expand the list of presumptive Agent Orange diseases, extending health care benefits to thousands more Vietnam veterans and their survivors. We are grateful for this progress, but we must not allow other generations of veterans like those exposed to burn pits, hazardous chemical agents at K2 base in Uzbekistan, or contaminated water stateside to endure similar unnecessary delays getting health care and benefits.

DAV is proud to be the organization that first brought the issue of burn pits to light more than a decade ago. While further research will help us examine the health impacts of these exposures and help determine whether to create presumptive disease associations, there is action Congress can take now to help veterans who served near burn pits. We want to thank Senators Sullivan and Manchin for reintroducing the bipartisan Veterans Burn Pit Exposure Recognition Act last week. This bill will create a concession of exposure to burn pits to help veterans more easily prove claims for benefits. We call on Congress to once again take this legislation up and quickly approve it.

Messrs. Chairman, we know that when veterans are injured or became ill in service, their families are affected as well. We must ensure that they continue to receive recognition and support, particularly when the veterans pass away. As we all know, thousands of veterans have died during this pandemic. Although their official cause of death may be listed as COVID, it is vitally important for survivors to have the relevant service-connected conditions identified as principal or contributing factors in order to file claims for survivor benefits. We ask Congress to pass the Ensuring Survivor Benefits During COVID-19 Act to require identification of these conditions on veterans' death certificates so we can properly care for these families.

Another important issue that requires urgent congressional action is the expansion of VA's Comprehensive Caregivers Program. As you know, Congress mandated the expansion of caregiver assistance to all generations of severely disabled veterans in two phases. However, the first phase was delayed by a full year due to the VA's failure to certify a new caregiver IT system on time. While veterans of World War II, the Korean and Vietnam War eras became eligible in October, the delay pushed back the start date for the second phase of expansion. That impacts Persian Gulf war veterans and others who were injured or became ill between May 7th, 1975 and September 11th, 2001. We ask Congress to pass legislation and provide full funding to mandate that phase two of the expansion be completed this year as the law intended.

Another critical policy goal for DAV is ensuring that the VA health care system has the resources, personnel, and facilities necessary to provide timely, high-quality care to all enrolled veterans. VA has begun asset and infrastructure review to develop a long-term plan to rebuild and realign VA's facilities to serve veterans where they live. In order to be successful, VA must consult closely with VSOs and veterans who use the VA health care system as

they design this plan. In addition, Congress must be willing to fully fund the cost of maintaining all of VA's health care facilities.

Messrs. Chairman, this past year has challenged us as a nation in ways none of us could have imagined, but, like President Abraham Lincoln, I have faith in America's resilience in such difficult times. He said, quote, "If given the truth, people can be depended upon to meet any national crisis. The great point is to bring them the real facts."

Undoubtedly, we will be experiencing the impact of this pandemic for years to come and must stand prepared to address the long-term ramifications for America's veterans by preventing these new realities. But together, moving forward with candor and transparency, we can work to overcome the challenges and setbacks this past year has laid at our Nation's doorstep.

Thank you for the opportunity to present DAV's 2021 Legislative Priorities, and highlight the many programs and services we provide to our heroes forever changed in service.

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

[The prepared statement of Mr. Whitehead appears on page 69 of the Appendix.]

Chairman TAKANO. Thank you, Commander Whitehead. Your full written testimony will be included in the hearing record.

So that we can ensure every member here in this hearing has an opportunity to ask questions, I ask that everyone limit their questions to 3 minutes.

I now recognize myself for 3 minutes of questioning.

Many Americans watched and the investigations later confirmed that current and former military participated in the January 6th attack on the Capitol and this institution. I know that the DAV responded with some very specific actions and guidance for your membership with regard to those events.

Can you tell the joint committee here today about your response and why you made the decision you did, why the DAV made that decision?

Mr. WHITEHEAD. Chairman, thank you for the question.

I would like to have my Executive Director kind of take the overview on that one.

Randy, please?

Mr. REESE. Thank you, Chairman Takano. We certainly were concerned when the events unfolded. It is a national tragedy and should never be repeated. And for those who participated, we think that the full burden of responsibility is theirs to bear. And any members of DAV would be thoroughly vetted and due process provided and, if necessary, their expulsion from DAV.

Chairman TAKANO. Well, I certainly appreciate the actions that DAV took, the leadership that DAV exerted, and the example that DAV set. I hope other Veterans Service Organizations will follow DAV's lead.

As an ambassador for the PREVENTS task force, we know that you are a strong advocate for suicide prevention. As the suicide epidemic among veterans continues to take its toll, what more can be done and how can we work together to do it?

Mr. WHITEHEAD. Chairman, thank you for that, because that is a very important topic for me. You know, being an ambassador for PREVENTS, I was honored to be included in that, because suicide is something that is very important to me and it is near and dear to my heart for losing friends and also family members to suicide. But I would like to have Legislative Director, Joy Ilem, kind of elaborate a little more on that.

Joy?

Ms. ILEM. Thanks, Commander.

Absolutely, you know, we want to thank Congress, the House and Senate Veterans' Affairs Committees for the passage of those two major pieces of legislation last year, really comprehensive and will set the tone for this year in terms of new progress that can be made on suicide.

I think two things that I would add that VA could do are two programs they have already started, but really to ramp them up. One would be the SPED Program, which is a program for veterans that are in crisis who come to an emergency room. The emergency provider should make a plan at that time with them where they have got follow up care after that visit and to make sure that that veteran gets all the services that they need and the support following that crisis.

The other initiative that VA has started relates to lethal means safety storage, so both of medications and firearms, for veterans in crisis. Their training program, we want to make sure that VA providers feel comfortable to be able to talk to veterans about the issues that they are experiencing when they are in crisis, they want to keep them safe both from medications and firearms.

So we would say those two programs are critical to really ramp up and to help reduce suicide in the veteran population.

Chairman TAKANO. Well, thank you, Ms. Ilem, for your comments about firearms safety.

My time has expired. I recognize Senator Tester for his 3 minutes of questioning.

Senator TESTER. Thank you, Chairman Takano.

And I want to thank you, Commander Whitehead, for your testimony and your input into our agenda for this next year.

Look, the vaccine is critically important, as I said in my opening remarks. We had a hearing in Senate Veterans' Affairs last week with VHA and Dr. Stone, and learned that vaccine hesitancy is an issue for some veterans, especially in rural areas. And it is not just in places like Kansas and Montana, it is places all over the country.

My question is, how can DAV help communicate to veterans about the importance of this vaccine and dispel any myths that may be out there about this vaccine?

Mr. WHITEHEAD. Well, Senator, thank you, because obviously this is important to me. Being a leader in the National Guard, I too have already taken my vaccine, and I have actually done videos and actually done messaging out there. So even in the military, our soldiers are getting it.

But on the DAV side, I would like to have my Legislative Director, Joy Ilem, kind of highlight a few things that she says that we need to do.

Joy?

Ms. ILEM. I would just add that DAV and the VSO community in general can really help with this issue, especially in rural communities. Our leaders need to step forward, they need to lead. They need to make people feel comfortable, get the information that VA is making available when it is their turn to get the vaccine. We want to—as everyone has indicated this morning in their opening remarks, we want to see the pandemic in the rearview, and that means getting everyone vaccinated and feeling comfortable that there is a safe way to do that getting their vaccine.

Senator TESTER. Thank you for that.

Look, toxic exposure is a huge issue. We did some good work last Congress. I had a bill for bladder cancer, hypothyroidism, and Parkinsonism. With help from Jerry Moran and others, we were able to get that across the finish line on the presumptives for Agent Orange, but we have more to do.

And I want you to comment on hypertension and MGUS, monoclonal gammopathy of undetermined significance, which is a mouthful in and of itself. It is my understanding that those two, hypertension and MGUS, have even a greater association with Agent Orange than the ones we added last year. Is that true from your perspective?

Mr. WHITEHEAD. Senator, that is a great point because it was—I want to first of all thank you and this committee, you know, for that hard work getting those added because that was a huge win for our Vietnam veterans and all those affected by these toxins. So, thank you for that work. But if I could have my Service Director, Jim, kind of highlight a few more on that.

Jim?

Mr. MARSZALEK. Thank you, Commander.

Thank you, Senator, great question. And you are absolutely correct, hypertension and MGUS are at a much higher level than the three recent added conditions. So it is time, it is time for VA to act and to add hypertension and MGUS as a presumptive condition for these veterans. They have waited long enough, it is time to add them now.

Senator TESTER. Amen. And I look forward to working with the DAV and all VSOs on the presumptive issues. So, thank you.

Thank you, Mr. Chairman. I yield back.

Chairman TAKANO. Thank you, Chairman Tester.

I now recognize Ranking Member Bost for 3 minutes.

Mr. BOST. Thank you, Chairman.

And, you know, if we can, last week, Chairman Takano and I introduced the VA Vaccine Act. This bill would expand the vaccine to all veterans and caregivers of those who are in certain categories for long-term and home-based care programs. Our bill requires enrollment of veterans to be prioritized first and provided the vaccine access, as long as it is available, and for the dependents, and also available for their caregivers.

Do you support this bill? And, if so, why or why not?

Mr. WHITEHEAD. Ranking Member, thank you for that question because, you know, it is very important and as we have heard everybody's comments. Getting this vaccine in the bodies is what we need, you know, we need to do that right away. But if I can

have my Legislative Director, Joy, kind of highlight a few more things that we see.

Joy?

Ms. ILEM. Yes, we absolutely are pleased to support the bill and appreciate the bipartisan introduction of it.

We understand, especially for many of our caregivers, it is important they are there with that veteran every day. We want to make sure all veterans have the opportunity get vaccinated as soon as possible and we know VA is going to be a leader in this regard. As they get more supply, I am sure they will ramp up.

Mr. BOST. Thank you.

You know, one thing—and this kind of a personal question just to get you to direct toward me. In the last several years, we have had tremendous productivity and success on the committees. Now, as ranking member, where do you think my focus should be—I told you in my opening where our focus is at, but where do you think—where would you suggest my focus should be racking up the biggest wins that we can for veterans and their families?

Ms. ILEM. I will go ahead and say, we do appreciate, I think, you and Chairman Takano working closely together. A number of priorities for—that he mentioned this morning I know are important to you as well and I think that are critical. You know, we have mentioned several of them here today. I think that we all agree that we can all work together on, you know, toxic exposures, making sure veterans don't have to wait, really looking at the framework of presumptive disabilities. And making sure COVID, first and foremost, that veterans get the care they need, we get this pandemic behind us. And, you know, caregiver support and other things that have been mentioned.

So we look forward to working with both of you to accomplish those goals.

Mr. BOST. Thank you. And, once again, I want to thank you for what you do.

And with that, Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Ranking Member Bost.

I now recognize Ranking Member Senator Moran for 3 minutes.

[Pause.]

Chairman TAKANO. Is Senator Moran not here?

Senator TESTER. Chairman Takano, he has got another committee meeting. He will probably be back, so go ahead and move on.

Chairman TAKANO. We will bring him back. Okay, thank you.

Senator MORAN. Chairman, I'm here.

Chairman TAKANO. Oh, there you are. Okay.

Senator MORAN. I was here and went away.

Chairman TAKANO. Well, we understand that. So go ahead, Senator Moran, you have 3 minutes.

Senator MORAN. Thank you very much.

Again, thank you to the witness for the testimony. Let me ask just a couple of questions.

The MISSION Act provided for the expansion of the Caregiver Support Program to all eras over time, yet the VA implementation of this expansion was delayed and they have implemented rules to discharge an estimated 8,000 caregivers from the program's com-

prehensive assistance. Do you believe the VA should expedite expansion and how will caregivers of your members be affected when VA discharges them on October 1, 2021?

Mr. WHITEHEAD. Senator, you know, you bring up a great point and you actually heard my speech, this caregiver thing is very important to me.

You know, when you guys passed that law, you guys wanted it and implemented to be effective October 1st, 2021, and that is what we feel as well. That needs to be implemented on time, no more delays. These caregivers have been affected long enough.

But if I could have my Legislative Director kind of highlight a few more.

Joy?

Senator MORAN. Please. I knew this was an issue of importance to you.

Ms. ILEM. Yes. So many caregivers, you know, have been waiting for this so long and we don't want any further delay, you know, due to those IT issues on the front end that sort of delayed the second part of the expansion, and we do hope that moves forward, and we think that a hearing is—this would be a perfect issue for a hearing.

The question that you raise there, you know, that will be difficult for many of those caregivers with the changes in the law, but I do want to say that many of our members, severely disabled veterans who have applied for the comprehensive support program have gotten—we have gotten rave reviews from them. They have indicated it has worked well for them and they have gotten their benefits already. But we know there is many more that have been denied so far and there is a lot of work to do with regard to this and, you know, that many will be really looking for assistance and guidance on that issue.

Senator MORAN. Thank you for your support and your suggestions of a hearing.

Let me see in the little time I have left. In the past 2 years, Congress has passed legislation to eliminate the SBP and DIC offsets and allow DIC recipients to remarry at the age of 55 and still retain their survivor benefits. Does the DAV have additional recommendations about how to support survivors of disabled veterans?

Mr. WHITEHEAD. Thanks for that question, Senator. I am going to ask my Service Director, Jim, to kind of take that one for me. Jim?

Senator MORAN. Thank you.

Mr. MARSZALEK. Thank you, Commander. Excellent question.

Yes, another idea would be to eliminate the 10-year rule. The DIC program would be more equitable for all survivors if they were eligible for a partial DIC benefit starting at 5 years of the veteran being totally disabled, and we could increase that incrementally until reaching full entitlement at 10 years.

Another good one could be removing dependents' educational assistance delimiting date. Currently, surviving spouses only have a 10-year period to apply for those particular benefits and use them. So in many instances, most notably in the case of caregivers, family obligations and the need to care for the service-disabled veteran requires the spouses to defer using these benefits for years. So we

see—we feel removing that 10-year delimiting date will be a significant benefit for those survivors.

Senator MORAN. Thank you for your testimony.

Thank you, Chairman Takano.

Chairman TAKANO. Thank you, Ranking Member Moran.

I now recognize the chair of our Subcommittee on Health, and also the chair of what I hope will be the re-authorized Women Veterans Task Force. You did a brilliant job.

Representative Brownley, I recognize you for 3 minutes.

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

Ms. BROWNLEY. Thank you, Mr. Chairman.

And I wanted to just add my voice to express my gratitude to every veteran listening here today, to thank you and your families for your service to our country.

I also, Commander, wanted to say to you what a great job Joy Ilem does representing your DAV and your membership and, quite frankly, all veterans. She just does an extraordinary job. So thank you for allowing her to do her good work.

And I just want to say I appreciate you mentioning in your testimony the importance of the Deborah Sampson Act and the Women Veterans Task Force. I think we can all agree that there is still a lot more work to be done in this space.

But my question really is, Commander Whitehead, what sort of long-term challenges does the VA face right now that will prevent it from providing adequate services to women veterans in the future?

Mr. WHITEHEAD. Well, Representative, thank you, because obviously, being a leader in the military, I have female soldiers around me all the time. And I think one of the things VA needs to understand is the increased number of females joining the military right now and that continues to grow each year. So the VA has to be prepared to be able to handle that increase as we continue to go down this road as well.

Ms. BROWNLEY. Thank you so much for that.

And the other area that I wanted to ask you, you also mentioned, you know, the need for sufficient funding for veterans health care, which I couldn't agree more. I have a bill actually that requires GAO to verify the accuracy and adequacy of VA's budget for medical care in order to guarantee adequate funding for veterans health care.

Can you explain the importance of adequate funding and the potential consequences of not having enough?

Mr. WHITEHEAD. Absolutely, Representative. So I would actually ask Joy to kind of take this one for me.

Joy?

Ms. ILEM. Sure. Funding for VA health care is essential for DAV members who are high users of the VA health care system. We want to make sure it is a strong, robust system for VA to be able to provide, you know, the comprehensive services that they have available. They need to be able to hire the staff, they need to be able to, you know, make sure that they have the infrastructure that they need. The research component is critical for service-dis-

abled veterans and those connections between their military service and disabilities.

So we want to make sure that, you know, that remains an emphasis. We see how important it is, especially during this pandemic, to have access to health care and the incredible job that VA has done.

So we will support—we support that measure. We know the budget is critical. We are part of the independent budget requesting sufficient funding for VA year after year, and we know that having someone look at those requirements is an important piece of it.

Ms. BROWNLEY. Thank you, Mr. Chairman, and I yield back.

Chairman TAKANO. Thank you, Representative Brownley.

Senator Sanders, if you are present, I recognize you for 3 minutes. Otherwise—Senator Sanders, are you here?

If not, we will move to Senator Manchin for 3 minutes.

Senator Manchin, you have 3 minutes.

**HON. JOE MANCHIN,
U.S. SENATOR FROM WEST VIRGINIA**

Senator MANCHIN. Thank you very much.

And, Mr. Whitehead, I want to take the opportunity to personally thank you for all the support the DAV has given to Senator Sullivan and myself in the 116th Congress and with our bill to get much-needed benefits to veterans exposed to open-air burn pits. I am pleased this remains a priority for DAV in the 117th Congress as well. We have got to get this done.

History has shown that even after surviving combat or hazardous duty, veterans coming home having been exposed to toxins that can end up leading to long-term health issues, and I think we all know this firsthand. We can't leave them behind, which is why Senator Sullivan and myself reintroduced Senate Bill 437, the Veterans Burn Pit Exposure Act of 2021.

As the members DAV attend the meeting with their congressional representatives, I would encourage them to speak up about their experiences with burn pits, just as you have today.

So, if you have any response to that, Mr. Whitehead, I would appreciate it.

Mr. WHITEHEAD. Senator, thank you, because obviously it is very important, you know, to our members, but even to me personally. You know, somebody that has served in the desert and been near burn pits, I am concerned about my future and what is going to have on me, the effects on me as well. So thank you for that work that you are doing and this committee, and we definitely look forward to working with everybody on this.

Senator MANCHIN. Well, this is the year for us to pass it, it really is, and I think we are all committed and I think on both sides. This is a bipartisan amendment that brings us all together, which is what the veterans always have done and the military does today.

So, thank you very much and all of you for working so hard.

And I yield my time back.

Chairman TAKANO. Thank you, Senator Manchin.

I now recognize General Bergman for 3 minutes.

**HON. JACK BERGMAN,
U.S. REPRESENTATIVE FROM MICHIGAN**

Mr. BERGMAN. Thank you, Mr. Chairman.

And thanks to all of you for being on the virtual hearing today. And I echo the comments of my colleagues, it will be great when we can have a shout-out, whether it is hooah, oorah, or I am not sure what the Air Force says other than “cool.”

But, anyway, you know, Mr. Whitehead, you know as well as I do that we still have a tremendously unique, overburdening in some cases, problem among veterans with suicide. You and I are both members of the PREVENTS Task Force, you know, as national Ambassadors. Can you talk about the importance of PREVENTS, and its continuity and mission going forward within the new administration?

Because we know, we know after some fits and starts over the last couple years the challenges in getting alternative opportunities for veterans to engage who might be at risk but are definitely outside the VA health care system. Could you just again elaborate on the importance of PREVENTS?

Mr. WHITEHEAD. That is an excellent point. And, you know, actually I am honored to be part of the PREVENTS Ambassador team, you know, because I think it is very important that as a society we all have to get comfortable talking about our struggles, talking about what’s going on in our world, and being able to feel comfortable knowing that it is okay to reach out and ask for help. Being part of the PREVENTS Ambassador team, I think it is great that we are sharing our experience and our thoughts and getting that out to the general public—to our veterans and to the general public that it is a strength of us to be able to talk about it and ask for help.

And that, you know, I think this current administration, if they can continue to push this and have it behind it, that is a great way for all of our veterans.

Mr. BERGMAN. Thank you. And, again, we all, all of us, especially you all out there in the VSOs, you have to be that voice for the veteran and that direct voice so the administration hears of the importance of the PREVENTS Task Force.

And with that, Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, General Bergman.

I now recognize Senator Cassidy for 3 minutes.

Senator Cassidy?

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

Senator CASSIDY. Thank you, Mr. Chairman.

Sir, just—I’m a doc and you will understand where my question is coming from on this. During the pandemic, there has been such an issue with an increasing amount of opioid abuse in the general population. And Congress has attempted to address that by putting funding out there both to the VA specifically, but to the public in general. And we are hearing reports, 40 percent of Americans are having symptoms of anxiety and depressive disorder. Intuitively, disabled veterans would be at greater risk for this because they are battling physical or emotional disability to begin with.

So, I guess I am asking, are you seeing these same trends within the veterans community, and is there anything in particular you would suggest the VA do to attempt to address this?

Mr. WHITEHEAD. Senator, I appreciate the question. I would like to have my Legislative Director, Joy Ilem, kind of help elaborate on that.

Joy?

Ms. ILEM. Excellent question. I think our recommendation would be we really need to see a balance here. We know of VA's mission to really reduce the use of opioids in the veteran population, keeping veterans safe, making sure that addiction doesn't result. But we also have, of course, the service-disabled veterans. You know, we have some people that have been really severely injured, dealing with chronic pain issues, which are, you know, really essential to deal with because that also leads to—you know, if they are unable to work, if they are unable to just function without serious pain, it can also lead to mental health issues and suicide.

So we want to make sure that there is a good balance for VA, that they are dealing with this in a humane way, that providers are able to do what they feel is clinically appropriate. And they work with veterans that need to be, you know, not taking opioids anymore and they need to really understand their fear about that, their anxiety about that, and to work with them to, you know, step down from that, as well as why, you know, understanding about the safety issues.

So we think there is still work that VA needs to do. We know that they have a good—you know, good intentions behind their program, but we do ask for a balance there.

Senator CASSIDY. Thank you.

Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Senator Cassidy.

Representative Lamb, if you are present, I recognize you for 3 minutes. Representative Lamb?

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

Mr. LAMB. Thank you, Mr. Chairman.

And I want to thank you, Commander Whitehead, and all of our witnesses for helping us out today and the work you all do every day. It has a huge impact on my constituents.

I wanted to return to the topic of January 6th for a moment. And, first of all, thank you for the active voice that you have had in the wake of that. I am a strong believer that, as veterans, we really need to police our own on this, regardless of what party you are in, regardless of who you supported in the election. The fact is that we all took an oath to uphold and defend the Constitution of the United States, and the Capitol that is established by that Constitution was attacked that day. So, for me, it is a pretty easy one which side of this you fall on if you have taken that oath.

I was hoping that maybe you could give us just a little bit more detail about any active measures you have taken since January 6th, for example, to identify whether there were any of your members involved in the attack itself. I am sure all of us saw how many

military logos were in that crowd, particularly Marine logos, it was particularly painful for me to see.

There have been reports of VSO logos as well, and I just wanted to know if you have seen that or identified any, and whether you have worked with law enforcement to aid their investigation at all.

Mr. WHITEHEAD. Representative, thank you for such an important question. And, again, I would like to ask my Executive Director, Randy, to kind of elaborate a little bit more on that.

Randy?

Mr. REESE. Thank you, Congressman Lamb.

We take it quite seriously. We do review the Department of Justice investigation list against our membership data base. And then, based upon the investigation details in the complaint that is filed with the Department of Justice, we consider those facts and circumstances, and then once due process is relevant for our administration, we decide whether or not that person should be suspended. And obviously, if they are convicted of a felony of this nature, they would be expelled.

Mr. LAMB. Thank you.

So you are relying on the law enforcement cases to identify people among your membership. Are you also doing anything to search publicly available images or otherwise to identify members who were involved?

Mr. REESE. We do rely upon the Department of Justice. We do not use a surveillance program for our membership or those who engage on our social media footprint just due to the size and scope, that is beyond the resources we have available to serve our members.

Mr. LAMB. Okay. Thank you again for your participation.

I expect that we will be staying on this issue throughout much of the year with an eye toward how we help protect veterans from the recruitment efforts that groups like the Oath Keepers and others have used to target veterans and to give them false and wildly misleading information about that, and I look forward to your partnership on that. And thank you again for everything you have done.

Mr. Chairman, I yield back.

Mr. REESE. We certainly look forward to your partnership as well.

Chairman TAKANO. Thank you, Mr. Lamb.

I now call on Senator Sanders, if he is present.

Senator, are you here?

Otherwise, we will move to Senator Hassan.

Senator Hassan, you are recognized for 3 minutes, if you are here.

If not Senator Hassan, then we will move to Senator Rounds—we will go to Senator Rounds next.

Senator Rounds, if you are ready?

Senator Rounds is not here.

Senator Blumenthal?

[Pause.]

Chairman TAKANO. I don't see Senator Blumenthal.

Representative Pappas, we will move to you then, as the Senators file back in. Representative Pappas, 3 minutes.

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

Mr. PAPPAS. Well, thank you very much, Mr. Chairman. And I also want to add my comments about looking forward to next year and making sure that we are back in person together, especially so we can salute the veterans from our districts that make the trip down for these important hearings. And certainly I am thinking of all the veterans across New Hampshire, especially DAV members, as we proceed here.

I want to thank Commander Whitehead for your comments, for your focus on toxic exposure in particular. We have been focused in my district on the issue of PFAS contamination at a former Air Force base, and we know that ATSDR is currently conducting a study there to firmly establish a connection between toxic exposure and certain health concerns that are linked to PFAS, but we also know that other health studies have already been done that make the linkage between chronic conditions, including cancer.

And so, you know, as we wait for additional health information to come out, I think we have to move as quickly as we possibly can to make sure that we are meeting the needs of veterans and servicemembers with respect to the PFAS issue, so I appreciate your commitment to that.

Another important point that you noted was the issue of discrimination faced by women and minority veterans at VA facilities. I am chair of the Oversight and Investigation Subcommittee in the House and we are working on legislation that would improve the sexual harassment-reporting process at VA, and this is an issue that our subcommittee is going to be focused on as we move forward.

I am wondering if you could just talk about any next steps that you would hope our committee could take to ensure that our women and minority veterans feel comfortable getting care at VA.

Mr. WHITEHEAD. Representative, I appreciate that question. You know, when that first came out, I actually did some nice media outlet messaging on that, because it is important that every one of our veterans feels safe when they go get their care. And the veteran itself and also the employees at the VA need to feel safe where they work at.

But if my Legislative Director, Joy Ilem, could maybe elaborate a little more on that.

Joy?

Ms. ILEM. And we were very pleased that the Commander really wanted to step out in front on that because we do need leadership regarding the harassment issue.

We were, as an organization, very pleased to see Secretary of VA McDonough and Secretary of DOD Austin come out right after they were confirmed, both of them, to indicate they are going to be working together dealing with this issue. And the commitment from the VA Secretary was very welcome that they are going to take a, you know, top-down approach to this and that is serious.

So we are looking forward for your committee to really hold them to that, that it can't just be a slogan or a message, but, you know, this behavior is so obstructive and deters veterans who really need the VA health care system from getting the care that they need if

they, you know, feel that they are not in a welcome environment or being harassed while they are seeking care. So I appreciate the work.

Mr. PAPPAS. Well, that is terrific. And my time is up, but I am wondering if just for the record you could get back to us on a letter that you had sent to VA asking it to withdraw its appeal of the *Wolfe v. Wilkie* case around emergency care. So if you have any more detail about how we can address that and a commitment from VA on that front, we would love to work with you on it.

Ms. ILEM. Absolutely, we will follow up with you and your staff. Thank you.

Mr. PAPPAS. Thank you. I yield back.

Ms. ILEM. Another important issue.

Chairman TAKANO. Thank you, Representative Pappas. I call on Representative Rosendale for 3 minutes.

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

Mr. ROSENDALE. Thank you, Mr. Chair.

And thank you, Commander Whitehead, and the Disabled American Veterans organization. Your organization is doing important work to ensure our veterans' needs are being met and we all greatly appreciate that.

I also wanted to say thank you today for all the Montanan veterans that are watching today. I wish we could be together in person, but I am grateful for each of you and your service to our Nation. We will never be able to thank you enough for your sacrifices that you and your families have made to protect our freedoms.

It has been a pleasure to hear from veterans back home in recent weeks. One item that has been repeatedly mentioned is the success of Freedoms Path at Fort Harrison in Helena, Montana, which is a residential community for veterans experiencing homelessness or at the risk of homelessness.

As the son and brother of a Marine, I am incredibly honored to be here today for this hearing. Our veterans are truly our Nation's heroes. One in ten Montanans are veterans or in active service. I am honored to represent them in Congress and also here on this committee.

We have made promises to our veterans and we must ensure that these promises are kept. Veterans must have access to high-quality health care and they must be able to efficiently access those benefits. Long wait times for care and barriers from receiving benefits is unacceptable.

In order to establish these benefits and deliver them efficiently, we must have information systems that can easily transfer the appropriate information from the Department of Defense to Veterans Affairs networks. To date, billions of dollars have been spent and we have not begun to approach a reasonable level of success in this issue.

Since the start of COVID-19, this has become even more critical. Difficulties and challenges veterans have faced have only been exacerbated by shutdowns and isolations, which leads me to my question.

The Technology Modernization Subcommittee has made electronic health records a priority. However, nationwide we have seen a huge increase in telehealth use. What have your members' experiences been with accessing and utilizing telehealth services since the start of the COVID-19 pandemic, and what improvements could be made to expand and improve that delivery?

Thank you.

Mr. WHITEHEAD. Congressman, thank you for that question. And I would like to ask Joy to kind of take that for me as well.

Joy?

Ms. ILEM. Thank you. I think there are a couple of things.

We do appreciate how quickly VA ramped to try to make sure that they could meet the needs of veterans throughout the country through telemedicine and their telehealth program. We still know in certain areas of the country like where you are from, you know, there can be broadband issues, veterans may not have had the equipment to use even if they do have access. So it is incumbent upon these partnerships that VA is trying to expand with community organizations that are willing to have sort of a hub where veterans may be able to go to have access to that, you know, to telehealth.

So I think those are great starts on it. There is going to be a lot of lessons learned from this pandemic and the use of telehealth. We know there is going to be demand for being seen in person, but how this will impact is still—you know, the jury is out on that. So we need to watch and make sure that veterans are still getting high-quality care and we have learned the lessons from, you know, what worked and what hasn't worked.

Mr. ROSENDALE. Thank you so much.

Mr. Chair, I yield back.

Chairman TAKANO. Thank you, Representative.

I call on Representative Mrvan for 3 minutes of questioning. Representative?

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

Mr. MRVAN. Thank you, Chairman. I greatly appreciate this opportunity.

Commander Whitehead, I thank you for all that you have done for the DAV. As a freshman member or as the chair of technology and modernization, I want to let you know and all veterans know that we will work extremely hard in a bipartisan manner to make sure our veterans receive the healthcare necessary and have the infrastructure with technology and modernization in place to put the VA in a position to be able to handle all challenges post-COVID, and as we evolve into the next generation of making sure we are taking care of our veterans. With that, my question is, the VA has faced criticism over its lack of veteran engagement in the Electronic Health Record Modernization program.

Mr. Whitehead can you or your staff discuss any communications the DAV has received nationally or, more specifically, in the Spokane area, regarding the transition from VistA to Cerner in the Millennium.

Mr. WHITEHEAD. I appreciate that question and I would actually ask Joy to elaborate on that.

Joy?

Ms. ILEM. Great question. I think, you know, the IT issue is such an important issue for now decades. There has been this attempt at IT modernization and moving forward, everybody is very anxious about this, but just no one wants this to fail. I think connecting with veterans in the area, I mean, we have seen the GAO report, but it is a very complex issue and I think we are really going to look to the committee, the subcommittee to make sure. I mean, there has to be the expertise of people that really understand the complexity of what they are doing.

And when GAO puts out recommendations, but VA doesn't agree to them, you know, we would like to hear, make sure there is a hearing so we can hear the discussion back-and-forth before, you know, moving forward. So, we just, we look forward to your committee and work that you will be doing in the year ahead.

Mr. MRVAN. Joy, I thank you very much.

And as they say in Houston, "Failure is not an option." Right? We have to make sure we get this right in a bipartisan effort and work.

With that, I yield back my time.

Chairman TAKANO. Thank you, Representative.

Senator Blumenthal, you are recognized for 3 minutes.

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

Senator BLUMENTHAL. Thank you, Mr. Chair.

I really appreciate you being here, Commander Whitehead, and all your service to your fellow veterans and the great team that you have with you. I am honored, always, to be on this committee and to hear from veterans about how we should be doing better and more, most especially for our disabled veterans.

I want to ask about an area of disability that may have been touched on briefly, but I want to emphasize: toxic exposures. The modern battlefield has been more poisonous and toxic than ever before with all of the chemicals that are found there.

I have championed the cause of Agent Orange-afflicted veterans and made progress there. I have talked to Secretary McDonough about them and others who may be victims of exposure to chemicals and most especially, the K2 veterans. We have legislation that would advance their cause. I am concerned that we are repeating mistakes of the past.

And we have discovered, obviously, the Karshi-Khanabad Air Base which was plagued with many of the chemicals that have caused cancer and other kinds of problems.

Have you heard from veterans and have you noted the inconsistencies in presumption for different types of toxic exposure, and how would you recommend that Congress perform this area of our law?

Mr. WHITEHEAD. Senator, thank you for such an important question. I would like to have my service director, Jim Marszalek, kind of take that one for me.

Jim?

Senator BLUMENTHAL. Of course.

Mr. MARSZALEK. Thank you, Commander.

DAV is always concerned when veterans are exposed to toxins and/or environmental hazards during their military service. VA should be equipped to provide healthcare and service-connected benefits for those exposures.

One thing that could happen to make this process a little easier is the overall presumptive making process. We need a good framework to be established by Congress to provide consistency that must improve DOD and VA data collection and recordkeeping; establish a concession of exposure by requiring statutory, mandated future studies on known exposures; provide a time requirement for action by the VA secretary.

That is a big one. That is where we are at with hypertension. You know, there is no time requirement for the VA to respond to these recommendations.

We can maintain a standard of positive association versus causation. And then, finally, I think we can update the classifications of scientific association. This is a very serious topic and it is affecting, you know, countless veterans and we have to do better.

Senator BLUMENTHAL. Thank you for that answer. I would like to follow-up with you because I think this area is extremely important.

I also have questions about the treatment of veterans with "less than honorable" discharges. I know you are focused on the disabilities that may accompany the lack of access to healthcare and so forth.

But my time is expired, so I yield back to the chairman. Thank you.

Chairman TAKANO. Thank you, Senator. I appreciate your yielding back.

I call on Representative Banks for 3 minutes. Representative Banks, are you present?

Mr. Banks is not ready. We will move to Senator Tuberville.

Senator Tuberville, are you present? There you are, Senator. Go ahead, 3 minutes.

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

Senator TUBERVILLE. Yes, thank you very much.

Thank you Commander Whitehead for your testimony and your service. You know, I would like to hear about the work your organization does to get disabled vets back into the workforce. These vets we are having now with all these endless wars we have had are younger and younger and working helps a lot of things.

So, one thing I am passionate about is vocational training and trade schools. Are these options that you have, are they found useful to helping our disabled vets, and what can Congress do to help create more employment opportunities for these veterans?

Mr. WHITEHEAD. Senator, I really appreciate that question because employment is a very important thing for the DAV. You know, obviously, when our veterans leave the service, it is important that they have good quality jobs to come back to; that is schooling or straight to the workforce.

But I am going to have my service director, Jim, kind of elaborate a little bit more on our employment program. That would be great.

Jim?

Mr. MARSZALEK. Thank you, Commander.

And to your question, I am a proponent of VR&E. I went through the vocation rehabilitation program when I first was hired by Disabled American Veterans and next month, I hit my 20-year anniversary. So, it is a wonderful program and it has led me down a path that has been very, very fulfilling.

On our side, for the employment program, DAV is fully committed to ensuring veterans have the tools, resources, and opportunities they need to competitively enter the job market and secure meaningful employment.

When the pandemic hit, we went to virtual job fairs. We were doing in-person job fairs. We went to the virtual job fair and over the past year, we are able to ensure that over 5,000 veterans had job offers extended to them.

So, we take this very serious and we want to make sure that veterans have the opportunity to enter the competitive job market for sure.

Senator TUBERVILLE. Well, thank you.

I think it is important that we get them back in the workforce at all possible. I have friends that are disabled vets who have PTSD, which we are losing up to 30 veterans a day to suicide, and I don't think there is anything more important than to get them back into the real world as quickly as we possibly can, and I think Congress should fund some of that. We owe our veterans a whole lot and more than we can ever repay, and so I think it is important for us to get back in the game in a lot of areas to help our veterans get back to a normal life with them and their families.

So, thank you for what you have done and hopefully we can help you in any way.

I yield my time.

Chairman TAKANO. Thank you, Senator Tuberville.

I now recognize Representative Mike Levin for 3 minutes. Representative Levin, are you there?

You are there. You are still muted, Representative Levin. Can we fix the audio. Why don't we try again, Mr. Levin. I think you are on now.

I cannot hear Mr. Levin.

Mr. LEVIN. How about now?

Chairman TAKANO. I can hear you now, Mr. Levin. Go ahead.

Mr. LEVIN. It works. Technology.

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

Thank you, Mr. Chairman. Well, I very much look forward to getting together in person as soon as we can safely, but I want to thank everybody today and particularly Commander Whitehead for joining us and just for all of your work on behalf of veterans with disabilities across the country.

I want to give a special shout-out to DAV Chapter 95 in Ocean-side, California, which does a wonderful job serving our veterans

in my district in North County, San Diego. Commander Whitehead, in your testimony you emphasize how important it is that VA leaders commit to fostering a culture where all veterans are treated with dignity and respect, which has always been a key focus of our Womens Veterans Task Force. And one way VA can do this is by prominently displaying messages in facilities, making it abundantly clear that harassment is not tolerated and that includes comments about appearance or questioning and belittling veteran status.

I have heard from veterans in recent years, posters with these messages have been taken down from the walls and public service announcements have been taken off the TVs in local facilities. The good news is that we are hearing that some of these displays have been restored in recent weeks, but it is important, nonetheless, to examine what happened and how it affected veterans.

My question, Commander, is have you heard stories like these from your members and what message does it send to veterans when these displays are removed?

Mr. WHITEHEAD. Thank you for that question.

You know, obviously, a safe environment, like I said earlier, is very important for our veterans when they go into these healthcare facilities to feel safe to go in and get the quality care that they deserve.

But, Joy, if you could elaborate a little bit more on [inaudible] nationwide, that would be great. Joy?

Ms. ILEM. Sure. I have not heard from DAV members specifically regarding that, but I think if that has happened somewhere, the message is clear. It is saying we don't have a problem, which is not the case.

We know that many employees in VA have worked very hard to start work on, you know, their standup, stop harassment campaign, their White Ribbon Campaign. We hope now with the new VA Secretary McDonough's commitment that he just will not tolerate harassment in facilities from either veterans or from employees, that we are really going to see a culture change. But that will require, you know, a systemwide approach throughout the system and it will also require them to work with veteran service organizations, the users of the VA healthcare system, to really make that change.

So, we look forward to helping to do that and standing ready to help make that change.

Mr. LEVIN. Well, thank you for that.

I am out of time, but I really look forward to working with you and our other VSOs to do all we can to end sexual harassment and assault at the VA.

Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Representative Levin.

I now recognize Representative Murphy for 3 minutes.

Representative Murphy?

Hold on just a second. We are not hearing you through the audio.

Mr. MURPHY. Thank you, Mr. Chairman.

Are we good?

Chairman TAKANO. There you go.

**HON. GREG MURPHY,
U.S. REPRESENTATIVE FROM NORTH CAROLINA**

Mr. MURPHY. Yes, thank you, Mr. Chairman.

And thank you to all the panelists who have come today in representation of our veterans. My district has the sixth-most populous as far as veterans in the Nation, here in Eastern North Carolina, and I wanted to thank you for all the hard work that you are doing.

One particular issue that is very, very critical to me and very, very important to me is the issue of PTSD and TBI. I am a physician and I understand the consequences that go along with some of these blast injuries and what a critical effort it is to support our veterans who come home after combat suffering from PTSD and TBI. I have toured our places in Camp Lejeune, our Intrepid Center and met with a lot of veterans who have suffered these illnesses.

We are doing a great job, but we are not doing enough. You know, we still have 17 suicides in veterans a day. What I would like to offer and would ask that people actually also help support, you know, as a surgeon, I have used hyperbaric oxygen therapy for over 30 years to help treat wounds; wounds that need help healing. And I am a firm believer that the science shows, you know, in part, that PTSD and traumatic brain injury come from wounds to the brain itself.

The brain is just like an organ, just like your pancreas, just like your heart, just like your lungs. And in these blast injuries, I do believe that the brain is injured. And I think there is a mounting body of evidence, and as I will say as a physician, it is not 100 percent conclusive, but a mounting body of evidence that hyperbaric oxygen therapy can help some veterans get out of the trap that PTSD and TBI snares them into.

Yes, we do have good treatments for them already, but we also have a fine line of a dead stop, a ceiling, if you will, when veterans really are not touched by other modalities. I have seen this make a life-changing difference in folks, in veterans who have TBI and PTSD, who no other modality has helped.

And I have submitted H.R. 1014 to ask that the VA really look at this issue as something that can be offered to our veterans on a large scale. It has been offered privately on veterans on a small scale.

You know, we are trying to help. We are really needing to do everything physically possible to help the brave men and women who have dedicated and sacrificed so much to save our country. They come back, in some instances, changed individuals, and it is not only our duty, but it is our obligation to do whatever we can to help these individuals get their lives back and help them lead productive lives. So, I would ask that you all look at that and hopefully support H.R. 1014.

Thank you, Mr. Chairman. My time is up. I will yield back.

Chairman TAKANO. Thank you, Mr. Murphy.

I now call on Representative Kaptur for 3 minutes. Representative Kaptur?

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

Ms. KAPTUR. Thank you very much, Mr. Chair.

And I think this is the first bicameral Zoom I have participated in. I love it. I am glad to work with our senators, as well.

And we want to thank Commander Whitehead so very much for your dedication and all of our service officers.

I have two interests. One is in veterans housing and the other one I will follow on what Congressman Murphy just talked about, and that is brain injury and the functioning of the human brain, in general, and the VA's research protocols.

First, on veterans housing, I am interested in your experience on that, particularly for the aging veteran and experience you only have around the country with how well or how poorly the VA is integrating the need for veterans housing as veterans age, with the HUD program for VASH, as well as their 202 program, Shelter Plus Care.

Number two, in terms of research on the brain, when I was first elected to Congress, I was absolutely astounded that the nearly billion dollars a year that the VA spends on research involved very few protocols that involve the human brain. I am wondering if this is something you follow as we deal with blast injuries, PTSD, behavioral health onset during service, and what more we could do working with you to increase those research protocols to study the human brain and its function.

I know that Congresswoman Napolitano from California and I are heavily involved in understanding the human brain on some of the subcommittees that we work on and I know that General Bergman is on the screen here and I know he has a deep interest in this. I think we could really make a difference for the country working together.

Thank you very much, and I will wait for your replies.

Mr. WHITEHEAD. Congresswoman, thank you for those questions.

And, Joy, if you could elaborate on those two questions, I would really appreciate it. Joy?

Ms. ILEM. Very good questions, especially with regarding the brain injuries and the lifetime impact on veterans. One thing I think is interesting, we just saw VA was really looking to increase outreach regarding its brain bank. I am not sure if you are familiar, but, you know, that is some of the cutting-edge, critical research that VA is doing and why we support so much VA's research program. It is such a part of VA care to these unique injuries that occur to veterans who have served. So, that is one critical issue and we do follow that research and we do look at all aspects, you know, access to the types of treatment that are available, compensation issues, but really that lifetime impact and how it impacts that veteran and what programs and services are necessary to really meet them at every step along their recovery process.

Just very shortly on the HUD-VASH Program for homeless veterans, without question, VA has a homeless program second to none. They coordinate with HUD-VASH, making sure Housing First for veterans who are homeless and that is a critical piece of it.

We always bring up the issue of making sure that women veterans also have access to these programs. Sometimes housing issues, there needs to be some sort of separation or access for the community for them because they may have their children with them. So, we always want to make sure that our veteran doesn't miss out on a really important program that VA offers just because they have the responsibility of caring for their children, as well, and we have to coordinate with the community on that.

But two excellent programs that VA is outstanding and out front on.

Chairman TAKANO. Thank you for the response, Ms. Ilem.

Thank you, Ms. Kaptur, for your interest in housing and in brain research.

I just want to urge all members that we might want to take a bipartisan look at the research that is being done in Boston. That is where the collection of brains, this very large collection of brains, and it would be well for all of our committee members to understand the extent to which the VA invests in research.

I now call on Representative Mann for 3 minutes. Representative Mann, are you present?

If not, I will call on Representative Miller-Meeks for 3 minutes. Representative Miller-Meeks? Dr. Meeks?

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

Mrs. MILLER-MEEKS. Thank you so much Chair Takano. I appreciate this.

Thank you also to Commander Whitehead. As a fellow veteran, I appreciate all that our veterans service organizations do and also I continue to be a commission member of my county's Veterans Affairs Commission. So, thank you very much for all you do.

Our county commission was very happy when the Blue Waters Act went through, and I think you made some reference to this earlier, but my question or comments are in reference to the tremendous sacrifice all of our veterans have made in putting themselves at risk, especially in times of war, but also how that carries over into peacetime.

And we have mentioned toxic substances, burn pits, the legislation that we are hoping to get passed on a bipartisan fashion this year, and so my question is utilizing the information we have from the National Academies of Sciences and other research organizations into environmental effects, such as the burn pits, Agent Orange, you know, should we establish a commission that would identify and be forward-thinking in identifying toxic substances, pesticides, other things that exposure now or in the future could have adverse both, physical and mental health adverse events upon our veterans and they serve, so that we do this in a proactive fashion, rather than in a retroactive fashion.

As all of us know, to get legislation to get passed to address these issues and be classified as a disability is an extraordinarily cumbersome process, so something that is looking more forward-thinking to address these issues, I think might be helpful for our veterans.

And with that, I will yield my time.

Mr. WHITEHEAD. Congresswoman, thank you for such a good question.

You know, it is very important that we look forward and you are exactly right that we have to start looking in the future. We can't have our veterans who are currently serving or, you know, will be serving in the future, having to wait as long as we have in the past for the Vietnam-era veterans and stuff like that.

But if my service director, Jim, could maybe elaborate a little bit more on the toxic exposure stuff. Jim?

Mr. MARSZALEK. Yes. Thanks, Commander.

As I spoke earlier, I think we are in this situation because we don't have a great framework to establish presumptive conditions and that is really what we need to concentrate on here. You know, the hypertension, the three new presumptives that were added where VA has taken no action on yet. It is just another perfect example of how we have to do better in improving the data collection, like you had mentioned, forward-thinking.

Establish a concession of exposure. That is why we are trying to get legislation passed that will concede that exposure so down the line, if they do develop a chronic illness as a result of that exposure, then it is that much easier to secure a medical opinion and have a claim process so they can get the benefits they have earned based upon those exposures.

So, we have a lot of work to do, but we are certainly willing and want to work with you and your staff to make sure that that happens this year.

Chairman TAKANO. Mrs. Miller-Meeks, I know your time is up.

Now we move to Senator Hassan. Senator Hassan, you are recognized for 3 minutes.

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

Senator HASSAN. Well, thank you very much, Mr. Chair.

And I want to thank all the chairs and ranking members here today.

And thank you to our witnesses for being here with us virtually today. I am deeply appreciative of your organizations' service and advocacy on behalf of Granite State veterans and veterans all across the country.

So, to Mr. Whitehead, in your written testimony, you stated that 14 of the 20 veterans who die by suicide each day have not used VA healthcare services. In response to these numbers, the VA has established several programs to conduct outreach to transitioning veterans, including the Solid Start program, which aims to contact veterans 3 times during the first year out of transition of military service.

Along with Senators Cramer and Cassidy, last Congress, I introduced the Solid Start Act. To strengthen and codify this important program, I will be reintroducing it shortly with some additional provisions.

What else can the VA do to help veterans, especially newly separated veterans connect to VA health services and how can DAV and other veteran service organizations support these efforts?

Mr. WHITEHEAD. Senator, excellent question.

Because as I stated earlier in my testimonial, any suicide is too many. One is too many. And we have to get out in front of this and the VA has to take part in that. And I do appreciate them trying to get in contact with our servicemembers as they are transitioning from DOD to now veterans and into the private sector.

But, Joy, if you could elaborate a little bit more on that, I would greatly appreciate that.

Ms. ILEM. Sure. Just briefly, I would say that the Solid Start program, we are happy to see that going to be reintroduced. It is a very important program. Having that connection right out of military service, whether it is through, you know, VA's outreach efforts, the veteran service organizations, like DAV, the programs where we are right there making sure that veterans understand about the benefits and services that are available to them when they get out, connecting them with employment opportunities.

I think two things that would be, you know, the peer-to-peer programs that VA has started are essential because veterans really connect with other veterans well, and it is important that nobody gets lost and outside the system by themselves in trying to figure things out. That they have a support system around them.

And also, I think VA's public health model, we are really going to see this year, based on the legislation that was passed last year, two major public health models, suicide prevention, lots of provisions in there, and to see how those work with the connection with the community providers to see veterans that haven't yet connected with the VA. So, both of those are going to be critical.

And we have a number of programs in DAV through our charitable service trust; one in Arkansas that we provided a significant grant to what they are doing suicide prevention on a really local level. So, those programs have to be explored, as well.

Senator HASSAN. Thank you very much.

Thank you, Mr. Chair.

Chairman TAKANO. Thank you, Senator Hassan.

I now call on Representative Underwood for 3 minutes. Representative Underwood?

**HON. LAUREN UNDERWOOD,
U.S. REPRESENTATIVE FROM ILLINOIS**

Ms. UNDERWOOD. Well, thank you.

I would like to thank the witnesses for being here with us. I am so delighted to be returning back to the Veterans Affairs Committee for another round of these conversations with our VSO groups. The work that you do around our communities has been extraordinary and I personally am so grateful that you have come once again to offer some recommendations to our committee.

I look forward to working with you on issues related to suicide prevention and improving the quality of care extended to our women veterans, and I would invite you to offer any specific remarks that you would have on either area if anybody had anything that they would like to offer.

Mr. WHITEHEAD. Thank you for that question.

Joy, would you like to add anything to that?

Ms. ILEM. Sure. Maybe just connecting both of those issues on women veterans and suicide prevention, as well. We want to make

sure that our women veterans have the services that they need. Often times they have to get that care in the community and we think it is essential as more access to community care is available to women veterans and veterans in general, we need to make sure that the providers in that community care network are meeting the same standards, quality standards as are required by VA, whether that is in mental health or just in their primary care. That they understand military culture and they also understand conditions that are common among veterans; for example, military sexual trauma or PTSD, other things that really may come up during their visit. They may need to have trauma-informed care or, you know, if the veteran notes that they are homeless or about to be homeless, we want to have them connect back with VA and those supportive services VA offers. So, I think that would be an important point, that care coordination piece.

Ms. UNDERWOOD. Well, thank you for those comments.

I certainly agree that care coordination is key and I hope that as we continue to make it more robust, particularly, for example, in an area that I work a lot in, maternal health, that we will be able to end the disparities that we see, not only in our country, but within the veteran population. And I do hope that this committee will fully consider our Protecting Moms Who Served Act.

Thank you all again for appearing before us today.

Thank you to the chairman for the time, and I yield back.

Chairman TAKANO. Thank you, Ms. Underwood.

I now call upon Representative Cawthorn for 3 minutes.

Representative Cawthorn?

Mr. Cawthorn doesn't look to be present currently.

Let's then go to Mr. Nehls. Mr. Nehls, you are recognized for 3 minutes.

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

Mr. NEHLS. Thank you, Chairman.

And Commander Whitehead, thank you for what you do and everyone else, honestly, for what we do for American veterans.

I spent 22 years in the Reserve and retired in 2009, but my question more is geared toward the veterans that have or are experiencing difficult times since they leave service. Many of them are, obviously, with our economy the way it is, not being able to find decent employment. Those that are having a difficult time readjusting back into civilian life, having difficult times with their families, whether it is their spouse or their children because they have PTSD. There is a plethora of issues that our veterans are facing, even with the COVID.

So, I am more talking about those veterans that end up in our criminal justice system, and my question would be, do you feel, Mr. Whitehead, that our Nation, our criminal justice system, the individual States are addressing our veterans' needs, those that find themselves on the wrong side of the law?

I know we have veterans courts in some States, but what are we doing to try to help those veterans that are being held in our county jails for crimes and different things, non-violent crimes, as it re-

lates to just them trying to find a way to get readjusted back into the civilian world.

Mr. WHITEHEAD. Thank you for such an important topic, because you are right, the transition from service to coming into the community and, you know, this criminal justice is part of that, as well, making sure that all of our veterans get, you know, their due process here.

Joy, can you elaborate a little bit more on what he is talking about.

Ms. ILEM. Yes, the treatment courts have been very successful and DAV has been very supportive of them, especially since we know that many veterans who end up, if they have the fortune to be in a State that does have that availability, it often comes to light that they really needed treatment, that they had an undiagnosed traumatic brain injury or they had undiagnosed PTSD, or they weren't getting treatment for a condition that really impacted their judgment and ended them up having a legal issue.

So, that is critical, and, again, this is where our veteran service organizations really come to play to try to guide those veterans that we see, that we try to help every day if there is a problem, you know, to really reach out to them to make that transition, to take advantage of all the programs and services that the VA has. We have expertise like no one else on these transition issues and that is what they are there for, but sometimes they get lost out there without that support. So, we try to make sure that we do that, to continue that and to pass that information on to others that really need the care.

Mr. NEHLS. Thank you, Joy, for the information. I say that because I have been a sheriff for 8 years and we have many people in our jail, veterans, and they just seem to get lost and there is no one out there advocating for them. So, as long as there are VSOs trying to help those and make sure that they get some good legal representation, because they need to truly understand the issues that they are dealing with to help them be successful members in our society. So, thank you for your work.

Chairman TAKANO. Thank you, Representative.

I now recognize Representative Cawthorn for 3 minutes.

Representative?

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

Mr. CAWTHORN. Chairman Takano, thank you very much.

And to all of our witnesses, thank you for bringing your expert opinions to light here. It really does shed a lot of light on questions that I personally had. Thank you for all the questions that have come before mine.

But Mr. Whitehead, I wanted to ask, you know, our committees are considering legislation that will provide eligible veterans with up to one year of G.I. Bill-style benefits to help the unemployed veterans in our country retrain in another specialty and help those that are unemployed find gainful employment in the post COVID-19 economy.

Could you please elaborate how this rapid retraining program could help unemployed veterans get back on their feet.

Mr. WHITEHEAD. Representative, that is an excellent question. You know, the planning piece is very important and the G.I. Bill is very important to every one of us.

Jim, if you could elaborate a little bit more on that, I would appreciate it.

Jim?

Mr. MARSZALEK. Yes, thank you, Commander.

Obviously, we strongly support that. We think it is critical for veterans to be able to get back into the workforce in a quick manner. We have seen it firsthand during the pandemic. The DAV stood up a relief program where we were able to provide over \$2 million in relief to veterans who have either lost employment or lost a significant amount of income due to the pandemic. So, we know that there are plenty of veterans out there affected by this. So, anything we can do to get them back in the workforce, in a competitive workforce, we would support.

Mr. CAWTHORN. Thank you very much for your answer. That really does mean a lot, and I yield back.

Chairman TAKANO. Representative Cawthorn yields back.

I just want to ask if there is any other representatives or senators present that would like to have a chance to speak or ask the DAV any questions; if not, I will move to the second panel.

Mrs. LURIA. Chairman Takano, this is Representative Luria. I would love the opportunity to ask a question.

Chairman TAKANO. Okay. Representative Luria, you are recognized for 3 minutes.

**HON. ELAINE LURIA,
U.S. REPRESENTATIVE FROM VIRGINIA**

Mrs. LURIA. Thank you, Chairman Takano.

And I want to thank our witnesses for joining us today.

As the chair of the Disability Assistance and Memorial Affairs Subcommittee, our subcommittee plans to focus our efforts this Congress on some of the toxic exposure issues that have not been fully addressed and that includes burn pits for veterans who served in Southwest Asia, Iraq, Afghanistan, and other toxic exposure issues.

I wonder if you could just comment on the importance of this to your members and if there are any specific areas within toxic exposures that you think have been overlooked in previous Congresses that we should focus our efforts on, as well.

Mr. WHITEHEAD. Congresswoman, thank you. That is such an important topic.

Jim, if you could elaborate a little bit more on the toxic [inaudible] I would greatly appreciate it.

Mr. MARSZALEK. Thank you, Commander.

And a great question. As I mentioned before, DAV is concerned and always concerned when veterans are exposed to toxins or environmental hazards during their military service. VA needs to be equipped to provide healthcare and service-connected benefits for those exposures.

I talked a little bit about establishing a presumptive framework. I think that is very important. But also, I think Congress could enact some legislation to extend the 5-year period to VA healthcare

for veterans who had exposure to burn pits. I think it is very important that they are able to get the healthcare right away. That is just one of the most important pieces of it and then establish the tying in with benefits, as well.

You know, the concession of burn pit exposure, it wouldn't establish presumptive service-connection, but it would remove the requirement for veterans having to prove their individual exposures. And I think that is something we learned with Agent Orange and the exposure to Agent Orange; they needed to step foot on ground. That was a significant piece that you had to prove early on in the claims process. So, I think if we address that now, that is certainly a right step in the right direction.

Mrs. LURIA. Great. Well, thank you for the feedback on that issue.

And, you know, another issue that it is very difficult for veterans to claim is those people who have unfortunately been victims of military sexual trauma during their service. And I know we hear a lot from veterans and veterans advocates that there are a lot of ways to improve these process and make it better for people trying to seek help with those types of claims.

I wonder if you could comment, you know, from your membership if there is anything that you have heard on that topic that would be helpful for us in helping veterans.

Mr. MARSZALEK. Yes. Thank you.

It is a very sensitive topic and, you know, the more outreach we can do in encouraging these veterans to come forward who experienced something that traumatic, we want to make sure that they are getting the healthcare and any benefits that they are eligible for, and we want to do that in the best way possible for them. So, we have got to make it an easy process for them to be able to come forward where they are comfortable doing so, as well.

So, anything we can do there, and, again, I think it is more about the outreach piece, letting them know that we are here to help. There are folks that can help you. We want to talk to you. We want to help you in any way we can.

Mrs. LURIA. Well, thank you, and thank you for those helpful suggestions. And, again, thank you for the work that you do every day on behalf of our veterans.

And I yield back—

Senator BLACKBURN. Yes.

Mrs. LURIA. Oh, I am sorry.

Joy, did you want to add something, as well? Please go ahead.

Senator BLACKBURN. Mr. Chairman, it is Senator Blackburn. I would like to get a question in, if I may.

Chairman TAKANO. Senator Blackburn, I have you on my list, but Senator Boozman is ahead of you in seniority, so I am going to call on him.

If there is no other response to Ms. Luria—she did have a little bit of time left—I will move on.

Thank you, Ms. Luria. Thank you, Representative Luria for your questions. Thank you for your work on toxic exposure as chair of the DAMA Subcommittee.

I now call on Senator Boozman for 3 minutes. Senator?

Senator BOOZMAN. I appreciate that and I really enjoyed the discussion—

Chairman TAKANO. I just want to make sure that the sound is okay. It sounds low to me. Can we make sure our technicians—can we fix the sound on Senator Boozman.

Senator BOOZMAN. Can you hear me okay now?

Chairman TAKANO. It still is faint. It is still low.

Senator BOOZMAN. I will try to speak really loud.

Is that better?

Chairman TAKANO. It is a little better. I guess we will proceed. Go ahead, sir.

Senator BOOZMAN. Why don't you go ahead to Senator Blackburn then.

Chairman TAKANO. Okay. And we will come back.

Senator BOOZMAN. Yes, sure.

Chairman TAKANO. Senator Blackburn, while we are figuring out what is going on with Senator Boozman's sound, why don't you go ahead and ask your questions.

**HON. MARSHA BLACKBURN,
U.S. SENATOR FROM TENNESSEE**

Senator BLACKBURN. Yes. I wanted to follow-up on the toxic exposure issue. I had a question about the K2 veterans and legislation that I had had that we were able to get through parts of it last year and then President Trump issued an executive order handling much of what we needed around the K2 veterans.

This really affects some of the Fifth Group out of Fort Campbell, the 160th, and people that are constituents of our in Tennessee. So, I would like for you to comment on the K2 veterans and what you are hearing from them as it relates to hazards, the chemical hazards, the exposure, the risk that this has to their health.

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

And, Jim, if you could elaborate a little bit more on the K2, that would be great.

Jim?

Mr. MARSZALEK. Thanks, Commander.

DAV fully supports K2 Veterans Care Act as it will provide healthcare eligibility and establish a framework for presumptive diseases and, obviously, could lead to benefits for these veterans.

As you mentioned, there are a lot of veterans, there is up to 15,000 servicemembers that were deployed to the K2 air base, so it is very important that we get it right now to ensure that they are taken care of. I haven't spoken to any one of our members who have been personally exposed on that base, but we know, again, 15,000 veterans were, so it is important that we do whatever we can to ensure that they are taken care of if they develop any illnesses associated with those exposures.

Senator BLACKBURN. Okay. Thank you.

Chairman TAKANO. Okay. You still have time left.

Senator, if there are no other questions, I will move on to Senator Boozman and see if we have Senator Boozman's sound fixed.

Senator, you are recognized.

Senator BOOZMAN. Can you hear me now?

Chairman TAKANO. Yes, a lot better, Senator. Go ahead.

Senator BOOZMAN. Oh, good. Very good. Technological difficulties.

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

Again, in the interests of time, I have really enjoyed the discussion and want to thank you all so much. I want to give a big shout-out to the group in Arkansas that does such a great job of keeping me informed and I think all of us, holding our feet to the fire.

We have really accomplished a lot in the last several years, but we simply wouldn't have done that without the leadership of you all, I mean, the leaders of your organization, but also the grassroots in places like Arkansas that really step forward and helped us understand what the needs are, and the good news is, in a very bipartisan way.

I am so proud of my Senate colleagues and also having served in the House and being on Veterans Affairs there, again, just working in a way that we have really gotten a lot done. We have got a lot left to do.

My dad did 23 years in the Air Force and I am have proud of his service. I understand these are family affairs. And the other thing that is so important is that these are not give-me; these are earned benefits. And, again, just to a big thank you to you and your membership. We simply would not be able to get the things done that we get done without your leadership. So, give yourselves a pat on the back.

And as always, a big thanks to the auxiliary. We know who does all the work, so we really do appreciate them and all that they represent.

Thank you, Mr. Chairman.

Chairman TAKANO. Thank you, Senator Boozman.

I understand that Representative Mann is with us by telephone, has no video, but would like to ask questions. Since this is not an official hearing, we can, the part of our normal requirement that the video be turned on, so Representative Mann, go ahead for your questions. Representative Mann, are you able to unmute yourself?

Let's see if the staff can.

[Pause.]

Chairman TAKANO. We will stand by for just a little longer for Representative Mann.

[Pause.]

Mr. MANN. Chairman Takano, can you hear me now? Chairman Takano?

Chairman TAKANO. I can hear you, Representative Mann.

Are you ready to go?

Mr. MANN. I am. Yes, can you hear me okay? Sorry, sir.

Chairman TAKANO. I can.

**HON. TRACEY MANN,
U.S. REPRESENTATIVE FROM KANSAS**

Mr. MANN. Well, thank you for letting me on.

Thank you for being here to testify today. Really, my question, I know that Senator Tuberville touched on this, as well, but for me it is an honor to serve on the House Veterans' Affairs Committee. I also tell people back home this should really be called the heroes

committee, and I am glad to be here advocating for our men and women who have worn the uniform.

Our servicemembers as they transition to civilian life often bring to the workforce, unique skill sets and a veteran's perspective. I guess my question, is how can Congress improve the Transition Assistance Program to better service disabled servicemembers in their transition to civilian life?

I know I said Senator Tuberville also mentioned the transition, but specifically on the Transition Assistance Program, what are the things that we could be doing to help our brave men and women when they return home to enter the workforce and have a good career thereafter?

Mr. WHITEHEAD. Thank you for such a great question, because that transition is critical. You know, getting in front of them right away is the most important thing so they actually can have the vet soldier, now veteran, now has an idea of what they want to do.

But, Jim, if you could elaborate a little bit more on some of the areas that we could get after that group, that would be great. Jim?

Mr. MARSZALEK. Thank you, Commander.

We certainly agree that it is a significant process when you transition out of the military and that finding employment after is so critical. The DAV was able to still interview with the pandemic, 21,000 departing servicemembers last year and assist them with the initial claims process.

I think being able to continue to outreach to these individuals, letting them know that, yes, there are benefits, there are services available to you, to help you with this transition is significant.

I also think that making sure that servicemembers are required to go through these out-processing briefings, we called them "tap classes" as I was getting out of the military, and it was very beneficial to me, teaching you how to write a resume, where you can look for government jobs. All of these resources need to be available, and it has to be done in a consistent manner, as well, regardless of where you are transitioning from.

You know, we hear that there are differences all over the place and it can't be like that; it has to be consistent everywhere and we have to provide those services. Even after you are discharged, you still want to have those services available to departing servicemembers.

I think a big piece including spouses of servicemembers is important, as well. It is a team effort, obviously, so we want to make sure that everybody is participating and taking advantage of those opportunities.

Mr. MANN. How many—you said it would be good if all of them participated—rough, ballpark, do the majority participate in something like that or is there only a handful? Do we have any data on that?

Mr. MARSZALEK. I don't offhand. I know it is the majority. I mean, we would be happy to research that a little bit and follow-up with you and your staff.

Mr. MANN. Okay. We can reach out.

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

Chairman TAKANO. Thank you, Representative Mann.

That completes the questioning of this panel.

I would like to thank Commander Whitehead and the other witnesses from Disabled American Veterans. We appreciate hearing from you today and look forward to working together with you during this Congress. You are now excused.

We will move immediately into the second panel. I now call up our second panel.

And we have with us today on our second panel, Dr. Thomas A. Zampieri, National President of the Blinded Veterans Association, BVA; Mr. John Hilgert, President of the National Association of State Directors of Veterans Affairs; Mr. Cory Titus, Director, Government Relations for Veterans Benefits, of the Military Officers Association of America, otherwise known as MOAA; Mr. Jared Lyon, National President and CEO of Student Veterans of America, SVA; Ms. Lindsay Church, Executive Director, Co-founder of Minority Veterans of America; and Ms. Kathryn Monet, Chief Executive Officer, National Coalition for Homeless Veterans or NCHV.

I now call on Dr. Zampieri for your testimony. You are recognized for 5 minutes to present your opening statement.

PANEL II

STATEMENT OF THOMAS A. ZAMPIERI, PH.D., NATIONAL PRESIDENT, BLINDED VETERANS ASSOCIATION (BVA)

Mr. ZAMPIERI. Thank you to Chairman Takano and all the members of the committee for inviting the Blinded Veterans Association to testify before you today.

I will quickly run through some of the major issues that the BVA has a lot of details in, in our testimony, and hopefully you and the members and staff will go through those closely.

We request, along with the BVA, for catastrophically disabled service-connected veterans, that the auto grant be renewable every 10 years. We also ask that you continue your support for women veterans and we endorse the section of the VSO Independent Budget section that addresses some of those issues.

We are concerned about, of course, as the DAV touched on, the caregiver delays and the implementation of the Caregiver Program for our older veterans, especially who suffer from not only their service-connected disabilities, but aging-related disabilities. It makes it even harder for the caregivers to have to wait longer for that.

We do ask that you consider working closely with the BVA, our government-relations staff area that has grown increasingly a concern to us, and that is with guide dogs and service dogs on VA properties. There have been increasing incidences of assault by other types of dogs where guide dogs and blind veterans have actually been physically assaulted by some types of other therapy dogs, and we would like, we have 76 years of experience in working with guide dogs and service dogs and we would respectfully request that before the committee takes action on any specific bills in regards to how the VA should be addressing these issues, that you include us.

We also are concerned about staffing and funding within the blind rehabilitation services. With the COVID shutdown, the blind centers went virtual and as other medical services have had to make that dramatic shift, what we have been concerned about is they are not replacing staff, though, existing staff in those blind rehab centers and we would point to Public Law 114–223, which has a requirement for staffing for special rehabilitative programs, not just blind, but spinal cord, also, and the funding for those programs.

For those of you who serve on both, the VA and the DOD world, Armed Services, I have got 3 issues that really would like your attention. One is maybe under the radar screen sort of, but we were excited last September 29, the Assistant Secretary Defense for Health Affairs and the Surgeon General of the U.K. established a formal agreement to have an international joint ocular trauma task group. And they have formed it with a couple of chairmen who are ophthalmologists, highly experienced combat ophthalmologists and there are as many as 15 other representatives on this task group. And lo and behold, now the problem is they have no money. You can imagine.

So, just to let you know how much interest there is, the surgeon general of the U.K. personally told me that there is at least six other countries that want to engage with this because eye injuries are such a significant portion of all casualties. So, Israel, Germany, Canada, Australia, just to name a few. But how do you have an international trauma task group with no funding and no administrative support?

So, that probably would only take about a phone call from one of you listening to this today. And if someone says so much other task groups have had a million dollars in funding, that is not a really huge dent over there at the Assistant Secretary of Defense's Office, I don't think.

The NDAA of 2017, along with that, mandated that they designate four specialty centers for things such as TBI, limb injuries, burns, et cetera. When Congress put the language into the NDAA in 2017, here we are in 2021 and DHA has failed to designate four ocular trauma centers of excellence. Those are critical because as any of you have been involved in the polytrauma centers, if you don't have the full complement of the specialists in eye trauma, corneal specialists, retinal specialist, neuroophthalmologists, you can't treat these patients if they get sent to a smaller MTF. So, that is an oversight issue.

The congressionally directed medical research program includes the vision research program. It is the only source in the United States of funding for ocular trauma research. We are asking BVA and other VSOs who have supported this in the past, \$30 million for the VRP program. I actually sit on the VRP programmatic peer-review committee, and we have 81 full grant applications this year. With the \$20 million that we currently have, we will be lucky if we can fund 14 or 15 of those. The VA doesn't fund ocular trauma research.

Why should they? They do rehabilitation of eye injuries.

DOD, much to our frustration, has just eliminated and consolidated a lot of their deployment medical research programs into a

lot of abbreviations. But now there is no core, internal DOD eye trauma funding.

Chairman TAKANO. Mr. Zampieri, I am going to have to ask you to kind of conclude. We have a panel to get through.

Mr. ZAMPIERI. Yep. Thank you very much for inviting me to testify today. I would be glad to answer any of your questions.

[The prepared statement of Mr. Zampieri appears on page 101 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Zampieri. I appreciate your testimony. You would be happy to know that we have an ophthalmologist who actually is on our committee, Dr. Miller-Meeks of Iowa.

Mr. Hilgert, I now recognize you for 5 minutes to present your opening statement.

I'm sorry, Mr. Hilgert. Your sound is not working. Let's give our sound technicians a chance to get your sound to turn on. Maybe you can make sure you are turned off of mute. Can you try again.

Mr. Hilgert? Still no sound.

[Pause.]

Chairman TAKANO. Still no sound.

Okay. We might have to move on to the next witness and then come back to you, Mr. Hilgert.

Let's see if Mr. Titus, if your sound is working.

Mr. Titus?

Mr. TITUS. Yes, Chairman. Thank you.

Chairman TAKANO. Go ahead for 5 minutes, sir.

Mr. TITUS. Thank you.

**STATEMENT OF CORY TITUS, DIRECTOR,
GOVERNMENT RELATIONS FOR VETERANS' BENEFITS,
MILITARY OFFICERS ASSOCIATION OF AMERICA (MOAA)**

Mr. TITUS. Thank you Chairman Tester and Chairman Takano, Ranking Member Moran and Bost and committee members. Thank you for the opportunity to share MOAA's legislative priorities for our veterans.

Just over 3 years ago, I took off my Army uniform and started my journey as a civilian. I received my first service-connected disability payment within a couple of months of separation. I went back to school using any Post-9/11 G.I. Bill benefits and I used the VA for my healthcare, both at the D.C. Medical Center and in the community. My experience thus far has been the VA at its best; however, not all have enjoyed the same care as I.

Most members, soldiers I served with, and even members of my family haven't had the same experience. We need to keep ongoing and create equity for all veterans to enjoy the same quality experience and access to benefits and care, regardless of their gender, race, location, or generation of service. That goal of continuing to build on past progress is the intent behind MOAA's top legislative priorities for veterans. Four of our high-interest items include implementing COVID lessons learned, overseeing the implementation of suicide prevention and behavioral health legislation, supporting women and minority veterans, and enacting comprehensive toxic exposure reform.

With the third vaccine now approved for emergency use, optimism continues to grow as an end to the pandemic seems near. VA quickly moved to expand the VA workforce to meet the health crisis, one of many positive steps; however, vulnerabilities were also exposed like in State veterans homes and community living centers.

MOAA recommends VA examine every aspect of the COVID-19 response center [inaudible]. VA must conduct a thorough examination along a wide variety of demographics and apply lessons learned so it can improve support to veterans. The 116th Congress passed many landmark bills to address mental health needs and prevent suicide. Congress' oversight is essential as VA implements these in an effective manner.

The pandemic has only made it more challenging for veterans to engage with VHA. Much has been done to mitigate the risk of spreading the virus like expanding telehealth and tele-mental health services, but more is needed to stem the tide and mitigate the rising rates of mental health diagnoses and suicides. MOAA recommends stringent oversight of veteran suicide prevention and behavioral health programs and ensuring full implementation of the bill as Congress intended.

Women transitioning out of uniform face multiple challenges because of their experience and service. While VA has implemented a comprehensive, primary care model for women, there remains several barriers to getting the care and services they need. Additionally, according to GAO, the VA has taken steps to reduce the disparities in health outcomes linked to race and ethnicity, but lacks the mechanisms to measure progress and ensure accountability. MOAA recommends eliminating health disparities for women and minority veterans to ensure timely access to compassionate, quality care.

A few weeks ago Major Richard Star lost his fight with metastatic lung cancer. Major Star spent his final days fighting the injustice of concurrent receipt and I ask each of you to support his namesake bill, but I also raise this story to remind us that the challenges facing veterans are not isolated or singular in nature.

Our military [inaudible] as a factor in his death. Health issues compounded the veterans benefits issues and vice-versa. It is time to take a holistic approach in supporting challenges veterans face like toxic exposures. MOAA recommends passing comprehensive toxic exposure reform that helps veterans by enacting Senator Sullivan and Manchin's bill conceding exposure, expanding access to healthcare, and improving and [inaudible] the reporting requirements of presumptive conditions to ensure they are helping veterans the way they are intended.

I thank you for the opportunity to present MOAA's priorities. We look forward to working together with the committees to build on VA's progress to date and create equity for all veterans. Thank you, and I look forward to your questions.

[The prepared statement of Mr. Titus appears on page 118 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Titus.

Mr. Hilgert, let's see if your sound is working. Mr. Hilgert?

If not, Mr. Hilgert, let's move on to Mr. Lyon.

Mr. Lyon, do you want to present your opening statement.

Mr. LYON. Yes, Mr. Chairman.

Chairman TAKANO. Go ahead, you are recognized for 5 minutes, sir.

**STATEMENT OF JARED LYON,
NATIONAL PRESIDENT AND CEO,
STUDENT VETERANS OF AMERICA (SVA)**

Mr. LYON. Thank you, Chairman Takano, and Chairman Tester, Ranking Members Moran and Bost, Members of the Committee. Thank you for inviting Student Veterans of America to testify on our policy priorities for 2021.

With our mission focused on empowerment and inclusion, SVA is committed to providing an educational experience that goes beyond the classroom. Our goal is to inspire tomorrow's leaders.

Our policy priorities come from directed interactions with student veterans. Over the past decade, we have also dedicated significant resources to restructuring the efficacy and the impact of the Post-9/11 G.I. Bill. The purpose of our research has been to address a straightforward question. What is America getting for its multibillion dollar investment in education of veterans?

The bottom line is this, student veterans are among the most successful students in all of higher education. With appropriate resources, this research could be updated annually to better address student veteran success. Take, for example, the SVA chapter at Clemson University. Over the course of the pandemic, their chapter leadership that has worked closely with campus career service offices to promote the organizational, virtual career fair and professional development courses. Clemson University is home to our 2021 chapter of the year award and they continue to inspire others with their adaptability and commitment to their community.

While examples like Clemson are indeed special, they are not unique. Over this past year, student veterans nationwide have risen to the occasion as they always have. Andrew Ho is an Air Force veteran at the University of Nevada Las Vegas. He is a first generation college student and an SVA chapter president on his campus. Andrew was selected from among thousands of his peers as our 2021 student veteran of the year.

And there were so many others with similarly impressive stories of success, service, and leadership. Student veterans have experienced unique frustrations and concerns throughout this past year. Between the pandemic impacting the community of education and a national reckoning on racial justice sparked by the death of George Floyd, SVA chapter leaders have risen to the occasion to lead through these most challenging times ensuring inclusivity in all that we do, especially for our sisters and brothers in arms and for the black, indigenous people of color, LGBTQ communities; it will remain at the forefront of everything that we do.

As it relates to the pandemic, even with these generous flexibilities created by this Congress, liquid support from the VA, unlike their civilian counterparts, student veterans were nearly wholly dependent on schools accurately understanding the rapidly changing

VA guidance when making decisions for their entire student populations.

While not a whole fix, this is why one of our first legislative recommendations is to codify national emergency flexibilities for G.I. Bill students. This will allow schools and students to better plan for their future emergencies as they arise.

As for the majority of our recommendations, based on what student veterans have told us in recent years and months, we are committed to our priorities having a central theme, and that is the G.I. Bill is the front door to the Department of Veterans Affairs. Typically, using the G.I. Bill is one of the first interactions that a newly transitioned veteran will have with the VA and the universe of post-service benefits and programs. This means that a seamless G.I. Bill process is key to establishing trust and confidence in VA.

Much like the Veterans Health Administration's whole health concept for the right the entirety of a veteran, SVA advocates for a whole benefits approach for modernizing VA education services. This idea is a big one, but it begins with perfecting all the small steps in the process along the way.

With the overhaul of VBA's IT system now underway, VA can focus on continuing to improve customer service, expand communication, quickly respond to beneficiaries' questions, digitize eligibility certificates, reduce the lag between applying for benefits and receiving the first tuition and housing payments and so much more.

By truly embracing the G.I. Bill as the front door, we open up untold potential for VA to focus on making consistent, early outreach with accurate contact information to establish a lifelong connection with the VA. The effects of treating the G.I. Bill as the front door to the VA will be felt immediately.

At Student Veterans of America, we often say that veterans are the Ambassadors for military service; similarly, the quality of the VA service to student veterans is the Ambassador for all VA services. We look forward to focusing on this concept as we work with our partners at the VA and our veteran advocate counterparts during the 117th Congress and beyond.

Moving forward, the G.I. Bill as the front door to the VA mentality, we are hopeful that this Congress can focus on addressing some of the lingering basic needs of student veterans, for example, increasing access to childcare is a near universal conversation among SVA chapters. This should come as no surprise considering that more than 50 percent of student veterans have children.

We thank the chairmen, ranking members, and the committee members for your full time, attention, and devotion to the cause of veterans and higher education. As always, we welcome your feedback and questions.

Thank you so much for inviting Student Veterans of America to testify today.

[The prepared statement of Mr. Lyon appears on page 135 of the Appendix.]

Chairman TAKANO. Thank you, Mr. Lyon.
I now call upon, is Mr. Hilgert still here?
Mr. HILGERT. Yes, sir.

Chairman TAKANO. It sounds like your sound is working. We can hear you.

Go ahead. You are recognized for 5 minutes.

Mr. HILGERT. Thank you. You have a very generous staff. They are very helpful. Thank you.

**STATEMENT OF JOHN HILGERT, DIRECTOR,
NEBRASKA DEPARTMENT OF VETERANS' AFFAIRS,
PRESIDENT, NATIONAL ASSOCIATION OF STATE
DIRECTORS OF VETERANS AFFAIRS (NASDVA)**

Mr. HILGERT. Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, distinguished members of the committee, my name is John Hilgert. I am the president of the National Association of State Directors of Veterans Affairs and I serve as the director of the Nebraska Department of Veterans Affairs.

NASDVA is comprised of State directors from every State and every territory and if we would have been in person, I would have been joined by John Scocos, our executive director, and also Tom Palladino, the executive director of the Texas Veterans Commission and the incoming president of our association.

States and territories continue to increase their roles in the holistic service providers to veterans. We coordinate, connect, we convene teams to address veteran employment, education, economic empowerment, continued health, all health and wellness. Despite constrained State budgets and the challenges of COVID-19, States collectively contribute over \$10 billion each year to service our Nation's veterans and families.

NASDVA through its members, States, and territories, is the single organization, outside the Federal VA, that serves 19 million veterans; given that, we are tasked and held accountable by our respective Governors, our State boards, our commissions. We are well-positioned to deliver effective, and efficient, and veteran-focused services.

Regarding veterans' benefits and healthcare and services, we support the continued implementation and provisions of the VA MISSION Act, the NASDVA's priorities for the care of our veterans are consistent with those of the VA, especially in the area of behavioral health and suicide prevention. We supported all of the above strategy for healthcare delivery, which recognizes the diversity, the geography, and the demographic makeup of today's veterans.

Regarding State veterans homes, the State Veterans Homes Construction Grant Program is one of the most important partnerships we have with the VA. COVID-19 has focused national attention on our State veterans homes. In Nebraska, I am responsible for four State veterans homes. Given the number of State veterans homes, roughly 30 percent are not CMS certified. The VA may need to provide more support to State veterans homes when health measures are directed, but unfunded to non-CMS homes. The VA may also consider divining a maintenance charge that covers in a State veterans homes, relative to what specialty care the VA covers.

Arguably, both, the VA and State veterans homes have a role to provide mental health services. The challenge is delineating the

cost of care associated with geriatric psychiatry. To be direct, NASDVA would offer that the VA would allow mental health services to be deemed a specialty care service and not a basic service covered to be provided by the State veterans homes through their per diem allowance. This would allow the VA to provide desperately needed care, resources to our veterans and State veterans homes.

Additionally, the VA with congressional support can also consider changing the 70 percent service-connected disability provision for full State veterans home per diem from the—to a 50 percent service-connected disability. This would provide more important and immediate help for the care of our veterans in our State veterans homes.

Despite all of the challenges of COVID-19, NASDVA continues to support a commitment to the significant funding of the State Veterans Homes Construction Grant Program, roughly, to increase the founding at least \$500 million.

NASDVA is encouraged by the committee's oversight and the interest in examining and improving the VA's support of our State Veterans Homes. Please use NASDVA as a resource to validate lessons learned, to test ideas, and to identify potential legislative changes.

Here is an example. As the VA's Millennial electronic health record is deployed, use the State of Washington to test consistency for the seamless delivery of quality care with the new rollout.

Regarding veterans' benefits, given the claims backlog, the number of claims on a bill, NASDVA recommends serious consideration to make Federal funding available to State veterans departments to assist with outreach efforts on the ground. We recommend funding and focus for VA adjudication in these claims. But beyond funding, the VA should offer more virtual training to accredited service officers.

And finally, NASDVA would like to emphasize the important role of the National Personnel Records Center in providing vital records, which is frankly the lifeblood of the system regarding our benefits advocacy.

Regarding the VA funding, once released, NASDVA would welcome the opportunity to review the details of the president's fiscal year 2022 VA budget, and would respond favorably to an invitation to comment on said budget at a later date. Women veterans, they comprise 20 percent of our Armed Forces at this point and are growing. We would strongly encourage that the VBA make the women veterans coordinator a full-time role.

Distinguished members of the committee, with your continued support, we can ensure to serve the needs of our veterans and their families. Use the State directors in your respective States as resources. Reach out to us. We are here to partner, and we are here to support. We are a resource. Thank you very much for your time, and I would be more than happy to answer any questions.

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

Chairman TAKANO. Thank you, Mr. Hilgert. I now call on Ms. Church. Ms. Church, you are recognized for 5 minutes for your opening statement.

**STATEMENT OF LINDSAY CHURCH, EXECUTIVE DIRECTOR/
CO-FOUNDER, MINORITY VETERANS OF AMERICA (MVA)**

Ms. CHURCH. Chairman Takano and Tester, Ranking Members Bost and Moran, and distinguished members of the committee, my name is Lindsay Church, and I am honored to serve as the Executive Director and Co-founder of Minority Veterans of America, a non-profit dedicated to creating community belonging and advancing equity for minority veterans.

I served in the United States Navy as a Persian-Farsi linguist before being medically retired. I am the daughter of a woman veteran, the third generation of my family to serve, and one of the many queer veterans who served under Don't Ask, Don't Tell.

I want to begin by thanking you for prioritizing the needs of minority veterans on these panels, and for allowing us to contribute.

MVA began as a movement in 2017, because many in the community felt unsafe and unwelcome in traditional veteran spaces and in VA care. We were founded by myself and Dr. Katherine Pratt, a Korean-American woman veteran, who struggled with similar challenges in the veteran community. We bonded over a deep recognition that though we may not understand each other's experiences, we both understand what it felt like to hold marginalized identities as veterans, and to feel ostracized by the community solely because of these identities.

In three years, our community has grown to over 2,200 members across 48 states, 3 territories, and 3 countries. In our work, we proudly represent the unique needs of veterans of color, women, LGBTQ, and religious minorities. All together, our membership accounts for tens of thousands of years of military service.

I am here today to testify from my own personal experiences, but also, and more importantly, to advocate on behalf of the millions of minority veterans whose needs and perspectives have only just begun to be heard by your committees.

The priorities we submitted echo the experiences of many minority veterans who have been excluded from or underserved through existing frameworks, whether negligently or intentionally. In an era where our military is only growing increasingly more diverse, it is imperative that veteran services keep pace with these changes in order to better serve this generation of veterans and those who will soon join our ranks.

As we look to the future of veteran services, we urge the committees to consider a mindset shift, and to begin examining existing and potential systems and frameworks through a lens that centers and prioritizes the minority veteran. We have found where a system is designed to serve the most marginalized first, it will inately and more effectively serve those that experience more privilege.

Within our written testimony, we highlighted several key areas that we are internally prioritizing, and which we hope to work with your office to address. There are three key areas that I want to

highlight this morning during these remarks. The first, addressing economic disparities.

Minority veterans show up, not with singular identities, but with intersecting and overlapping characteristics, the weight of which impacts and compounds many of the factors that we're proactively seeking to address. It is critically important that we begin looking toward positively impacting economic disparities within the veteran community through an intersectional and trauma-informed lens, especially as we reexamine the provision of G.I. Bill interval pay and equitable access to capital.

The second point I would like to highlight is resolve—systemic injustices for minority veterans. The recent murder of Specialist Vanessa Guillen, and the continued incarceration of Corporal Thae Ohu, highlight the need for urgent action to address a culture that is failing to adequately support our community. We must initiate comprehensive reviews and structural reforms to address the continuum of harm felt by military sexual trauma survivors. Fight to repatriate deported veterans, codify the military—into law, and rename VA facilities named after confederate insurgents, eugenics movement leaders, and those believed to have been involved with Nazi sterilization efforts.

Finally, addressing the health care disparities and creating a more equitable VA. As I mentioned previously, the Nation's veteran population is only becoming more diverse by the generation. It is imperative that we design a 21st century VA that is inclusive of veterans and the many identities that we hold. We can begin to build this department by adopting a gender-inclusive motto, ending the ban on gender affirmation surgery and abortion-related counseling and services, and expanding IVF and surrogacy offerings to empower millions of minority veterans to begin family planning in the ways that makes sense for them.

We are at a moment in time where the VA and these committees have a real opportunity to regain the trust and confidence of minority veteran communities that have historically been excluded. We must take advantage of it, and we must begin looking toward development of programs and systems that were specifically designed to support our Nation's most vulnerable veteran populations.

I again thank you for the opportunity to testify today, and look forward to continuing to work with you and your offices. And I am happy to answer any questions that you might have.

[The prepared statement of Ms. Church appears on page 157 of the Appendix.]

Chairman TAKANO. Thank you, Ms. Church. I now call on Ms. Monet for her opening statement for 5 minutes.

**STATEMENT OF KATHRYN MONET,
CHIEF EXECUTIVE OFFICER,
NATIONAL COALITION FOR HOMELESS VETERANS (NCHV)**

Ms. MONET. Chairs Tester and Takano, Ranking Members Moran and Bost, and the distinguished members of the Committees on Veterans' Affairs, it is an honor to share NCHV's legislative priorities with you today. We thank you for your continued efforts to focus on the needs of this group of veterans. The assistance Con-

gress provided since the pandemic has started has allowed NCHV member organizations across the country to keep veterans safe from COVID by social distancing in shelters, ramping up rapid rehousing capacity, and focusing on individualized housing options in communities across the country.

While—data, we know veteran homelessness decreased by 50 percent between 2010 and 2019, largely due to increased investment, adherence to evidence-based solutions, and dedicated coordination at the national and local level. We need to double down on what we know works to end veteran homelessness, while simultaneously recalibrating the system to respond to the urgent economic crisis COVID has created, and inequities that certain veteran groups face.

Homelessness is complex. Thus a variety of tools from both inside and outside VA are required to respond to individual crises and needs. We have four priorities to put forth today.

Priority one is COVID crisis response. Homelessness can make veterans more vulnerable to COVID-19. The VA's reporting offers no clear way to determine how many reported patients are experiencing homelessness. Adding the status of its reporting on confirmed COVID cases and deaths, like DC, New York City, and other jurisdictions do, would improve risk assessments and the ability to create a comprehensive local response.

The VA must continue to address veteran homelessness within the greater scale of the COVID-19 response, including by creation of a national standard, prioritizing testing and vaccination for veterans who are unsheltered or living in more congregate settings, and all who resides there with them. We ask Congress to direct VA to utilize its humanitarian care authority during the duration of the pandemic to provide easily accessible COVID-related health and preventive care to all veterans experiencing homelessness, regardless of discharge status or time in service. Access to both has varied widely across the country.

Our priority two is COVID recovery. NCHV supports funding increases for key programs that address veteran homelessness, and an increase in the daily—and per diem rate. As our country moves out of a crisis response phase and into a COVID recovery phase, we also need to focus on meeting the imminent needs of veterans and the creation of substantially more affordable and supportive housing.

Nearly 15 million Americans have accrued over \$50 billion in missed rental payments during the course of this pandemic. Veterans are among them and need to be connected to emergency rental assistance and other benefits for stability. We appreciate the inclusion of homeless veterans in the Senate substitute amendment American Rescue Plan, and we know that economic recovery will take time. Employment and training opportunities will be critical to ensure that people can get back on their feet, and DOL's HVRP program is a key resource for veterans who are homeless or at risk.

We ask Congress to prioritize its expansion through 2023 as a part of any recovery package. My written testimony has detailed recommendations for \$1.6 billion in emergency appropriation to support veterans experiencing and at-risk of homelessness. Notably, this funding would allow Federal partners to continue or ex-

tend essential services, such as social distancing in congregate facilities, renovations to create safety, expansion of—subsidy program, and subbing for VA case managers for unutilized HUD—vouchers.

Some communities are purchasing hotels and motels for conversion to supportive housing, and capital dollars paired with project based vouchers could increase availability of affordable housing rapidly. Our priority is to raise equity. Programs to serve unhoused veterans must focus on racial and other types of equities to ensure we're not leaving anyone behind. Black veterans are vastly over represented in the homeless population. Native Hawaiian and Pacific Islander veterans are most likely to become homeless. Transgender veterans are three times more likely to experience homelessness than non-transgender. And women veterans are among the fastest growing groups within this population.

VA needs to look at ways to foster equitable treatment of veterans who utilize homeless services. They need to work to unearth inequities in homeless adjacent systems, address the root causes, and most importantly, they need to create a space where all veterans feel comfortable accessing care.

Our fourth priority is housing affordability, which affects both veterans and civilians alike. It is beyond time for housing to be considered a right in this country. The average rental price, according to HUD, has increased by 66 percent between 2010 and 2020, yet the Federal minimum wage has remained unadjusted since 2009. A livable wage offers the dignity of being able to afford the minimum basic needed to survive. And in 2019, over 660,000 veterans were paying more than 50 percent of their income in rent. You can make meaningful progress toward ending homelessness for all by increasing the minimum wage or making—subsidies for all who need them.

Thank you for the opportunity to speak with you today. It's a privilege to work with all of you and your staff members on ending veteran homelessness.

[The prepared statement of Ms. Monet appears on page 189 of the Appendix.]

Chairman TAKANO. Thank you very much, Ms. Monet. I am not going to call on myself and then the ranking member for questions. I will see if I can get Senator Moran in before we actually take a recess for 10 minutes. So let me get started with my questions. I will recognize myself for 3 minutes, and we will need to take a recess, because the House is voting.

Senator MORAN. Mr. Chairman, I am here.

Chairman TAKANO. Mr. Moran, thank you.

Senator MORAN. Yes.

Chairman TAKANO. I am going to just—I am going to call myself, and the Mr. Bost, and then you, and then we will take a 10 minute recess. The House is voting, so I have got to give members a chance to go and vote, but it will be a strict 10 minutes. So I will recognize myself for 3 minutes.

Mr. Lyon of SVA, as you mentioned in your testimony, it appears that VA will be ending the rounding out this summer. Do you have data on how many students take advantage of this practice?

Mr. LYON. Yes, Mr. Chairman, thank you so very much for the question. Our research and data currently indicate approximately 25 percent of G.I. Bill users are impacted by this policy.

Chairman TAKANO. Great. I support your desire for a fourth administration for economic opportunity and VA. How have education programs suffered due to the current structure of VA leadership?

Mr. LYON. Yes, Mr. Chairman, I really do appreciate this question, because presently, VA is doing a great job. They are trying really hard, and this Congress has done a phenomenal job of instituting the right kinds of policies and in such an expedient manner that it is almost unbelievable.

That all said, these gains can easily be lost without the permanent establishment of a fourth administration to ensure within the structure of the Department of Veterans Affairs that these matters are codified and paid attention to on a regular basis, so that we can always ensure this level of care to our Nation's student veterans.

Chairman TAKANO. Thank you for that. Let me go to Ms. Church. In your testimony, you highlight the need for access to capital for veteran and minority owned businesses. As we work to strengthen veteran access to capital, what do you propose Congress can do to assist with increasing access?

Ms. CHURCH. Thank you for the question, sir. One of the greatest things that Congress can do is find programs and ways to allow minority veterans access to capital. We know there is a deep wage and wealth gap for minority veterans, specifically BIPOC veterans and LGBTQ folks, specifically. So in recognition of that, finding ways to fund and set aside subsidies and programs to be able to support minority veteran entrepreneurship, as well as invest in programs and different non-profits and organizations that are able to support minority veteran entrepreneurship, and support them with their identities, and everything that is included in being a minority entrepreneur.

Chairman TAKANO. Great. We all want to continue to make VA more inclusive and an equitable place for all veterans. And as you have mentioned in your testimony, the need to address sexual harassment and investigation response procedure is of great importance.

Beyond the review of programs, what else should Congress do to help change the way women and non-binary people are treated at the VA facilities?

Ms. CHURCH. Thank you for that question as well. We do believe that a comprehensive review of the structures and reporting for sexual assault and sexual harassment needs to be done. We watched the appalling treatment of one of the staffers under the last administration. So I think one of the biggest things that VA has to do is build trust. Even if the mechanisms are in place, people don't trust them. So we need to be able to figure out ways to support those survivors and being able to report and find justice and accountability, and for that perpetrator not to be continued to be allowed to exist in those spaces.

Chairman TAKANO. That is great. Thank you. I want to quickly move to Ranking Member Bost so he can ask questions. Ranking Member Bost, go ahead.

Mr. BOST. Thank you, Chairman. And one of the questions that I asked the first panel is one I would just to ask the panel here, I mentioned the fact that Chairman Takano and I have introduced the Vaccine Act, and this will expand the access to vaccines to all veterans and their caregivers, of those who are certain long term or home based caregiver programs. Would your organizations be in support of the bill, and why or why not? And whoever wants to speak up.

Mr. HILGERT. Well, certainly we would—the National Association States Directors of Veterans Affairs would be certainly supportive of that. And it is interesting that you talk about caregivers and veterans. And I would reflect on, perhaps, a little bit—study on how veterans homes are connected to this whole system. We are built by the VA. We are funded by the VA through the per diem program. They inspect us inside and out on an annual basis and as need be basis. But yet when it comes time to vaccine for not only our members, and some of their spouses that live within our homes, their caregivers, our teammates, our staff are then shifted to the non-VA sector, and through the Federal program that was successful, the three—CVS, Walgreens, et cetera, that went through the Nation, but we were treated as other nursing homes.

So that is helpful, but going forward, it would be nice to establish a relationship with the VA that our new employees, our new admissions, our new spouses, the new people that come into the veterans homes after that initial wave could develop a relationship with the USVA that is frankly beyond their fourth mission and back into their fundamental mission of supporting our veterans. That would be welcome, sir.

Mr. BOST. Well, and so my—and I appreciate that. And another question I just want to throw out. One of my priorities is for strengthening and services for women veterans at our VA hospitals. I know, Ms. Church, that you actually responded on the sexual harassment side and everything like that, and I heard that comment, but what other areas where women are maybe being underserved need to be addressed as far as VA is concerned?

Ms. CHURCH. Thank you for that question. I think one of the greatest areas of improvement that we have for women veterans is around reproductive care, whether it be access to abortion and contraceptives or to family planning. I think that the reproductive care should match where the veteran is and what they are looking for their family planning.

We know that an unwanted or unplanned pregnancy can drop somebody into a cycle of poverty that they will never recover from. So effective and safe measures of family planning are going to be the biggest area of opportunity VA has as far as women veterans go.

Mr. BOST. Thank you. My time has expired. And with that, Mr. Chairman, I'll yield back.

Chairman TAKANO. Thank you. Thank you, Ranking Member Bost. Ranking Member Moran, I want to call on you before we recess. Go ahead.

Senator MORAN. Thank you, Chairman, for doing that. And I will be brief to keep you on schedule. Let me just ask all of our witnesses that any who have thoughts—let me make it specific, but

it is really a broader question than it will sound. What is it that I can do as an individual Member of Congress in Kansas to make sure that veterans are getting the vaccines that they need? I certainly support the concept of Representative Bost—Ranking Member Bost in caregivers, spouses, and others, but what is missing, and how do you think the VA is doing? Are we getting this goal accomplished?

Mr. LYON. Sir, I don't mind taking that. Thanks so much for the question. I think that you specifically as a Member of Congress can continue what you are doing with regard to encouragement, but to also provide more access. Student Veterans of America is partnered with a bunch of our fellow veteran service organizations through what we call the Veterans Coalition and Vaccines to actually mobilize veterans to help inoculate the population. We are only as effective to getting back to normal as when we actually get shots in arms. So you, as a Member of Congress, could help elevate that throughout veterans in your State to literally let them know that they can start volunteering to be part of this solution, sir. Thank you.

Senator MORAN. Well, thank you. Thank you, Jared, very much.

Ms. CHURCH. I am going to let you go, Kathryn. You were up. Sorry.

Ms. MONET. Well, I will be real quick. So I would like to add to that and just note that some of the issues that we are seeing with homeless veterans—with the issue that Mr. Hilgert raised with State Veterans Homes. And in some communities, people experiencing homelessness and shelter providers have actually been prioritized for the vaccine, because of the congregate settings and the high risk of transmission. So I think I would encourage you to make sure that your solutions are all-encompassing and provide some level of equity for people who are highly underserved.

Senator MORAN. Kathryn, thank you for the reminder. When I last visited the vaccine site at the Topeka VA, the Colmery-O'Neil VA, I did ask the question, "How are we taking care of homeless veterans in this area?" And I will continue to do that. Thank you.

Ms. CHURCH. Sir, if I might add as well, one of the things that I think is very important as we talk about vaccine distribution is equitability and meeting folks where they are. We know that there has been a disproportionate, specifically by race, distribution of the vaccine. So for us, it is a deep concern, I am echoing Kathryn's remarks about veterans experiencing homelessness, and ensuring that those folks are getting vaccinated first, because they are the ones that are more likely to be around other folks.

Additionally, working with tribal, I know that there are a lot of folks within your community that live on indigenous populations or lands, and ensuring that those folks who have low access to care, in general, have greater access to vaccines, because they have been hit the hardest.

So I think the biggest thing that you can do, sir, to be a champion for vaccines when it comes to veterans is really ensuring that you are hitting those populations that are one, more likely to be contracting COVID, and two, less likely to have access to health care.

Senator MORAN. Thank you for the reminder, and thank you for caring for all veterans.

Chairman TAKANO. Senator Moran, thank you for your questions, and thank you for your forbearance with us in the House.

I am going to declare a 10 minute recess, upon which we will return and Mr. Mrvan will begin the questioning. And panelists, I apologize, but we do have to go out and vote. So a 10 minute recess, and we will be back in 10 minutes.

[Recess.]

Chairman TAKANO. I now recognize Mr. Mrvan for his 3 minutes. Mr. Mrvan, go ahead.

Mr. MRVAN. I thank you very much, and I thank you, Chairman Takano. I appreciate everyone's patience, and I appreciate all that you do for veterans, and we want to welcome you to the Veteran Affairs Committee today.

My question has to do with the digital divide. Recently, there has been a lot of coverage about the digital divide, specifically the lack of broadband internet, especially in rural America and older urban America, and how it has disadvantaged people who live in those communities. My subcommittee, the Subcommittee on Technology and Modernization, is planning on taking a comprehensive look at the digital divide, and how the VA is working to bridge it.

Ms. Church, or anyone, can you talk about how the digital divide, or lack of access to the internet and technology, impacts minority communities, even those in urban areas? And do you have thoughts on ways the VA can address these gaps?

Ms. CHURCH. Thank you so much for the question. And the digital divide, in a world in which we turned everything digital, including our health care, our schools, our work, internet has become more than just a—it is a staple of society anymore. It is a utility. And we are seeing the boundaries and limits of that being tested every single day.

In communities that have lower socioeconomic status, it is more often that the digital—the broadband itself is actually poor. In addition, when you don't have technology access to begin with, you can't go to work. You can't go to school. So some of the things that we have seen are the lack of technology and the tools to actually be able to go. So thinking about cell phones being your primary device of health care anymore. In addition, like tablets, and expanding the availability of those tablets in lower income communities and families to ensure that those folks actually have access. And in addition, it was working with tribal and indigenous populations to ensure that broadband expansion doesn't just hit rural communities, but also hits indigenous populations and lands.

Mr. MRVAN. All right. Thank you very much. One of my follow up questions that I wanted to ask is when we talk about veterans getting vaccinated, very often throughout the certain States, there are VSO organizations that the VA is doing offsite vaccinations, going to the people. I am wondering what your thoughts were on that and if any of you have had examples of that going on within your organizations?

Mr. LYON. Sir, I don't mind taking that one. This is Jared Lyon with Student Veterans of America.

We have, actually. We have helped form a coalition with a variety of veteran serving organizations, led by the efforts of disaster recovery of Team Rubicon and their CEO, Jake Wood. We are bringing veterans together to help not only reach veterans, but really all Americans that might be outside of traditional vaccination sites, as well as staffing those sites with volunteers. They can do everything leading up to the actual inoculation being provided into somebody's arm.

Mr. MRVAN. Thank you, Jared. I thank all of you. I yield back.

Chairman TAKANO. Thank you, Mr. Mrvan. What I am going to do is I know that we have—Miller-Meeks, I am glad to see you back Dr. Meeks. You are not obligated to ask the questions of the Blinded Veterans Association, but I am very pleased you are back. So I am going to recognize you for your 3 minutes.

And Mr. Mrvan, just so you know, I am going to probably go for a second round of questions. So members that are still here, if you want to ask another round, but I am going to recognize you for 3 minutes, Dr. Miller-Meeks.

Ms. MILLER-MEEKS. Thank you very much, Chair Takano, and Chair Tester, and thank you for putting me on the spot, Chair Takano. I am an ophthalmologist and I was very interested in reading the testimony from Mr. Zampieri. I am probably mispronouncing it, so I apologize. But I can't say that I knew about the ocular trauma centers that you have referenced, but I did reach out to the American Academy of Ophthalmology and to our research—ocular research division, our ophthalmic research division at the University of Iowa for their input on that. So I don't have an answer yet.

But I would say my concern is that there is a tremendous amount of ophthalmological research that goes on throughout the country. And it is interesting where you mentioned in your testimony the increase in trauma, ocular trauma, but as someone who trained residents, we have been seeing a decrease in ocular trauma on the civilian side. But to your point, during Desert Storm, I was called up, even though I had retired, I was called up to come back onto active duty to be deployed for the purpose of treating ocular trauma related to IEDs.

But my husband was deployed at that time, and since I was retired, I was able to decline. But I called back up as soon as my husband got back to be deployed, but at that point in time, they no longer had need of my services. So I can't address your question, but I will certainly continue to look into that. But my concern would be that we dilute the research that is going on in ocular trauma. And if we restrict where veterans can go for service, that does create a hardship to their families, so we need to be in recognition of that.

The question I have, however, in the time that remains to me is in relation to COVID-19. There are veterans who have a myriad of diagnoses. Some, they have service-related disabilities. And so I am concerned. I have been approached, as I mentioned, I am a Wapella County Commissioner, I have been approached that a veteran servicemember with a service-connected disability died, on the death certificate, because they had COVID-19 or were tested, their death certificate has COVID-19, not their actual cause of death. So

this is related to me personally, so I know that this exists. And so is that a concern? Do we have a problem with survivors getting dependent and indemnity survivor benefits when the diagnosis on the death certificate is COVID-19, when it actually may have been a service-connected medical problem that was the true source and cause of their death? And with that, I will yield back my time and I will listen. Thank you.

Mr. TITUS. Congresswoman, thank you for that question. Absolutely. We think that is something that we are starting to see from our members—concern on that issue of getting recognition on the death certificates, and I would think that is a real problem with over a half million deaths of COVID, there is a very—there is a lot to be reviewed right now in regards to the death certificates. So we certainly believe that taking a second look for that is essential to ensure that that DSC is getting appropriately given. Thank you.

Chairman TAKANO. Thank you. Dr. Miller-Meeks, I am going to be, and Mr. Mrvan, we will be doing a second round of questions. And I will recognize myself for 3 minutes for this second round.

Mr. Zampieri, the Blinded Veterans Association is asking Congress, VA, and DOD to request the assistant secretary for Health Affairs to work with the United Kingdom to “provide funding for joint—task group” that was established in a mutual formal agreement in September 2020. Can you explain more about the scope of the task group’s work and the funding required to make the work successful? You were talking about that in your testimony. Go ahead.

Mr. ZAMPIERI. Right. Thank you, Chairman, for asking that. It is a unique opportunity, and I do want to address the last thing. We are talking about military combat-related eye trauma and translational battlefield eye injury research. So the Joint Ocular Trauma Task Group was established, and I spoke actually with the surgeon general of the U.K., and Israel, about 14 percent of their casualties, by the way, are eye injuries, historically going back 40 years.

So their “mission” is to look at best practices, clinical guidelines, standardization of formularies for eye medications that are utilized in combat zones, looking at surgical equipment, looking at training and education standards for deploying surgeons, and the management of eye trauma. And then real briefly, we found that there is—the Hearing Center of Excellence has a million dollars. Again, it is not a huge amount, but if you are going to do these types of things, especially with an international group, you really have to have some level of funding. And so I appreciate the question.

Chairman TAKANO. Thank you, sir, for that response.

Mr. Hilgert, in your testimony, NASDVA highlighted the role that the VA and the State Veterans Homes could play in providing mental health care. This is obviously an important service for Americans, especially for veterans, and especially in the wake of a pandemic.

You also suggested that mental health services be designated a specialty care service, instead of a basic service. Can you explain why it would be better categorized as a specialty care service, and—NASDVA’s role in testing ideas before they expand to all veterans homes?

Mr. HILGERT. Yes. Based on my experience, the—we are looked upon as a nursing home. And you have a per diem. You have so much, and you have an expectation of care. Even through great standards, you are expected to have four or 5 hours of care per day for skilled nursing. I think that is a five star goal.

There are mental health conditions where you need one-to-one staff. Traditional nursing homes are not set up for that. When we have someone with let's say Picks disease in one of our veterans homes, and it requires one to one staffing, you immediately throw the system out of compliance with your overtime. You have stress on resources. And all of a sudden, it is straining the resources of the nursing home.

If it was a specialty care identification, it is our opinion that, okay, you have this situation within the State Veterans Home. We will help you resource it properly to address the needs of this individual, rather than stressing the entire system.

So that is kind of where I was going with that, Mr. Chairman.

Chairman TAKANO. Well, thank you. I appreciate that. I am glad to see we have other members that have returned for the questioning of our witnesses.

Representative Cawthorn, I would like to recognize you for 3 minutes.

Mr. CAWTHORN. Yes, sir. Thank you very much, Chairman. My question is for Mr. Titus. So I understand that Congress has provided the VA with tens of millions of dollars to help with COVID relief over this past last year. I am wondering, have you seen any direct impact from that money? And how do you think the money should be spent moving forward?

Mr. TITUS. Congressman, thank you for that question. So looking at how VA spent that money, we certainly see an impact in the way that the VA has been able to use it with the expansion of their workforce, getting ready to respond to the pandemic, providing some of the backbone that is necessary to help vaccinate our veterans and our caregivers. And along with that level of money, what we think is important also to ensure continuing oversight, because what we believe is that when we get vaccines in arms—the necessity to follow up from COVID isn't done. There is going to be a long process where we need to sit down and evaluate how the VA did from every aspect of it, and digging in from aspect, every benefit, enterprise-wide.

So I think that the increased funding, the personnel, and the—have each impacted to make sure that—from that funding aspect.

Mr. CAWTHORN. Excellent, Cory. It really means a lot to me, Mr. Titus. And Mr. Chairman, I yield back.

Chairman TAKANO. All right. Thank you, Mr. Cawthorn, for returning after the break to present your questions.

Mr. Lamb, I recognize you for 3 minutes.

Mr. LAMB. Thank you, Mr. Chairman. And I appreciate all of the witnesses as well, hanging around for us. I won't really get a chance to question all of you in these 3 minutes, so I'm going to try to focus this for MOAA and the Student Veterans.

I believe in the wake of January 6th—

Chairman TAKANO. Mr. Lamb, hold on for a second. You are breaking up.

Mr. LAMB [continuing]. To play for all of them.

Chairman TAKANO. Mr. Lamb?

Mr. LAMB [continuing]. To police our own, and really talk about what the oath means.

Chairman TAKANO. Mr. Lamb, just—I am asking you to suspend until we get the technology.

Mr. LAMB. I apologize.

Chairman TAKANO. I apologize. I apologize. Just hanging on. You are asking an important question. If we could stop the clock. Return the clock.

Mr. LAMB. I yield back, Mr.—

Chairman TAKANO. Just hold on. Don't go away. Have we got the technology back? All right. Why don't you go ahead, Mr. Lamb, and see if it works now? Can you turn your—your mike? Can you turn back on your sound, your mike?

Mr. LAMB. I am a Marine, Mr. Chairman. It takes me a little while sometimes with technology. I apologize.

Chairman TAKANO. I don't want to get into it with Mr. Bost over that comment, so go ahead.

Mr. LAMB. All right. So my question is this. I think we all have a role to play in reinforcing the importance of the oath with our fellow veterans. The Capitol that the Constitution sets up was attacked, and we all swore an oath to the Constitution.

So my question is specific to MOAA and Student Veterans, what are you doing to identify whether you had members that were part of the attack? And what will you do going forward to communicate to your members the importance of the oath and the fact that this is not a political topic? If you swore an oath to the Constitution, there is only one side to this debate, which is that you oppose people attacking the Capitol.

So if you could just update us on your efforts, and specifically whether you have worked with law enforcement at all.

Mr. TITUS. Congressman, thank you for that question, and you take off the uniform, but like you said, you never—the oath never goes away. You have responsibility to uphold—that belief is something that MOAA holds dear, and it really is ingrained in our organization, our philosophy.

So getting to your specific question, we have been closely following the DOJ's website, and monitoring any individuals, and looking at whether they were MOAA members. We think that is important to uphold the standard of our organization and show accountability. Being a member of MOAA is a privilege, and we uphold—I expect our members to uphold the standards.

Mr. LYON. Congressman Lamb, this is an excellent question, sir. And thank you for your service in the Marine Corps. I served in the Navy, so Department of the Navy friends. We will take that as well.

Sir, this is an incredibly serious topic. It is incredibly important. And Student Veterans of America absolutely condemns the acts that happened on January 6th. Sedition and insurrection are serious matters and should not be taken lightly.

Not only do we condemn them amongst all Americans, but specifically amongst all veterans. As to your question specifically, we have taken all publicly available data for those involved in the

events of January 6th and run them through our data base, and verified that we have no current members that were involved.

I heard you earlier ask a question regarding facial recognition. We don't have access to that technology as of yet, so we are not really able to do that. But had we found any members that were a part of the events on January 6th, we would immediately disband them from any of our national headquarters activities throughout the country, no matter where we are organized, sir.

Mr. LAMB. Thank you. And thank you to all the panelists. And if any of the panelists I didn't focus on, if you ever want to follow up with me on this, I would be happy to talk. We just have limited time. And Mr. Chairman, I yield back. Thank you.

Chairman TAKANO. Representative Lamb, just so you know, I have asked—I have allowed for a second round of questioning. So if you are—we get through the next few members, you might want to come back and ask other organizations the questions you want to ask them.

So Mr. Murphy, I recognize you for 3 minutes, and then after that Mr. Mrvan, and then Mrs. Miller-Meeks, if you have a second round of questions, you may do that. And then—but go ahead, Mr. Murphy. Go ahead.

Mr. MURPHY. Thank you, Mr. Chairman. And thank you to all the members of the panel. I thank you for your service to our Nation, and your continued service to our veterans.

I represent North Carolina's third congressional district. We have the fifth most veterans of any district in the country and is growing. And so veterans affairs are very, very important to me. I, as a physician, have worked at VA medical centers, and have cared for veterans, and am deeply obligated to all that we can do to care for those who have dedicated their lives and sometimes make such great sacrifices, and obviously the ultimately sacrifice for us to remain free.

I am going to throw one plug in here for House Resolution 1014. As a surgeon, I have dealt with wound healing for over 30 years. And I look at our particular population of veterans who come back with traumatic brain injuries, PTSD, those who have suffered from blast injuries, and from other effects during their service. And we do a fantastic job in the VA of reaching out to those veterans and trying to help them cope with the struggles that they cope with, but I think we can do more.

There is a significant subset of individuals, despite all the modalities that are offered to them through the VA that still we cannot reach, still are not able to get their life back on track, still not able to participate fully in society, still not able to get jobs, deal with family.

We have, obviously, such a suicide epidemic in our Nation for veterans. There are over 17 a day. And so what I have used for wound healing when nothing else has worked is something called hyperbaric oxygen. Hyperbaric oxygen has been shown to help promote wound healing.

In these individuals, and I will say this very objectively as a physician, this is not necessarily mainstream. I want this issue studied for our veterans. What hyperbaric oxygen does is it promotes wound healing. And I think in a significant subset of individuals

who have suffered from PTSD, who have suffered from TBI, this is from blast injuries to the brain. This is a wound, that despite pharmacology, despite interventions—objective interventions and therapies, we still are not reaching these individuals.

Hyperbaric oxygen therapy, I have seen and witnessed firsthand with some veterans who literally had nothing else to be offered have changed their lives, have their lives whole again.

And so House Resolution 1014 asks for a pilot study. I am asking each of your groups to please study this, and please consider supporting this measure. We need to do everything possible. We need to leave no stone unturned to try to help those who have suffered in service to our Nation.

So thank you, Mr. Chairman. I would ask each of these groups, please House Resolution 1014, I would ask for your support for this as we move forward. Thank you all, Mr. Chairman. I yield back.

Chairman TAKANO. Thank you, Dr. Murphy. I am going to recognize Mr. Mrvan for 3 more minutes.

Mr. MRVAN. Thank you, Chairman. At this point, my question is for Mr. Lyon. In your proposal or in your statement, you had said the G.I. Bill is the front door for the VA. And my question is I understand that the VA recently began evaluating the modernization of the G.I. Bill information systems. Can you describe for me what, if any, engagement you have had with the VA on this topic? What do you feel are the biggest concerns—address the future of the G.I. Bill to promote—

Chairman TAKANO. Can we just hold on for a second until we can straighten out what this—got it? All right. Proceed, Mr. Lyon.

Mr. LYON. Thank you, sir, very much for the question. When we think about VA IT modernization, these are things that frankly should have been done and addressed a long time ago. With regard to direct interaction with VA leadership, it has actually been strong. The VA is committed to trying to resolve this issue by the support that they can ultimately receive as the ability to insure that funds that are allocated get actually used for the right reasons. Because broadly, this notion of the VA having an idea or embodying an idea that the G.I. bill is the front door to the VA, it helps people sort of understand that the VA does not reach all veterans, and is chronically having the challenge to be able to do that.

And we find that nearly 60 percent of the transitioning force is in a college classroom within seven months of separating from active duty, utilizing the G.I. Bill. Frankly, it's the first, and in some cases, the only interaction that they'll have with VA.

When IT systems are not caught up to modern times to be able to process those benefits and provide a good experience on the front end, the veteran is left with a mistrust of the VA due to that interaction. And then down the road, when the veteran may have an issue, be that emotionally, physically, regarding their mental health, they might not necessarily think to reach out to the VA.

Further, if they have the relationship with the VA through the G.I. Bill, through IT modernization, the VA could actually explain to recently transitioned veterans all of the benefits that they may be eligible for in the entirety of the VA ecosystem. The VA has a lot that we can provide. By treating the G.I. Bill as the front door, we can actually access and make newly transitioned veterans

aware of all that the VA has to offer, and truly provide that care to our veterans for life. Thank you, sir.

Mr. MRVAN. And I think you, Mr. Lyon. And I thank all of you as young veterans who are on, advocating for your peers, how important that is, especially in the veteran service organization realm. So I appreciate that, and we will make sure that they are—as the front door, we use technology to link together the benefits, along with making sure we are pushing out information so we have more people aware of the VA and using technology and modernization to do that. Thank you.

Chairman TAKANO. Thank you, Mr. Mrvan. Are there any other members who I have missed, who would like to be recognized? I don't see any other members seeking recognition.

Let me thank all of our panelists for your testimony today. And we look forward to working with you and your organization, and your members in the future. So we are very grateful that you all participated today and brought your voices to the table in the room where it happens.

So all members will have 5 legislative days to revise and extend their remarks, and include extraneous material. Again, thank you all, panelists, for your presentations and this hearing is now adjourned.

[Whereupon, at 1:57 p.m., the Joint Committee was adjourned.]

A P P E N D I X

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**STATEMENT OF
STEPHEN WHITEHEAD
DAV NATIONAL COMMANDER
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
MARCH 3, 2021**

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

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

I present this testimony today as only the second national commander in DAV's history to serve two consecutive terms for our organization. In 1942, as the United States ramped up involvement in World War II, our annual national convention was canceled. Therefore, our membership body was unable to elect a new national commander. Last year, we faced a new foe—COVID-19—which waged war on a global front, bringing our country and many others to a virtual standstill.

This past year, DAV commemorated a century of dedicated service to America's veterans, their families and survivors. While it certainly looked and felt different than we had anticipated, it gave us an important opportunity to reflect on our organization's history and the lessons we have learned in the face of adversity.

DAV was established in 1920, in the wake of World War I and on the heels of the influenza pandemic which began in 1918. In many ways we can draw parallels between the time of DAV's creation and our centennial anniversary—a viral outbreak cutting down populations across the globe; overrun and overburdened health care systems; economic downturn; soaring unemployment; and, underlying it all, a pressing need to address critical issues impacting the nation's veterans.

I am proud to say that, thanks to the dedication and adaptability of our teams in Cold Spring, Kentucky; Washington, D.C.; and across this nation, DAV's mission did not change and our commitment did not falter. When veterans needed us most—as many lost their jobs, fell ill or became isolated in their homes—DAV members, volunteers and staff swiftly pivoted and found new ways to provide the resources necessary to help those in need. This is our purpose, as clear today as it was 100 years ago.

What the nation learned in 1920 as it began recovering from the “one-two punch” of the Great War and the Spanish flu pandemic, and what we are being forced to relearn today, is that there can be no hasty return to normalcy and healing following such devastating blows to our way of life. Very few things have gone unchanged during this pandemic—from the way we work, seek and administer medical care to how we shop for basic necessities, care for our families, and connect with our loved ones and fellow citizens. For every month spent isolated under social distancing measures, we will need another to carefully unravel the past year and work to establish our new American normal.

The pandemic will reshape many of the institutions we’ve come to know, and health care is chief among them. Almost 500,000 Americans have perished from this virus, and 28 million have contracted it. Among them, VA reported in excess of 224,000 cases, with more than 10,000 veteran deaths as of February 23, 2021, according to the Department of Veterans Affairs (VA). Over the course of this pandemic, the VA itself has had to make drastic changes in how it delivers health care, significantly increasing telehealth services and adapting to an ever-changing landscape. There were a number of challenges, and while the VA made strides in some areas, it fell short in others. Looking ahead, the VA must take into account how these pandemic-related changes will impact health care delivery in the future. The VA must also consider how its Fourth Mission requirements during national emergencies can better align and remain consistent with its primary health care missions without sacrificing its ability to provide safe and uninterrupted care to the veterans it serves during future outbreaks or national emergencies.

We do not yet know the full and lasting impacts of this public health crisis, but as they become clearer, there are many issues our nation must stand ready to address. Last summer, nearly 800,000 veterans were left searching for work, with disabled veterans disproportionately affected. How many of those veterans today are still unable to pay their bills, feed their families and make ends meet? We know that before the pandemic, many veterans were already struggling with post-deployment transition; mental health issues; and, in some cases, suicidal ideation. While the VA has worked hard to keep veterans connected with their mental health providers over the past year, we are concerned that many have faced dark times and been isolated from friends and family, perhaps without access to the normal outlets, support systems and resources they had relied on in the past. Are we losing ground in the battle against veteran suicide? What will the future of VA health care look like after such significant changes—and how will the VA address pent-up demand for care and delays on critical projects, initiatives, programs and services?

The VA experienced its deadliest month for veterans and staff in January due to COVID-19. This spurred the department to undertake massive efforts to scale its vaccination rollout to protect front-line workers and patients. President Abraham Lincoln once said, “Honor to the soldier and sailor everywhere, who bravely bears his country’s cause. Honor, also, to the citizen who cares for his brother in the field and serves, as he best can, the same cause.”

We owe a tremendous debt of gratitude to the hundreds of thousands of Veterans Health Administration (VHA) employees across the nation who have continued to care for veteran patients under stringent new safety protocols for months, without a clear end in sight. They are fatigued, they are strained, and yet they carry on knowing the personal risks inherent to their jobs. More than 131 VHA employees have died from COVID-19-related complications, and many others have fallen ill in the line of duty. We offer our condolences to the loved ones of all those lost during this outbreak, and we thank those who have continued to show their professionalism and dedication to veterans despite the risks to themselves and their loved ones and in the face of such great uncertainty.

Messrs. Chairmen, this past year has challenged us as a nation in a way none of us could have imagined. President Lincoln also had thoughts on that, saying, "If given the truth, people can be depended upon to meet any national crisis. The great point is to bring them the real facts."

While much of our attention is focused on meeting the crisis at hand, we cannot lose sight of the many important transformations underway at the VA and the areas where veterans and their families need and deserve our support—now perhaps more than ever.

I am honored to be here today to help underscore those critical areas by presenting—for the second time—DAV's National Legislative Program.

STRENGTHENING VA HEALTH CARE AND INFRASTRUCTURE

Messrs. Chairmen, providing high-quality, timely, accessible health care to our nation's military veterans remains one of our nation's most sacred promises; strengthening the VA health care system is the best way to keep that promise. As studies have shown for more than a decade, the quality of care provided by the VA is as good as or better than the private sector on average. That has also been my experience, beginning when I first enrolled in the VA system in 2009. In fact, I have been fortunate to have had the same primary care provider ever since. I hear similar experiences from most of my brothers and sisters in DAV, and I'm sure you have heard the same from most of the veterans you represent. However, there still remain too many veterans who do not have timely or convenient access to VA health care.

In 2018, Congress passed the VA MISSION Act to improve access for veterans by expanding the VA's internal capacity and creating a new community care program to fill in gaps of care whenever and wherever they may occur. DAV and other veterans charities supported the VA MISSION Act with the understanding that the VA would remain the primary provider and coordinator of care for veterans. The law required that community providers be held to the same quality and access standards the VA applies to itself. However, when the MISSION Act was implemented in June 2019, the VA did not mandate that non-VA community providers meet these standards. DAV continues to call on Congress and the administration to mandate that all non-VA providers in the new

community care network match the VA's quality and access standards, as well as all training and certification requirements the VA applies to its own doctors, nurses and other clinicians.

Although the MISSION Act required the VA to establish a new community care program by June 2019, there has been a slow transition from the former Veterans Choice Program provider networks to the new MISSION Act provider networks, now called Veterans Care Networks (VCNs). This delay was exacerbated and complicated by the COVID-19 pandemic, which will likely continue at least for most of this year. To better meet veterans' care needs, the VA must implement a new scheduling system for community care appointments. We call on the VA to accelerate work on its new Centralized Scheduling System to allow real-time access to VCN providers' appointment schedules, as well as to allow veterans the ability to self-schedule medical appointments, both in the VA and in VCNs.

In developing and reaching an agreement on the VA MISSION Act, Congress, the VA and stakeholders in the veteran community worked collaboratively, and it was fully expected that such collaboration would continue during implementation. However, since the law was approved in 2018, the VA has had very limited engagement with veterans and organizations like ours while developing and promulgating MISSION Act regulations and policies. The VA did not complete the market assessments or "Strategic Plan to Meet Health Care Demand" required by the law (Section 106) prior to establishing the new VCNs. Further, the VA did not engage in meaningful consultation with veterans service organizations (VSOs) during most of that process, although the VA's Office of Community Care has significantly improved consultation over the past six months.

Another critical component of the MISSION Act is the Asset and Infrastructure Review (AIR) process to modernize, realign and rebuild VA health care facilities. For decades, successive administrations and Congresses have woefully underfunded the aging VA health care infrastructure, one of the key factors driving the VA's access problems. Past attempts to develop comprehensive long-term infrastructure plans have failed to be implemented, eroding support for properly funding VA construction programs. The AIR provisions included in the bill are intended to help break through this impasse by creating a collaborative and transparent process in which the VA, Congress, veterans organizations and veterans themselves would all play significant roles in designing a plan to strengthen VA infrastructure. However, the intended AIR outcome will only be successful if there is transparency, understanding and confidence in the process and intended goals among veterans who choose and rely on the VA.

The AIR process involves multiple steps that play out over three years. First, the VA will develop a comprehensive plan for its health care infrastructure by the end of this year. Next, an independent commission will review, modify and approve that plan in 2022, and the president and Congress will then review and accept or reject that plan in 2023. However, this timeline was predicated on the successful implementation of the new VCNs, which were to be completed and stabilized before beginning the AIR process. The slow rollout of the VCNs and the failure to complete market assessments, complicated by the yearlong pandemic, all disrupted veterans' normal health care

utilization and reliance patterns. Without accurate and reliable data on how, when and where veterans are and will be using the new VCNs to meet their medical care needs, it would be premature to make permanent decisions about the number, size and scope of facilities the VA will require in the future to deliver that care.

Furthermore, the COVID-19 pandemic forced the VA to make significant modifications to health care delivery to protect veterans and health care personnel. The VA must fully evaluate the impact of these changes and determine the best and safest model of care for the future. Since we are still somewhere in the middle of the pandemic, it is too early to draw conclusions about how to design or modify VA facilities to ensure safe, reliable health care delivery during future pandemics or other emergencies.

Messrs. Chairmen, given these delays and uncertainty, Congress should amend the MISSION Act to extend the AIR timeline by at least one year. Furthermore, the VA must fully engage with veterans and VSO stakeholders in order to keep veterans' preferences paramount while completing market assessments and implementing the AIR process. Finally, the outcome of AIR can only be successful if Congress significantly increases and sustains funding for VA infrastructure maintenance and construction programs.

EXPANDING CAREGIVER SUPPORT FOR SEVERELY DISABLED VETERANS OF ALL ERAS

While we believe some initiatives within the VA would benefit from a delay, one program we strongly believe must be expedited is the continued expansion of the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC).

DAV worked closely with Congress and the VA to help craft and enact the VA MISSION Act in 2018, including provisions to expand the PCAFC to all generations of severely disabled veterans, not just those who were injured on or after Sept. 11, 2001, as was the case under the previous eligibility criteria.

We want to thank the members of both committees for your efforts in helping to make the expansion of this critical support program a reality for our most severely disabled veterans. Likewise, DAV was extremely pleased that, last year, the VA published its decision to include service-connected illness as well as injury in final regulations for eligibility for PCAFC, in line with DAV's recommendation.

As originally intended under the law, PCAFC was to be expanded in two phases. The first phase of the expansion, which included eligible veterans injured or made ill prior to May 7, 1975, was to begin Oct. 1, 2019. The second phase, which included veterans injured or made ill after May 7, 1975, was planned to start two years later, beginning Oct. 2, 2021. However, the VA continued to delay certification of the information technology system required to administer the program, ultimately pushing the initial expansion date back by an entire year.

Although delayed by one year, the VA finally certified its IT operability and officially expanded eligibility to PCAFC to the first phase of disabled veterans on Oct. 1, 2020. Several DAV members were among those who began submitting applications for the program on the very first day. I am pleased to inform Congress that several Vietnam veterans reported that the enrollment process was both efficient and expedient, and within a relatively short period they were notified that they had been approved for the benefit, stipend payments and support services.

Already, just months into the expansion, this program has had a positive and life-altering impact for seriously injured and ill veterans and their family caregivers, providing support they have lacked but desperately needed for decades. While we are pleased the rollout has largely received positive feedback from new enrollees, the initial delays that occurred with implementing and certifying the new IT system for the first phase of expansion subsequently delayed the second phase of the rollout as well. Because the law allowed the VA a two-year gap between expansion phases, which resulted in a new projected start of Oct. 1, 2022, for Phase 2 expansion, the second group of veterans and their caregivers will be forced to wait a year longer than originally anticipated before being allowed to apply for this critical support program.

However, while the VA indicated it would be necessary to increase staff levels prior to Phase 2 expansion to properly manage the program, it said that no additional IT upgrades would be needed to accommodate new enrollees. As such, DAV believes there should be no further unnecessary delays in expanding the program to all remaining veterans and their caregivers, and we call on the VA to immediately begin hiring additional caregiver program personnel in order to expand PCAFC to Phase 2 veterans and caregivers as soon as possible, but no later than the original intended date of Oct. 1, 2021.

ENSURE VETERANS WHO WERE EXPOSED TO TOXIC SUBSTANCES RECEIVE FULL AND TIMELY BENEFITS

Messrs. Chairmen, another area of great importance and urgency is creating a more-efficient framework through which veterans who have been exposed to toxins and hazardous materials are able to access the care and benefits they need when they need it.

When service members are exposed to toxins and environmental hazards during military service, our sense of duty to them must be heightened, as many of the illnesses and diseases due to these toxic exposures may not manifest for years, even decades, after they have completed their service.

Veterans who become ill as a result of toxic exposures must be afforded disability benefits and health care services in a timely manner. However, over the past four years, the VA had failed to add diseases that had been determined to have a positive scientific association with Agent Orange exposure. It took Congress to enact legislation to add three new diseases—bladder cancer, hypothyroidism and Parkinsonism—to the list of

presumptive medical conditions recognized by the VA. While we are grateful for these inclusions, as thousands of Vietnam veterans will now be able to access VA health care and benefits, the VA has not included hypertension and monoclonal gammopathy of undetermined significance (MGUS) as presumptive diseases, although these conditions were also scientifically associated with Agent Orange more than two years ago.

The National Academies of Sciences, Engineering and Medicine (NASEM) report, "Veterans and Agent Orange: Update 2014," published in 2016, a committee of the Health and Medicine Division reaffirmed the conclusions of previous studies that hypertension should be placed in the category of limited or suggestive evidence of association, although the VA has not found hypertension to be presumptively related to service in Vietnam. The VA study "Herbicide Exposure, Vietnam Service, and Hypertension Risk in Army Chemical Corps Veterans" found that exposure to herbicides is "significantly associated" with the risk of hypertension, or high blood pressure, in members of the Army Chemical Corps.

The updated December 2018 NASEM report reviewed the VA study and stated that there is sufficient evidence of a relationship between hypertension and MGUS and Agent Orange exposure. Thousands of veterans suffering from hypertension and its serious negative health impacts and complications, as well as MGUS, need access to VA preventative health care and deserve disability compensation benefits.

Messrs. Chairmen, I have personally seen the ravages of toxic exposure within my own family. I had two uncles who served in Vietnam, and both of them passed away as a result of exposure to Agent Orange. Many Vietnam veterans have waited decades for science to provide answers, and there is no reason for veterans to continue waiting any longer for the VA to add conditions that have a positive scientific association with Agent Orange exposure to its list of recognized presumptive conditions. Because the VA has failed to take timely action on adding hypertension and MGUS to this presumptive list, we call on Congress to intervene and enact legislation to add these two conditions.

Another toxic exposure DAV is deeply concerned about is emissions from open-air waste burning, commonly called burn pits, which can be traced back as far as Operations Desert Storm and Desert Shield from 1990 to 1991. I know firsthand how exposure to toxic substances from burn pits can impact your health. I was stationed at Camp Scania in Iraq, which had a major burn pit just a mile away. I personally took several trips to this burn pit, where everything from tires and batteries to medical and human waste was burned. Since my return from Iraq, I have had a number of new medical challenges—including respiratory, cardiovascular and thyroid issues—as did a number of my fellow soldiers. I'm very proud that DAV has taken the lead on this important issue and was responsible for bringing it to the public's attention. I also appreciate that Congress plans to continue to focus on this issue in the 117th Congress, and DAV looks forward to addressing how the VA can improve and ensure a more consistent decision-making process for health impacts from toxic exposures during military service.

We are troubled that many veterans exposed to toxins from burn pits may not have access to VA health care or the ability to obtain service-connected benefits for diseases or illnesses related to those toxins. In September 2020, NASEM completed its report "Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations" and concluded that there was inadequate or insufficient evidence to determine associations between exposure to toxins from burn pits and respiratory-related conditions.

Because there is no current presumptive service connection, veterans must file claims for direct service connection for diseases and illnesses related to burn pit exposure. In order to establish direct service connection for a related illness or disease, there must be (1) medical evidence of a current disability, (2) evidence of burn pit exposure and (3) evidence of a nexus between the burn pit exposure and the current disability. According to the VA, from June 2007 through May 2020, it adjudicated 12,517 direct service connection claims for diseases related to burn pit exposure. Of those claims, 78% have been denied.

To overcome these obstacles to receiving benefits and health care, DAV proposed that the VA concede exposure to burn pits, and the known toxic substances emitted from them, for veterans who served in locations where and when burn pits were active. In the 116th Congress, DAV was pleased to have worked with Sens. Dan Sullivan (AK) and Joe Manchin (WV), who introduced the Veterans Burn Pits Exposure Recognition Act (S. 2950), legislation to concede exposure to burn pits for any veteran eligible to join the VA Airborne Hazards and Open Burn Pit Registry and acknowledge the list of chemicals and toxins already identified in the VA's M21-1 Adjudication Procedures Manual.

A concession of burn pit exposure would not establish presumptive service connection; however, it would remove a known barrier—the requirement for veterans to prove their individual exposure to burn pits and the types of toxins emitted for disability claims based on direct service connection. We ask that this legislation be reintroduced and enacted by Congress so that burn pit-exposed veterans will not have to wait for additional research to establish presumptive diseases related to their exposures. To ensure veterans exposed to burn pits are eligible for health care, we also urge Congress to enact legislation that will either extend the five-year period for VA health care for combat veterans or provide specific health care eligibility criteria for veterans exposed to burn pits.

Many other veterans are waiting for their toxic exposures to be recognized or the diseases they suffer from to be formally associated with their military service. One such example is veterans who served at Karshi-Khanabad Air Base, known as K2, a former Soviet air base in southeastern Uzbekistan that shares a border with northern Afghanistan. Over 15,000 U.S. service members were deployed to the U.S.-established Camp Stronghold Freedom at K2, which was used to support combat missions from 2001 to 2005.

When it was a Soviet air base, K2 contained chemical weapons, enriched uranium, and soil saturated with fuels and other solvents that formed a "black goo." Air samples at the base found elevated levels of tetrachloroethylene as well as the residuals of chemical weapons, including cyanide in the showers. Other health assessment tests found the base had elevated levels of volatile organic compounds, and total petroleum hydrocarbons (TPH) were detected at numerous locations throughout Stronghold Freedom. A 2002 assessment recommended not to dig into soil contaminated with jet fuel, but those areas were populated with tents soldiers slept in and aircraft hangars, according to the declassified document. In the same year, another Department of Defense health risk assessment found between 50% and 75% of personnel at Stronghold Freedom would be exposed to elevated levels of TPH. A 2015 study conducted by the Army found that veterans exposed at K2 have a 500% increased likelihood of developing cancer, to include malignant melanoma and neoplasms of the lymphatic and hematopoietic tissues.

In July 2020, DOD shared documents with Congress that revealed the Pentagon knew troops were exposed to hazards at K2, yet the VA still does not recognize toxic exposures for veterans who served at the base. In April 2020, the VA confirmed it will study health trends among the thousands of U.S. service members exposed at this base; however, no presumptive conditions or a concession of exposure to the known toxins at K2 are afforded to these veterans. Subsequently, thousands of veterans do not qualify for VA health care and many will likely experience significant difficulties in trying to establish service connection for diseases potentially related to the exposures.

Messrs. Chairmen, the VA and Congress need to expedite all studies concerning K2 veterans' exposures and potential negative long-term health impacts. In many instances, these men and women cannot wait due to the significant increase of cancers. Congress by statute, or the VA by regulation, needs to recognize the toxic exposures at K2 and concede exposure to all of the identified toxins. This would remove barriers for establishing direct service connection and allow K2 veterans to establish benefits without waiting for the VA and the scientific community to establish potential presumptive diseases.

A number of other toxic-exposure issues have also emerged in recent years, and veterans need congressional action to ensure that the VA expands Agent Orange presumptions to veterans who served in Thailand and that it conducts additional studies on the long-term health effects of toxic exposures at Fort McClellan, Alabama, and water contaminated with polyfluoroalkyl substances found at over 600 military installations.

The presumptive processes and the presumptive decision-making process are not consistent among all of the different types of exposures. We urge Congress to enact legislation to establish a new presumptive processes framework that would apply to all current and future toxic exposures and presumptive diseases, to provide consistency and require timely action by the VA on toxic exposures once a scientific association is confirmed. A new decision-making framework must (1) improve DOD and VA data collection and record-keeping, (2) establish a concession of exposure or recognition of

the toxic exposure, (3) require statutorily mandated future studies on known exposures, (4) provide a time requirement for action by the VA secretary, (5) maintain the standard of positive association versus causation, and (6) update the classifications of scientific association.

The men and women who serve are frequently placed in situations that expose them to hazardous materials that can have long-term health effects or result in chronic conditions that negatively impact a veteran's overall health and require a lifetime of care. As a nation, we have a duty to ensure that veterans who serve our country and suffer chronic illness following a toxic exposure are fairly compensated by our government and have access to appropriate treatment and health care services without having to wait decades.

MENTAL HEALTH SERVICES AND SUICIDE PREVENTION

As the pandemic has gripped the nation for nearly a year now, forcing Americans into isolation and heightening anxiety, existing concerns over mental health and veteran suicide have grown exponentially.

Veterans' needs for mental health care and readjustment services has grown substantially in the last two decades in the wake of continued deployments to Afghanistan and Iraq. In fiscal year 2019, the Veterans Health Administration provided mental health care services to nearly 1.8 million veterans—approximately 29% of enrolled patients. Likewise, the need for increased resources to meet rising demand for these critical services was necessary to support the wide range of VA mental health programs and readjustment services offered in residential, outpatient, inpatient and telehealth settings and community-based Vet Centers.

Despite increased mental health staff, resources and intensive efforts to reduce suicide among veterans, rates have not significantly declined even after VHA identified this issue as the top clinical priority. The VA reported that 14 of the 20 veterans who committed suicide each day were not using VA health care services, presenting a number of unique challenges for addressing the needs of all potential veterans at risk.

Diverse and innovative VA mental health programs, such as Primary Care Behavioral Health Integration, serve as models for the health care industry. One of the VA's most recent suicide prevention initiatives—SPED (Safety Planning for Emergency Departments) focuses on clinical guidance for providers to ensure that veterans who present in mental health crisis receive appropriate risk screening prior to discharge, along with follow-up contact after discharge. This evidence-based protocol is associated with a reduction in suicide among veterans and increased outpatient treatment associated with their suicidal ideation. DAV recommends Congress ensure the VA implements this evidence-based practice with fidelity systemwide.

The VA is also actively engaged in a campaign to promote lethal-means safety for at-risk veterans. Because of their access to and familiarity with firearms, veterans are

more likely to use them in inflicting self-harm than their nonveteran adult peers. This VA initiative, focused on provider training, will help ensure clinicians feel comfortable addressing safe storage of firearms with at-risk veterans as part of the department's comprehensive public health suicide prevention strategy.

With expanded access to care and more veteran care being provided through the VA's Veterans Care Networks, it is imperative for community partners to follow VA clinical guidelines for mental health care and suicide prevention. Network providers must be required to meet the same standards for access and quality, including mandatory training on proper screening and evidence-based treatments for mental health conditions often experienced by veterans, such as post-traumatic stress disorder based on combat or military sexual trauma and traumatic brain injury. The VA should also require mandatory lethal-means safety training for all VCN providers and increase use of peer support specialists who reflect the demographics of the patient population served, including underrepresented veterans such as racial, ethnic and sexual minorities and women.

The VA's suicide prevention efforts will be supported by two important mental health bills supported by the Veterans' Committees and enacted during the 116th Congress. The Commander John Scott Hannon Health Care Improvement Act (Public Law 116-171) establishes a three-year community grant program for the provision of suicide prevention services for veterans and their families. It creates new tools to improve and standardize mental health care treatment, including a clinical provider treatment toolkit and training materials for evidence-based management of serious mental health conditions and treatment of co-morbid mental health conditions, including substance use disorders and chronic pain. The bill requires VHA and the Department of Defense to update clinical practice guidelines on management of suicidal ideation. It also requires the VA to develop a mental health staffing improvement plan.

The Veterans COMPACT Act (Public Law 116-214) was another major legislative accomplishment of the 116th Congress. The COMPACT Act authorizes the VA to furnish or pay for emergency care provided to veterans in acute mental health crisis. The law also authorizes the VA to pay for associated transportation costs for such care and up to 30 days of inpatient or up to 90 days of outpatient treatment to stabilize the condition. It creates a comprehensive educational program for family members and caregivers of veterans with mental health disorders and requires the VA to provide annual de-escalation and crisis intervention training for VA police.

As national commander, and in my role as a leader of National Guard troops, I have a responsibility to help decrease stigma associated with mental health care and increase awareness about suicide prevention among my fellow veterans, service members and members of the public. This awareness includes veterans' family members, friends and co-workers, as well as community health care providers, with a goal of educating them to recognize the potential risk factors and signs among veterans and accept personal responsibility for getting them help when needed. It will take **all** of us to end the tragedy of suicide among our nation's veterans. DAV thanks Congress for doing its part by enacting important legislative solutions, overseeing implementation of

new mental health programs throughout the VA, and adequately funding veterans' mental health and supportive services.

ENSURE EQUITABLE BENEFITS AND SERVICES FOR WOMEN AND MINORITY VETERANS

Messrs. Chairmen, one issue brought into focus due to pandemic has been the clear and disproportionate impact on racial and ethnic minorities in the U.S. Unfortunately, such disparities are not unique to COVID-19.

While VHA has evolved over time to meet the needs of its increasingly diverse patient population, gaps remain in access, usage rates and health outcomes among women and other minority veteran populations. This includes racial, ethnic, sexual orientation and gender identity groups—underscoring the need for continued focus on the causes of such disparate rates and implementation of practices and policies to improve them.

Though the total veteran population is projected to decrease from 18.6 million in 2016 to 12.9 million in 2040, the percentage of minority veterans is expected to steadily rise over that same period (from 23% to 34%). According to the VA's 2017 Minority Veterans Report, service-disabled Black veterans had the highest rate of health care use among VA patients (77.4%), followed by disabled Hispanic veterans (71.5%), yet despite such large minority patient populations, the VA's own systemic review found it has not been completely successful in eliminating racial and ethnic disparities in minority veterans' health outcomes.

While these disparities, according to VA research, mostly affect Black and Hispanic veterans, few studies examine the variances in health outcomes among other minority groups, such as American Indian and Asian veterans. VA research also shows lower health care provider trust among minority veterans, which can lead to poorer health outcomes, as well as disparities in mental health care diagnoses. For example, research found that clinicians tend to more frequently diagnose Black veterans with more serious mental illnesses, such as psychotic disorders including schizophrenia, and white veterans with affective disorders, such as bipolar disorder or depression.

Disparities also exist among gender and sexual minorities. Following the repeal of DOD's "don't ask, don't tell" policy in 2010, the VA adopted new policies and programs to address issues related to LGBTQ veterans and established VHA's Office of Health Equity and the LGBT Health Program. However, a Government Accountability Office report (GAO-21-69) notes that the VA still lacks a standardized method of collecting sexual orientation and self-identified gender identity data among veterans. The majority of veterans' records (89%) lack such information, which makes it difficult for VA providers and researchers to adequately identify and address specific health issues or disparities within this population and provide the appropriate care necessary to treat them.

For example, VA researchers found that LGBTQ veterans may experience higher rates of depression and more frequent thoughts of suicide but, without consistent data collection on sexual orientation or self-identified gender identity providers, can't analyze

the health of these veterans. Studies have also shown many LGBTQ veterans are hesitant to disclose their identities with VA health care providers for fear of bias and mistreatment. LGBTQ veterans report instances of discrimination within the VA, to include refusal of treatment, lack of provider knowledge on issues specific to sexual orientation or gender identity, and harassment.

Harassment, we know, is not specific to any one group of veterans, but it continues to be a notable problem within the VA. Despite considerable pressure over the past several years to eliminate sexual assault and harassment at VA facilities as well as numerous campaigns to achieve that end, the VA still struggles with employing a comprehensive, leadership-driven and departmentwide strategy to fully address the issue. By the VA's own account, 1 in 4 women veterans report having experienced some form of harassment or assault when trying to access care within its health facilities. This behavior is a barrier to care and deters many women and other minority veterans from seeking needed medical care and specialized services at the VA, and it undermines ongoing efforts to end harassment throughout the department.

VA leadership must fully support the White Ribbon campaign to end harassment and dedicate the proper resources and staff to achieve successful culture change within the department. The VA must create a culture throughout the system to ensure that all veterans are treated with the dignity and respect they deserve and are made to feel safe and welcome in seeking their earned benefits. The VA must also establish appropriate measures to evaluate its current Stand Up to Stop Harassment Now! campaign and to ensure the department has sufficient resources and staff to achieve the initiative's stated goals: Advance a culture where harassment is never tolerated; create a safe, respectful and welcoming environment for all VA patients; empower everyone to recognize, intervene and report harassment; and be accountable by tracking harassment and addressing reports of harassment.

Women veterans also face continued challenges in getting the care and services they need. Studies show women who have served often do not identify as veterans, which makes it critical for the VA to engage them in an effective manner to ensure they are able to access the care and benefits they have earned. Of the women veterans who use the VA health care system, more than 60% have a service-connected disability rating of 50% or higher. They often have complex medical needs, yet because women veterans comprise only a small number (roughly 500,000) of the VA's 7 million patients, the gender-specific services they require are not always available in-house at all locations. Women are often referred into the community for this routine care, which can result in fragmented care and, in some cases, poorer health outcomes. Care coordination is essential to ensure that women's care experiences, whether in the VA or its community care network, are seamless and that providers understand the unique needs of this population.

Despite these challenges, significant progress was made to improve care and services for women veterans. DAV gratefully acknowledges the enactment of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 in the 116th Congress. This important legislation contained numerous women veteran provisions from the Deborah Sampson Act that address long-

standing barriers and inequities in access to health care for this population. We appreciate the committees' bipartisan support and efforts to enact these important provisions and look forward to continuing to work with the Women Veterans Task Force in the 117th Congress.

To build upon this progress and ensure all enrolled veterans, to include growing minority veteran populations, have equitable access to VA health care and services and improved health outcomes, Congress must enact a comprehensive plan to change the VA culture. All veterans deserve an environment that is harassment-free and welcoming and one where staff and providers recognize their contributions in military service. Providing funding to adapt VA facilities to ensure that they provide safe, inclusive and welcoming patient care environments and establishing accountability for leadership to create culture change will ensure an improved experience for veterans and may ultimately improve care outcomes for minority populations. Expanding the VA's use of peer support specialists will allow it to personalize veterans' care experiences and make it more culturally sensitive for minority veterans.

Congress should also continually assess the programs and methods used to deliver services to underrepresented and underserved veteran populations to ensure those services are adequately meeting veterans' needs. To ensure better care, the VA must collect and analyze data to identify health trends, access issues, disparity in health outcomes and patient experience among women and minority veteran populations. The VA must also investigate cultural differences that create barriers to care for certain veteran subpopulations and develop ways to improve outreach to minority, at-risk and underserved veterans.

IMPROVING SURVIVOR'S BENEFITS

Messrs. Chairmen, DAV's mission to assist this nation's wartime service-disabled veterans is clear. While most of the attention is paid to the veteran, and rightfully so, we cannot forget those who must share in the burden of sacrifice. When Abraham Lincoln gave his second inaugural address, he spoke of those who had "borne the battle," but he also made sure to include the widows and orphans who had also "laid so costly a sacrifice upon the altar of freedom." We honor their sacrifice to this nation and seek legislation that reflects the impact of military service on the spouses, children and caregivers of our nation's disabled veterans and their survivors.

We applaud the House and the Senate Veterans' Affairs Committees for including the provision in the Veterans Health Care and Benefits Improvement Act of 2020 that lowered the age (from 57 to 55) surviving spouses of service members and veterans could remarry and retain their benefits. This age limitation had unfairly punished surviving spouses since 2003, and we are pleased that Congress has provided equity between VA and federal employee survivor benefits.

But there is still much more to accomplish to ensure disabled veterans' dependents are not forgotten. Dependency and Indemnity Compensation (DIC) is a monthly benefit

paid to eligible survivors of veterans who pass away due to a service-connected condition or from a non-service-connected condition if the veteran had a totally disabling service-connected condition, generally 10 years before the veteran's death. If the veteran passes away due to a non-service-connected condition before that 10-year period, dependents are left with no compensation. To make a veteran, who is seriously disabled, have to wait a decade before they can be assured that their surviving loved ones are going to receive benefits creates an undue burden on the veteran. Many spouses are caregivers who had sacrificed their own career and financial security to take care of their ill or injured veteran, and it is unfair that they could potentially be left with no support. For these reasons, we ask Congress to enact legislation that reduces the time period for DIC eligibility and creates a graduated benefit that would make the veteran eligible at five years for 50% of the benefit and increased annually until full eligibility is reached at 10 years.

DAV believes that even once DIC eligibility has been attained, the current amount is insufficient. This benefit was intended to provide surviving spouses with a means of economic stability after the loss of their veteran spouse. Today, a veteran who was receiving 100% disability compensation through the VA would be paid approximately \$3,321 a month, whereas DIC payments for their survivors are set at \$1,357 a month. As a result, not only would a surviving spouse have to deal with the heartache of losing their loved one, but they would also have to contend with the loss of approximately \$24,000 a year. This loss of income to a survivor's budget is significant—especially if the spouse was also the veteran's caregiver and dependent on that compensation as the sole source of income. To ensure survivors of disabled veterans receive a meaningful benefit that allows them basic necessities, we ask that Congress increase the DIC rate to 55% of the compensation rate of a veteran rated totally disabled and then adjust it for inflation annually.

In addition, we cannot ignore that this ongoing pandemic has affected many service-disabled veterans and their families. As of Feb. 23, 2021, the VA reported that over 10,000 veterans have died from COVID-19. Without a medical opinion stating whether service-connected conditions contributed to a veteran's cause of death, the veteran's survivors may be missing a key piece of evidence to attain survivor benefits. Certain service-connected disabilities have proven to be co-morbid with COVID-19, including diabetes, hypertension and heart disease, and may be overlooked as contributing factors in the veteran's death. We urge Congress to pass legislation that would require a medical opinion for all service-connected veterans who pass away due to COVID-19.

Another issue faced by eligible dependents and survivors is the lapsing of educational benefits. Survivors educational assistance, similar in function to the Montgomery G.I. Bill, gives eligible veterans' dependents or survivors a 10-year period to apply for and complete these programs of education. This 10-year period begins either from the date the veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or the date of the veteran's death due to a service-connected condition. However, in many instances, most notably in the cases of caregivers, family obligations or the need to provide care for the veteran causes

dependents, spouses and surviving spouses to delay applying for and/or using these benefits in a timely manner, resulting ultimately in a loss of benefits and educational opportunities for many eligible family members. To ensure survivors have access to this important benefit, we ask that Congress eliminate the delimiting date for spouses and surviving spouses for using the benefits provided under Chapter 35, Title 38, United States Code, and to extend the period to apply for and complete these educational programs beyond the required 10-year period.

Messrs. Chairmen, DAV urges Congress to remember those who have served our nation in support of a service-disabled veteran. The men and women who gave up their own careers, life dreams and financial stability to take on the duty of caregiver so that their veteran, who risked all and sacrificed much, could be cared for by the loving hand of a family member. These unsung heroes need to be assured that their nation recognizes their sacrifices, cherishes their legacy of service, and will support them both now and in the future.

ENSURING VA HAS SUFFICIENT FUNDING FOR VETERANS HEALTH CARE AND BENEFITS

As the COVID-19 vaccine becomes more widely available and the nation begins to look toward a return to more normalized operations, it will be important to look at the pandemic's impact on VA health care and assess the needs that must be addressed and properly funded.

In order to ensure sufficient funding for veterans health care programs and other benefits, DAV works in partnership with Paralyzed Veterans of America and Veterans of Foreign Wars to develop policy and funding recommendations that are issued annually as *The Independent Budget*. Our budget recommendations reflect the funding the VA will require to meet future demand for services and benefits by veterans, as well as critical new policy initiatives that are essential to improving and strengthening veterans health care and benefits programs.

For fiscal year 2022, DAV and our IB partners recommend approximately \$102.2 billion in total medical care funding, which would be approximately an 8.3% increase over FY 2021 funding levels, not considering rescissions. This recommendation reflects adjustments to the baseline for all medical care program funding based on inflationary factors and increased workload, as well as plus-ups for new enrollment and other programmatic initiatives. We recommend approximately \$81.4 billion for VA medical care, an 8.5% increase, and \$20.8 billion for medical community care, a 7.3% increase, reflecting the continued need to ensure the VA remains the primary provider of care for enrolled veterans.

In making these recommendations, we considered the impact that the COVID-19 pandemic has had on veterans' ability to access VA health care services during the second half of FY 2020, continuing through the first half of FY 2021 and likely continuing through the remainder of the year. As a result, we expect that a significant volume of

care that would otherwise have been provided or paid for by the VA during FY 2020 and FY 2021 will instead have been deferred and will manifest as increased utilization rates in FY 2022. We also expect additional utilization of community care as the Veterans Care Networks become more convenient and efficient. In addition, we expect that the economic downturn and increased unemployment throughout 2021 will likely lead to an increase in veterans applying for VA benefits and health care, further increasing costs.

Messrs. Chairmen, as most of you are aware, the Veterans Health Administration has had a significant number of unfilled vacancies in recent years, averaging about 43,000 during 2020. During the pandemic, the VA was able to find ways to more expeditiously hire and onboard medical personnel, and we hope the VA continues these practices in FY 2021 and beyond. For FY 2022, we recommend that VHA continue this aggressive hiring trend by filling at least 25% of pending vacancies, and we have included funding within our recommendation to accomplish that goal. *The Independent Budget* also recommends plus-ups for expanding long-term care (\$335 million), improving women veterans health care (\$120 million) and accelerating the second phase of the caregiver expansion by one year (\$434 million), as discussed above.

For the VA Medical and Prosthetic Research program, we recommend a total of \$902 million for FY 2022, a 10.7% increase to expand meritorious and groundbreaking programs like the Million Veteran Program (MVP) and research on chronic and emerging needs of our nation's veterans. In order to maintain and expand the VA's health care infrastructure, we recommend approximately \$2.8 billion for VA major construction, \$1.5 billion above the FY 2021 funding level. This increase includes \$1 billion to address critical seismic deficiencies in VA hospitals and \$100 million for at-risk VA research facilities. In addition, we recommend that the VA expand its capacity to plan and manage infrastructure projects by hiring at least 175 new construction management professionals, approximately one full-time employee equivalent (FTE) per VA medical center or region. *The Independent Budget* also recommends \$810 million for VA minor construction, a \$420 million increase, as well as \$275 million for State Home construction grants to cover approximately half of the pending Priority Group 1 State Home grant requests.

For the Veterans Benefits Administration (VBA), we recommend approximately \$3.6 billion for FY 2022, a 12.1% increase. VBA was significantly impacted by the pandemic's social distancing requirements, preventing public contact and necessitating the move toward more virtual work options and reenvisioned environments for safety purposes. One of the key consequences of the pandemic has been an alarming increase in the backlog of disability compensation claims, which has risen over the past year to more than 200,000 pending over 125 days. To address the claims backlog and prepare for the influx of new claims from the recent addition of three diseases to the Agent Orange presumptive list, our budget recommendation for VBA includes funding for 1,000 new FTE. Furthermore, we recommend that \$175 million in its information technology budget be earmarked to address a quarter of the \$700 million backlog of critical VBA IT needs.

For the Board of Veterans' Appeals (BVA), we recommend approximately \$216 million for FY 2022, a 14% increase over FY 2021. There are approximately 87,000 pending hearings before BVA, an increase of 11,000 from the prior year. To address the hearing backlog, our FY 2022 recommendation includes funding for 200 new FTE. Furthermore, we recommend that \$25 million of VA's IT budget be earmarked to complete critical BVA IT needs to improve mail management and workflow operations.

Our full list of budget recommendations for FY 2022 and FY 2023 Advance Appropriations can be found at www.independentbudget.org.

PROTECTING VETERANS IN THE CLAIMS AND APPEALS PROCESSES

Messrs. Chairmen, in recent years, Congress and the VA have proposed and enacted many pieces of bipartisan legislation and policies advantageous to veterans and their families. However, there have been policy decisions that have negatively impacted veterans in the claims and appeals process, as well as policy proposals, which, if enacted, would reduce or eliminate existing veterans benefits, ultimately undermining the long-standing non-adversarial process between veterans service organizations, veterans and the VA.

For over seven decades, VBA maintained a policy, as previously included in its M21-1 Adjudication Procedures Manual, which allowed accredited VSOs a pre-decisional review period of 48 hours for claims decisions of those veterans and the claimants they represented. After reviewing these decisions, our benefits advocates were able to notify VBA of errors before a final decision was formally promulgated.

In April 2020, VBA officially eliminated the 48-hour pre-decisional review period. Two recent reports from the Office of the Inspector General confirm the need for the pre-decisional review. DAV is concerned the elimination of this important review period will delay many veterans' entitlement to earned benefits and add more unnecessary claims and appeals, which could be resolved by pre-decisional review. Therefore, Congress must enact legislation to reestablish the pre-decisional review for VA-accredited representatives to ensure all veterans and claimants receive quality and timely entitlement to benefits.

Currently, if a veteran submits a claim or appeal on the wrong form, it may take the VA months to review and advise the veteran that the claim will not be accepted. Additionally, the VA does not consistently advise the veteran which form should have been used and does not provide the correct form to the claimant to file. Thus, when a veteran does file the correct form, they can lose months of entitlement, as the VA does not accept the claim submitted on the wrong form as a claim submission or as a placeholder for benefits, even though the exact same information may have been provided by the veteran on both forms.

VA processes are firmly placing an unnecessary burden on too many veterans. When a veteran submits a claim and it is understood by VBA what the veteran is

seeking, VBA should accept that as a date of claim, advise the veteran on the correct form, provide the correct form and adjudicate said claim. Congress must enact legislation to protect veterans' dates of claim, time periods and earned benefits by accepting their claims regardless of the form used.

Veterans with a service-connected disability of 60% or combined disabilities at 70% or more that prevent them from obtaining and maintaining gainful employment are eligible for Total Disability Based on Individual Unemployability (TDIU). Those in receipt of TDIU stop earning Social Security credits, and many do not have entitlement to Social Security retirement benefits or any employment-based retirement or pension benefits based on their work history.

Despite the fact that many veterans in receipt of TDIU depend upon their disability compensation for basic necessities, proposals to strip these benefits appear from time to time. In 2020, a Congressional Budget Office (CBO) report included an option to end Individual Unemployability payments to disabled veterans at the full retirement age of 67, even though many such veterans do not receive Social Security or employer-based benefits. Congress needs to protect veterans from these continuing attempts to reduce and limit TDIU benefits by codifying total disability ratings based on Individual Unemployability into statute.

In December 2020, CBO's biennial report "Options for Reducing the Deficit: 2021 to 2030" included harmful proposals that would reduce or negatively impact veterans benefits. The report provides no justification for the options, only that these proposals would result in financial savings to the government despite the negative impact they would have on seriously disabled veterans and in conflict with current statutory and regulatory provisions.

Veterans proposals included in CBO's 2020 report would reduce all veterans' existing VA benefits by 30% on reaching full retirement age for Social Security, eliminate compensation payments to veterans with combined evaluations of 10% or 20% disabling, and remove the tax-free status of VA compensation and pension benefits and include these benefits as taxable income.

While CBO periodically publishes this report, thankfully most of the proposals are never acted on. However, we need to remain vigilant and Congress must ensure that existing veterans benefits are vigorously defended from reductions and eliminations, particularly for the sake of budgetary savings.

NATIONAL SERVICE PROGRAM

As mentioned above, I am incredibly proud of the work that has been done to maintain vital programs and services for veterans and their families throughout the pandemic, a great deal of which has initiated within DAV's National Service Program.

While much of our focus in Washington, D.C., is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. In 2020, DAV's service program took over 1.9 million actions to advocate for veterans and their families, such as representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice and responding to inquiries, and establishing new claims for earned benefits.

Claims Assistance

To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV employs a corps of national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through our 16-month on-the-job training program. The military experience, personal claims and hospital treatment experiences of DAV NSOs through military and VA health care provide a significant knowledge base and promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in space provided by the VA in all of its regional offices as well as other VA facilities throughout the nation.

With the addition of our chapter service officers, department service officers and transition service officers as well as county veteran service officers accredited by DAV, all totaled, DAV has over 4,000 trained benefits advocates on the front lines providing much-needed claims services to our nation's veterans, their families and survivors. With the generous support of a grateful American public and veteran-focused businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

I can proudly state that DAV has the largest, best trained team of benefits advocates in the country. No other organization has more impact on empowering injured and ill veterans to become even more productive members of society. DAV is equally proud that over 1.1 million veterans have chosen DAV to represent them and assist with their VA claims for benefits.

During 2020, claimants represented by DAV obtained more than \$23 billion in benefits. NSOs interviewed almost 250,000 veterans and their families, filed nearly 140,000 new claims that included claims for nearly 380,000 specific injuries and or illnesses.

Appellate Representation of Denied Claims

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

benefits. More than 96% of the claims before the BVA involve disability compensation issues.

In fiscal year 2020, DAV NAOs provided representation in more than 19.5% of all appeals decided by the BVA, which is a caseload of approximately 16,436 appeals. Of appeals represented by DAV at this level, 77% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the court. Of the cases acted upon by our national appeals office in calendar year 2020, each case was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,208 of these cases previously denied by the BVA were appealed to the court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 16,513 veterans and have provided free representation in over 13,203 cases.

Transition Services for New Veterans

DAV continues to provide direct on-site assistance to injured and ill active-duty military personnel through our Transition Service Program, currently in its 19th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA.

Our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States and Hawaii. In 2020, DAV TSOs conducted over 300 briefing presentations to separating service members and touched over 10,000 total participants in those sessions. They also counseled over 21,000 separating service members, reviewed over 19,000 military service treatment records and presented almost 17,000 VA benefits applications.

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

Information Seminar Program

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

During 2020, NSOs conducted over 40 seminars and were able to brief over 1,100 veterans and their families about potential benefits they may be entitled to as a result of their military service. Service officers interview veterans and their families at the seminars and assist in filing new claims for benefits as well.

Disaster Relief Program

Our Disaster Relief Program provides grants and supply kits in the aftermath of natural disasters and emergencies in various areas around the nation to help veterans and their families secure temporary lodging, food and other necessities. During 2020, DAV donated over \$900,000 to more than 1,200 veterans affected by natural disasters, including hurricanes, tornados, floods and fires in Alabama, Arkansas, California, Florida, Louisiana, Michigan, Minnesota, Mississippi, North Carolina, Ohio, Oklahoma, Oregon, Puerto Rico, Tennessee, Texas and Virginia.

While the Disaster Relief Program normally operates in reaction to natural disasters, we expanded the program to assist with veterans and their families impacted by COVID-19. DAV established a COVID-19 Unemployment Relief Fund in April 2020 to provide financial aid to service-connected disabled veterans who lost employment or income in the wake of the virus outbreak. Since last year, more than \$2 million in COVID-19 unemployment relief has been distributed nationwide to more than 8,000 veterans in need.

Since the disaster relief program's inception in 1968, nearly \$16 million has been disbursed to veterans in need.

NATIONAL EMPLOYMENT PROGRAM

Messrs. Chairmen, throughout the past year, many Americans lost their jobs or income due to the pandemic. Additionally, those individuals leaving military service faced the most daunting job market in recent history.

We know that the journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life. DAV remains fully committed to ensuring that these new veterans have the tools, resources and opportunities they need to

competitively enter the job market and secure meaningful employment following military service.

DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans service organizations in providing assistance to veterans, transitioning military members and their spouses seeking a new or better career. One primary component of this mission was DAV forming a strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to hosting more than 125 traditional and 15 virtual career fairs with RecruitMilitary annually, DAV uses a multitude of online and offline resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve members, veterans and their spouses.

As a nation, we endured unprecedented times over the past year, but service-disabled veterans were especially impacted by the COVID-19 pandemic, which caused a dramatic spike in unemployment among these veterans that continues to be a major challenge for so many. In immediate response to the pandemic and rapidly changing landscape, DAV was able to quickly pivot our in-person job fairs to a full schedule of virtual job fairs, which created continuity and a viable path forward for job-seeking veterans to engage with the many participating companies on the road to securing meaningful employment.

While we as a nation remain challenged by the COVID-19 pandemic, we have continued our efforts and scheduled virtual job fairs for veterans and their spouses with the full expectation that, as soon as it is safe and practical, we will resume our full schedule of in-person job fairs, complemented by an increased number of virtual job fairs.

Since its inception in 2014, our National Employment Program has unquestionably made a huge impact on reducing the number of unemployed and underemployed veterans and is intertwined with the historically low veteran unemployment rate of approximately 3% that was achieved just prior to the devastating impact of the COVID-19 pandemic. In fact, from June 2014 through December 2020, DAV hosted 699 traditional and virtual career fairs that resulted in 151,477 job offers extended to the 239,611 active-duty service members, Guard and Reserve members, veterans and their spouses who attended. As the effects of the pandemic continue, along with restrictions prohibiting large gatherings, DAV entered 2021 sponsoring a full schedule of virtual career fairs through April 2021. We hope to resume our in-person career fairs in May 2021, or as soon as it is feasible and safe to do so. We encourage you to share our full schedule of job fairs with your constituents, which can be found at www.davjobfairs.org.

In addition to our sponsored veteran career fairs each year, DAV's National Employment Department also works directly with more than 300 companies who are seeking the many exceptional talents and skills they know are possessed only by veterans. Moreover, our National Employment Program provides a multitude of resources that veterans can easily access within our employment resources webpage at www.jobs.dav.org, including a job search board offering more than 200,000 current

employment opportunities around the world and direct links to company website job boards.

Additionally, DAV enjoys a partnership with Hiring America, which is the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resources specialists. With Hiring America's projected reach of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources DAV makes available to veterans seeking employment and companies who want to hire them.

In 2019, DAV expanded our published hiring guide—[*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans with Disabilities*](#)—for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. While we are pleased with the tremendous response to our hiring guide, we know that there is much work ahead to keep this valuable information up to date and available to companies who access our employment resources every day. We encourage you and your staff to visit www.jobs.dav.org to download a copy of our hiring guide, or we would be happy to provide you with copies of the printed version.

Despite the ongoing public health crisis, many unemployed and underemployed service-disabled veterans are moving forward with resilience and determination to launch their own businesses. These veterans deserve our help, so DAV is advancing our efforts to assist Service-Disabled Veteran-Owned Small Businesses. Whether it is our support and involvement with the Institute of Veterans and Military Families or with Patriot Boot Camp, DAV is going to great lengths to ensure that these valuable programs are not only able to continue but also expand their tools, resources and assistance to Veteran-Owned and Service-Disabled Veteran-Owned Small Businesses.

Messrs. Chairmen, although DAV's National Employment Program is still fairly new for our century-old organization, we are extremely proud of our progress in implementing this important program, and we remain optimistic about our mission of providing vital employment assistance, not only to ill and injured veterans but also to all veterans and their spouses as well as active-duty, Guard and Reserve members.

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

Another vital part of DAV's success is the more than 26,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality and fulfilled lives. Our Voluntary Services Program ensures that ill and injured veterans are able to attend their medical appointments and receive assistance in VA medical centers, clinics and community living centers. Volunteers also visit and support veterans within their communities and,

in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

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

DAV National Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed VA health care services. The program is operated by 155 hospital service coordinators and more than 7,600 volunteer drivers at VA medical centers across the country.

During the 2020 VA fiscal year, volunteer drivers spent over 675,000 hours transporting veterans to their VA medical appointments. Despite challenges due to the COVID-19 pandemic, these volunteers logged almost 10 million miles and provided more than 243,000 rides to VA health care facilities, saving taxpayers more than \$18.4 million. Since our national transportation program began in 1987, more than 19.6 million veterans have been transported over 760 million miles.

We are very pleased to report that in 2020, DAV donated 111 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$3.6 million. In 2021, we plan to donate an additional 73 vehicles to the VA, at a cost of over \$2.3 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of eight new vehicles to DAV for the Transportation Network. To date, Ford has donated over \$5.6 million toward the purchase of 239 vehicles to support this critical program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to our national Transportation Network is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district serving our nation's ill and injured veterans, many of whom are your constituents. To date, DAV departments and chapters have donated a total of 3,797 vehicles to the VA for transporting veterans to their medical appointments, at a cost of nearly \$89 million.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and Auxiliary volunteers have answered that call in full measure. From

July 1, 2019, to June 30, 2020, our DAV LVAP volunteers performed buddy checks, delivered groceries and provided help to our nation's heroes in a variety of ways. Overall, they donated more than 2 million hours of service—and did this all while maintaining safe distance—to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promises to America's veterans.

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

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

To date, LVAP has seen more than 57,000 volunteers donate more than 11.4 million volunteer hours. We believe this important program makes a difference in the lives of all of those we serve.

Boulder Crest Mentoring Retreat

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Retreat program in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also annually hosts an all-female veteran retreat. In 2020, 41 participants shared in these life-changing events. Since 2015, 184 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

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

Adaptive Sports

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs. These programs and associated events directly impact the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to be the co-presenter of the annual National Disabled Veterans Winter Sports Clinic and the National Disabled Veterans TEE (Training, Exposure, Experience) Tournament. Both of these exceptional physical rehabilitation programs

have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives.

For 35 years, DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." This unique clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are able to participate in adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

Unfortunately, the 35th National Disabled Veterans Winter Sports Clinic scheduled for March 28–April 2, 2021, in Snowmass Village, Colorado, had to be canceled due to the pandemic and public health safety concerns for veteran participants and staff. However, DAV will host a virtual clinic to extend the world-class instruction offered at the event online.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other interests. The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. While this tournament also had to be canceled in 2020, we did host a virtual rehabilitative event Sept. 14–18, 2020. You can find the recorded instruction at <https://www.veteransteer.org/golfinstruction>. The 28th National Disabled Veterans TEE Tournament is scheduled to take place near Iowa City, Iowa, Sept. 12–17, 2021.

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

The Next Generation of Volunteers

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

Since its inception, DAV has awarded 203 individual scholarships valued at more than \$1.5 million, enabling these exceptional young people to pursue their goals in higher education and experience the significance of volunteering. DAV is very proud of the Jesse Brown Memorial Youth Scholarship Program, and we thank the Ford Motor Co. for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Finally, many veterans across the country could use a helping hand from someone, and plenty of people want to help but don't quite know how. Connecting veterans with those who want to help is the reason DAV developed VolunteerforVeterans.org. This important program crowdsources opportunities for veterans and nonveterans alike to help veterans and their families in their local communities.

If the VA had to pay federal employees for the almost 560,000 hours of essential services to hospitalized veterans that DAV volunteers provide at no cost, the cost to taxpayers would be nearly \$16.5 million. In addition, DAV chapters and Auxiliary units have donated items valued at nearly \$2.6 million to their local VA facilities.

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

DAV CHARITABLE SERVICE TRUST

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

DAV established the Trust to advance initiatives, programs and services that might not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other veterans service organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than \$128 million has been invested to serve the interests of our nation's heroes.

In an effort to fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injury, substance use challenges, amputations, spinal cord injuries and other combat-

related injuries. It also supports efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

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

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. For example, last year the Trust donated \$1 million to the nonprofit group Warrior Meditation Foundation, or "Save A Warrior," which hosts intensive and integrated retreats to combat the staggering suicide rate plaguing veterans and first responders. These critical funds will allow the organization to create the Save A Warrior National Center of Excellence for Complex Post Traumatic Stress sponsored by DAV in Hillsboro, Ohio. The center will soon break ground, and is expected to open in spring of next year.

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

DAV NATIONAL LEGISLATIVE PROGRAM

Messrs. Chairmen, DAV's Legislative Program is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime service-disabled veterans, their dependents and survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 98th annual convention, which remain in force today. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs committees to consider the merit of these proposals and use them to enact legislation to help improve the lives of wartime injured and ill veterans, their dependents and survivors.

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

Disability Compensation and Other Benefits

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

Medical and Health Care Services

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

General Issues

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support veterans' preference for service-disabled veterans in public employment.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Support legislation to improve and protect education and employment for disabled veterans and their survivors.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Support the Defense POW/MIA Accounting Agency.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
- Support legislation to strengthen and protect Service-Disabled Veteran-Owned Small Businesses.
- Extend space-available air travel aboard military aircraft to dependents of service-connected disabled veterans having a permanent disability rated 100%.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans, particularly those with conditions related to service.

CONCLUSION

Messrs. Chairmen, 2020 has been a challenging year for most, with many unknowns still on the horizon for 2021, yet DAV remains hopeful for the year to come and for the safe resumption of our full array of programs and services for veterans and their families.

Historian and author Thomas Fuller wrote, "The worse the passage the more welcome the port." I think we all share a sense of longing for better days ahead and to change out this time of loss and hardship with one of lasting peace, good health and well-being.

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

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



**TESTIMONY
PRESENTED BY**

**Thomas A. Zampieri, Ph.D.
BVA NATIONAL PRESIDENT**

**BEFORE A JOINT SESSION OF THE
HOUSE AND SENATE COMMITTEES
ON VETERANS AFFAIRS**



MARCH 3, 2021

INTRODUCTION

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and distinguished Members of the Committees on Veterans Affairs, on behalf of the Blinded Veterans Association (BVA) and its membership, we appreciate this opportunity to present our legislative priorities for 2021. As the only congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to serving the needs of our nation's blinded veterans and their families, BVA first wishes to highlight "National Blinded Veterans Day," which occurs March 28. The day coincides with the 76th anniversary of the organization's founding by World War II blinded Army service members at Avon Old Farms Convalescent Hospital in Connecticut in 1945.

BVA appreciates the bipartisan support these committees demonstrated in passing three key bills: H.R. 3504 (*Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019*), H.R. 4920 (*Department of Veterans Affairs Contracting Preference Consistency Act of 2020*), and S. 3587 (*Department of Veterans Affairs Website Accessibility Act of 2019*). We sincerely thank all members for their continued support of blinded and visually impaired veterans.

BVA hopes that this first session of the 117th Congress will proactively address the following legislative priorities:

- I. Call upon Congress, the Department of Veterans Affairs (VA), and the Department of Defense (DoD) to request that the Assistant Secretary of Defense for Health Affairs (ASDHA) work with the United Kingdom (UK) Minister of Defence to provide funding for the Joint Ocular Trauma Task Group (JOTTG) established by mutual formal agreement on September 29, 2020;
- II. Request that the *National Defense Authorization Act* (NDAA) of Fiscal Year 2022 (FY22) include a mandate that the DoD Defense Health Agency (DHA) comply with Section 703 of the NDAA (Public Law 114-328) of FY17 requesting the designation of four ocular trauma specialty centers;
- III. Request FY22 appropriations of \$30 million for the DoD Congressionally Directed Medical Research Program (CDMRP) Vision Research Program (VRP), strengthening the "ONLY" research program focused on prevention and treatment of combat-related ocular trauma and Traumatic Brain Injury (TBI) visual dysfunction;
- IV. Support adequate funding of Veterans Health Administration (VHA) Blind Rehabilitation Service (BRS);
- V. Request that the VA auto grant for service-connected blinded veterans have a renewal period of every ten years;
- VI. Support the continued improvement of programs and services for women veterans;
- VII. Ensure that VA implement caregiver benefits for catastrophically "blinded" disabled veterans, mandating the modification of eligibility criteria regarding "Activities of Daily Living" to include caregivers for blinded veterans;
- VIII. Request the enactment of adequate protections for guide dogs and service dogs on federal properties;
- IX. Support the FY22-23 Independent Budget recommendations for Prosthetics and Sensory Aids;
- X. Support oversight of VA compliance with accessibility requirements.

I. ESTABLISHING A JOINT INTERNATIONAL OCULAR TRAUMA TASK GROUP (JOTTG)

In 2017, Assistant Secretary of Defense for Health Affairs (ASDHA) Thomas McCaffery signed a Joint United States (US) - United Kingdom (UK) Task Force Charter establishing an international partnership to advance interoperability between the allied military medical services. This reaffirmed the partners' commitment to mutually advancing medical care in defense of global interests by sharing information and developing opportunities for combined training and collaborative research. BVA and Blind Veterans UK subsequently met with senior UK Defence medical officials in London and the British Embassy in Washington, DC, both of whom expressed a strong desire to establish officially a dedicated Joint Ocular Trauma Task Group (JOTTG) to advance combat ocular trauma care, rehabilitation, and vision research under this partnership. On September 29, the ASDHA and UK Surgeon General both agreed to approve this historic JOTTG, supporting this strategic initiative between allies to preserve sight.

Ocular casualties account for approximately 14.9 percent of combat casualties, with a higher incidence during increased combat activity. Moreover, the Department of Veterans Affairs (VA) reports that upwards of 70 percent of Traumatic Brain Injury (TBI) patients suffer from visual symptoms. The legendary British-American military cooperation, developed over a century of shared battlefield experience, has led to a unique level of interoperability and familiarity. This extends to ocular casualty care, beginning with early battlefield treatment guidance provided by the UK in World War I and blind rehabilitation programs at St. Dunstan's for US casualties in World War II. This level of cooperation continues today but largely through individual, unofficial efforts due to lack of DoD/VA funding and support staff for the chairpersons, who are both UK and US military ophthalmologist consultants. For example, several key publications reflect joint authorship; prior research symposia included joint participants; and, during a 2019 six-month partnership, a UK-US ophthalmology team delivered ocular trauma care in Afghanistan, offering one of the most active clinical specialties. Ocular trauma care affects not only military members but also first responders—fire, police, EMTs—on a daily basis. Leadership within DoD/Defense Health Agency (DHA) policy levels should fully support funding and staffing as the incidence of eye injuries during the past 100 years of warfare is only increasing.

The *2019 John S. McCain National Defense Appropriations Act (NDAA)*, Public Law 115-232, requires DoD to provide a strategic medical research plan that describes its medical research focus areas and medical research projects. It details coordination processes across defense medical research and development (R&D) to ensure alignment with mission, promote synergy, address gaps, and minimize duplication. Public Law 115-232 also outlines efforts to coordinate with other departments and agencies of the federal government. DoD's response was sent to congressional committees on April 8, 2019.

In summary, the report identifies the need for agility and responsiveness across all levels and types of medical care and requires an R&D strategy that is nimble, responsive, and attuned to the emerging needs of the warfighter. The report is part of national strategic guidance and capitalizes on opportunities in science and medical technology. It also requires partnerships at home and abroad. This strategy offers a common framework to ensure that DoD continues to discover, develop, and deliver the medical capabilities required today and in the future. It provides the basis on which to optimize infrastructure, coordination, and information exchange among the services and defense agencies across DoD, federal interagency, and the civilian sector to continue to be responsive to both contemporary medical readiness requirements and future needs of the wounded or injured warfighter.

BVA requests that these Committees provide oversight on the support for the JOTTG and ensure specific objectives to identify opportunities for enhancing interoperability between the US and UK in ocular combat casualty care. BVA believes that the JOTTG will improve prevention, diagnosis, mitigation, treatment, rehabilitation, and reintegration of ocular injuries and TBI-associated vision loss. It would also enhance vision research exchanges. This initiative also seeks to improve civilian ocular trauma care through migration of military lessons learned, particularly regarding issues facing first responders and non-ophthalmic providers in civilian disasters or acts of terrorism, resulting in improved emergency medical services and vision trauma outcomes.

II. DESIGNATING FOUR OCULAR TRAUMA CENTERS

The enacted *FY17 National Defense Authorization Act (NDAA), Section 703*, directed the Secretary of Defense (SECDEF) to “designate a medical center as a regional center of excellence for unique and highly specialized health care services.” Although ocular injuries clearly meet that definition, no ocular injury Military Treatment Facilities (MTFs) were ever identified by DHA as designated specialized care centers to provide for improved eye injury care. The current result is that there are no DoD requirements for eye injuries to be referred to specialty treatment centers for evaluation, treatment, care coordination, vision research, or rehabilitation for military wounded personnel.

Designating four ocular trauma centers should have been accomplished more than two years ago as mandated, along with the strengthening of clinical coordination between DoD and VHA. These ocular trauma centers are important in the development of bidirectional longitudinal vision joint injury registries in cooperation with the Joint Trauma Theater Registry with up-to-date information on the diagnosis, treatment, medical evacuation, and follow-up evaluations for ocular wounded personnel. BVA points to Secretary of Defense Bill Gates’ Quadrennial Defense Report in 2010. The priorities outlined in that report included eye injury centers of excellence in MTFs along with hearing injury Centers of Excellence.¹

Ocular injuries are characterized by complex poly-trauma wherein multiple delicate eye structures are injured and remain at long-term risk. These injuries are best treated by a coordinated team of highly trained ocular subspecialists and require close follow-up, particularly when they accompany other systemic poly-trauma.

BVA requests that the FY22 NDAA include specific language to mandate that DHA shall designate four ocular trauma specialty MTFs.

III. FUNDING VISION RESEARCH

The Vision Research Program (VRP) was established by Congress in FY09 to fund impactful, military-relevant vision research with the potential to significantly improve the health care and well-being of service members, veterans, caregivers, and the American public. The VRP’s program area had previously aligned with the sensory systems task area of the JPC-8 Clinical and Rehabilitative Medicine Research

¹ DOD Quadrennial Defense Report, “Establishment of Eye Injury Centers,” February 1, 2010, p. 3.

Program (CRM RP), a core research program of DHA, but this program was merged into the JPC-5/MOMRP resulting in less funding for deployment related injuries.

Eye injury and visual dysfunction resulting from battlefield trauma affect many service members and veterans. Surveillance data from DoD indicate that eye injuries account for approximately 14.9 percent of all injuries from battlefield trauma sustained during the wars in Afghanistan and Iraq, resulting in more than 182,000 ambulatory patients and 4,000 hospitalizations. In addition, TBI, which has affected more than 413,898 service members between 2000 and 2019, can have significant impact on vision, even when there is no injury to the eye.

Research sponsored by VA showed that as many as 75 percent of service members who had suffered a TBI had visual dysfunction. The VA Office of Public Health has reported that, for the period October 2001 through June 30, 2015, the total number of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans with vision problems who were enrolled in VA totaled 211,350. This number included 21,513 retinal and choroidal hemorrhage injuries (retinal detachments are part of this category); 5,293 optic nerve pathway disorders; 12,717 corneal conditions; and 27,880 with traumatic cataracts. VA continues to see increased enrollment of this generation with various eye and vision disorders resulting from complications of frequent blast-related injuries.

VA data also revealed a rising number of total Post-9/11 veterans with TBI visually impaired "ICD-10 Codes" enrolled in the VHA system. In FY13, there were 39,908 enrollees identifying with symptoms of visual disturbances, and by FY15 those numbers increased to 66,968. Based on recent data (2000-2017) compiled by the TBI Defense Veterans Brain Injury Center (DVBIC), the reported incidence of TBI without eye injury with clinical visual impairment is estimated to be 76,900.

A January 2019 *Military Medicine* journal article, based on a 2018 study by the Alliance for Eye and Vision Research that used prior published data during 2000-2017, has estimated that deployment-related eye injuries and blindness have cost the US \$41.5 billion during that time frame. Some \$40.2 billion of that cost reflects present value of a lifetime of long-term benefits, lost wages, and family care.

On April 3, 2019, former DHA Director Vice Admiral Raquel Bono testified before the House Subcommittee on Defense (HACD), stressing the need for "specific research programs supporting efforts in combat casualty care, TBI, psychological health, extremity injuries, burns, vision, hearing and other medical challenges that are militarily relevant and support the warfighter." This budget request proposes increased funding for battlefield injury research and establishes a permanent baseline for our mission-essential research.

Of note, CDMRP appropriations that fund this critical extramural vision research into deployment-related vision trauma is not currently conducted by VA, or elsewhere within DoD, including within the Joint DoD/VA Vision Center of Excellence (VCE). To meet the shortage of VRP funding, the National Eye Institute (NEI) within the National Institutes of Health (NIH) funds only two VRP grants each year. Additionally, DoD continues to identify gaps in its ability to treat various ocular blast injuries. Thus, this funding is critical to meeting those challenges.

Previously, the US Army Medical Research and Materiel Command (USAMRMC) maintained an ocular health research portfolio, the goal of which was to "improve the health and readiness of military personnel affected by ocular injuries and vision dysfunction by identifying clinical needs and addressing

them through directed joint medical research.” For more than two decades, the USAMRMC has held the only DoD J-09 internally funded active military Ocular Trauma Research Lab, located in San Antonio, Texas. BVA is alarmed that core internal funding is being shifted to other DoD research, leaving a larger gap in funding deployment-related vision injury research for our wounded service members.

Specific topics of interest in the portfolio included:

- Validated models to inform deployed treatment officials of blast ocular injuries and TBI-related visual dysfunction.
- Prolonged field-care and critical-care capabilities.
- Portable diagnostic tools for TBI vision dysfunction or penetrating injuries.
- Decision aids for unit-level, MEDEVAC en-route, and MTF care.
- Deployable ocular trauma medical treatment packages.
- Research into vision prosthetics and vision restoration devices.
- High energy weapons systems and ocular injuries.
- Regenerative medical techniques.

Most of the goals surrounding the research are also germane to international military forces. Progress on reaching those goals would be enhanced by combat experience and cooperative research with BVA’s UK allies through the JOTTG and other professional eye care organizations.

In its history, the VRP has funded two types of awards: hypothesis-generating, which investigates the mechanisms of corneal and retinal protection, corneal healing, and visual dysfunction resulting from TBIs; and translational/clinical research, which facilitates development of diagnostics, treatments, and therapies especially designed for rapid battlefield application.

CDMRP VRP funding has produced and/or developed:

- An “ocular patch,” which is a nanotechnology-derived reversible glue that seals lacerations and perforations of the eye on the battlefield, protecting it while a soldier is transported to a more robust medical facility where trained ocular surgeons can properly suture the globe.
- A validated computational model of the human eye globe to investigate injury mechanisms of a primary blast wave from an Improvised Explosive Device (IED), which has accounted for 70 percent of the blast injuries in Iraq and Afghanistan. The model determines the stresses on and deformations to the eye globe and surrounding supporting structures to enable DoD to develop more effective eye protection strategies.
- A vision enhancement system that uses modern mobile computing and wireless technology, coupled with novel computer vision (object recognition programs) and human-computer interfacing strategies, to assist visually impaired veterans undergoing vision rehabilitation to navigate, find objects of interest, and interact with people.
- A portable, hand-held device to analyze the pupil’s reaction to light, enabling rapid diagnosis of TBI-related visual dysfunction.
- 21 patents and patent applications.
- 12 clinical trials funded by the VRP and/or based on the results of VRP-funded projects.
- 216 peer-reviewed publications in highly respected scientific journals.

BVA believes the priority in DoD research is to “save life, limb, and eyesight,” which has been the motto of military medicine for decades. Therefore, along with other VSOs and MSOs, BVA respectfully requests that you support funding of the DoD/VRP Peer Reviewed Medical Research Program for extramural translational battlefield vision research in the amount of \$30 million for FY22.

IV. FUNDING BLIND REHABILITATION

In October 2020, VHA implemented a new Continuum of Care for visually impaired veterans resulting in 81,583 low-vision and legally blinded veterans comprising VIST Coordinator case management rosters. VHA research studies estimate that there are 131,580 legally blinded veterans living in the US. VHA projections indicate that there are another 1.5 million low-vision veterans in the US with visual acuity of 20/70 or worse.

VA currently operates 13 residential Blind Rehabilitation Centers (BRCs) across the country. These BRCs provide the ideal environment in which to maximize the rehabilitation of our nation’s blinded veterans. Unfortunately, Veterans Integrated Service Network (VISN) and VA Medical Center (VAMC) Directors at some sites housing BRCs are failing to replace BRC staff who retire or transfer to other facilities, thus failing to support congressionally mandated maintenance of staffing at previous levels. During the COVID-19 surge, all 13 BRCs were closed as beds were reallocated for alternative needs. As a result, rehabilitation training for blinded veterans went entirely virtual, accompanied by telehealth care. Consequently, many BRCs lack the staffing needed to help blinded veterans obtain the essential adaptive skills they require to overcome the many social and physical challenges of blindness. Without intervention, we fear that the number of BRCs in this situation will grow. Spinal Cord Rehabilitation has dedicated funding for this express purpose. Modeling BRS funding after this manner would ensure such excellence in care. VAMC Directors should not be allowed to divert BRC Full-Time Equivalents (FTEs) or funds designated by the Veterans Equitable Resource Allocation (VERA) System for these rehabilitation admissions from the blind centers to other general medical operations.

BVA is also concerned about the caseloads of VIST Coordinators and Blind Rehabilitation Outpatient Specialists (BROS). Now that the national caseload has doubled from approximately 40,000 to more than 80,000 visually impaired veterans, their capacity to meet the needs of assigned caseloads is now in doubt. BVA requests that VHA conduct a resource/demand gap analysis to identify VISTS and BROS whose caseloads are now over-capacity. The creation and staffing of additional VIST and BROS positions may be necessary to adequately address the needs of these additional 40,000 visually impaired veterans.

BVA is further concerned that community care funding contracted under the auspices of the VA MISSION Act will take funds away from VA BRCs. BVA holds that VHA must maintain the current bed capacity and full staffing levels in the BRCs that existed at the time of passage of the “Veterans’ Health Care Reform Act of 1996” (Public Law 104-262).

BVA calls on Congress to conduct oversight ensuring VHA is meeting capacity requirements within the recognized systems of specialized care in accordance with Public Law 104-262 and the “Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act of 2017,” (Public Law 114-223). Despite repeated warnings about these capacity problems, Congress has conducted minimal oversight on VA’s ability to deliver specialized health care services.

BVA requests that if VA does contract with private agencies to provide rehabilitation training to blinded veterans, VA should ensure that the private agencies with which it contracts have a demonstrated capacity to meet the peer reviewed quality outcome measurements that are a standard part of VHA BRS. We further recommend that VA require private agencies with which it contracts to be accredited by either the National Accreditation Council for Agencies Serving the Blind and Visually Impaired (NAC) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Additionally, VA should require those agencies to provide veterans with instructors certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP).

An agency should not be used to train newly blinded combat veterans unless it can provide clinical outcome studies, evidence-based practice guidelines, mental health care counseling, and joint peer reviewed vision research. BVA also supports the FY19 Independent Budget Veterans Service Organizations Independent Budget (IBVSO) recommendation mandating that competency standards for non-VA community providers be equivalent to standards expected of VA providers, and that non-VA providers meet continuing education requirements to fill gaps in knowledge about veteran-specific conditions and military culture.

Private agencies for the blind lack the necessary specialized nursing, physical therapy, pain management, audiology, speech pathology, pharmacy, and radiology support services that are available at VA BRCs because they are located adjacent to VAMCs. In addition, most private agencies are outpatient centers located in major cities, making access for blinded veterans from rural areas difficult, if not impossible. In many rural states, there are no private inpatient blind training centers at all. Therefore, the availability of an adequately funded and staffed VA BRC is the only option. Veterans from rural areas should not be compelled to utilize alternative facilities when VHA BRS has the capacity to ensure that they have access to a program at a facility that is adequately staffed and funded.

V. SUPPORTING VETERAN TRANSPORTATION

VA currently operates 154 VAMCs and an additional 850 Community Based Outpatient Clinics (CBOCs) located in rural areas. Despite this, accessible transportation options remain a persistent problem for blinded veterans who live in rural areas and have either no options or very limited ones for getting to and from medical appointments. Blinded veterans cannot drive themselves and, for many, finding someone to drive them presents a major barrier to keeping their medical appointments. Regrettably, access to health care for rural blinded veterans remains an issue, particularly as these veterans age, as their disability worsens, or as they lose their family caregivers. Transportation has become one of the most pressing issues for rural blinded veterans. Beneficiary travel funds reimburse eligible veterans for part of their travel expenses, but the reimbursement depends upon the veteran finding an able and available driver and vehicle.

BVA supports the recommendation by the IBVSO that Congress authorize a supplementary automobile grant to eligible veterans, including eligible blinded veterans, every 10 years. BVA advocates that this grant be renewable in the amount equaling 100 percent of the current grant maximum in effect at the time of vehicle replacement, which maintains the efficacy of this vital benefit. Currently, Congress authorizes VA to provide a one-time auto grant to eligible veterans worth \$21,488. Blinded veterans with

certain disabilities that have resulted from a condition incurred or aggravated during active military service can use this grant toward the purchase of a new or used automobile.

Unfortunately, the cost of replacing vehicles purchased through the VA automobile grant program presents a financial hardship for blinded veterans. Currently, after the one-time grant, the veteran must then bear the full replacement cost once the adapted vehicle has exceeded its useful life. The divergence of a vehicle's depreciating value, the intense burden the veteran's disability places on this vehicle, and the increasing cost of living only compounds this hardship. In order to mitigate this hardship, BVA supports the enactment of a renewable automobile grant for eligible veterans that amounts to 100 percent of the funded amount at the time the grant is renewed.

BVA also urges legislative changes to eliminate partial forfeitures of the automobile grant. Currently, any unused amount of the automobile grant is forfeited if the veteran purchases a vehicle for less than the full grant amount. Part of the automobile grant is also forfeited if the veteran partially finances the vehicle and the cash due amount in the sales contract is less than the full grant amount. As a matter of equity and fairness, these unused amounts should be available to the veteran to apply to the principal balance of their car loan or be available for a future vehicle purchase. Veterans should not be forced to forfeit part of their automobile grant.

VI. SUPPORTING WOMEN VETERANS

BVA applauds the bipartisan support women veteran issues received in the 116th Congress and looks forward to that continued support in the 117th. The passage of the *Deborah Sampson Act* was a great victory for women veterans in the fight for equality of care at the Department of Veterans Affairs (VA), but there are still many concerns that BVA urges Congress to address in the upcoming session.

BVA fully supports the IBVSO FY22 recommended appropriations of an additional \$200 million for women veterans. The IBVSO recommends that \$120 million of the \$200 million go to women veteran's medical services as follows:

- \$100 million to hire the staff necessary to develop additional women's comprehensive care centers (doctors, nurses, care coordinators, peer support specialists, and administrative support); to ensure that care coordinators are available at every VAMC that lacks in-house mammography or cervical care; and to hire sufficient Women Veterans Program Managers to ensure adequate coverage at each network and medical center. This funding should also be used to support training to ensure that designated women's health providers who meet VHA practice standards are available at each VA medical facility.
- \$20 million to develop strategic plans for women veterans throughout VA, which must include appropriate training as well as consultation and awareness of these plans by key staff within each service line such as mental health, pain management/ anesthesiology, and cardiology. In addition to the above, the IBVSO has specific FY22 recommendations in other VA accounts related to VA medical facilities, research, and organizational culture to improve access for women and minority veterans that BVA supports.

BVA recommends stronger support for survivors of Military Sexual Trauma (MST), as well as greater oversight of VA's handling of MST claims to ensure that they are handled with sensitivity and fairness, as well as promptness. While MST is not exclusively a women's issue, it commonly affects women service members and veterans in greater numbers. It is also an issue that has been swept under the rug for too long. BVA urges members of Congress to continue working alongside VA to increase accountability regarding MST care needs and claims processes.

VII. SUPPORTING CAREGIVER PROGRAM EXPANSION

In October 2020, VA began the first phase of its Caregiver Assistance Program expansion to veterans who were severely injured or became ill on May 7, 1975, or earlier, finally providing this long-overdue benefit to thousands of World War II, Korean, and Vietnam War veterans and their family caregivers. However, this one-year delay means that the second phase of the expansion mandated by the VA MISSION Act would begin a year later than the law required on October 1, 2022. As discussed in the IBVSO, BVA believes that Congress must amend the statute to begin the second phase of the caregiver program expansion no later than October 1, 2021, as intended.

BVA therefore recommends an additional \$73 million to hire approximately 700 FTEs and \$361 million to cover the cost of stipends and other benefits for these newly eligible caregivers.

VIII. PROTECTING GUIDE AND SERVICE DOGS

Guide and service dogs are critical to blind, visually impaired, and other disabled veterans working toward regaining lost independence. Guide and service dogs assist blind or disabled veterans with mobility, retrieving objects, balance, and several other vital tasks. Training guide and service dogs to perform their jobs costs upwards of \$50,000 and can take up to two years to complete. Many prospective guide and service dogs do not complete the training, making successful guide and service dogs (approximately one in ten) incredibly valuable. BVA is concerned about the safety of these guide and service dogs while on federal properties. Uncertified and often untrained support animals pose a direct threat to guide and service dogs as well as disabled veterans depending on their dog for assistance. Since 2016, there has been an 84 percent spike in reported support animal incidents to include urination, defecation, and biting. This additional threat to both veteran and service animal poses health and financial risks as the costly, lengthy, and rigorous training that the animals undergo becomes less apparent to the uninformed public, which perceives as the same the rigorously trained service animal and the poorly trained support animal. The Department of Transportation (DOT) recently released a new ruling regarding service animals on airplanes. According to the rule, emotional support animals are no longer considered to be a service animal. Airlines may require travelers with service animals to provide forms developed by DOT attesting to the dog's training, health, and behavior. Implementing policies such as DOT's at VA facilities would offer a greater level of protection for guide and service dogs, as well as for their handlers and other veterans.

BVA strongly urges VA to implement stricter guidelines for animals eligible for entrance onto VA properties and to ensure the standardization across all facilities. BVA also suggests implementing training policies for VA employees on guide and service dog etiquette to increase the safety of the dogs and their

handlers while also raising awareness. BVA also requests a dedicated guide dog champion at the Veterans Affairs Central Office (VACO) and at each VAMC. The addition of these champions can ensure proper training and understanding through Standard Operating Procedures as to the expectations, roles, and responsibilities of a service animal as well as to ensure uniformity and equal treatment across locations.

IX. SUPPORTING PROSTHETICS AND SENSORY AIDS

In FY20, VA requested approximately \$3.9 billion for the Office of Prosthetic and Sensory Aid Service (PSAS) to provide prosthetic and orthotic services, sensory aids, medical equipment, and support services to veterans. However, due to the impact of the COVID-19 pandemic, many veterans deferred needed services. Therefore, actual obligations in FY20 may have been closer to \$3.5 billion. In FY21, VA requested \$4.1 billion for PSAS, which together with carryover from FY20 should be sufficient considering the continued impact of the pandemic, notwithstanding the increased needs of the disabled veteran population served by VA. For FY22, the enacted advance appropriation for PSAS was \$4.4 billion. BVA believes there will be significant deferred care and pent-up demand that manifests itself in FY22; however, the organization also anticipates significant carryover from FY21 and does not call for additional funding in FY22. BVA urges that VA and Congress carefully monitor this account to determine if supplemental appropriations may be required to meet demand.

BVA has received reports from blinded veterans who have attended rehabilitation training from certified instructors, only to experience extended delays in the delivery of the prescribed prosthetics devices. In some cases, they were denied these devices at the local prosthetic department. BVA requests that a prosthetics device prescribed by a VIST, BROS, or other BRS specialist be furnished more promptly.

X. OVERSEEING COMPLIANCE WITH ACCESSIBILITY REQUIREMENTS

BVA thanks Congress for its continued support of our nation's blind and visually impaired veterans, demonstrated most recently by the passage of S. 3587, the *VA Website Accessibility Act of 2019*. This bipartisan legislation directs VA to report to Congress on the accessibility of VA websites (including attached files and web-based applications) to individuals with disabilities. BVA requests that there continue to be strong oversight and transparency on VA's progress of updating websites, files, and applications that are still inaccessible to such individuals. The organization is discouraged to learn that platforms such as SharePoint, used throughout the VA enterprise, and other similar platforms are not being addressed by this review. Additionally, we are equally disheartened to learn that VA will take several years to address accessibility issues with respect to the check-in kiosks at VA facilities. BVA believes these challenges will continue until accessible communications becomes a top priority for VA's entire senior leadership.

CONCLUSION

Once again, Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and all Committee members, thank you for the opportunity to present to you today the legislative priorities of

the Blinded Veterans Association. We look forward to furthering our relationships and working with you productively during these challenging times.

THOMAS ZAMPIERI BIOGRAPHY

BVA National President

Dr. Thomas Zampieri served on active duty as an Army Medic from September 1972 until September 1975. He completed this service at the rank of Sergeant. After graduating from Hahnemann Medical University's Physician Assistant Program in June 1978, he enlisted in July 1978 in the Army National Guard. He retired in 2000 as a Major after 21 years of honorable service. His service included 13 years as a Military Aeromedical Flight Surgeon, logging more than 600 hours of flight operations.

As a civilian, he obtained a Bachelor of Science Degree from the State University of New York and graduated with a Master's Degree in Political Science from the University of St. Thomas in Houston, Texas in 2003. Dr. Zampieri completed his Political Science Ph.D. at Lacrosse University in December 2005. He was employed on April 20, 2005 as the Director of Government Relations for the Blinded Veterans Association, presenting testimonies before U.S. Congressional Committees on a variety of veterans' issues prior to his retirement on November 22, 2013.

Dr. Zampieri was appointed in January 2014 to fill a vacancy on the Association's Board of Directors as District Director of the Texas region and was later elected Vice President of BVA in August 2018. On January 29, 2019, he assumed the office of President of BVA following the resignation of the President at the time. In August 2019, he was elected National President of BVA with a full two-year term. He is also Chairman of the Association's Government Relations and Legislative Committee.

Dr. Zampieri has five percent vision in both eyes resulting from degenerative retinal disease. He has volunteered since 2010 in planning an award-winning international exchange program with the Blind Veterans UK known as Project Gemini. He has organized briefings with senior defense medical officials concerning military eye injuries, blast traumatic brain injuries with vision dysfunction, defense vision trauma research program, and rehabilitation services with the DoD, VA, and UK officials. He is also a member of the Academy of Political Science.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS



Joint Hearing of the House and Senate Veterans' Affairs Committees

*March 3, 2021
Presented by
John Hilgert*

*President, National Association State Directors of Veterans Affairs
Director, Nebraska Department of Veterans' Affairs*

INTRODUCTION

Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost and distinguished members of the committees on Veterans Affairs, my name is John Hilgert, and I serve as the President of the National Association of State Directors of Veterans Affairs (NASDVA) and as the Director of the Nebraska Department of Veterans' Affairs.

NASDVA is comprised of the State Directors of Veterans Affairs for all fifty States, the District of Columbia, and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. In person I would have been joined by – John Scocos, NASDVA Executive Director, and former Secretary of the Wisconsin Department of Veterans Affairs, and Tom Palladino, Executive Director, Texas Veterans Commission and NASDVA Senior Vice President.

Let me highlight our interests to leave time for your questions.

States and Territories continue to increase their role as holistic service providers to Veterans. We coordinate, connect, and convene teams of state agencies, nonprofit organizations, and other stakeholders to address veteran employment, education, economic empowerment, and continued whole health and wellness. Despite constrained State budgets and the challenges of COVID-19, States collectively contribute over \$10 billion each year in service to our nation's Veterans and their families. NASDVA, through its Member States and Territories, is the single organization outside of the federal VA that serves 19 million Veterans.¹ Given that SDVAs are tasked and held accountable by our respective Governors, State Boards or Commissions, we are well positioned to deliver efficient, effective, and veteran focused services.

Veterans Healthcare Benefits and Services: NASDVA supports the continued implementation of the provisions of the VA MISSION Act. NASDVA's priorities for the care of

¹Veteran population estimate, as of September 30, 2019 (VetPop 2016) 19,119,131. See FY 2019 GDXX available: <https://www.va.gov/vetdata/Expenditures.asp>

our Veterans are consistent with those of the VA, especially in the area of behavioral health and suicide prevention. NASDVA supports an “all of the above” strategy for health care delivery which recognizes the diversity, geography, and demographic makeup of today’s Veterans.

State Veterans Homes: The State Veterans Home Construction Grant Program is the largest and one of the most important partnerships we have with the VA.

COVID-19 focused national attention on State Veterans Homes. In Nebraska, I am responsible for four State Veterans Homes located across the state with over 480 residents. Given that a number of State Veterans Homes (roughly 30%) are not CMS certified, the VA may need to provide more support to State Veterans Homes when health measures are directed but unfunded. The VA may also consider defining what a maintenance charge covers in a State Veterans Home relative to what specialty care the VA covers. Arguably, both VA and State Veterans Homes have a role to provide mental health care services. The challenge is delineating the cost of care associated with geriatric psychiatry. To be direct, NASDVA would offer that the VA should allow mental health services to be deemed as specialty care services and not a basic service expected to be provided by the State Veterans Home through the basic per diem allowance. This would allow VA to provide the services desperately needed by veterans. Additionally, the VA with congressional support could also consider changing the 70% Service Disability provision for full State Veterans Home per diem from the VA to 50% Service Disability. This would be an immediate and tangible step to help states fund the cost of care.

Despite all of the challenges of COVID-19, NASDVA supports a continued commitment to the significant funding of the State Veterans Home Construction Grant Program. NASDVA strongly supports increasing funding to at least \$500 million given the increases in demand for long-term care for veterans.²

² Government Accountability Office, VA Health Care: Veterans’ Use of Long-Term Care is Increasing, and VA Faces Challenges in Meeting the Demand, GAO-20-284, (February 19, 2020). Available: <https://www.gao.gov/products/gao-20-284>

NASDVA is encouraged by the Committee's oversight and interest in examining and improving the VA's support to State Veterans Homes. Use NASDVA as resource to validate lessons learned, test ideas, and identify potential legislative changes. For example, as the VA's Millennium Electronic Health Record is deployed, use the State of Washington to test consistency for the seamless delivery of quality care. Don't let the COVID-19 crisis go to waste.

Veterans Benefits Services: Given the claims backlog and number of claims on appeal, NASDVA recommends serious consideration to making federal funding available to States to assist with outreach efforts "on the ground" to further reduce the backlog and maintain progress on expediting existing and new claims. NASDVA also recommends funding and focus for VA adjudication of these claims. Beyond funding, the VA should offer more virtual training to accredited service officers to improve the "inputs" (changes to forms, processes, or policies) to the benefits systems. Finally, NASDVA would like to emphasize the important role of the National Personnel Records Center in providing the vital records which are the lifeblood for the system.

Burial and Memorial Benefits: NASDVA appreciates the National Cemetery Administration's collaborative partnership with States, Territories and Tribal governments. We recommend the FY 22 Veterans Cemetery Grant Program budget be increased to at least \$60M, comprised of \$50M for construction and \$10M specifically designated for improvements and emergent needs.

VA Funding: Once released, NASDVA would welcome the opportunity to review the details of the President's Fiscal Year 22 VA budget request. Full Congressional support of the President's Fiscal Year 22 VA budget request will likely be a vital starting point to meet the growing needs of Veterans. NASDVA is committed to working with Congressional and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs. NASDVA is encouraged by the committee's efforts to add the Department of Veterans Affairs Secretary to the

Defense Production Act Committee to elevate the needs of veterans to combat COVID-19.³

Transition Assistance: Our organization strongly encourages the most effective transition program possible for all military service members. A successful warm hand-off between the Department of Defense and the U.S. Department of Veterans Affairs to a veteran's state of residence can mean the difference between starting the journey to school, employment, and economic stability or spiraling downward to unaddressed medical and behavioral health challenges and even homelessness. NASDVA strongly encourages the Department of Defense to revise the 12 year old iteration of the DD-214 and add a block for a veteran's email address. We are very encouraged by changes to the program over the last few years; however, we see the transition as a critical point to prevent subsequent challenges in the veteran lifecycle.

Women Veterans: Women now comprise nearly 20% of the Armed Forces and assume roles in nearly all military occupational specialties.⁴ NASDVA strongly encourages the VBA to make the Women Veteran Coordinator role a full-time duty instead of a collateral duty. We believe this simple change will support women as they access their benefits and services through VBA.

Distinguished members of the committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve Veteran services and benefits. With your continued support, **we can** ensure that the needs of our Veterans and their families are addressed, adequately resourced and remain a priority.

Use State Directors as a resource.

Thank you for including NASDVA in this very important hearing.

I look forward to your questions.

³ SCVA Press Release. "Tester, Moran Urge President Biden to Include VA Secretary on Defense Production Act Committee to Combat COVID-19." (February 19, 2021). Available: <https://www.veterans.senate.gov/newsroom/majority-news/tester-moran-urge-president-biden-to-include-va-secretary-on-defense-production-act-committee-to-combat-covid-19>

⁴ Office of the Under Secretary of Defense, Personnel and Readiness. Population Representation in the Military Services: Fiscal Year 2017 Summary Report. Published in 2018. Accessed Feb 24, 2021. <http://www.cna.org/research/pop-rep>



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

1st SESSION of the 117th CONGRESS

before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

March 3, 2021

Presented by

Cory Titus

Director, Government Relations for Veterans' Benefits

EXECUTIVE SUMMARY

MOAA thanks the committees for always putting veterans first. You remain committed to working hard in a bipartisan and bicameral way for our nation's heroes as their staunchest advocates for health and well-being.

Once again, the committees came through in the 116th Congress, championing a record number of bills to provide health care and economic relief for veterans, their families, survivors, and caregivers during one of the bleakest periods in American history. The COVID-19 pandemic will forever change how we as a country deliver health care, to include how the VA delivers care to our nation's veterans.

We start the new Congress with the pandemic still affecting the nation and the accompanying economic challenge still hurting millions, but with hope on the horizon that we can bring all this hardship to an end. We look forward to working with you and all members of the House and Senate Committees in the 117th Congress.

MOAA's Overarching 2021 Legislative Priorities:

Sustain VHA foundational missions and services through:

- Strengthening and modernizing VA's workforce.
- Eliminating health disparities for women and minority veterans to ensure health equity in accessing timely, compassionate, and quality care.
- Expanding access to caregiving, palliative care, geriatric care, extended care, and hospice programs and services for veterans and wounded warriors, and their caregivers.
- Improving veteran suicide prevention programs and increasing access to behavioral health care services.

Expand and improve VBA care and services by:

- Improving medical exam and claims processing to meet pandemic-related and enduring challenges.
- Supporting our nation's economic recovery through increased educational opportunities and protections to get veterans back to work.
- Passing comprehensive toxic exposure reform.
- Strengthening and protecting service-connected disability compensation.

CHAIRMEN TAKANO AND TESTER AND RANKING MEMBERS BOST AND MORAN, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present testimony on our major 2021 legislative priorities for veterans' health care and benefits. MOAA offers our congratulations to Chairman Tester for assuming leadership of the Senate Veterans' Affairs Committee, and Ranking Member Bost for his new leadership role on the House Veterans' Affairs Committee.

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

VETERANS' HEALTH PRIORITIES

SUSTAIN VHA FOUNDATIONAL MISSIONS AND SERVICES

Since the VA MISSION Act was signed into law in 2018, the Veterans Health Administration (VHA) has aggressively pursued the implementation of one of the most historic shifts in how the VA will deliver care in the coming years — a system virtually untouched by major transformation in more than 25 years.

Myriad challenges face the VA as it attempts to sustain its four health care missions (clinical, research, education and training, and emergency management response) and associated programs and services that have earned VHA its reputation as a high-quality health care system.

The MISSION Act took a village to implement — Congress, military and veterans service organizations like MOAA, the administration, and countless other stakeholder groups working on behalf of veterans to implement this massive piece of legislation. This same extraordinary cooperation, transparency, and attention must continue if we are to fully implement the provisions of the act as intended by Congress.

Too much progress has been made, as we enter the third year of implementing the MISSION Act, not to remain focused on delivering the modernized health care system our nation promised veterans for their service. Consolidating VA's community care programs, expanding its Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras, strengthening the department's ability to recruit and retain quality health care professionals, and modernizing medical facilities must continue moving forward to restore veterans' confidence in a health care system they can trust and call their own.

MOAA is confident VA cooperation and transparency will be restored under Secretary Denis McDonough. The secretary pledged his support and cooperation during his confirmation, assuring members — and, most importantly, veterans and their families — that any veteran-related decision he and his staff makes will be guided by two questions:

- Does it improve access to care?
- Will it result in better outcomes for veterans?

The following are top priorities for MOAA in the 117th Congress:

VHA's Workforce

The VA Office of Inspector General (OIG) and the Government Accountability Office (GAO) continue to report widespread, severe staffing shortages in many occupations throughout the VHA. Most of the human capital challenges faced by the VA are long-standing, systemic problems — the VHA alone has been dealing with chronic health care professional shortages since 2015. If not addressed, veterans' access to quality care likely will be compromised, which could negatively impact their health outcomes.

VHA's workforce is at the core of who the VA is — how it has earned its reputation as a leader in quality health care delivery. Yet the system is only as strong as the pipeline for recruiting and retaining high quality health care professionals who want to care for and serve veterans. VHA's workforce is central to ensuring system changes result in improving access to high quality care for veterans when and where they need it.

While the VHA has acknowledged its human capital shortfalls and difficulty competing with the private sector for clinical professionals, it has not gone far enough to put a solid framework and human resource plans in place to once and for all get out in front of these critical workforce issues.

The VHA has yet to develop a staffing model at the national level that allows tailoring at the local level, or to prepare a department-wide succession plan since 2009, or to consider schedule arrangements as an alternative to higher salaries to attract employees who are more interested in their work/life balance — guidance repeatedly recommended by OIG and GAO. According to GAO, the VA has been unable to produce a succession plan due to leadership turnover — a problem when you consider about a third of leadership will be eligible to retire in the next two years.

The national pandemic and constant system reforms are taking a toll on the VA's health system, not the least of which are the pressures being placed on the dedicated medical providers and support staff. The VA has taken extraordinary measures during the pandemic to use existing authorities to implement rapid hiring initiatives to reduce the time to bring on new hires or former VHA or other federal health care professionals, yet it is not clear how much progress the VA has made toward bringing down the 49,000 vacancies the department had going into the crisis.

MOAA recommends strengthening and modernizing VHA's workforce by:

- *Establishing national operational predictive staffing and competitive salary and benefits structure models that cover all critical health care occupations so the VHA is equipped to assess and implement effective measures to address staffing needs at the national level while supporting flexibility at the local level.*
- *Congress pursuing strict oversight to ensure VHA improvements result in eliminating vacancies and ensuring funds are available to strengthen recruiting, retention, and workforce development programs for long-term system stability.*

Women and Minority Veterans

Women transitioning out of uniform face unique challenges because of their experiences in service. They are also the fastest growing population of veteran patients, according to the VA. The department expects women health care enrollees to grow from the current 10 percent to as high as 19 percent by 2025. VA has a comprehensive primary care strategy model it has successfully implemented; however, there remain several administrative, operational, governance, and organizational gaps preventing women from accessing the quality health care and services they need.

Additionally, according to GAO, the VA has taken steps to reduce disparities in health care outcomes linked to race and ethnicity but lacks the mechanisms to measure progress and ensure accountability¹. VA funds research that has identified disparities in health care outcomes involving minority veterans but relies on data that department officials and researchers identified as being weak, incomplete, and inaccurate.

Despite recognizing the lacking quality of race and ethnicity data, the VA has not implemented corrective actions. The pandemic has placed a spotlight on the barriers and disparities facing women and minority veterans when seeking access to VA health care and services.

MOAA recommends eliminating health disparities for women and minority veterans to ensure health equity in accessing timely, compassionate, and quality care by:

- *Accelerating initiatives for the VA to fully embrace a culture of equity, diversity, and inclusion with respect to all veterans, including women and minority veterans, to assure they are valued, respected, and recognized for their service and contributions.*
- *Applying lessons learned during the pandemic to identify and accelerate the VA's efforts to eliminate disparities and achieve health equity to meet the unique needs of high-risk veteran groups.*

¹ <https://www.gao.gov/assets/710/703145.pdf>

- *Pursuing joint VA-DoD research and collecting and evaluating health record information to determine the impact of service on the health of women and minorities and ensure continuity of health care for women as they leave uniformed service.*
- *Targeting funding for research, treatment, data management, medical care, and staffing to provide gender-specific and culturally competent care.*
- *Expanding the roles and responsibilities of the VA Offices of Health Equity and Rural Health to include enhanced outreach to veterans in local communities.*
- *Redesigning VHA delivery systems and facilities to remove barriers to ensure privacy and a safe environment for women and minority veterans accessing care, including veterans with special needs such as: those living in rural areas; homebound; aging; amputee; cognitively and physically impaired; and veterans with cultural and language differences.*
- *Expanding VA sexual assault and harassment prevention efforts to eliminate problems enterprise-wide.*

Caregiving and Long-Term Care

According to GAO, veterans rely on long-term care from the VA for everything from occasional help around the house to around-the-clock care². Eligibility is primarily based on the extent of a service-connected disability.

From FY 2014 to FY 2018, demand for long-term care increased 14 percent and VA's expected spending went up 33 percent. The VA projects demand will continue to grow, with spending set to double by 2037.

Additionally, the VA published its final regulation to improve and expand its Program of Comprehensive Assistance for Family Caregivers (PCAFC) as mandated in the VA MISSION Act, with the final regulation effective on Oct. 1, 2020. The rollout of the expanded PCAFC and other caregiver service improvements will take place over a three-year period — beginning Oct. 1, 2020, by expanding eligibility to veterans entering service on or before May 7, 1975; then, two years later, expanding services to veterans of all eras. The delay in rolling out the program, and how the VA has written the regulations limiting eligibility, has created a great deal of frustration and angst among veterans and their caregivers. MOAA urges the secretary and his team to review and reconcile these issues.

Finally, the pandemic has exposed a significant number of vulnerabilities with veterans living in state veterans' homes and VA community living centers, Homebound veterans and their caregivers are also impacted by these vulnerabilities. The VHA will need to identify shortfalls in

² <https://www.gao.gov/assets/710/704690.pdf>

health care and expeditiously apply lessons learned to further protect this highly vulnerable veteran population.

MOAA recommends expanding access to caregiving, palliative care, geriatric care, extended care, and hospice programs and services for veterans and wounded warriors and their caregivers by:

- *Requiring the VHA to develop measurable goals for its efforts to address key challenges in meeting the demand for long-term care such as workforce shortages, geographic alignment of care (particularly for rural veterans), and limitations in providing specialty care.*
- *Expanding long-term residential or home care program options through community partnerships such as state veterans' homes and non-VA medical foster homes to ensure capacity to meet demand.*
- *Strengthening VHA's engagement in monitoring and assessing state veterans' homes through documentation of failures in meeting quality standards during facility inspections and reporting resolution of documented discrepancies.*
- *Monitoring and addressing legislative discrepancies during the implementation of VA's PCAFC and other caregiver support services to ensure programs meet the intent of Congress.*

Suicide Prevention and Behavioral Health

MOAA is grateful for the bipartisan, bicameral support in the 116th Congress to enact critical legislation to address mental health needs and suicides within the uniformed service and veteran communities. Thanks to the committees' leadership and member commitment, some significant and transformative legislation became law last year; MOAA will be monitoring the implementation of new laws such as:

- **S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019** (Public Law No: 116-171, Oct. 17, 2020). Improves mental health care and suicide prevention programs in the VA.
- **H.R. 2372, Veterans' Care Quality Transparency Act** (Public Law No: 116-177, Oct. 20, 2020). Requires the comptroller general to assess the effectiveness of all agreements the VA has entered, including non-VA organizations related to suicide prevention and mental health services.
- **H.R. 1812, Vet Center Eligibility Expansion Act** (Public Law No: 116-177, Oct. 20, 2020). Requires VA to expand readjustment counseling and mental health services through its Vet Center Program.
- **H.R. 8247, Veterans Comprehensive, Prevention, Access to Care, and Treatment (COMPACT) Act of 2020** (Public Law No: 116-214, Dec. 5, 2020). Enhances transition

assistance services and suicide prevention programs, and improves care and services for women veterans.

- **H.R. 7105, Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.** Provides the VA more flexibility in caring for homeless veterans during a covered public health emergency and directs the agency to carry out a retraining assistance program for unemployed veterans, among other improvements.

The tragic loss to suicide of veterans and currently serving members of the uniformed services, the National Guard and Reserves is arguably one of the most critical and confounding health care dilemmas facing leaders at all levels of our government and the public sector. MOAA continues to join with the committees, the VA, and the administration to seek new and innovative solutions to meet veterans and their families where they are and resolve their pain and psychological wounds.

Much has been done by the VHA, including expanding telehealth and tele-mental health services during the pandemic, but so much more is needed to address the growing demand for behavioral health care services if we are to stem the tide and mitigate the rising rates of mental health diagnoses and suicides.

As mentioned last year in MOAA's statement, we remain concerned outreach and community coordination efforts are not as robust and targeted at strengthening relationships with veterans and establishing partnerships outside of the VA. Rather than the VA actively enrolling veterans in health care and providing them with earned benefits where they are needed, veterans continue to struggle with navigating VA systems. The pandemic makes it even more challenging for veterans to engage effectively with the VHA, with appointment cancellations, long wait times for appointments or in-person assistance putting their health and welfare in jeopardy. Veterans and their caregivers often give up trying to get care, feeling as though their VA has given up on them.

MOAA recommends improving veterans suicide prevention programs and increasing access to behavioral health care services by:

- *Ensuring full implementation of the above-mentioned legislation through ongoing congressional and VA oversight.*
- *Expanding government and non-government funding for preventative programs and services, including research to identify underlying causes and significant risk and protective factors for each of these populations.*
- *Ensuring VA and DoD transparency and data sharing surrounding their annual suicide reports.*
- *Accelerating effective prevention, treatment, and training programs to address military sexual trauma (MST) experienced by women and men during and after service, and*

seeking joint congressional oversight hearings to improve VA and DoD policies and procedures to care for and compensate veterans suffering from MST.

- *Supporting expansion of evidence-based and complementary integrative medical treatment approaches to improve delivery of care and veteran's health outcomes.*
- *Investing in resources and programs to aggressively promote prevention before crisis, incorporating self-help tools and services for empowering, educating, and engaging veterans in managing their individual health care.*
- *Continuing the PREVENTS Roadmap initiatives incorporating national engagement to ensure clinical and non-clinical approaches to preventing suicides by assuring intervention touchpoints are available to help veterans in communities, including those not enrolled in the VHA.*

VHA COVID-19 Lessons Learned

Like many federal agencies, the VHA has been challenged by the pandemic, placing new and unimaginable stressors on the system as it responds to the national health crisis and other natural disasters simultaneously. VA's Fourth Mission was activated to provide an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of the emerging health risk brought about by the coronavirus. In doing so, the VA works directly with the CDC and other federal partners to monitor and respond to the outbreak of the virus as required. The VA has stated its intent to share lessons learned and best practices from the pandemic with other federal partners³.

The VA has also highlighted in congressional testimony and public statements several best practices the agency plans to employ post-pandemic. The VA must ensure it fully assesses and documents lessons learned, establishes a plan for addressing shortfalls, and implements best practices to ensure lessons learned do not become lessons forgotten.

MOAA recommends the VHA fully capture lessons learned and implement best practices from the pandemic such as telehealth services and other technological advances, rapid workforce hiring processes and policies, medical supply change management enhancements, and collaborative efforts with DoD and other federal, state, and local government and non-government entities.

Challenges are extensive for the 117th Congress, but it is reassuring to know the health care priorities for the new secretary, Congress, and MOAA are aligned on critical issues. We are optimistic 2021 will provide a unique opportunity to partner and strengthen our collective relationships as we work together to improve the health and well-being of veterans, their families, caregivers, and survivors.

³ <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5405>

VETERANS' BENEFITS PRIORITIES

Eliminate the Pandemic-Caused Claims Backlog

The claims backlog has doubled in the past year, to over 200,000 claims⁴. While this is no fault of the VA's, it is the department's duty to help fix the backlog and get back to pre-pandemic levels. An adjudicated claim is the gateway to benefits and health care; these delays postpone veterans' ability to recover from our national emergencies. In MOAA's view, several areas require additional focus to resolve claim levels and restore them to pre-pandemic levels.

The recent VA decision to outsource nearly 100 percent of its compensation and pension exams to contractors requires additional scrutiny, especially with exams bottlenecking the claims process⁵. There is a claims backlog, and VHA-conducted exams will get veterans claims processed faster. We should be using them to help.

Questions remain about the optimum distribution of exams (contract or VHA), but making changes when we need as many exam options as possible often slows down veterans' access to timely exams. Reports of veterans traveling hours for exams despite having a VA hospital nearby contradict the espoused principles of doing what is best for the veteran.

One Example:

A veteran living in New York City needed a hearing test and was scheduled with a contract exam provider in Greenwich, Connecticut, a 45-minute drive from the veteran's Manhattan home.

When the veteran reached out to the contract examiner to request a closer location, he was rescheduled with a provider in Oceanside, New York – even farther away. He was scheduled this way despite having a clinic within walking distance of his home and two VA hospitals closer to his residence than the exam sites.⁶

An example like this reduces access and means a veteran is less likely to use VA care if they believe they will need to travel hours to do so, leading to worse health outcomes. Regardless of whether the VHA or a contractor provides the exam, veterans deserve timely and convenient exams from qualified professionals to help them through the claims process.

⁴ https://www.benefits.va.gov/reports/mmwr_va_claims_backlog.asp

⁵ <https://www.stripes.com/va-plans-to-outsource-all-compensation-and-pension-exams-1.649356>

⁶ <https://twitter.com/AlexanderMcCoy4/status/1351699587631820802>

Another area for concern comes at the end of the claims process. As claims are finalized, the vital ability for VSOs to receive notifications about a veteran's claim was removed from the Veterans Benefits Management System (VBMS). These notifications in VBMS help VSOs follow veteran's claims and provide a final check for minor inaccuracies that may otherwise need to be appealed. We are encouraged VBA has come back to the table with VSOs to seek a path forward on this issue and ask for Congress' continued oversight and support to fix it.

As the death toll from COVID-19 passes 10,000 veterans and 500,000 individuals nationally, our concerns grow for survivors seeking dependency and indemnity compensation (DIC)^{7 8}. As our health care system is stressed from the pandemic, there is the increased possibility to overlook service-connected conditions as principal or contributory to the deaths of veterans who pass from COVID-19. To mitigate the risks of denied DIC claims for survivors, we ask Congress to pass legislation to require an additional medical opinion of our fallen heroes whose survivors would benefit from the additional review for their veteran's claim.

MOAA recommends improving the medical exam and claims processing to meet pandemic-related and enduring challenges by:

- *Maximizing the capacity for quality compensation and pension exams through the combined use of VHA and contract exams to eliminate the pandemic-caused backlog.*
- *Reinstating the disability claims notifications in VBMS for VSOs.*
- *Passing the "Ensuring Survivor Benefits During COVID-19 Act of 2021" (S. 89) to ensure service-disabled veterans who die from COVID receive an additional medical opinion.*

Help Get Veterans Back to Work

As the health emergency ends, our ability to tackle the economic fallout of the pandemic truly begins. Unemployment has spiked, and veteran unemployment is not an exception, with nearly 5 percent of veterans out of work⁹. When you peel back the data further in the veteran population, Black and Hispanic veterans are unemployed at higher rates than the veteran average, but have higher employment rates than non-veteran members of those groups.¹⁰

We still have room for improvement, especially among minority veterans, but it is important to recognize the committees' bipartisan work has helped veterans fare better than the national average in terms of job loss. We can continue to improve on that hard work.

The bipartisan Veterans Rapid Retraining Assistance Program included in the budget reconciliation is an inspiring step forward to helping even more veterans get back to work and

⁷ <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>

⁸ <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

⁹ https://data.bls.gov/timeseries/LNS14049526&series_id=LNS14049601

¹⁰ <https://ivmf.syracuse.edu/article/the-employment-situation-of-veterans-january-2021/>

improve their lives. Veterans who need help but no longer have access to the GI Bill are captured through this program and can help fill vital jobs for our nation.

As we respond to the economic crisis caused by the pandemic, our pre-pandemic challenges remain unaddressed; in many cases, the pandemic has highlighted and worsened these existing problems. The deployment of reserve component servicemembers has been essential to our nation's COVID-19 response. These servicemembers have supplemented our national health care system when cities were at the breaking point, supported long-term care facilities, and distributed food to those in need. Despite these actions, our nation may not be properly recognizing their service if it was not performed in the proper duty status.

GI Bill Challenges for the Reserves

Duty status reform is necessary to support our nation's total force concept. It requires the involvement of many stakeholders, including the committees with jurisdiction over a number of benefits like the GI Bill, where parity is essential for sustaining an all-volunteer force. A day of federal service should be recognized and rewarded as such. Fixing GI Bill parity will bring us one step closer to properly recognizing and supporting our reserve component servicemembers.

An emerging issue MOAA has been following is administrative errors regarding GI Bill transferability. Confusion and lack of transparency for reserve servicemembers stemming from technology problems means they separate and retire believing they have completed the required service obligation to allow dependents to use transferred GI Bill benefits. Years later, they find that is not the case and owe tens of thousands of dollars to the VA.

One example, in the words of a Massachusetts veteran denied an appeal by the Army Board of Corrections:

"I have put over 20 years of honorable service including multiple deployments. My family and I have been waiting many years to use this benefit which is a matter of my daughter's education.

Our decision on her education path was decided based on the benefits we assumed we would be receiving. I clearly made a conscious effort to stay in and actively drill well past my retirement date specifically to ensure that I had met any and all requirements.

Had it been conveyed to me that I would be 24 days short of eligibility for this benefit, I would have continued drilling. I believe that my circumstances meet and exceed a preponderance standard in this case."

MOAA expects stories like this to increase as more children attempt to take advantage of their expected education benefits transferred to them by their parents who served.

While this issue stems from a lack of clarity around the “end of obligated service” date in DoD personnel systems, VA involvement is an essential part of the solution for those who are already harmed. We need to stop this population from growing, and to forgive debt where servicemembers are months or days short of the obligation dates due to the government’s inaccurate and failed technological support.

Last year, the committees passed important legislation to support GI Bill students that will make a big difference for decades to come. We urge the committee to continue to push for a longstanding priority for MOAA and many in the VSO community and close the 90/10 loophole. This decades-old accident means students using the GI Bill have a target on their back from predatory schools.

We support the bipartisan work by Sens. Tom Carper (D-Del.), James Lankford (R-Okla.), Bill Cassidy, M.D. (R-La.) and Jon Tester (D-Mont.) to close the 90/10 loophole. Fixing this issue through their bill or by other means is essential to helping students who use the GI Bill or tuition assistance.

MOAA recommends supporting our nation’s economic recovery and our veterans through:

- *Passing the Rapid Retraining Assistance Program to expand educational opportunities for more veterans.*
- *Passing GI Bill parity for our reserve component servicemembers.*
- *Fixing administrative issues to support clarity around service obligations for GI Bill transferability, and forgiving debt incurred by servicemembers through no fault of their own.*
- *Closing the 90/10 loophole for students using the GI Bill or tuition assistance.*

Pass Comprehensive Toxic Exposure Reform

Oct. 31, 2021, will mark the 50th anniversary of the final helicopter flight where Agent Orange was used in Vietnam¹¹. Almost 30 years have passed since Gulf War veterans were exposed to myriad hazardous materials and toxins. About 20 years ago, the first troops were deployed to fight the Global War on Terror.

Each war poses unique hazards and exposures for servicemembers, and each conflict has led to tens of thousands of veterans suffering from illnesses or disabilities long after they returned

¹¹ <https://www.nap.edu/read/2141/chapter/3#27>

home. Despite understanding the documented history of potential health consequences for exposures, many servicemembers are not receiving health care and benefits after clear risks and exposures during their service.

The time for comprehensive toxic exposures reform is here and must contain three essential components that are of the utmost urgency:

- Conceding exposure for servicemembers that deployed to Southwest Asia in accordance with the “Veterans Burn Pit Exposure Recognition Act”¹².
- Expanding health care access for servicemembers who experienced toxic exposures in Southwest Asia.
- Creating an advisory committee to provide recommendations to the VA secretary, and increased transparency and reporting for presumptive claims.

The first step toward supporting servicemembers who fought in Southwest Asia is to concede exposure to toxic substances. The Veterans Burn Pits Exposure Act will support claims by acknowledging exposure based on the time and place of deployment. This crucial step will support servicemembers who were exposed to burn pits and other hazardous conditions when they make claims to the VA. Currently, these claims are approved at a rate just over 20 percent¹³. Conceding exposure will help servicemembers who seek support for service-related illnesses.

As the health consequences of burn pits and other toxic substances continued to be studied, the veteran community is witnessing a wave of conditions of rare cancers and other illnesses. While the scientific community is hard at work, we must ensure our veterans receive health care to keep them alive. By expanding access to servicemembers who fought in the Global War on Terror and served in Southwest Asia, we can help support veterans who need that care.

In addition to expanded access, the creation of a formal advisory committee to offer the VA secretary recommendations for research areas, illnesses, and possible presumptives is a major step Congress could take to improve the presumptive process. The proposal in the TEAM Act of 2020 expounds on the work of the National Academies of Sciences, Engineering, and Medicine (NASEM) and offers a framework supported by many veterans organizations¹⁴.

Finally, we must increase reporting on presumptive conditions. On Feb 3, 1995, the first rules were finalized for many conditions related to many different diseases that could not be diagnosed following service in the Southwest Asia theater during the Persian Gulf War¹⁵. Over two decades after the establishment of presumptives, a 2017 GAO report established many faults with the

¹² <https://www.congress.gov/bill/116th-congress/senate-bill/2950>

¹³ <https://www.congress.gov/116/meeting/house/111024/witnesses/HHRG-116-VR09-Wstate-CarsonL-20200923.pdf>

¹⁴ <https://www.congress.gov/bill/116th-congress/senate-bill/4393>

¹⁵ <https://www.govinfo.gov/content/pkg/FR-1995-02-03/html/95-2764.htm>

VA's handling of Gulf War Illness (GWI) claims¹⁶. GAO found only 44% of GWI claims were granted. A report three years later found additional challenges for Gulf War veterans¹⁷. The FY 2021 Consolidated Appropriations Act (H.R. 133) is requesting another GAO report on what improvements can be made to support the granting of claims¹⁸.

Claim data limitations are not limited to presumptives. In testimony, the VA shared the denial rate was 78% for claims, and the department recognized the method it used to calculate this information was based on keyword searches, not conditions¹⁹ ²⁰. This instance reveals that even the VA has challenges when examining claims data. Congress should require the VA to provide a public, quarterly report on all future veterans' claims submitted to the VA for presumptive conditions or "special interest conditions," like burn pits.

Conceding exposure, providing health care, and establishing an advisory committee are important, but a feedback loop is necessary to ensure Congress' intent and the VA planning, training, and implementation are effective. A reporting requirement would help answer gaps identified, as we have highlighted, in GWI and burn pit claims.

Our veterans have waited long enough. We must take action to improve the current claims system for veterans and survivors to receive a service connection determination for toxic exposures and hazards. This process requires significant improvements, which we can make if we take a holistic approach that supports establishing direct service connection and improves the presumptive process. Comprehensive reforms are needed.

MOAA recommends passing comprehensive toxic exposure reform that helps veterans by:

- *Conceding exposure for service in Southwest Asia.*
- *Expanding health care for those who served in Southwest Asia and establishing an advisory committee on toxic exposures.*
- *Improving the reporting requirements for presumptive conditions.*

Strengthen and Protect Service-Connected Disability Compensation

As we discuss above toxic exposures, we are reminded of the recent loss of a champion for veterans, Maj. Richard Star, who passed away after a battle with metastatic lung cancer²¹. His

¹⁶ <https://www.gao.gov/products/GAO-17-511>

¹⁷ <https://www.gao.gov/products/GAO-21-253T>

¹⁸ <https://docs.house.gov/billsthisweek/20201221/BILLS-116RCP68-JES-DIVISION-J.pdf>

¹⁹ <https://www.congress.gov/116/meeting/house/111024/witnesses/HHRG-116-VR09-Wstate-CarsonL-20200923.pdf>

²⁰ <https://veterans.house.gov/events/hearings/toxic-exposures-examining-airborne-hazards-in-the-southwest-asia-theater-of-military-operations>

²¹ <https://www.moaa.org/content/publications-and-media/news-articles/2021-news-articles/advocacy/maj-richard-star-a-voice-for-disabled-veterans-loses-battle-to-cancer/>

passing leaves questions about the role toxic exposures played in his young passing, but also beckons us to address the injustice of concurrent receipt.

After his diagnosis and the discovery of the offset, Major Star spent his final year advocating for concurrent receipt of earned DoD retirement pay and VA disability pay for those forced to medically retire under Chapter 61 from injury in a combat zone. Major Star is survived by his wife Tanya, who has promised to carry on this fight.

It is unjust to shortchange a veteran's DoD retirement pay because they are compensated for service-connected disability from the VA. Retirement pay and VA disability are provided for different purposes. DoD retirement pay is earned through vested years of service. VA disability pay is provided for lifelong service-connected injury. To deny retired pay because of a disability is an injustice.

The Congressional Budget Office (CBO) recently provided options for reducing the deficit by decreasing benefits²². These savings-focused options do not take into consideration the harm to our military community and veterans with service-connected disabilities. A veteran, like all Americans, worked for their retirement savings and they worked for their Social Security. We should not reduce the retirement pay of a veteran harmed during service simply to find savings.

MOAA recommends strengthening and protecting service-connected disability compensation by:

- *Enacting the Major Richard Star Act and eliminating all other concurrent receipt offsets.*
- *Rejecting recommendations to balance our budget off the backs of veterans by cutting service-connected disability compensation or individual unemployability payments.*

CONCLUSION

The pandemic has shined a spotlight on how quickly a health crisis can become an economic crisis. While this is happening on the global level, these links have always been there; they show the need for us to take a systems-based view of how we care for our veterans. We must not just take this view within the VA, but also include DoD. The path to veteran status starts when a civilian raises their right hand and takes an oath, beginning a commitment that must be appreciated by our government and our nation.

Thank you for the opportunity to present MOAA's legislative priorities and recommendations for veterans and their families. MOAA recognizes, as do the Committees, the importance of being united and collaborative in our advocacy of those who serve this great country, their caregivers,

²² <https://www.cbo.gov/publication/56783>

families, and survivors. MOAA looks forward to working with the Committees, VA, VSOs, and other stakeholder groups this year to address these critical priorities.

Biography of Cory Titus

Director, Government Relations for Veterans' Benefits and Guard/Reserve Affairs

Cory Titus separated from the Army in 2017 after seven years of active duty service. He served as an Infantry and Signal Officer in leadership and staff positions all over the world. His assignments included Fort Benning, Ga.; the Republic of Korea; Fort Knox, Ky.; Afghanistan; Fort Gordon, Ga.; and Fort Detrick, Md.

Titus' final assignment was as a Company Commander for Headquarters and Headquarters Company, 21st Signal Brigade, where he oversaw a communications team that provided signal support to the Secret Service guarding the candidates for the 2016 presidential election.

Following his separation from the Army, he returned to graduate school at George Mason University, where he is studying social entrepreneurship through their interdisciplinary studies program. His studies are focused on improving financial education for the military and spouse community.

Titus is a Minnesota native and has a Bachelor of Arts degree in international studies from the University of Saint Thomas in Saint Paul, Minn. He joined MOAA in January 2019 as an intern and joined the Government Relations team full time as an Associate Director for Currently Serving and Retired Affairs in June 2019.

135



**TESTIMONY OF
STUDENT VETERANS OF AMERICA
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE
U.S. HOUSE OF REPRESENTATIVES
HEARING ON THE TOPIC OF:
"LEGISLATIVE PRIORITIES OF 2021"**

MARCH 3, 2021

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Chairmen Tester and Takano, Ranking Members Moran and Bost, and Members of the Committees: Thank you for inviting Student Veterans of America (SVA) to submit testimony on our organization's policy priorities for the 117th United States Congress. With a mission focused on empowering student veterans, SVA is committed to providing an educational experience that goes beyond the classroom. We elevate the academic, professional, and personal development of veterans in higher education through chapter programs and services, outcomes and impacts research, and advocacy at every level.

Through a dedicated network of more than 1,500 on-campus chapters in all 50 states and three countries overseas representing more than 750,000 student veterans, SVA aims to inspire yesterday's warriors by connecting student veterans with a community of like-minded chapter leaders. Every day these passionate leaders work to provide the necessary resources, network support, and advocacy to ensure student veterans can effectively connect, expand their skills, and ultimately achieve their greatest potential. As a data-driven organization, SVA's research team collects, analyzes, and interprets data from national partners as well as institutions and chapters to tell the stories of our nation's most talented group of college students.

Executive Summary

At Student Veterans of America, our goal is to inspire tomorrow's leaders. This ethos is perfectly captured when considering our Chapter at Clemson University, led by the Chapter President, Matthew Morris, a U.S. Navy veteran. Over the course of the COVID-19 pandemic, the Chapter experienced a significant leadership transition, and Matthew's team worked closely with the campus career services office to promote and organize virtual career fairs and professional development courses. They found innovative ways to partner with organizations in the community to safely conduct meaningful events with veterans from previous generations, such as a viewing of the film "Outpost."

Clemson is one of our many Chapters that have greeted the challenges associated with social distancing as an opportunity to transform operations and increase accessibility to student veterans and the community. Clemson University received our 2021 Chapter of the Year Award for continuing to inspire others through adaptability and commitment to community.

While examples like Clemson are noteworthy, they are not unique. Throughout the past year, student veterans nation-wide have risen to the occasion as they always do. At the University of Nevada Las Vegas (UNLV), Andrew Ho is a first-generation college student and the SVA Chapter President on his campus. In 2010, he joined the United States Air Force, and after his military service he chose to pursue a degree in occupational therapy. After he noticed his peers grappling with the common challenge of "imposter syndrome," he stepped up as a leader.

Andrew worked with other student veterans on his campus to establish an environment where student veterans could develop a sense of belonging and felt comfortable contributing to their campus community in ways that no other students could. He is a leader in the Peer Advisors for Veteran Education (PAVE) program, a mentor with the Big Brothers Big Sisters of America, and a true servant-leader building a culture of trust on his campus. Andrew was selected from among thousands of his peers as our 2021 Student Veteran of the Year, and there are so many others with similarly impressive stories of success, service, and leadership.

In this testimony, we will highlight our top policy priorities for 2021 and beyond. These priorities arose from direct interactions with student veterans at our annual Regional Summits, Leadership Institute, Washington Week, and National Conference. Several weeks ago, we hosted a highly inclusive virtual National Conference with record-breaking student veteran attendance at our 13th annual "NatCon." The priorities you will see below are organized





into the following topics:

- GI Bill Improvements
- VA Modernization
- Higher Education Reauthorization Act
- Accountability and Affordability
- Post-Traditional Student Success
- Effective and Empowering Governance

As you read through the rest of our testimony, we feel it is imperative to have a comprehensive understanding of the higher education landscape for veterans through national-level data and research, and for this reason we incorporated a review of some of our findings in the next section. Data and research inform every aspect of our programs and advocacy, as anecdote and assumptions often lead to myths that so frequently rule crucial decisions.

A Summary of Our Research Findings

Throughout the past decade, SVA has dedicated significant resources to researching the efficacy and impact of the Post-9/11 GI Bill. We have incorporated overviews of this research in recent years' testimony and felt it was important to include it this year as well, due to the many new members joining these Committees. We hope the information below is helpful in providing a more robust understanding of who student veterans are and how we can better serve them.

With the leadership and expertise of Dr. Chris Cate, our team produced both the Million Records Project (MRP) and the National Veteran Education Success Tracker Project, or 'NVEST Project' for short.¹ The purpose was to address a straight-forward question: "What is America getting for its multi-billion-dollar investment in the education of veterans?" In partnership with the Department of Veterans Affairs (VA) and the National Student Clearinghouse (NSC), we studied the individual education records of the first 854,000 veterans to utilize the Post 9/11 GI Bill.

The bottom line is this: student veterans are among the most successful students in higher education.² With appropriate resources, this research could be updated annually to better assess student veteran success through data and to overcome outdated myths about veterans, college, and career success. Not satisfied with just illuminating student veterans' level of success in higher education, SVA started the Life-Cycle Atlas Project to begin "mapping" student veterans' educational journeys from high school to the present to better understand how student veterans succeed in higher education.³ With almost 4,000 responses the project has already produced three key findings.

First, much of the public has a nostalgic view of veterans' post-secondary educational journey: High school, Military Service, College, then Workforce – this is outdated. There is no doubt this view has been carried over from the World War II era to today, where service members returned from service to use the GI Bill to earn a college degree and enter the workforce. However, our research has found veterans' educational journeys are more diverse than ever before due to more options to serve and accessibility of college courses.

It is within these educational journeys that a second key finding was discovered. Service members are exposed to

¹ See generally *Research*, STUDENT VETERANS OF AMERICA, <https://studentveterans.org/research/> (last visited Feb. 24, 2021).

² Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill*. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

³ See generally *Life Cycle Atlas*, STUDENT VETERANS OF AMERICA, <https://studentveterans.org/research/life-cycle-atlas/> (last visited February 15, 2021).





implicit messaging that they are not college material and thereby discouraged from considering a college education after service. This implicit messaging sometimes starts with their high school guidance counselors then reinforced throughout their military service. It is often not until after they have separated and hear about other veterans succeeding in college that they realize their potential and enroll.

Finally, looking at the transition from school to the workforce, the Life Cycle Atlas Project is finding that student veterans are not utilizing the variety of career preparation opportunities that are available to them, such as internships, externships, and co-operative education. This puts student veterans at a disadvantage compared to more traditional student groups who have taken advantage of these hands-on learning and career preparation opportunities.

It is also important to understand the demographics of student veterans. Ninety percent of student veterans using the GI Bill are prior enlisted, while the remaining ten percent are prior warrant and commissioned officers. Eighty-four percent are over the age of twenty-five. Nearly half are married, and half have children; eighteen percent are single parents. Fifty-five percent of student veterans work while enrolled in courses with sixteen percent of those working multiple jobs.⁴

In terms of school and degree choice, eighty-two percent of student veterans attend a not-for-profit public or private university. Student veterans are using their GI Bill to earn degrees in this order: first, bachelor's degrees, then master's degrees, followed by associate degrees, and finally terminal degrees, such as a PhD, JD, MD, etc.⁵

Next, the most well-known academic performance measure is the grade point average (GPA). The national GPA for undergraduate college students is a respectable 3.15. The GPA for student veterans is 3.36. Student veterans are out-graduating nearly all other students achieving a success rate of seventy-two percent compared to the national average of sixty-six percent. Additionally, NVEST data demonstrate that student veterans have a substantially higher graduation rate when compared to other adult students who are comparable peers.⁶

In its first six years, the Post-9/11 GI Bill enabled more than 347,000 veterans to complete a post-secondary degree or certificate. Twenty-three percent are women. SVA projects the Post-9/11 GI Bill will support approximately one-hundred thousand veterans graduating every year, with an overwhelming majority graduating from premier schools. That is 100,000 new doctors, accountants, scientists, financial analysts, nurses, social workers, lawyers, cybersecurity engineers, and teachers, or enough to fill the largest college football stadium in America, every single year.⁷

When looking at income, veterans with degrees out-earn their civilian peers who have never served. Veterans with a bachelor's degree earn \$84,255 annually compared to \$67,232 annually for those who have never served, and at the advanced degree level the difference is even higher, veterans with advanced degrees earn \$129,082 annually compared to \$99,734 annually.⁸

As we move forward, SVA is committed to pioneering the next bold steps in student veteran research. Last year,

⁴ Cate, C.A. Student Veteran Census Survey 2018. Student Veterans of America, Washington, D.C.

⁵ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

⁶ *Id.*

⁷ See Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C., https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

⁸ Student Veterans: A Valuable Asset to Higher Education, INSTITUTE FOR VETERANS AND MILITARY FAMILIES AND STUDENT VETERANS OF AMERICA (2017), https://studentveterans.org/wp-content/uploads/2020/09/Student-Veterans_Valuable_9.8.17_NEW.pdf.





our team deployed the Veteran Opinion Survey, a new national survey of veterans that periodically collects opinions on the challenges veterans face, and the effectiveness of the groups and government leaders tasked with addressing them. These surveys will elevate the voice of student veterans on policy matters of national importance and provide an important accountability check for the agencies, elected officials, and organizations that serve them.⁹

This past year confirmed the value of these new surveys as SVA used them to better understand how COVID-19 impacted student veterans and their families. The unique data that was collected informed SVA's action on behalf of student veterans during this challenging period. These responses are addressed in greater detail below in the section summarizing the pandemic's impact on student veterans.

The GI Bill is creating an ever-growing network of successful veterans who are going to run businesses, invent new technologies, teach young minds, and lead their communities, which is why we need to bolster empowering policies and programs that best support student veteran success to, through, and beyond higher education. Quality data are key to these efforts. We encourage these Committees to take advantage of the full breadth of SVA's research as they endeavor to craft the policies that will serve current and future generations of student veterans.

Overview of COVID-Related Findings and Priorities

Student veterans have experienced unique frustrations and concerns throughout the pandemic, even with the generous flexibilities created by this Congress and the quick support provided by the Veterans Benefits Administration (VBA). Unlike their civilian counterparts, student veterans were nearly wholly dependent on schools accurately understanding rapidly changing VA guidance and considering GI Bill regulations when making decisions for entire student populations.

Even seemingly common-sense decisions had drastic and almost catastrophic implications for students using VA benefits. To be fair, school administrators were facing unprecedented decision requirements and were making decisions for thousands of people at once. Similarly, it is important to recognize that VBA is only one part of the overall system and can only operate under its current requirements and authorities.

In the week after SVA last testified during these joint hearings in March 2020, as the pandemic began to unfold, we became aware of several issues that would significantly and negatively impact student veterans and their families across the country. When we, and others in the veteran advocacy community, raised these issues, Congress responded quickly to stitch together a patchwork of solutions to rectify many of these unintended oversights.

We would like to again state our gratitude for the efforts of all involved to protect the hundreds of thousands of student veterans and families across the country that were at risk of losing the roof over their heads, tuition payments, benefit entitlement, and much more. Indeed, some of our first recommendations for this new Congress, a year later, are to review and study the emergency needs specific to the GI Bill uncovered during the COVID-19 response and take a two-prong approach to preventing the mass confusion and concern experienced this past year for future national emergencies.

First, as an immediate assurance, Congress should codify the flexibilities and protections created for the GI Bill so they can be activated immediately when a national emergency is declared. While we greatly appreciate how quickly and effectively Congress responded to the unique and significant needs of student veterans last year,

⁹ *Veterans Opinion Survey*, STUDENT VETERANS OF AMERICA, <https://studentveterans.org/research/veterans-opinion-survey/> (last visited Feb. 24, 2021).





these course corrections were necessary to preserve the basic integrity of the educational benefits system. It makes little sense to reopen these types of wounds again in future emergencies.

Learning from our shared history in 2020 will prevent the need for such heroic efforts and allow for more effective GI Bill governing during emergencies in the future. Second, we know the patchwork of flexibilities and protections created last year is just that, a patchwork, and inherently not perfect. A more sustainable and dependable GI Bill administration system should also be studied to identify ways we can make the GI Bill work more seamlessly within the higher education system.

Beyond identifying immediate legislative needs stemming from COVID-19, as mentioned previously, SVA surveyed veterans across the country throughout last year to better understand the ripple effects of the pandemic. These surveys were conducted over the course of several months on a variety of topics, including their thoughts on the pandemic, the realities of how it continues to impact them, and what problems remain. We will gladly share the entirety of the data with any interested office, but we want to highlight some of the key findings here:

- Roughly half of respondents shared that their monthly income was either not enough to pay bills or that little remains after paying bills.
- Seven in ten veterans who are parents reported an issue with loss of childcare or school closures negatively impacting their ability to work.
- More than eighty percent had some concern about COVID-19 impacting their academic goals or delaying progress towards a degree or certificate.
- Roughly one third reported being concerned about not having a job in the next three months.
- More than eighty percent had a pessimistic view of the economy.
- Nearly seventy percent believed, even as recently as January of this year, that COVID-19 will not be over and completely behind us for at least another year.
- As of January 2021, only 4% of student veterans' schools whose operations were impacted by the pandemic had returned to normal.¹⁰

The overall takeaway is that student veterans, like all Americans, continue to need assurances and support to navigate such uncertain times. From immediate worries of being unable to stay in their homes, to anxiety over what the future holds, student veterans and their families have concerns that reach far beyond any single program within VA.

To recover from the challenges of this last year and empower our veterans to excel post-military service and post-pandemic, it is critically important that veterans receive assistance from, and build confidence in, the entire gamut of programs VBA offers. In other words, as the Independent Budget (IB) organizations stated in their policy recommendations for the 116th Congress, "This nation should have as much focus on the economic opportunities for veterans as it does for their health care and benefits".¹¹

The GI Bill as the Front Door to VA

Based on what we have heard from student veterans in recent years and months, we are committed to our priorities having a central theme: the GI Bill is the 'front door' to VA. Typically, using the GI Bill is one of the first interactions a newly transitioned veteran will have with VA in the universe of post-service benefits and

¹⁰ COVID-19 and 2020-2021 Veterans Opinion Surveys, STUDENT VETERANS OF AMERICA (on file with author).

¹¹ DISABLED AMERICAN VETERANS, PARALYZED VETERANS OF AMERICA, AND THE VETERANS OF FOREIGN WARS., THE INDEPENDENT BUDGET – VETERANS AGENCIA FOR THE 116TH CONGRESS. Retrieved from: 120 (2019), available at http://www.independentbudget.org/pdf/IndependentBudget_2019.pdf.





programs.¹² This means a seamless GI Bill process is key to establishing trust and confidence in the agency. Much like the Veterans Health Administration's (VHA) 'Whole Health' concept for treating the entirety of a veteran, SVA advocates for a 'Whole Benefits' approach for modernizing VA Education Services.

The idea is a big one, but it begins with perfecting all the small steps in the process along the way. With an overhaul of VBA's IT systems now underway, the agency can focus on continuing to improve customer service to veterans calling into the GI Bill call center with faster response times, expand communication avenues via text, chat, and email, quickly respond to beneficiaries' questions, calculate benefits accurately and in a timelier manner, digitize eligibility certificates to reduce wait times, reduce the lag time between applying for benefits and receiving the first tuition and housing payments, and much more. By truly embracing the GI Bill as the front door, the first interaction, newly transitioned veterans have with VA, we open up untold potential for VA to focus on making consistent, early outreach with accurate contact information to establish a lifelong connection with VA.

Additionally, we strongly support additional study of how the GI Bill can better integrate within the higher education system to prevent the mass concern student veterans faced during the pandemic and continue to face today. Student veterans using their earned education benefits sit at messy and confusing crossroads of higher education policies at the Department of Education (ED) and those at the Department of Veterans Affairs.

While historically, this intersection has been manageable, the pandemic has exposed concerning blind spots worth further review. The entirety of the experience we as a collective community—from advocates, congressional staff, school administrators, VA, and most importantly to student veterans—have faced throughout the last year beg the need for thorough review of how we can reduce the complexities of how the GI Bill interacts with higher education administration.

We know this is a large, complex problem to solve, but ensuring we are working toward a more effortless relationship between the two systems while still respecting the unique needs of GI Bill administration, will help prevent the type of emergencies many student veterans faced this past year. In honoring the GI Bill as the front door to VA, SVA will continue to advocate for our annual policy priorities that improve the daily lives of student veterans and their families, increase efficacy of government programs used by student veterans through efforts such as closing the 90-10 loophole, push for greater data transparency, and elevate the success and value of an educated veteran population.

The effects of truly embracing the GI Bill as the front door to VA will be felt immediately, as veterans across the country will see improvements in their first interactions with VA, and long after as well. At SVA, we often say student veterans are the ambassadors for military service. Similarly, the quality of VA's service to student veterans is the ambassador for all VA services. We look forward to focusing on this concept as we work with our partners at VA and our veteran advocate counterparts during 117th Congress and beyond.

Policy Priority Recommendations

GI Bill Improvements

1. Monitor and ensure quality implementation of recent GI Bill legislation

As a result of these Committees' and others' tireless work last year, a remarkable number of policy changes were implemented that will improve the lives of veterans across the country. SVA will be carefully monitoring the

¹² See generally *Journeys of Veterans Map*, U.S. DEPARTMENT OF VETERANS AFFAIRS, *Journeys of Veterans Map*, <https://www.blogs.va.gov/VANtagelmp-content/uploads/2020/02/Veteran-Journey-Map.pdf>, (last visited Feb. 25, 2021); *VA Welcome Kit*, DEPARTMENT OF VETERANS AFFAIRS, *VA Welcome Kit* (Nov. 12, 2020) <https://www.va.gov/welcome-kit>.





ongoing implementation of these improvements, including many provisions enacted in the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*.

There are more than 30 provisions in that bill that impact student veterans, their families, and survivors in some way.¹³ Among other items in the bill, we will be tracking the new dual certification process, how overpayments are handled by schools, and the new oversight and accountability standards for institutions. We will also closely follow VA's efforts to modernize their education IT infrastructure.

Last year, roughly \$243 million in unused *Coronavirus Aid, Relief, and Economic Security Act (CARES Act)* funds were repurposed to allow VA to begin modernizing its dated education IT infrastructure by digitizing the GI Bill.¹⁴ SVA commends these Committees for shifting those funds and we commend the VA for the initial steps taken to begin this long overdue process.

We also know current funds are insufficient on their own to finance the entire modernization effort, and we will continue to call on Congress to provide the necessary funds to complete the task. Finally, SVA will be paying close attention to any pandemic relief measures that may not yet be fully implemented, primarily those that were supposed to be effective as of January 2021.

2. *Comprehensively review and update Monthly Housing Allowance (MHA) to address rate disparities such as those related to break pay, rural areas, overseas institutions, and medical rotations*

SVA regularly hears from students that current MHA rates do not reflect the reality of their living situation for many students. Whether it be the flat rate for overseas learners, rates that do not serve students well during medical rotations, unavailability of payment for periods between academic terms, or issues with rural rates, among other issues, MHA needs additional attention from Congress.

A looming problem faces students at international campuses of U.S. institutions. Under previous MHA guidelines, students attending international campuses received the MHA attributed to that school's main U.S. campus. Going forward, however, that rate will be adjusted to the national average. SVA does not believe the U.S. national average is the appropriate MHA rate for international locales, particularly when many of those areas have significantly higher costs of living.

VA uses the Department of Defense (DoD) Basic Allowance for Housing (BAH) – a state-side rate – to determine domestic MHA rates.¹⁵ VA should similarly use DoD's Overseas Housing Allowance (OHA) – a non-domestic rate – to set overseas MHA. DoD has already gone through the process of rigorously calculating the cost of living in numerous locales abroad and incorporating them into the OHA rate.¹⁶ This is a common-sense solution that will provide overseas students with a more equitable MHA rate and establish consistency in the methods VA uses to establish those rates.

Medical rotations are another pain point for students receiving MHA. As students rotate through hospitals across the country, they can be subjected to far higher costs of living than those on which their MHA is based. Students even go into debt to support themselves in these situations. There are already rates established for the locations these students rotate through. Congress should explore ways to provide these students with MHA rates that match the location of their medical rotation to prevent them from taking on unnecessary financial burdens.

¹³ See generally *Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020*, Pub. L. No. 116-315.

¹⁴ Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, Div. J, Title V, § 515.

¹⁵ *Post-9/11 GI Bill (Chapter 33) Payment Rates for 2019 Academic Year (August 1, 2019 - July 31, 2020)*, U.S. DEPARTMENT OF VETERANS AFFAIRS (June 18, 2019), https://www.benefits.va.gov/GIBILL/resources/benefits_resources/rates/ch33/ch33rates080119.asp.

¹⁶ See *Overseas Housing Allowance*, U.S. DEPARTMENT OF DEFENSE, DIRECTORATE OF MILITARY COMPENSATION POLICY, https://www.defensetravel.dod.mil/Docs/Fact_Sheet_OHA.pdf (last visited Feb. 24, 2021).





Another MHA issue that continues to cause hardships for many students is the lack of payment for periods between academic terms. The Post-9/11 Veterans Educational Assistance Improvements Act of 2010 removed interval pay, otherwise known as break pay, from the GI Bill. Reinstating break pay is one of the top policy recommendations shared by student veterans.

We understand there are cost considerations when it comes to break pay, but it is important to remember that student veterans are post-traditional, meaning they are pursuing education without parity in the support structure many traditional students use during school breaks. We continue to hear from student veterans throughout the year about the financial difficulties that come between terms. SVA believes there is a way to provide relief to our student veterans in a way that is both consistent with the intent of the law and fiscally responsible.

In recent years, SVA has highlighted another MHA issue affecting students across the country – the need for greater flexibility in policies allowing MHA payment when natural disasters force institutions to temporarily close. VA may continue paying housing allowances to student veterans for up to a month if a school is closed due to a natural disaster.¹⁷ However, extensive research conducted by SVA shows that many school closures last longer than one month.¹⁸

We encourage Congress to grant VA the authority to extend the timeframe for continued MHA payments when natural disasters are so severe an institution needs more than one month to reopen campus. This is another common-sense, proactive policy change that would provide student veterans more than a few weeks' time to figure out a new plan when facing catastrophes.

Finally, there are reports that MHA rates are not serving student veterans well in some rural areas with rates often below the current national average not adequately meeting actual cost-of-living needs, resulting in many of these students struggling to make ends meet. These examples are by no means exhaustive of the concerns we field related to MHA. These examples also do not answer the important question asking if rates being based on supplemental income for DoD service members is adequate for GI Bill users, or whether the inability for many student veterans to access additional programs such as SNAP and Unemployment Insurance are causing more damage as students look to meet basic needs.

The conversation cannot be as simple as raise MHA rates for some, we urge congress to conduct a comprehensive review of current MHA policies to identify improvements that will ensure allowances better serve all student veterans, especially those experiencing the issues highlighted above.

3. *Ensure members of the Guard and Reserve receive the same benefits as those on active duty when they perform the same work*

As U.S. defense plans change from utilizing the National Guard and Reserve Components as a 'strategic reserve' to an 'operational reserve', we see an increasing level of overlap in the training and service requirements for the deployment of these service members and those of active-duty service members. However, under current law, these similar responsibilities do not equate to similar benefits. These inequities were laid bare this past year as members of the National Guard were tasked with responding to numerous, unprecedented challenges including multiple natural disasters, COVID-19, and the violent insurrection in our nation's capital.¹⁹

¹⁷ *What if my School Term is Interrupted by a Hurricane or Natural Disaster*, U.S. Department of VETERANS AFFAIRS (July 8, 2019), https://gibill.custhelp.va.gov/app/answers/detail/a_id/1573/-/what-if-my-school-term-is-interrupted-by-a-hurricane-or-natural-disaster%3F.

¹⁸ See *generally Natural Disaster Map*, STUDENT VETERANS OF AMERICA, <https://studentveterans.org/government-affairs/natural-disaster-map/> (last visited Feb. 11, 2021).

¹⁹ Meghann Myers, *State National Guard chiefs call for more troops, more benefits for federal missions*, MILITARY TIMES (Jan. 29, 2021), <https://www.militarytimes.com/news/your-military/2021/01/29/state-national-guard-chiefs-call-for-more-troops-more-benefits-for-federal-missions>.



We encourage Congress to thoroughly review the statutory requirements that qualify service members for benefits and to finally bring parity to benefits for members of the Guard and Reserve who undertake the same duties and risks as their active-duty counterparts.

4. *Expand protections for members of the National Guard and Reserve who face short-term deployments and training obligations during their academic term*

SVA has heard from student service members facing challenges in completing coursework or exams due to conflicts with short-term military training or deployment obligations. SVA believes most institutions sincerely want to help these students balance their military obligations with their studies. However, current law does little to help these students manage these competing priorities.

There are institutional readmission protections for service members, but those only cover students who completely withdraw from their school for a duty period of at least 30 consecutive days.²⁰ We encourage Congress to work in tandem with ED, VA, and DoD to explore ways to provide student service members with additional protections and flexibility so military training does not have an unnecessarily negative impact on their studies.

5. *Formalize the Department of Veterans Affairs 'rounding out' practice*

VA has announced it will phase out a practice known as Rounding Out on or after August 1, 2021.²¹ Students must typically only take courses required for the completion of their program in order to meet full-time status and receive maximum MHA. The Rounding Out practice allows GI Bill students who are in their final term to "round out" their course schedule with non-required courses to achieve full-time status. This permits these students to finish their final term while receiving full-time MHA.²²

The Rounding Out policy is not found in statute or regulation. Rather, it is VA guidance to School Certifying Officials that the agency previously found appropriate to cure a basic unfairness in how benefit requirements can impact some students in their final term. Despite years of administering the benefit this way, and without any notable objections, VA appears to believe they no longer have the authority to afford students the compassion of this limited reprieve.

SVA and others, including the National Association of Veterans' Program Administrators (NAVPA), believe elimination of this rule will increase out-of-pocket costs for certain student veterans in their final term, force them to take out unnecessary loans, and potentially cause some to drop out of school altogether.²³ To ensure student veterans have access to a fair housing allowance throughout their final term, SVA asks Congress to remove all confusion and pass legislation that would cement the Rounding Out practice in law.

VA Modernization

²⁰ *Frequently Asked Questions: Institutional Readmission Requirements for Servicemembers*, U.S. DEPARTMENT OF EDUCATION (Sept. 25, 2017), <https://www2.ed.gov/policy/highered/guid/readmission.html>.

²¹ U.S. DEPARTMENT OF VETERANS AFFAIRS, *SCHOOL CERTIFYING OFFICIAL HANDBOOK (ON-LINE) – ROUNDING OUT*, U.S. DEPARTMENT OF VETERANS AFFAIRS (Dec. 3, 2020), available at https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/content/554400000149088/School-Certifying-Official-Handbook-On-line#Rounding%20Out.

²² *Id.*

²³ NATIONAL ASSOCIATION OF VETERANS PROGRAM ADMINISTRATORS, *VETERANS' EDUCATION PROGRAMS ISSUES AND LEGISLATION TALKING POINTS 2020*, NATIONAL ASSOCIATION OF VETERANS PROGRAM ADMINISTRATORS (2020), 3 (2020), available at <https://www.navpa.org/wp-content/uploads/2020/03/NAVPA-Leg-Agenda-Feb-2020-Talking-points.pdf>.



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

1. *Establish the Veteran Economic Opportunity and Transition Administration with Undersecretary representation for all economic opportunity and transition programs at VA*

Greater focus must be placed on economic opportunity for veterans, including through higher education.²⁴ This would be best achieved by building on the early success of the new office at VA dedicated to transition and economic opportunity and elevating it, and Education Service, to its own administration at VA. Presently, economic opportunity programs such as the GI Bill, home loan guaranty, and many other empowering programs for veterans are buried within the bureaucracy of VBA and functionally in competition against disability compensation policy for internal resources.

Over the past century, VA has focused on compensating veterans for loss, but the reality of the 21st century and beyond demands the additional goal of empowering veterans to excel post-service. Critically, this will further advance our nation's goals of enhancing economic competitiveness. A focus on veteran contributions to business and industry, to governments, to non-profit organizations, and to communities through the best education programs in our country will result in impressive returns on the taxpayers' investments.

2. *Continue to expand and modernize the GI Bill Comparison Tool*

The Comparison Tool can be invaluable to veterans trying to understand the value of their GI Bill as they consider educational options but there are improvements that would improve the overall utility of the tool. As it stands, the lack of coordination between ED and VA on College Navigator, College Scorecard, and GI Comparison Tool reduces the overall delivery of powerful data to veterans.²⁵ The Comparison Tool has unique data, justifying itself as separate tool from ED's options, but the underlying data is not being shared effectively between these tools, leaving prospective students an incomplete view of their options.

The data running the Comparison Tool are largely restricted to VA's internally available data, which are also limited, notably excluding many student veterans who run out of benefits prior to graduation or elect alternative funding. Those limitations notwithstanding, SVA appreciates the continued public availability of the raw data powering the GI Bill Comparison Tool. This data allows external entities to run complementary research and analysis to support additional feedback to VA and policymakers.

A 2013 law required VA to launch a "centralized mechanism for tracking and publishing feedback from students..."²⁶ While the current tool technically satisfies these broad requirements, it is far from adequate to meet the needs of students in a 21st century higher education system. Several issues and recommendations to address them are covered below.²⁷

²⁴ See DISABLED AMERICAN VETERANS, PARALYZED VETERANS OF AMERICA, AND THE VETERANS OF FOREIGN WARS, THE INDEPENDENT BUDGET – VETERANS AGENDA FOR THE 116TH CONGRESS. Retrieved from: 120 (2019), available at http://www.independentbudget.org/pdf/independentBudget_2019.pdf (explaining that "[t]his nation should have as much focus on the economic opportunities for veterans as it does for their health care and benefits").

²⁵ See generally *College Navigator*, NATIONAL CENTER FOR EDUCATION STATISTICS, US DEPARTMENT OF EDUCATION, <https://nces.ed.gov/collegenavigator> (last visited March 1, 2020); *College Scorecard*, US DEPARTMENT OF EDUCATION, <https://collegescorecard.ed.gov> (last visited March 1, 2020); *GI Bill Comparison Tool*, US DEPARTMENT OF VETERANS AFFAIRS, <https://www.va.gov/gi-bill-comparison-tool/> (last visited Feb. 24, 2021).

²⁶ Pub. L. No. 112-249 §1(a).

²⁷ Many of the recommendations below are sourced from SVA's public comment on VA's 2020 Notice of Agency Information Collection Activity



The GI Bill Comparison Tool suffers from a substantial lack of detailed information about student complaints. For any given school, the tool simply shows a tally of complaints across broad categories. If a user wants to find more information about a complaint, they might think to click the "source" link. Unfortunately, that simply links the user to a page detailing the tool's functions.²⁸ The tool also only publishes complaints from the prior 24 months. We recently provided specific recommendations to address these issues in a public comment on VA's continued collection of information through the GI Bill Feedback Tool:

VA should publish and maintain a comprehensive database of all school-specific complaints submitted through the Feedback Tool. Students should be given the option to disclose their narrative comments publicly, and those comments should be included in the database. The feedback database should be presented in a familiar interface, preferably one that mirrors other popular review websites. This means it should include helpful user features like search, filters, and sorting. We further recommend the Department include a link on each school's profile page in the GI Bill Comparison Tool that directs students to a full, detailed list of complaints submitted about that institution. This will help students identify and better understand the true nature of complaints submitted about each school. It will also improve the ability of advocates and researchers to monitor and analyze past and present institutional compliance with the Principles of Excellence and other laws.²⁹

VA should also place caution flags on schools in the GI Bill Comparison Tool that receive an inordinate number of student complaints. VA currently only places caution flags on schools with a program of education subject to "increased regulatory or legal scrutiny" by VA or other federal agencies.³⁰ We support this use of caution flags but, student veterans also deserve to be alerted when a school has received a troubling number of student complaints.

We also ask that VA develop a mechanism to maintain closed schools within the tool, versus having them simply disappear. This removal of schools from the tool means associated data also disappears, leaving significant gaps in the overall picture for how those schools served students. Lastly, we encourage VA to incorporate a side-by-side comparison feature so students can more easily compare schools. We look forward to working with Congress and VA to update this valuable resource so it can better serve student veterans, servicemembers, and their families.

3. Establish parity between the Post-9/11 GI Bill and VR&E MHA subsistence rates

Many student veterans have shared concerns about not being able to afford basic necessities while pursuing their individualized training and education plans. Indeed, these concerns are echoed in the 2014 Government Accountability Office (GAO) report on VR&E which establishes that veterans may discontinue their plans before completion due to financial pressures.³¹ Currently, VR&E has two different subsistence rates. One is the rate of

for the Principles of Excellence Complaint System, where they can be found in substantially similar form. See generally SVA Comment on OMB Control No. 2900-0797 Agency Information Collection Activity: Principles of Excellence Complaint System Intake, STUDENT VETERANS OF AMERICA (2020) (on file with author), available at <https://www.regulations.gov/comment/VA-2020-VACO-0001-0084>.

²⁸ See GI Bill® Comparison Tool: About This Tool, U.S. DEPARTMENT OF VETERANS AFFAIRS (June 11, 2020), https://www.benefits.va.gov/gibill/comparison_tool/about_this_tool.asp#sourceData.

²⁹ SVA Comment on OMB Control No. 2900-0797 Agency Information Collection Activity: Principles of Excellence Complaint System Intake, STUDENT VETERANS OF AMERICA 3 (2020), available at <https://www.regulations.gov/comment/VA-2020-VACO-0001-0084>.

³⁰ GI Bill® Comparison Tool: About This Tool, U.S. DEPARTMENT OF VETERANS AFFAIRS (June 11, 2020), https://www.benefits.va.gov/gibill/comparison_tool/about_this_tool.asp#sourceData.

³¹ U.S. GOVERNMENT ACCOUNTABILITY OFFICE, VA VOCATIONAL, REHABILITATION AND EMPLOYMENT PROGRAM – FURTHER PROGRAM MANAGEMENT IMPROVEMENTS ARE NEEDED 6 (Feb. 27, 2014), available at <https://www.gao.gov/products/gao-14-61>.



the Post-9/11 GI Bill MHA benefit, and the other is substantially lower and based on several factors, such as rate of attendance, number of dependents, and training type.³² Moving the subsistence rate to one rate reduces bureaucracy, eliminates confusion, and ensures greater fairness in benefits for service members and veterans with service-connected disabilities.

4. *Expand VA Work Study options to include opportunities that better align with student goals and career fields*

SVA has received valuable feedback from student veterans in recent years about how VA can continue to modernize the work-study program. One issue raised regularly is the substantial disparity in job opportunities available to students participating in the VA Work-Study program compared to those available through Federal Work Study. VA Work-Study students are largely required to work in roles directly related to VA. This was remedied, to a degree last year, by changes that allow students to qualify for VA Work-Study when performing veteran liaison duties for members of Congress.³³ We appreciate the work these Committees did to expand the program to include these opportunities, but more can be done to expand opportunities available to student veterans through the program.

Veterans' demonstrated propensity for service should be rewarded by expanding the jobs available through VA Work-Study to include public interest, non-profit, and government agency positions. Specifically, these Committees might consider including veteran liaison jobs at public agencies and non-profit organizations that fulfill duties like those performed by participants who can now work for members of Congress.³⁴ We hope to work with Committee leadership to examine ways to further expand opportunities available to VA Work-Study students so they can benefit from the greater variety of experiences available to their Federal Work Study peers.

5. *Improve VA communications on new or updated policies and ensure all handbooks accurately reflect all required regulations*

The numerous legislative changes made last year highlight the larger, ongoing need for VA to improve the way it communicates new and updated policies to school officials. In terms of recent policy changes, SVA has received reports regarding a lack of guidance being disseminated to institutions that must comply with new laws. That said, we are heartened by VA's recent efforts signaling they will have a dedicated website for guidance pertaining to the many changes in the *Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020* and hope such efforts continue for future changes.

While we know it is the agency's intent, we hope VA moves as swiftly as possible to issue guidance, so implementation of these changes is timely and effective. We look forward to working with these Committees to identify ways VA can expand on recent efforts to better communicate this and future guidance to stakeholders.

Higher Education Act Reauthorization

Reauthorizing the *Higher Education Act* (HEA) and ensuring student veterans' voices are heard during the process remains a top priority for SVA this year. While HEA generally falls outside the jurisdiction of these Committees, SVA continues to implore all Members, as engaged veteran advocates, to prioritize and participate in the HEA reauthorization process. VA unquestionably has a significant impact on the lives of student veterans and military-connected students, but VA's education business lines comprise only a fraction of the legislation and

³² *VR&E Subsistence Allowance Rates*, U.S. DEPARTMENT OF VETERANS AFFAIRS, https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp (last visited March 01, 2020).

³³ *Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020*, Pub. L. No. 116-315, Title I, Subtitle A, § 1006.

³⁴ *Id.* (authorizing duties including "[t]he distribution of information to members of the Armed Forces, veterans, and their dependents about benefits and services under laws administered..." by VA.).





regulation that routinely touch the educational opportunities, choices, and protections that impact those same students.

Bipartisan negotiations have yielded some progress in recent years, but full authorization has repeatedly fallen short of the finish line. SVA hopes this new Congress will move to reauthorize the HEA, which is woefully out-of-date to adequately serve students in a 21st Century higher education system, particularly as we reckon with significant changes in higher education caused by COVID-19. While not an exhaustive list of provisions we hope to see considered during HEA negotiations, we list priorities we hope these Committees will keep in mind.

1. *Close the 90-10 loophole once and for all*

The 90-10 rule is intended to prevent a proprietary institution from receiving all its revenue from the federal government. Essentially, if an institution is providing a high-quality education, it should be able to recruit students willing to spend their own money to attend. The rule requires that at least 10 percent of a proprietary institution's revenue come from a source other than federal financial aid.³⁵ Ironically, the rule is modeled after one used by VA to prevent institutions existing solely to collect veterans' education benefits.³⁶

However, a loophole exists in the rule, which results in VA and Department of Defense (DoD) educational benefits not being counted as federal funds. The predatory practices this loophole incentivizes are well-documented and unacceptable.³⁷ Veterans and other American taxpayers deserve better than allowing the bottom lines of institutions to prevail.

Closing the loophole is a long-standing policy priority for most veteran service organizations.³⁸ There is well-respected research on the need to close the 90-10 loophole and the efficacy of doing so.³⁹ Closing the loophole maintains students' full freedom to choose which school they attend, prevents fully federalizing funding for schools, and protects veterans' ability to craft their unique educational journey without gambling their earned benefits and taxpayer money on the worst performing schools.

The growing support for closing the loophole goes beyond veteran advocates. In recent years, there have been considerable advancements towards closing the 90-10 loophole. Thanks to the leadership of Senators Carper, Tester, Cassidy, and Lankford, the first bipartisan bill to close the loophole in the Senate, the *Protect Veterans' Education and Taxpayer Spending Act* was introduced last Congress. Along with many other bills aimed at closing the loophole, and recent efforts to possibly use the budget reconciliation process, many in Congress are taking steps to close this loophole, and we are hopeful this is the Congress to finally achieve this long-standing priority.⁴⁰

³⁵ 20 U.S.C. § 1094(a)(24).

³⁶ See LEE AND ADAM LOONEY, UNDERSTANDING THE 90/10 RULE: HOW RELIANT ARE PUBLIC, PRIVATE, AND FOR-PROFIT INSTITUTIONS ON FEDERAL AID?, THE BROOKINGS INSTITUTION 3 (Jan. 2019), available at https://www.brookings.edu/wp-content/uploads/2019/01/ES_20190116_Looney-90-10.pdf.

³⁷ See generally U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSION, FOR PROFIT HIGHER EDUCATION: THE FAILURE TO SAFEGUARD THE FEDERAL INVESTMENT AND ENSURE STUDENT SUCCESS (July 30, 2012), available at <https://www.govinfo.gov/content/pkg/CPRT-112SPRT74931/pdf/CPRT-112SPRT74931.pdf>.

³⁸ See 37 Veterans and Military Service Organizations write Congress to share our priorities for Higher Education Act reauthorization, VETERANS EDUCATION SUCCESS 1-2 (May 2, 2019), <https://vetsedsuccess.org/37-veterans-and-military-service-organizations-write-congress-to-share-our-priorities-for-higher-education-act-reauthorization>.

³⁹ See generally Michelle Dimino, *Three Loopholes that Congress Needs to Close to Protect Students*, THIRD WAY, <https://www.thirdway.org/memo/three-loopholes-that-congress-needs-to-close-to-protect-students> (discussing why closing the loophole is necessary); LEE AND ADAM LOONEY, UNDERSTANDING THE 90/10 RULE: HOW RELIANT ARE PUBLIC, PRIVATE, AND FOR-PROFIT INSTITUTIONS ON FEDERAL AID?, THE BROOKINGS INSTITUTION (Jan. 2019), available at https://www.brookings.edu/wp-content/uploads/2019/01/ES_20190116_Looney-90-10.pdf (discussing the effects of closing the loophole).

⁴⁰ See Paul Fain, *Bipartisan Movement in Washington*, INSIDE HIGHER ED (Nov. 20, 2019), <https://www.insidehighered.com/news/2019/11/20/alexander-backs-bill-count-veterans-benefits-toward-profits-federal-revenue-limit; College>

2. *Restore the Gainful Employment and Borrower Defense rules to defend students and taxpayers against fraud, waste, and abuse*

Borrower Defense to Repayment (BD) and Gainful Employment (GE) are important quality assurance and student safeguard policies. The BD rule is supposed to provide federal student loan relief to students who were defrauded by bad-actor schools.⁴¹ The GE rule was designed to ensure certain programs provide a worthwhile education – one that is affordable relative to earnings after graduation.⁴² Together, these measures can help protect both students and taxpayers against fraud, waste, and abuse.

The BD and GE policies were meant to provide critical reassurances to many students, including student veterans who, in the past, have been robbed of a stable educational foundation by bad-actor proprietary institutions. The respective 2015 and 2016 closures of ITT Technical Institute and Corinthian Colleges highlight why these policies are so important for student veterans. These schools closed abruptly after being mired in controversy for having allegedly engaged in false or deceptive representations to students.

After the schools closed, thousands of students were left with debt, depleted education benefits, and few, if any, viable ways to transfer credits to other institutions to continue their educations.⁴³ The events surrounding ITT and Corinthian Colleges were not isolated occurrences, with thousands of student veterans impacted by other proprietary school closures in the years that followed.⁴⁴

In response to such abuses, the Forever GI Bill sought to correct some of the damage by allowing eligible student veterans to have their GI Bill entitlement restored. Still, no student should face the risk of their school defrauding them, but for those who do and have federal student loans – like many student veterans – borrower defense may be their only option for relief.

According to data from 2015-2016 academic year, 17 percent of undergraduate military students, including student veterans, using veteran education benefits were attending proprietary institutions.⁴⁵ The recent documentary, *Fail State*, illuminates the practices of many of these schools. The documentary shows the recruiting practices and outcomes of these schools and identifies the critical link to the growing mass of student debt in America.⁴⁶

Unfortunately, BD was substantially weakened in recent years, and GE was rescinded altogether. SVA opposed these rollbacks and continues to work to restore these important student protections. Last year, Student Veterans of America was proud to partner with a diverse coalition of student groups and VSOs that led the charge to overturn ED's weakening of the BD rule. This effort resulted in a bipartisan rebuke of the new regulation in both

Affordability Fact Sheet, House Ed. & Labor Committee 2 (2019).

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

⁴¹ *Why Students Need a Strong Borrower Defense Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS, 1 (2021), <https://icas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Borrower-Defense-Rule.pdf>.

⁴² *Why Students Need a Strong Gainful Employment Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS, 1 (2021), <https://icas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Gainful-Employment-Rule.pdf>.

⁴³ See generally *Why Students Need a Strong Borrower Defense Rule*, THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS (2021), <https://icas.org/wp-content/uploads/2021/02/Why-Students-Need-a-Strong-Borrower-Defense-Rule.pdf>.

⁴⁴ Natalie Gross, *Thousands of veterans had education derailed when for-profit college chains abruptly closed*, MILITARY TIMES (June 20, 2019), <https://rebootcamp.militarytimes.com/news/education/2019/06/20/thousands-of-veterans-had-education-derailed-when-for-profit-college-chains-abruptly-closed/>.

⁴⁵ LAURA HOLJIN AND TARA ADAM, U.S. DEPARTMENT OF EDUCATION, *STATS IN BRIEF: VETERANS' EDUCATION BENEFITS 21* (NCES 2020-488rev March 2020), available at <https://nces.ed.gov/pubs2020/2020488rev.pdf>.

⁴⁶ DIRECTOR ALEX SHEBANOW, *FAIL STATE*, FAILSTATE.COM (A SDCF LLC Film 2018), <https://failstatemovie.com>.



houses of Congress.⁴⁷

We fully expect ED to initiate Negotiated Rulemaking to restore the BD and GE rules in the coming years. Negotiated Rulemaking is a required regulatory process within the HEA. It incorporates input from diverse experts representing the stakeholders in higher education to debate and work toward consensus on HEA regulations. SVA has been privileged to participate as a negotiator for such rulemaking negotiations in the past, providing expert testimony to the committee and negotiators, and we hope to be a part of the future negotiations to rebuild the BD and GE rules.

Given the repeated abuses by bad-actor institutions taking advantage of students, and the recent rollbacks of BD, GE, and the other student protections framed in HEA, strengthening federal student safeguards is more important than ever. Congress must act to restore and protect these important policies to defend both students and taxpayer funds from fraud, waste, and abuse.

3. *Improve oversight of for-profit conversions*

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

This issue was addressed in some ways for VA through additional oversight measures passed last year in the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* which increases oversight of converted for-profit institutions by subjecting them to annual risk-based reviews for three years following conversion.⁴⁸ Still, as a recent GAO report illuminates, these conversions continue to pose major risks to students.⁴⁹ These risks are, in many ways, the product of insufficient oversight at the Department of Education and the Department of the Treasury.⁵⁰

To protect against fraud, waste, and abuse, we encourage Congress and the members of these Committees to support oversight and accountability reforms at ED and the Department of the Treasury, that would provide for greater scrutiny of for-profit conversions.

Accountability and Affordability

Today's students, including student veterans have more learning options than ever and many are quite literally right at their fingertips. These new, often innovative ways of learning are compelling options for post-traditional students, like student veterans, especially as the cost of higher education and student loan debt continue to rise. As higher education changes, it is important that policy makers weigh the risks and benefits posed to students by new learning options and investigate ways to address affordability more broadly.

1. *Call for studies that analyze the efficacy of new trends and innovations, especially digital material, in higher*

⁴⁷ Michael Stratford, *Congress sends rebuke of DeVos 'borrower defense' rule to Trump's desk*, POLITICO (May 19, 2020, 9:29 PM), <https://www.politico.com/news/2020/05/19/congress-devos-rebuke-270077>.

⁴⁸ Johnny Isakson and David P. Roe, M.D., *Veterans Health Care and Benefits Improvement Act of 2020*, Pub. L. No. 116-315, Title I, Subtitle A, § 1022.

⁴⁹ See Robert Shireman and Yan Cao, *Dubious Conversions of For-Profit Colleges: Decoding the GAO*, THE CENTURY FOUNDATION (Jan. 27, 2021), <https://tcf.org/content/commentary/dubious-conversions-profit-colleges-decoding-gao-report/>.

⁵⁰ U.S. GOVERNMENT ACCOUNTABILITY OFFICE, *IRS AND EDUCATION COULD BETTER ADDRESS RISKS ASSOCIATED WITH SOME FOR-PROFIT COLLEGE CONVERSIONS* 48-49 (Dec. 2020), U.S. GOVERNMENT ACCOUNTABILITY OFFICE, available at <https://www.gao.gov/assets/720/711601.pdf>.



education, including the risks and benefits they pose to students

Over the last few years, the higher education landscape has experienced a boom in innovations with the potential to expand pathways to higher education to untold numbers of new students. These innovations, like distance education programs and competency-based education models, offer compelling incentives to students and institutions as alternatives to more traditional models of learning, like brick-and-mortar classes. Affordability and flexibility – particularly attractive traits among post-traditional students, including student veterans – are key selling points for these learning models.

These new learning options, however, are not without risk. There are serious concerns about program quality and oversight issues that must be addressed. Further, many new online learning modalities are increasingly being administered by Online Program Managers (OPM). These arrangements have come under increasing scrutiny for their use of contracts in which schools – even prominent ones – cede core responsibilities, such as student recruitment, to the OPM in lucrative revenue-sharing deals.⁵¹ Such contracts run the risk of recruitment and profits being prioritized over quality student outcomes.⁵²

As we reshape how we think of workforce development, and the interactions between students and institutions, we must commit to fully understanding the scope of these changes and establish appropriate guardrails around their use to protect students from unscrupulous actors and low-quality programs.

2. *Call for better data on how student debt impacts student veterans, service members, and their families*

The rising level of student debt is a well-documented issue facing today's college students, with this debt growing by more than 100 percent between 2010 and 2020 and the cumulative national total surpassing \$1.7 trillion.⁵³ What is less understood is how student debt specifically impacts student veterans. SVA's annual census data confirm that at least some veterans graduate with student debt, but the scope of that data is limited.

SVA eagerly awaits the results of the Pew Charitable Trusts' nationwide survey on student loan debt held by veterans. The survey will offer valuable insights into how much student loan debt veterans hold, why they have it, and how it impacts their lives. Beyond this survey, however, we feel more can be done at the federal level to improve the data collected on veteran student loan debt and to make it available to the public. Better understanding where this debt is held is critical before conversations on how to address it.

We look forward to sharing future data on this issue and working with Congress, VA, and ED to identify ways the federal government can improve the amount and quality of data gathered on student loan debt held by student veterans.

Post-Traditional Student Success

SVA strongly believes that Post-9/11 GI Bill student veterans are the tip of the spear for changing the way higher education educates and values post-traditional students in the twenty-first century, a population of students

⁵¹ See *TCF Analysis of 70+ University-OPM Contracts Reveals Increasing Risks to Students*, Public Education, THE CENTURY FOUNDATION (Sept. 12, 2019), <https://tcf.org/content/about-tcf/tcf-analysis-70-university-opm-contracts-reveals-increasing-risks-students-public-education>; See also Lindsay McKenzie, *Key Senators Turn Up Heat on OPMs*, INSIDE HIGHER ED (Feb. 5, 2020), <https://www.insidehighered.com/news/2020/02/05/online-program-management-companies-face-washington-microscope>.

⁵² See *TCF Analysis of 70+ University-OPM Contracts Reveals Increasing Risks to Students*, Public Education, THE CENTURY FOUNDATION (Sept. 12, 2019), <https://tcf.org/content/about-tcf/tcf-analysis-70-university-opm-contracts-reveals-increasing-risks-students-public-education>

⁵³ See Abigail Johnson Hess, *U.S. student debt has increased by more than 100% over the past 10 years*, CNBC (Dec. 22, 2020), <https://www.cnbc.com/2020/12/22/us-student-debt-has-increased-by-more-than-100percent-over-past-10-years.html> (citing Federal Reserve figures)





comprising the new majority of students in higher education.⁵⁴ Similar to the need to engage on HEA reauthorization efforts because of its impact on student veterans, there are opportunities for improvement within higher education, outside the HEA process, that will empower student veterans and improve higher education for fellow post-traditional students.

While some of the recommendations SVA routinely discusses are more appropriately addressed at the institution level, it is important for these Committees to understand the landscape of topics that could be addressed here in Congress and back in local communities.

1. Call for better data on student food and housing insecurity

In December 2018, the GAO released a report on food and housing insecurity among college students.⁵⁵ After reviewing 31 separate studies, they concluded that “[n]one of these studies... constitute a representative study” of our nation’s students.⁵⁶ In fact, until the most recent National Postsecondary Student Aid Survey (NPSAS) is concluded, no federal agency had assessed food and housing insecurity among postsecondary students.⁵⁷

The NPSAS is ongoing but other research designed to fill current gaps, does paint a potentially concerning picture. A 2020 survey conducted by The Hope Center found that in 2019, nearly 40 percent of student respondents reported being food insecure during the previous 30 days, more than 46 percent reported experiencing housing insecurity in the past year, and 17 percent reported being homeless during the past year.⁵⁸

Our ability to understand the scope of food and housing insecurity and to respond, if necessary, will continue to be limited until we have better data the issue at a national level. We encourage Congress to support efforts to collect additional data on these issues.

2. Increase access to childcare, including through expanded on-campus services

Increasing access to childcare is a near universal conversation among SVA Chapters. That is not surprising considering more than fifty percent of student veterans reported having children as recently as 2018.⁵⁹ Childcare issues, including availability and affordability, pose a comparatively unique challenge to student veterans and other post-traditional students.

With childcare costs capable of comprising about 10 percent of an average family’s income and presumably more for single parents, it is understandable how financial pressures can compound more quickly for these students.⁶⁰ The federal government has attempted to address the need for affordable childcare on campus through programs such as the Child Care Access Means Parents In Schools (CCAMPIS), but historical challenges with

⁵⁴ See generally LINDSEY REICHLIN CRUSE, ELEANOR ECKERSON, AND BARBARA GAULT, INSTITUTE FOR WOMEN’S POLICY RESEARCH, INDEPENDENT STUDENTS AS THE NEW COLLEGE MAJORITY (Feb. 2018), available at https://iwpr.org/wp-content/uploads/2020/10/C462_Understanding-the-New-College-Majority_Final.pdf.

⁵⁵ GOVERNMENT ACCOUNTABILITY OFFICE, FOOD INSECURITY: BETTER INFORMATION COULD HELP ELIGIBLE COLLEGE STUDENTS ACCESS FEDERAL FOOD ASSISTANCE BENEFITS, GAO-19-95, December (Dec. 2018), available at <https://www.gao.gov/assets/gao-19-95.pdf>.

⁵⁶ *Id.*
⁵⁷ *Real College Survey 2020: Five Years of Evidence on Campus Basic Needs Insecurity*, THE HOPE CENTER, https://hope4college.com/wp-content/uploads/2020/02/2019_RealCollege_Survey_Report.pdf (last visited Feb. 24, 2021).

⁵⁸ *Id.*
⁵⁹ *The 2018 SVA Census Survey: Student Veteran General Breakdowns*, STUDENT VETERANS OF AMERICA 6 (June 2020), <https://studentveterans.org/wp-content/uploads/2020/09/SVA-2018-Census-Report-Demo.pdf>.
⁶⁰ Rasheed Malik, *Working Families Are Spending Big Money on Child Care*, CENTER FOR AMERICAN PROGRESS (June 20, 2019), <https://cdn.americanprogress.org/content/uploads/2019/06/15074131/Working-Families-SpendingBRIEF.pdf> (citing U.S. CENSUS BUREAU 2014 SURVEY OF INCOME AND PROGRAM PARTICIPATION, WAVE 3 (2019), available at <https://www.census.gov/programs-surveys/sipp/data/datasets/2014-panel/wave-3.html> (last visited Feb. 24, 2021)).





underfunding and available childcare providers, particularly in evening and weekend hours, limit the scope and effectiveness of CCAMPIS.⁶¹

SVA recommends these Committees explore how they can support innovative solutions, such as the Colorado State University Ram Kidz Village.⁶² We also encourage the Committees to investigate how they might expand or create new programs modeled off the pilot program established for childcare at VA medical facilities, in addition to supporting increased funding for CCAMPIS.

3. *Explore options to better integrate and support VA healthcare on campuses*

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

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

4. *Expand access to reliable broadband internet*

Student access to reliable broadband internet is more important than ever. This is particularly true as higher education has transitioned online in the wake of COVID-19. This transition has accelerated investment in online program infrastructure at institutions around the country. As a result, we can expect online learning to play an increasingly mainstream role in higher education, even well after the pandemic. The digital divide in this country is real, and the pandemic laid bare these inequities.

Over the last year, we heard stories about student veterans struggling with internet access.⁶³ Other students were forced to drive to school parking lots to access university wi-fi in order to complete coursework.⁶⁴ These challenges can be even more daunting for students in rural areas, who already face a host of other unique issues throughout their higher education journeys. We urge these Committees and Congress to explore innovative ways to make sure students can access this essential service, which will continue to play an ever-larger role in their higher education journeys.

Effective and Empowering Governance

Effective and empowering government is key to student veterans' success. We encourage Congress and other leaders to adopt a healthy, positive narrative when addressing issues on behalf of our veterans. SVA also asks that Congress continue to focus on improving governance structures by updating systems, refining processes, and prioritizing inter-agency coordination to better serve our student veterans.

⁶¹ See generally TERRY BRIDGET LONG, THE HAMILTON PROJECT, HELPING WOMEN TO SUCCEED IN HIGHER EDUCATION: SUPPORTING STUDENT-PARENTS WITH CHILD CARE (Oct. 2017), available at http://www.hamiltonproject.org/assets/files/higher_education_student_parents_womenlong.pdf.

⁶² See generally Ram Kidz Village, COLORADO STATE UNIVERSITY, <https://alvs.colostate.edu/student-parent/rkv/> (last visited Feb. 24, 2021).

⁶³ Stephanie Colombini, *It's Been A Nightmare: Student Veterans Face Unique Challenges With Online College Classes*, THE AMERICAN HOMEFRONT PROJECT (April 23, 2020), <https://americanhomefront.wunc.org/post/its-been-nightmare-student-veterans-face-unique-challenges-online-college-classes>.

⁶⁴ Colleen Flaherty, *Reserved: Internet Parking*, INSIDE HIGHER ED (May 8, 2020), <https://www.insidehighered.com/news/2020/05/08/parking-lot-wi-fi-way-life-many-students>.



1. *Encourage Congress and policy leaders to use language focused on empowerment of veterans.*

It is important to be cognizant of the power our words hold. As we are all more aware than ever before, our voices do not disappear into the ether or lost to the vacuum of space. They are heard, internalized, and shape how we, collectively, understand our world. Thus, it is imperative for our leaders to articulate themselves as clearly as possible. Failing to do so leads to far-reaching consequences, even if unintended.

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

Our research, and that of others, tells a different story. It tells the story of the veteran as an asset. An asset to their community, to their school, to the nation. We need our leaders to emphasize positive language regarding veterans, and to take up the mantle of reshaping the veteran narrative to one of post-service growth.

2. *Reform VA debt collection procedures to help students better understand when and what they owe.*

It has been the practice that once VA has determined a veteran owes a debt, the relevant Regional Office (RO) and Debt Management Center (DMC) sends out two separate collection notices to inform the veteran of the debt and their repayment options. These two letters are sent at different times, and contain overlapping, but distinct information that only paint the full picture of the debt when considered together. Compounding this concern is the seeming lack of clarity around the options available to veterans to dispute, appeal, or waive the debt once notified.

Importantly, unless these processes are initiated within 30 days, the debt collection process will not stop, taking up to the entire monthly benefit of a veteran. We applaud VA's recent efforts to simplify the process for veterans so they can more easily check their debts and find information on the options available to them through the agency's new "Manage your VA Debt" webpage.⁶⁵ We also commend DMC for their efforts during the pandemic to provide veterans with flexibility in managing their debts during this challenging time, and more recently, for their focus on better communicating the nature of this relief to affected veterans.

DMC has made notable improvements, but SVA remains concerned about the issues mentioned above, and we will continue to monitor and provide input on DMC's ongoing efforts to improve their processes. We encourage the members of these Committees to work with VA to build on the agency's recent improvements by exploring how the debt collection process can be further streamlined.

3. *Support more efficient communication and coordination between the Department of Defense, Department of Education, and VA through the establishment of interagency task forces, opportunities for stakeholder representation, and an inter-departmental liaison role.*

Student veterans, service members, their families, and survivors benefit from a broad spectrum of benefits and policies across multiple government agencies. However, a lack of communication and coordination between these agencies creates friction in policy that can ultimately have a negative impact on these students. One reason for this is that there is no robust, collaborative effort between the three agencies dedicated specifically to the educational experience of student veterans, service members, and their family members.

Last year, the pandemic illuminated how this friction is created and the potential disruption it can cause in the

⁶⁵ *Manage your VA Debt*, U.S. DEPARTMENT OF VETERANS AFFAIRS (Feb. 24, 2021), <https://www.va.gov/manage-va-debt/>.





lives of student veterans. As ED implemented the student relief provisions in the CARES Act, the agency disseminated guidance dictating how students could qualify for emergency aid grants. ED stipulated that students must demonstrate their eligibility for Title IV funds to receive the grants and suggested that schools use students' Free Application for Federal Student Aid (FAFSA) to verify eligibility.

This concerned student organizations and VSOs, including SVA, because many student veterans do not complete FAFSA since they use other federal education benefits like the GI Bill to pay for their educations.⁶⁶ This meant these students were required to take additional steps to verify their eligibility, which included searching out institutional-specific application processes, completing aid application forms, and waiting for confirmation of eligibility, all before they received this aid.

We encourage these Committees to explore ways to eliminate these kinds of friction points by increasing collaboration between the agencies. Student veteran concerns must be part of the ongoing conversation – instead of merely afterthoughts as new policies are considered, drafted, and implemented. To this end, we urge these Committees to consider options including creation of new interagency task forces, opportunities for stakeholder representation, and an inter-departmental liaison position.

As part of this process, it is also important for Congress and these agencies to continue improving the coordinated collection, sharing, and public dissemination of relevant data on student veterans, service members, their family members, and survivors. The benefits of prioritizing this kind of interagency collaboration are limitless and will have an immediate impact on these students. Among other things, such collaboration would allow these agencies to swiftly identify and respond, preemptively and reactively, to a wide range of issues impacting these students, such as:

- Complicating factors in seemingly unrelated laws or guidance;
- Best practices for administering similar systems, such as those for benefit payments;
- New trends in higher education and their potential impact on these students and their benefits;
- Concerning trends in data that highlight unmet needs;
- How ever-evolving DoD mobilization codes continue to impact access to education benefits;
- Needs created by the pressures of mid-term activations of student service members; and
- Ways to polish recent improvements to the Transition Assistance Program.

We welcome the opportunity to work with these Committees, VA, ED, and DoD, to improve interagency communication and coordination with the shared goal of ensuring the voice of military-affiliated students is an integral part of these agencies' collaborative efforts.

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President Franklin Delano Roosevelt transformed America into the modern nation we know today. His administration launched massive programs and agencies like Social Security, the SEC, and more. In 1944, he signed into law a 'little' program being called "the Servicemen's Readjustment Act," better known as the GI Bill. But this 'GI Bill idea' almost never made it out of Congress; there were some who said this new program would be the ruin of our returning GI's.

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

⁶⁶ See Letter from Student Veterans of America and Veterans Education Success to Secretary DeVos (May 19, 2020), VETERANS EDUCATION SUCCESS, <https://vetsedsuccess.org/wp-content/uploads/2020/05/Letter-to-ED-re-CARES-Guidance.pdf>.





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

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

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



**Securing Equitable and Just Conditions
for the Minority Veteran Community**

*Statement of Lindsay Church, Minority Veterans of America Executive Director,
Presenting the Organization's Legislative Priorities*



Written Testimony Provided for:

the House of Representatives and Senate Committees on Veterans' Affairs
Joint Session on VSO Legislative Priorities Presentations

Wednesday, March 3, 2021

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Statement of Lindsay Church
Executive Director, Minority Veterans of America
Before a Joint Session of the
Committees on Veterans' Affairs
United States House of Representatives and United States Senate
Wednesday, March 3, 2021

Chairmen Takano and Tester, Ranking Members Bost and Moran, and Members of the Committees,

My name is Lindsay Church, and I am proud to serve as the Executive Director and Co-Founder of the Minority Veterans of America. Our organization works to create belonging and to advance equity and justice for the minority veteran community, including veterans of color, women, LGBTQ veterans, and (non)religious minorities. On behalf of my staff, volunteers, and the community in which we serve, I want to begin by thanking you for allowing me to contribute to this historic Joint Hearing.

Though our organization was not formally founded until 2017, my co-founder, Dr. Katherine Pratt, and I began our work together three years prior, through the Husky United Military Veterans Association at the University of Washington. There, we developed a diversity committee that celebrated the intersectional identities of the University's student-veteran community. Self-identifying as passionate advocates and volunteers, we were additionally involved with leadership teams of national veterans' service organizations and labored to ensure that the minority veteran community felt welcome within the ranks of those organizations. Unfortunately, most of the concerns we championed were not equitably addressed and many in our community continued to feel marginalized and even unwelcome.¹

Through that felt adversity and building on our previous work in making a tangible difference within the University of Washington, it became clear to us that a national movement centering the lived experiences and identities of the minority veteran community was needed. What began as a passion project has since grown into a national movement of community engagement and support. Today, we advocate on behalf of more than 9.7-million veterans,² and directly serve thousands of members located across 48 states, two territories, and three countries. We strive to be the most diverse, inclusive, and

¹ Murphy, P. (2018). Some young veterans abandon the American Legion in favor of new organizations. *NPR*. Accessed on Feb. 28, 2021, at www.npr.org/2018/08/24/641705970/some-young-veterans-abandon-the-american-legion-in-favor-of-new-organizations.

² The minority veteran community is comprised of 5-million veterans of color, 2-million women veterans, 1-million LGBTQ veterans, and 1.7-million (non)religious minority veterans.

equitable veteran-serving organization in the country, and believe that through creating an intersectional movement of minority veterans, we can build a collective voice capable of influencing critical change.

In our work, we routinely interact with individuals who have served and, due to societal notions and inequitable frameworks, do not feel respected or welcomed in traditional veteran spaces. Many others do not even feel that they deserve to call themselves “veterans.” Not only is their service often unrecognized by the American public, but within our own communities they have been ostracized by frameworks, forces, and attitudes that are antithetical to the values of our military and our democracy. They are made to question their value, their abilities, their safety, and perhaps most insidiously, their sanity. Equitably advocating for and supporting our nation’s most underserved and marginalized veteran populations must begin with the recognition that the realized issues and concerns are inextricably bound to social and structural forces, and that it requires social and structural change.

The legislative priorities that my staff and I have identified echo the experiences of many minority veterans that have been excluded from or underserved through existing programs, whether intentionally or negligently. As a nation, and in no small part due to the work of these Committees, we have taken significant strides towards effectively serving and supporting our nation’s veterans, even as harmful epidemics continue to ravage our community. **As we continue this important and necessary work, I urge the Committees to consider a mindset shift and to begin examining existing and potential systems and frameworks through a lens that centers and prioritizes the minority veteran.** We have found that where a system is designed to serve the most marginalized, it will innately serve those that experience more privilege.

Within this testimony, I have organized our legislative priorities into several categories: addressing economic disparities for minority veterans, resolving systemic injustices for minority veterans, providing equitable relief in response to the coronavirus pandemic, addressing healthcare access disparities, creating a more equitable Department of Veterans Affairs (“Department”), and addressing suicide and mental health disparities. It is my hope that the information below will provide some additional insight into the unique needs and concerns of the minority veteran community and will be helpful in informing the Committees work in the coming years.

Addressing Economic Disparities for Minority Veterans

Nearly four years ago, the American Psychological Association released a study that acknowledged an “intertwined” relationship between racial and ethnic identity and a person’s socioeconomic status.³ Similar studies have affirmed that a similar entangled relationship is prevalent when taking into consideration an individual’s sexual orientation,⁴ gender identity,^{5,6} and current or past exposure to interpersonal and community violence.⁷ Societal inequities in healthcare and resource distribution further aggravate those pre-existing detrimental factors.⁸

Within the broader veteran advocacy community, it has contemporarily been assumed that mere status as a veteran has a significant, positive impact on those that have been discharged. Unfortunately, that belief runs counter to established research⁹ and completely discounts members of our community that have been wrongly discharged with an Other Than Honorable characterization,¹⁰ especially when the associated aggravating factors stem from self-medical practices in the face of a support framework that has failed to effectively cater to our nation’s most underserved and underrepresented military and veteran communities.¹¹

³ American Psychological Association. (2017). *Ethnic and Racial Minorities & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/minorities.

⁴ American Psychological Association. (2010). *Lesbian, Gay, Bisexual[,] and Transgender Persons & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/lgbt.

⁵ Ibid.

⁶ American Psychological Association. (2010). *Women & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/women.

⁷ American Psychological Association. (2010). *Violence & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/violence.

⁸ American Psychological Association. (2010). *Disability & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/disability.

⁹ MacLean, A. (2008). The privileges of rank: The peacetime draft and later-life attainment. *Armed Forces Soc.* 34(4), 682-713. doi.org/10.1177/0095327X07310336. See also Stanbridge, D. (2013). The economic impact of veteran status: The effect of veteran and demographic statuses on household income. *Portland State University*, Dissertations and Theses. Paper 977. Accessed on Feb. 28, 2021, at www.pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1976&context=open_access_etds.

¹⁰ Ader, M; Cuthbert, R; Hoehnest, K; et al. (2012). Casting troops aside: The United States military’s illegal personality disorder discharge problem. *Veterans Legal Services Clinic*, Jerome N. Frank Legal Services Organization, Yale Law School. Accessed on Feb 27, 2021, at www.law.yale.edu/sites/default/files/documents/pdf/Clinics/VLSC_CastingTroopsAside.pdf.

¹¹ Stroder, R. (2014). Veteran: My search for a PTSD cure led me to Amazon. *CNN Opinion*. Accessed on Feb. 27, 2021, at www.cnn.com/2014/10/23/opinion/veteran-ptsd-avahuasca/index.html.

Members of our community show up not with singular identities, but with intersecting and overlapping characteristics, the weight of which impacts and compounds many of the factors that we are proactively seeking to address. It is critically important that the Department and these Committees begin looking towards positively impacting economic disparities within the veteran community through an intersectional¹² and trauma-informed lens.¹³

A. Fully Funding GI Bill Education Benefits

The Department has provided a form of the GI Bill to qualified veterans and their families since 1944.¹⁴ At several points throughout the program's 77 years, student-recipients continued to collect needed housing allowance stipends through provisions known as "break pay" or "interval pay." This proved to be an important benefit for many student-veterans, especially those without other sustainable funding available, to maintain their quality of life in between school terms. Under the Montgomery GI Bill, receipt of such benefits was automatic, though funds were not dispersed to student-recipients until they had successfully completed one term AND completed their registration for the successive term. Under the first iteration of the Post 9/11 GI Bill,¹⁵ that interval payment was still available, though it notably cut into the funding made available through the student-recipient's full entitlement. The second iteration of the education benefit program, initiated after the passage of the "Post 9/11 Veterans Educational Assistance Improvements Act of 2010," removed any opportunity for student-recipients to elect this stipend payment.¹⁶

During the 116th Congress, former Representative Gil Cisneros (CA-39), while a member of the House Committee, introduced the "BREAK PAY for Veterans Act" (H.R. 2230) which sought to address the

¹² "Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects." See Columbia Law School. (2017). Kimberle Crenshaw on intersectionality, more than two decades later. An interview with Professor Kimberly Crenshaw. Accessed on Feb. 27, 2021, at www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later#:~:text=Crenshaw:%20Intersectionality%20is%20a%20lens%20through%20which%20you,who%20are%20subject%20to%20all%20of%20these%20things.

¹³ "A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them." See Office of Justice Programs. (2013). Using a trauma-informed approach. *Office for Victims of Crime, Training and Technical Assistance Center*. United States Department of Justice. Accessed on Feb. 27, 2021, at www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/.

¹⁴ About GI Bill Benefits. (2020). *United States Department of Veterans Affairs*. Accessed on Feb. 27, 2021, at www.va.gov/education/about-gi-bill-benefits/.

¹⁵ See Title V: Post-9/11 Veterans Educational Assistance Act of 2008, Supplemental Appropriations Act of 2008, Pub. L. 110-252.

¹⁶ See Post-9/11 Veterans Educational Assistance Improvements Act of 2010, Pub. L. 113-377.

disparities felt by all student-recipients without access to sustainable funding sources in between their school terms. Despite significant support from the student veteran community, that piece of legislation was ultimately not successful. **We would urge the Committees to take up consideration of this type of relief again.** There is historical precedent to support the successful implementation of such relief, and significant community documentation of the positive impact that such relief would have on our rising student veterans.

B. Guaranteeing Access to Capital

a. Entrepreneurship

Veterans are 45% more likely to become entrepreneurs than their non-veteran counterparts.¹⁷ In fact, the most recently available data suggested that more than 2.4-million small businesses were started by self-identifying veterans¹⁸ and nearly 14% of those business ventures were classified as “employer businesses,” indicating that two or more unassociated individuals were hired on regular intervals.¹⁹ Unfortunately, further detailed information that takes into consideration intersectional identities (i.e. minority veteran identities) are not readily available. We do, however, know that members of minority communities are 20% more likely to start their own business ventures when compared to their non-minority counterparts.²⁰ It is safe then to assume that a minority-identifying veteran is more likely to express an interest in starting an entrepreneurial venture than both their non-minority veteran counterparts and their non-veteran minority-identifying counterparts.

In a panel discussion, which included Senator Mark Warner (VA), the Fairfax County Economic Development Authority explored the issues and concerns many minority-identifying entrepreneurs face in accessing necessary capital to start, grow, and sustain a business venture.²¹ The panel discussion

¹⁷ Brunswick, M. (2014). ‘Vetpreneurs’: More veterans start their own business. *Star Tribune*. Accessed on Feb. 27, 2021, at www.startribune.com/vetpreneurs-more-veterans-start-their-own-businesses/286517771/.

¹⁸ Ibid. This data is self-reported and is assumed to be lower than the number of actual small businesses owned by veteran-entrepreneurs. Surveys taken by service members transitioning out of the military further indicate that 25% of the veteran community is interested in starting or buying their own business.

¹⁹ United States Census Bureau. (2021). *Annual business survey release provides data on minority-owned, veteran-owned[,] and women-owned businesses*. Press Release. Accessed on Feb. 27, 2021, at www.census.gov/newsroom/press-releases/2021/annual-business-survey.html.

²⁰ Myers, K. (2018). Minority entrepreneurship on the rise: Northwester Mutual Survey report. *Yahoo! Finance*. Accessed on Feb. 25, 2021, at www.finance.yahoo.com/news/minority-entrepreneurship-rise-report-191034976.html.

²¹ See “FECDA forum spotlights access to capital for minority-owned businesses: Challenges and solutions.” Video recording. Accessed on Feb. 26, 2021, at www.fairfaxcountyeda.org/media-center/access-to-capital-for-minority-owned-businesses/.

focused significantly on many minority-identifying entrepreneurs' need to "bootstrap,"²² and the positive impact that government-funded programs could have on ensuring existing businesses were able to remain open and new businesses would have a concrete opportunity to succeed.²³ A pair of Bills were introduced during the 116th Congress with the intention of immediately addressing the inequitable access to capital experienced by minority-identifying entrepreneurs.²⁴ Neither Bill passed its respective Chamber.²⁵

In recent years, several universities, government agencies, and private corporations have curated development incubators to assist interested veterans in standing up their own businesses.²⁶ I, myself, have utilized one of these incubators, as have several members of my staff and volunteers when they sought to pursue their own business ventures. These established programs provide necessary and pertinent information that must be taken into consideration as veteran-entrepreneurs build and grow their own businesses but do little in the way of identifying opportunities to access capital and sustainable start-up funding. Where funding is available, it is usually focused solely on the acquisition of franchise businesses,²⁷ or allocated through "Shark Tank"-like contests. Many of these contests require veteran-entrepreneurs to pitch their business ideas before a team of potential investors with the knowledge that they must compete against fellow presenters to "win" the necessary funding. These presentations frequently, and understandably, result in significant periods of stress that may exacerbate mental health conditions, including post-traumatic stress incurred through military service or compounded systemic and personal traumas.^{28,29}

Where veteran-entrepreneurs have been able to successfully launch their business ventures, the coronavirus pandemic has ushered in a sense of uncertainty and pervasive sustainability risks. It was estimated that nearly 7.5-million small businesses were at risk of closure in the face of the pandemic.³⁰ In

²² The term bootstrapping refers to using personal funds to start, grow, and sustain a business venture due to a lack of relationships with sustainable funding.

²³ *Supra* Note 17.

²⁴ See Jobs and Neighborhood Investment Act (S.4255, H.R.7709). The legislation received bipartisan support in the Senate though received support only from Democratic Members in the House.

²⁵ *Ibid.*

²⁶ *Supra* Note 21.

²⁷ See Navy Federal Credit Union's Vet Fran Program at www.vetfran.org/.

²⁸ Fedroff, IC; Taylor, S; Asmundson, GJG; & Koch, WJ. (2001). Cognitive factors in traumatic stress reactions: Predicting PTSD symptoms from anxiety sensitivity and beliefs about harmful events. *Journal of Behavioural and Cognitive Psychotherapy*. 28(1), 5-15. doi.org/10.1017/S1352465800000023.

²⁹ Khaylis, A; Waelde, L; & Bruce, E. (2008). The role of ethnic identity in the relationship of race-related stress to PTSD symptoms among young adults. *Journal of Trauma & Dissociation*. 4(1), 91-105. doi.org/10.1300/J229v08n04_06.

³⁰ Powe, M & Wagner, M. (2020). The impact of COVID-19 on small businesses: Findings from Main Street America's small business survey. *National Main Street Center*. National Trust for Historic Preservation. Accessed on

response, the federal government has put significant work into providing monetary assistance to these small businesses to help ensure they are able to sustainably remain open.³¹ Still, in the past year, 41% of minority-owned small business within the United States have closed as a direct result of ramifications from the pandemic.³² We are grateful for the Biden-Harris Administration’s work in ensuring that the next rollout of financial assistance will target the nation’s smallest and minority-owned businesses, but also acknowledge that for many small businesses, this relief may not be enough to stay afloat.³³

There is precedent within federal government programs to assist marginalized communities as they seek sustainable funding to start their own business ventures. Within the Office of Indian Energy and Economic Development, housed within the Department of the Interior, loan guarantee and insurance subsidy programs exist to assist indigenous populations in “overcom[ing] barriers to conventional financing and secur[ing] reasonable interest rates.”³⁴ In the past 45 years, the program has supported more than \$2-billion in loans acquired for start-up venture capital.³⁵

Restricted access to viable funding opportunities significantly impacts minority-owned business ventures from reaching their full potential and contributing to the economic viability and development of the communities they operate in.³⁶ At the unique cross-section of the minority-identifying and veteran entrepreneurial subgroups, members of our community have expressed interest in starting their own business ventures at a markedly higher rate than any other intersectional identity group. Systemic inequities have thus far prevented many of those potential veteran-entrepreneurs from realizing their intended successes. **We would urge the Committees to examine government-housed entrepreneurial support programs, like the Indian Loan Guarantee Program, and to establish a similar program to be housed within the Department.**

Feb. 28, 2021, at www.higherlogicdownload.s3.amazonaws.com/NMSC/390e0055-2395-4d3b-af60-81b53974430d/UploadedImages/Resource_Center/COVID_19/NMSC57_MSA_COVID19IMAPCTSURVEY_F.pdf.

³¹ See CARES Act, Pub. L. 116-136.

³² By contract, only 17% of white-owned small businesses have been closed. *Supra* Note 20.

³³ Rogers, K & Spring, B. (2021). Main Street looks ahead to PPP relaunch as covid outbreak grows more severe. CNBC. Accessed on Feb. 28, 2021, at www.cnbc.com/2021/01/08/main-street-looks-ahead-to-ppp-relaunch-as-covid-continues-to-surge-and-loc.html#:~:text=Enough%20to%20stay%20afloat%20The%20need%20for%20aid,29%20from%20January%202020%20through%20Dec.%209.%202020.

³⁴ See Indian Loan Guarantee and Insurance Program (ILGP), at www.bia.gov/service/loans/ilgp.

³⁵ *Ibid.*

³⁶ Bates, T & Robb, A. (2013). Greater access to capital needed to unleash the local economic development potential of minority-owned businesses. *Economic Development Quarterly*. 27(3), 250-259. doi.org/10.1177/0891242413477188.

b. Home Ownership

According to a Gallup poll, 81% of Americans express an interest in being a homeowner.³⁷ Approximately two out of every three individuals in the country are able to realize that fundamental American dream and secure their own home, with veterans doing so at a rate nearly 12% higher than their non-veteran counterparts.³⁸ Unfortunately, those high rates of home ownership are not mirrored when examining the rates of homeownership within minority communities—where only 46% of individuals are ever able to become homeowners.³⁹ In fact, an Urban Institute study found that there was not a single city within the contiguous United States in which the gap between white and minority homeownership was close to being closed, with differential rates ranging from 20% to 50% in cities with larger minority communities.⁴⁰ Despite non-discrimination protections,⁴¹ people of color consistently battle systemic factors that all but prevent them from being approved for home loans and surpassing similar hurdles on their way to homeownership.⁴² Members of our community find themselves in the unique position of retaining access to veteran-centered home ownership programs, like the VA Home Loan, but still battling systemic inequities and injustices that prevent non-veteran members of their community from also purchasing their own homes.

Where minority veterans are able to secure their home loan guarantee and begin submitting contracts to homes of interest, obstacles still exist. One of the largest barriers that we have found is the required VA funding fee. The VA Home Loan program allows veterans to forego providing any form of down payment⁴³ on their dream home; however, first time users of the VA Home Loan program must provide 2.30% of the purchase price to cover the funding fee, and subsequent loans require 3.60% of the

³⁷ Newport, F. (2013). American dream of owning home lives on, even for young: Most in U.S. want to continue to own or plan on buying a house. *Gallup*. Accessed on Feb. 27, 2021, at www.news.gallup.com/poll/161975/american-dream-owning-home-lives-even-young.aspx.

³⁸ Miller, J. (2013). Homeownership among veterans. *National Association of Home Builders*. Economics and Housing Policy. Accessed on Feb. 27, 2021, at www.eyeeonhousing.org/2013/11/homeownership-among-veterans/.

³⁹ See U.S. Census Bureau's 2016 American Community Survey. Accessed on Feb. 27, 2021, at www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2016/.

⁴⁰ Connley, C. (2020). Why the homeownership gap between white and black Americans is larger today than it was over 50 years ago. *CNBC*. Accessed on Feb. 27, 2021, at www.cbc.com/2020/08/21/why-the-homeownership-gap-between-white-and-black-americans-is-larger-today-than-it-was-over-50-years-ago.html.

⁴¹ See Fair Housing Act of 1968, Pub. L. 90-448 and Title XI, Financial Institutions Reform, Recovery, and Enforcement Act of 1989, Pub. L. 101-73.

⁴² Kamin, D. (2020). Black homeowners face discrimination in appraisals. *New York Times*. Accessed on Feb. 27, 2021, at www.nytimes.com/2020/08/25/realestate/blacks-minorities-appraisals-discrimination.html.

⁴³ Note that there is significant community documentation pointing to disinformation and misunderstandings about the lack of a need to provide a down payment, which has frequently led to non-VA home loans being selected by sellers even at price points below the VA loan offer.

purchase price.⁴⁴ The VA Home Loan program will additionally only cover up to the appraisal price of the home. In instances where home appraisals come in significantly lower than the purchase price,⁴⁵ which happens at a markedly higher rate within minority communities,⁴⁶ first time home buyers are customarily required to provide additional funding to close the gap between the appraisal value and purchase price, on top of the VA funding fee.

Notably, the VA funding fee is not required from all veterans. Nearly 17.5-million veterans—those with any form of disability rating⁴⁷—would have their funding fees waived entirely by the Department when taking advantage of the home loan program.⁴⁸ In 2012, legislation was passed which enabled veterans who had not yet received a formal disability percentage rating to take advantage of the funding fee discharge where they could show proof that a disability claim was submitted and reasonably anticipated to be approved.⁴⁹ **We would urge the Committees to look into the establishment of a mechanism that would allow for the discharge of all VA funding fees for veterans that are accessing the VA Home Loan program.** Alternatively, we would urge for the consideration of a mechanism that would allow for VA funding fees to be included in a wraparound mortgage, or similar hypothecation, for veteran buyers that are unable to procure the needed capital.

C. Addressing the Homelessness Epidemic

Congress released a report in November 2020, which identified a strong correlation between coronavirus vulnerability and infection rates and the rampant housing insecurity pandemic, with specific emphasis on the need for governmental intervention.⁵⁰ We applaud the Department for their work in ensuring VA Home Loan borrowers are sheltered from evictions⁵¹ and the moratorium the Biden-Harris

⁴⁴ Birk, C. (2020).). A detailed look at the VA funding fee: What's it cost and who's exempt. *Veterans United Home Loans*. VA Loans Insider. Accessed on Feb. 27, 2021, at www.veteransunited.com/valoans/va-funding-fee/.

⁴⁵ Lucas, T. (2016). Common appraisal issues for VA home loans. *Military VA Loan*. Accessed on Feb. 25, 2021, at <https://www.militaryvaloan.com/blog/common-issues-on-va-appraisals/>. See also Short, T. (2020). What to do if a VA appraisal comes in low. *Military VA Loan*. Accessed on Feb. 25, 2021, at www.militaryvaloan.com/blog/what-to-do-if-a-va-appraisal-comes-in-low/.

⁴⁶ *Supra* Note 39.

⁴⁷ See U.S. veterans by disability status demographics, at www.statista.com/statistics/250316/us-veterans-by-disability-status/.

⁴⁸ See VA funding fee and loan closing costs, at www.va.gov/housing-assistance/home-loans/funding-fee-and-closing-costs/.

⁴⁹ See VA Circular 26-12-9. See also The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Pub. L. 112-154.

⁵⁰ Perl, L. (2020). *Homelessness and COVID-19*. Congressional Research Service. U.S. Congress. Accessed on Feb. 28, 2021, at www.crsreports.congress.gov/product/pdf/R/R46596.

⁵¹ See VA Circular 26-20-23. Available at www.benefits.va.gov/HOMELOANS/documents/circulars/26_20_23.pdf.

Administration extended for renters,⁵² but also highlight that evictions continue to occur.^{53,54} The housing insecurity pandemic⁵⁵ is not a new phenomenon within the veteran community, or even the civilian community at large. Congress has been attempting to directly address this pandemic for the past several decades, with 4,521 pieces of legislation having been introduced since 1973.⁵⁶ Notably, only 434 of those Bills, less than 10% of what has been introduced, were signed into law.⁵⁷ That percentage of passed legislation remains consistent in Bills that focused specifically on addressing homelessness in the veteran community, with 2,073 pieces of legislation being introduced since 1979, and only 293 of them being signed into law.⁵⁸

Still, approximately 3-million people experience a short- or long-term episode of homelessness or housing insecurity annually.⁵⁹ Veterans already experience homelessness at a higher rate than their non-veteran counterparts,⁶⁰ but that state of insecurity is further exacerbated in individuals with lower socioeconomic statuses which, as discussed above, occur disproportionately among minority communities when compared to their non-minority counterparts.^{61,62,63} Internally, our biannual community needs assessment and impact survey supports these claims.⁶⁴

⁵² See 85 FR 55292, available at www.federalregister.gov/documents/2020/09/04/2020-19654/temporary-halt-in-residential-evictions-to-prevent-the-further-spread-of-covid-19.

⁵³ Dodd, L. (2021). Evictions still happening despite federal moratorium. *KDH News*. Accessed on Feb. 28, 2021, at www.kdhnews.com/news/coronavirus/evictions-still-happening-despite-federal-moratorium/article_ef5da5f4-634a-11eb-b664-eb3cd0c10cd1.html.

⁵⁴ Shapiro, A. (2021). How the pandemic recession has affected housing insecurity. An interview. *NPR*. Accessed on Feb. 20, 2021, at www.vpradio.org/2021-02-11/how-the-pandemic-recession-has-affected-housing-insecurity.

⁵⁵ We acknowledge that to end the cyclical series of homelessness that many veterans, especially minority veterans, find themselves in, work needs to move beyond examining those who are already homeless and look towards providing assistance for those that are at risk of experiencing the same.

⁵⁶ Research on historical Bills and their legislative status was conducted through www.congress.gov.

⁵⁷ *Ibid*.

⁵⁸ *Ibid*.

⁵⁹ Caton, CLM; Schrouf, PE; Hasin, DS; et. al. (2006). Caton et al. respond. *American Journal of Public Health*. 96(5), 764-765. Doi.org/10.2105/AJPH.2005.084806.

⁶⁰ Fargo, J; Metraux, S; Byrne, T; Munley, E; et al. (2012). Prevalence and risk of homelessness among US veterans. *Prev Chronic Dis*, 9(1), 110-112. dx.doi.org/10.5888/pcd9.110112.

⁶¹ *Supra* Notes 3-8.

⁶² Metraux, S; Clegg, LX; Daigh, JD; Culhane, DP; & Kane, V. (2013). Risk factors for becoming homeless among a cohort of veterans who served in the era of Iraq and Afghanistan conflicts. *Am J Public Health*, 103(Supp 2), S255-S261. doi.org/10.2105/AJPH.2013.301432.

⁶³ Kolomatsky, M. (2021). People of color fact the most pandemic housing insecurity. *New York Times*. Accessed on Feb. 28, 2021, at www.nytimes.com/2021/01/28/realestate/people-of-color-rent-mortgage-pandemic.html.

⁶⁴ Publication forthcoming.

Looking beyond an individual's socioeconomic status, the Department's own research division has additionally confirmed that lived experiences, such as Military Sexual Trauma (MST),⁶⁵ further increase a veteran's propensity to be homeless or to experience housing instability.⁶⁶ In fact, nearly 10% of all MST survivors experience housing insecurity within the first 5-years of leaving the military.⁶⁷ The majority of our membership identify as women or veterans of color, communities which experience MST at higher rates than their non-minority veteran counterparts.⁶⁸ This disparity indicates that our nation's most underserved veteran communities must deal with compounded systemic and personal conditions and traumas, pushing back against inequitable systems that were not built for them but are being bastardized to support them, as they work to ensure their families secure and retain stable housing.

Fortunately, recent studies have indicated that survivors of MST in receipt of disability compensation or associated veterans' benefits were less likely to experience a housing crisis.⁶⁹ We acknowledge the existence of several programs, resources, and frameworks designed specifically for homeless veterans,⁷⁰ **but would impress that comprehensive data collection and additional internal and external culturally competent trainings and frameworks,⁷¹ especially around compounded personal and systemic traumas and oppression, and especially with regards to survivors of MST, be facilitated to ensure that these programs are designed to serve the most marginalized of our veteran communities.**

⁶⁵ "Military sexual trauma, or MST, is the term used by the Department of Veterans Affairs (VA) to refer to experiences of sexual assault or repeated, threatening sexual harassment that the Veteran experienced during [their] military service." See [www.ptsd.va.gov/understand/types/sexual_trauma_military.asp#:~:text=Military sexual trauma, or MST, is the term, but it was really helpful, in the end.](http://www.ptsd.va.gov/understand/types/sexual_trauma_military.asp#:~:text=Military%20sexual%20trauma,%20or%20MST,%20is%20the%20term,%20but%20it%20was%20really%20helpful,%20in%20the%20end.)

⁶⁶ Brignone, E, Gundlapalli, AV; Blais, RK; Carter, ME; Sup, Y; et al. (2016). Differential risk for homelessness among US male and female veterans with a positive screen for military sexual trauma. *JAMA Psychiatry*, 73(6), 582-89. doi.org/10.1001/jamapsychiatry.2016.0101.

⁶⁷ Kameg, BN & Fradkin, D. (2020). Military sexual trauma: An update for Nurse Practitioners. *The Journal of Nurse Practitioners*. doi.org/10.1016/j.nurpra.2020.09.010.

⁶⁸ Hyun, JK; Pavao, J; & Kimerling, R. (2009). Military sexual trauma. *PTSD Research Quarterly*. National Center for PTSD, U.S. Department of Veterans Affairs. 20(2), 1-5. Accessed on Feb. 25, 2021, at www.23u0pr24qn4zn4d4qinlmyh8-wpengine.netdna-ssl.com/wp-content/uploads/2014/06/V20N2.pdf.

⁶⁹ Montgomery, AE; Sorrentino, AE; Cusack, MC; Medvedeva, E; et al. (2018). Recent intimate partner violence and housing instability among women veterans. *American Journal of Preventative Medicine*. 54(4), 584-590. doi.org/10.1016/j.amepre.2018.01.020.

⁷⁰ See [www.benefits.gov/benefit/4767#:~:text=The%20Department%20of%20Veteran's%20Affairs%20\(VA\)%20of%20the%20Diem%20Program%20Substance%20Use%20Residential%20Rehabilitation%20Treatment%20Program.](http://www.benefits.gov/benefit/4767#:~:text=The%20Department%20of%20Veteran's%20Affairs%20(VA)%20of%20the%20Diem%20Program%20Substance%20Use%20Residential%20Rehabilitation%20Treatment%20Program.) See also www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide_March_2015_Edition.pdf.

⁷¹ Externally facing trainings provided by the U.S. Department of Veterans Affairs do not currently incorporate intersectional perspectives or the impacts that MST may have on individuals with compounded traumas through individual and systemic discrimination and oppression. See www.va.gov/HOMELESS/nchav/resources/trauma/military-sexual-trauma.asp.

Resolving Systemic Injustices for Minority Veterans

A. Ending Military Sexual Trauma and Supporting Survivors

According to a study conducted in conjunction with the Department, one in four women veterans reported experiencing sexual assault while seeking care.⁷² Under former Secretary Robert Wilkie and former Assistant Deputy Secretary Pamela Powers, methods taken in response to reported sexual assault cases have been performative in nature and provided no measurable difference in the positions the Department takes when addressing reports, or in the known number of incidents that have occurred. A report by the Office of the Inspector General indicated that the Department “has not followed through on promises to take steps to ensure women veterans feel safe and welcomed.”⁷³

While the #MeToo movement began increasing awareness of sexual violence, a 2018 Defense Department report highlighted that sexual assault reports by actively-serving individuals increased by 10%, yet the rates of prosecution continued to significantly decline.⁷⁴ As revealed by an independent review of the committee’s report on the toxic culture of Fort Hood and the pervasive issues with sexual assault, harassment, discrimination, and violence, these disparaging and defensive actions represent the continuum of harm within the military and veteran communities.⁷⁵

The recent murder of Army Specialist Vanessa Guillen⁷⁶ and the continued incarceration of Marine Corps Corporal Thae Ohu⁷⁷ highlight the need for urgent attention to a culture that is still failing to adequately support our nation’s women service members and veterans. **We urge the Committees to initiate a comprehensive, structural review of the Department’s sexual assault and harassment investigation and response procedures, to formally codify the definition of harassment, and to apply**

⁷² Klap, R; Darling, JE; Hamilton, AB; Rose, DE; et al. (2019). Prevalence of stranger harassment of women veterans at Veterans Affairs Medical Centers and impacts on delayed and missed care. *Women’s Health Issues*. National Library of Medicine, National Center of Biotechnology Information. 29(2), 107-115. doi.org/jwhi.2018.12.002.Epub.

⁷³ Office of Special Reviews. (2020). Senior VA officials’ response to a veteran’s sexual assault allegations: Report # 20-01766-36. *Department of Veterans Affairs, Office of Inspector General*. Accessed on Dec. 16, 2020, available at: www.va.gov/oig/pubs/VAOIG-20-01766-36.pdf.

⁷⁴ Department of Defense. (2018). *Annual report on sexual harassment and violence at the military service academies: Academic program year 2018-2019*. Accessed on Dec. 16, 2020, at [www.sapr.mil/sites/default/files/DoD Annual Report on Sexual Harassment and Violence APY18-19.pdf](http://www.sapr.mil/sites/default/files/DoD%20Annual%20Report%20on%20Sexual%20Harassment%20and%20Violence%20APY18-19.pdf).

⁷⁵ Fort Hood Independent Review Committee. (2020). Report of the Fort Hood Independent Review Committee. *Department of the Army, Department of Defense*. Accessed on Dec. 16, 2020, at www.army.mil/e2/downloads/rv7/forthoodreview/2020-12-03.

⁷⁶ See www.cnn.com/2020/07/02/us/vanessa-guillen-fort-hood-disappearance/index.html.

⁷⁷ See www.pilotonline.com/military/vp-nw-thae-ohu-update-20201028-5czhod7xafeavb3wdntms5dcim-story.html.

significant attention and resources towards reforming the prevalence of sexual trauma within the broader veteran community, and especially at Department facilities.

B. Repatriation of Departed Veterans

A review of the most recently available data indicates that the United States has more than 94,000 non-citizen veterans.⁷⁸ Military service has historically been a pathway to citizenship for non-citizen service members and their immediate family members. Rather than completing the naturalization process following their military service however, 92 of those non-citizen veterans were deported⁷⁹ after their unceremonious discharge.⁸⁰ Federal authorities argue that nearly 80% of those deported were lawfully removed because of criminal convictions.^{81,82} What they fail to recognize, however, is the propensity at which self-medical practices, like alcohol abuse and substance use, result in periods of incarceration.

A little under one-third of minority veterans have self-reported a service-connected disability, with post-traumatic stress being most prevalent.⁸³ As previously mentioned, minority veterans often feel disenfranchised with and unwelcome in many traditional veteran spaces. This self-reported metric is likely understated given the high propensity with which minority veterans forego engagement with these spaces. Nevertheless, veterans living with post-traumatic stress and those with substance use disorders are at a greater risk of periods of incarceration than their non-veteran counterparts.⁸⁴ The Trump-Pence Administration's revocation of the expedited citizenship promised to non-citizen veterans, and the lack of regulatory and systematic guidance provided to complete the naturalization process post-service, leave many feeling as if they are in an "administrative limbo."⁸⁵

⁷⁸ Martinez-Medina, J. (2021). Deported veterans, stranded far from home after years of military service, press Biden to bring them back. *The Conversation*. Accessed on Feb. 27, 2021, at www.theconversation.com/deported-veterans-stranded-far-from-home-after-years-of-military-service-press-biden-to-bring-them-back-154320.

⁷⁹ Non-citizen veterans that have been deported are primarily moved to Mexico, but have also been moved to India, Costa Rica, Kenya, and the Philippines. See Zamudio, M. (2019). Deported U.S. veterans feel abandoned by the country they defended. *NPR*. Accessed on Feb. 28, 2021, at www.npr.org/local/309/2019/06/21/733371297/deported-u-s-veterans-feel-abandoned-by-the-country-they-defended.

⁸⁰ Gambler, R; Ullengren, M; Davis, A; Hauswirth, E; et al. (2019). Immigration enforcement: Actions needed to better handle, identify, and track cases involving veterans. Report to Congressional Requesters. *U.S. Government Accountability Office*. GAO-19-416. Available at www.gao.gov/assets/700/699549.pdf.

⁸¹ *Supra* Note 81.

⁸² See Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Pub. L. 104-208.

⁸³ Lee, T; Aponte, M; Bickel, A; Dillard, S; et al. (2020). 2017 Minority veterans report: Military service history and VA benefits utilization statistics. *National Center for Veterans Analysis and Statistics*. Office of Data Governance and Analytics, U.S. Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report_Final.pdf.

⁸⁴ *Supra* Note 81.

⁸⁵ *Ibid*.

We applaud the work being done by many of our nation's legislators, including Senator Tammy Duckworth (IL), Representative Don Young (AK-At Large), Representative Vicente Gonzalez (TX-15), and Representative Jesus "Chuy" Garcia (IL-4), in calling on the Biden-Harris Administration to correct the broken naturalization process for non-citizen veterans and to examine those deported under the Trump-Pence Administration, but maintain that the President's intended scope of review is too narrow and will likely exclude many deported non-citizen veterans from potential relief because they fall outside of the President's defined eligibility time frame. **We urge the Committees to begin working towards the implementation of protections that would prevent future deportations of non-citizen veterans and expedite naturalization processes for the same.**

C. Codification of the Military Trans Ban Repeal

On January 25, 2021, the President signed an Executive Order which reversed the unwarranted ban on open and authentic transgender military service⁸⁶ implemented via "tweet" under the Trump-Pence Administration nearly four years ago.⁸⁷ While immediate action was necessary and warranted to correct this injustice, **we urge the Committees to consider codifying this ban repeal, to ensure that under future Administrations, all able, willing, and qualified individuals will retain the ability to serve their country openly and authentically, and without fear of retribution.**

D. Naming and Re-Naming of Veterans Affairs Facilities

Currently, of the 1,255 health care facilities managed by the Department of Veterans Affairs, only one is named after a woman veteran.⁸⁸ Further research reveals that only 13 veterans' health care facilities (or 1.03% of facilities) managed by the Department of Veterans Affairs are named after a minority veteran at all.⁸⁹ As the Committees know, the 2020 Report of the VA Advisory Committee on Women Veterans included a recommendation of inclusive naming for Department facilities. The Advisory Committee suggested that such a change would "demonstrate to women veterans that their service

⁸⁶ See Executive Order on Enabling All Qualified Americans to Serve Their Country in Uniform, E.O. 14004 of Jan. 25, 2021, 86 FR 7471-73, 3032-02034. Available at: www.federalregister.gov/documents/2021/01/28/2021-02034/enabling-all-qualified-americans-to-serve-their-country-in-uniform.

⁸⁷ Edelman, A. (2017). Trump bans transgender people serving in the military. *NBC News*. Accessed on Feb. 28, 2021, at www.nbcnews.com/politics/donald-trump/trump-announces-ban-transgender-people-serving-military-n786621.

⁸⁸ See www.va.gov/directory/guide/allstate.asp.

⁸⁹ *Ibid.*

matters.”⁹⁰ The Department indicated their agreement with the Advisory Committee’s findings and insisted that Congress is charged with the naming of such facilities.

A review of the existing health care facilities and other military and veteran installations should take place, ensuring that those facilities named after discriminatory and violent movement leaders⁹¹ are rebranded. Such proactive efforts would directly address past inequities and injustices committed by otherwise celebrated veterans and send a reparative signal to our minority veteran communities that the Department and the Committees are actively working towards ensuring that all veterans feel safe and comfortable when accessing due benefits and services at their local facilities. **We urge an intersectional approach be taken in the naming of future facilities and in the renaming of existing facilities. In addition to women, veterans of color, those living with differing abilities, and members of the LGBTQ community should be appropriately represented.**

E. Addressing Disparate Structural Barriers that Accompany Bad Paper Discharge Characterizations

Actions and behaviors considered to be misconduct or criminal in nature are often categorized without consideration of the impact that mental health issues and MST have on service members. The prevalence of post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBIs) among service members has been noted in relation to “bad paper discharges.”⁹² Despite efforts to increase screening for mental health conditions in the military, many service members with PTSD symptoms do not seek mental health care due to widespread stigmatization and fear of losing their careers. To cope with symptoms of PTSD, including the traumatic effects of MST, many service members self-medicate by using illicit substances and alcohol as a substitute for professional mental health care. The existence of other justifiable and cultural categories for understanding behaviors and actions make their expressions illegible in the framework of mental health and MST. These include insubordination, failure to appear, absent without leave, and at times malingering.

⁹⁰ See 2020 Report of the Department of Veterans Affairs Advisory Committee on Women Veterans, available at www.va.gov/womenvet/docs/acwv/acwvReport2020.pdf.

⁹¹ It has been noted that Fort Rucker was named after a Confederate General; Fort Wayne was named after a General responsible for the indigenous genocide at the Three Rivers in Indiana; and Richmond, Virginia’s VA medical center was named after a Confederate surgeon and eugenics movement leader.

⁹² The term “bad paper discharge” commonly refers to military discharge characterizations that are not fully Honorable. This includes characterizations listed as Other Than Honorable (OTH), Bad Conduct (BCD), and Dishonorable.

The social barriers created by the stigma against seeking mental health care disproportionately impact minority service members in various ways. For example, the powerful, historical association between LGBTQ identity and severe mental illness has discouraged many LGBTQ people from seeking mental health care. The same is true for women, as sexist attitudes about women's mental health and other disturbingly commonplace practices, such as forced institutionalization, have prevented many women from seeking care and being honest with mental health care providers that they have seen. Finally, racist ideas about pain tolerance among Black people, as well as structural racism and bias against people of color, in all aspects of American society, is a powerful contributing factor for racial and ethnic minorities in seeking mental health care.

More than 500,000 veterans across all military branches have received a bad paper discharge characterization.⁹³ Despite their service, veterans are being erroneously turned away from the Department, unable to even *apply* for their benefits, upon showing their DD214 to staff members. Internal Department guidance concerning bad paper discharge benefit eligibility is incorrectly informing VA staff members and preventing access to due and necessary care. These veterans are deprived of their right to due process, which requires at the minimum an investigation into their individual cases to determine eligibility for benefits.

The stigma associated with bad paper discharges extends beyond the issue of turning away veterans who enter VA facilities. The weight they carry influences the perceptions and expectations of veterans themselves, creating a barrier to even applying for benefits for which they may be eligible. The knowledge that other veterans with bad paper discharges have been turned away from the Department intensifies the impact of this stigma, confirming fears that they do not belong within the veteran community, that they will be treated unjustly by veteran service providers, and that they will not receive help from the only institution that understands the service-connected issues they face. Even when help is offered, as in the Department's 2017 mental health pilot program designed specifically for bad paper discharge veterans, only limited access to care is granted, and the stigma associated with their discharge status prevents many from fully engaging in the limited care that they do receive. This deprivation is more insidious in the lives of minority veterans given the pervasive bias and structural discrimination they experience regularly, based on their identity and status in society.

⁹³ Alaigh, P. 2017. "Access to Mental Health Services for Other Than Honorable Discharged Servicemembers." Undersecretary for Health Memorandum. Washington, DC: Department of Veterans Affairs. www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5350.

We urge the Committees to examine the weaponizing of military discharges and applied categorizations, and to apply significant attention and resources towards revitalizing Department processes to ensure that current frameworks do not prevent veterans from accessing life-changing services, resources, and care. We would also urge the use of either executive or legislative action to clear the records of infractions for post-traumatic stress disorder, traumatic brain injuries, military sexual trauma, and administrative discharges conducted under now defunct laws, a precedent for which has been documented through the Johnson, Ford, and Carter Presidential Administrations.

Providing Equitable Relief in Response to the Coronavirus Pandemic

Nationally, the coronavirus pandemic has been catastrophic—the U.S. GDP contracted by 3.5% last year, the biggest drop our nation has experienced since World War II and the first major drop experienced since the Great Recession of 2009.⁹⁴ This dramatic decline is directly correlated to the lack of involvement of consumers within the marketplace.⁹⁵ While unemployment rates remain fairly stable, the U.S. Department of Labor indicated that during 2020 Q4, there were significant drops in payroll and that employees classified as “laid off” increased by 2.3-million between 2020 Q1 and 2020 Q4.⁹⁶ According to the U.S. Department of Labor, nearly 20.5-million individuals were receiving unemployment benefits from national or state pandemic relief programs the last week of January 2021.⁹⁷ A recent study additionally estimated that nearly 67-million blue-collar workers remain at a high risk of being laid off from their jobs due to the coronavirus pandemic.⁹⁸ People of color, and especially women of color, have and will continue to feel those unemployment and underemployment rates at a disproportionately higher rate than their white and male counterparts.⁹⁹

⁹⁴ McCormick, E. (2021). 4Q GDP. *Yahoo! Finance*. Accessed on Feb. 28, 2021, at www.finance.yahoo.com/news/4q-gdp-2020-us-economy-coronavirus-pandemic-180133456.html.

⁹⁵ *Ibid.*

⁹⁶ McCormick, E. (2021). December jobs report: Payrolls drop for the first time since April, unemployment rate steadies at 6.7%. *Yahoo! Finance*. Accessed on Feb. 28, 2021, at www.finance.yahoo.com/news/december-jobs-report-payrolls-coronavirus-pandemic-2020-labor-200212779.html.

⁹⁷ Stengle, T. (2021). Unemployment insurance weekly claims. News Release. *U.S. Department of Labor*. Employment and Training Administration. Accessed on Feb. 28, 2021, at www.dol.gov/ui/data.pdf.

⁹⁸ Gascon, C. (2020). COVID-19: Which workers face the highest unemployment risk? *Federal Reserve Bank of St. Louis*. Accessed on Feb. 28, 2021, at www.stlouisfed.org/on-the-economy/2020/march/covid-19-workers-highest-unemployment-risk.

⁹⁹ Hayes, TO. (2020). The outsized impact of the coronavirus pandemic on minority communities. *American Action Forum*. Accessed on Feb. 28, 2021, at www.americanactionforum.org/research/the-outsized-impact-of-the-coronavirus-pandemic-on-minority-communities/.

A. Benefits Assistance for Under- and Unemployed Veterans

The direct correlation between mental health and under- and unemployment in contemporary society has been heavily documented. Prior to the coronavirus pandemic, 54% of veterans that were not gainfully employed were more likely to classify their home life as “struggling.”¹⁰⁰ Within the broader veteran community there was also a 10% negative disparity between that same standard of living assessment when compared with pre-pandemic non-veteran communities.¹⁰¹ Unfortunately, no additional information was readily available when examining intersectional veteran identities, though based on known trends with minority veterans’ mental health disparities and socioeconomic status, we operate under the assumption that the negative correlation continues to increase within marginalized communities.

Women veterans living with mental health disparities and transitioning out of the military self-reported that they believed their children were afraid of them and that they did not feel comfortable assuming a parental role within the family because of strained relationships, at a rate of 62%.^{102,103} While no known veteran-specific research has been conducted to date, within the civilian sector expectant mothers without immediate access to maternal and childcare services were 7.4-times more likely to experience moderate or severe stress.¹⁰⁴ It has been noted that access to maternal and childcare services and programs was directly correlated to an individual’s socioeconomic status.¹⁰⁵ Operating under the conservative assumption that a similar relationship would exist with veteran parent populations and with minority parent populations, we can reason that a minority veteran expectant parent would be subjected to a higher propensity of stress, especially when compounded with other existing personal and systemic stressors. This could very likely then result in a heightened risk of aggravation or exacerbation of known and unknown mental health disparities and neurodivergencies.

¹⁰⁰ Compared to 38% of individuals that were gainful employed. See Marlar, J. (2010). The emotional cost of underemployment: Majority of underemployed Americans are ‘struggling.’ *Gallup*. Accessed on Feb. 28, 2021, at www.news.gallup.com/poll/126518/emotional-cost-underemployment.aspx.

¹⁰¹ Myers, R & Liu, D. (2013). In US, women veterans rate better lives than men: Women veterans’ positivity about future boosts their overall life ratings. *Gallup*. Accessed on Feb. 28, 2021, at www.news.gallup.com/poll/162035/women-veterans-rate-lives-better-men.aspx.

¹⁰² Sayers, SL; Farrow, VA; Ross, J; & Oslin, DW. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *The Journal of Clinical Psychiatry*. 70(2), 163-170.

¹⁰³ No immediately available research examined the same correlations within male-identifying veteran parents or within non-binary identifying veteran parents.

¹⁰⁴ Kornelsen, J; Stoll, K; & Grzybowski, S. (2011). Stress and anxiety associated with lack of access to maternity services for rural parturient women. *Australian Journal of Rural Health*, 19(1), 9-14. doi.org/10.1111/j.1440-1584.2010.01170.x.

¹⁰⁵ Ibid.

The Veterans Health Administration (VHA) has instituted programs that are designed to support veteran families, though the efficiency and availability of those program frameworks vary widely throughout the country and must fall inline with a veteran’s curated treatment program. This indicates that they are only available to veterans that have received a disability rating through the Department and where a medical provider has indicated such support is required because of the parent’s diminished capacity.¹⁰⁶ **We would urge the Committees to consider opening these programs to provide these or similar benefits and frameworks, especially with respect to childcare and food and transportation insecurity,¹⁰⁷ up to and including equitable stipends and vouchers, to all needy families.** Special consideration should particularly be paid to low-income veterans living at less than 80% of the area median income (AMI), and especially for households that ordinarily require dual incomes.

B. Continued Education and Re-Training Opportunities

In the midst of the coronavirus pandemic, two-thirds of unemployed individuals have expressed a desire to change their career fields or to acquire new skills in order to gain more traction in the job market.¹⁰⁸ Additionally, one-third of unemployed individuals have taken concrete steps towards acquiring the needed education or skills that would allow them to break out into a new sector of the job market.¹⁰⁹ Many veterans have expended their GI Bill benefits or are otherwise unable to use them to acquire the needed skills and training opportunities because of framework restrictions. Additionally, to receive full monthly stipend benefits, student-veterans are required to be enrolled as a “greater-than-half-time” student, which can prove to be particularly difficult for those with children and those that remain partially or underemployed. Veterans receiving unemployment benefits that are considering enrollment in an educative program next must wrestle with the fact that admission into a program may prevent them from being able to remain available for employment opportunities and could result in a loss of further

¹⁰⁶ *Supra* Note 102.

¹⁰⁷ Home stressors, like food insecurity, have notable impacts on a household’s emotional well-being and childhood development. See Gill, M; Koleilat, M; & Whaley SE. (2018). The impact of food insecurity on the home emotional environment among low-income mothers of young children. *Maternal and Child Health Journal*. 22(1), 1146-53. doi.org/10.1007/s10995-018-2499-9.

¹⁰⁸ Parker, K; Igielnik, R; & Kochhar, R. (2021). Unemployed Americans are feeling the emotional strain of job loss; most have considered changing occupations. *Pew Research Center*. Accessed on Feb. 28, 2021, at www.pewresearch.org/fact-tank/2021/02/10/unemployed-americans-are-feeling-the-emotional-strain-of-job-loss-most-have-considered-changing-occupations/?utm_source=AdaptiveMailer&utm_medium=email&utm_campaign=21-2-10%20Media%20Advisory%20-%20Unemployment%20and%20COVID%20recession%20FT&org=982&lvl=100&ite=7945&lea=1731354&ctr=0&par=1&trk=

¹⁰⁹ *Ibid*.

unemployment compensation benefits. For veterans supporting families and with lower socioeconomic backgrounds, this can prove to be disastrous for their quality of life.

These Committees pushed forward a piece of legislation that was intended to provide retraining opportunities for dislocated veterans into high need career fields.¹¹⁰ We applaud the Committees for taking into consideration our minority veteran communities in that framework design,¹¹¹ and in allowing veterans that are historically excluded from such benefits, namely members of the National Guard, to take advantage of the program benefits.¹¹² Though there are more than 284,000 unemployed veterans,¹¹³ this legislation supported a program that would only provide needed and transformative retraining benefits to 12.3% of them.¹¹⁴ **We urge the Committees to continue the transformative bipartisan work that has been started in supporting our unemployed veteran communities during the coronavirus pandemic, and advocate that additional consideration should be given to providing the same emboldened education stipend benefits that were raised earlier in this document.**¹¹⁵

In consideration of the provision of education benefits for veterans that were wrongly discharged, we would additionally recommend allowing for an independent discharge review through the Department, rather than issuing a blanket denial for veterans with Other Than Honorable discharges. Precedent for this practice has been established for other benefits offered through the VA and would be best implemented by providing proper training to Department employees to ensure equitable and uniform access.

Addressing Healthcare Access Disparities and Creating a More Equitable Department

Access to quality healthcare that is culturally competent and equitable is a central issue facing the minority veteran community. Disparities in healthcare access and systemic inequities have deep impacts

¹¹⁰ Shane, L. (2020). Vets who lost jobs due to coronavirus could be eligible for new job training. *Military Times*. Accessed on Feb. 28, 2021, at www.militarytimes.com/education-transition/2020/06/04/vets-who-lost-jobs-due-to-coronavirus-could-be-eligible-for-new-job-training/.

¹¹¹ "Unfortunately, veterans — particularly young veteran women — have not been spared from the economic devastation caused by the COVID-19 virus and by our national response to it," said Rep. Phil Roe, R-Tenn., [former] ranking member on the House Veterans' Affairs Committee and co-author of the [. . .] retraining bill." Ibid.

¹¹² Ibid.

¹¹³ U.S. Bureau of Labor Statistics. (2020). *Employment situation of veterans*. News Release. Accessed on Feb. 28, 2021, at www.bls.gov/news.release/vet.htm.

¹¹⁴ *Supra* Note 102.

¹¹⁵ See the section titled "Fully Funding GI Bill Education," beginning on page 4 of this testimony.

on minority veterans, and there is a significant need for comprehensive policies to alleviate these problems. Importantly, the VHA has made great strides in improving access to quality healthcare for minority veterans,¹¹⁶ particularly for LGBTQ veterans.¹¹⁷ We applaud this work and support efforts to embolden healthcare access for veterans and equity within the Department.

A. Abortion and Contraception

Women, transgender, and non-binary veterans lack basic access to abortion counseling and related healthcare services through their VA providers—which the Department states they are unable to provide as a matter of law.¹¹⁸ Justifications for this healthcare ban are rooted in the Hyde Amendment¹¹⁹ and the Shaheen Amendment,¹²⁰ both of which were created in the face of structural cost barriers unjustly imposed by the government. The exclusion of abortion counseling and related procedures is not only discriminatory, but it also endangers the health and well-being of women veterans, as is highlighted in H.R. 239, the Equal Access to Contraception for Veterans Act.¹²¹ As the World Health Organization states, “every woman has the recognized human right to decide freely and responsibly without coercion and violence the number, spacing and timing of their children and to have the information and means to do so.”¹²² At a fundamental level, access to safe and comprehensive abortion counseling is essential for the realization of those innate rights.

In addition to the barriers that minority veterans face when accessing adequate abortion care, there is a need for comprehensive contraceptive care. Providing free, or even affordable, contraceptive care has the potential to circumvent barriers to due and necessary care, while addressing the inordinate

¹¹⁶ Office of Data Governance and Analytics. (2017). *Minority veterans report: Military service history and VA benefit utilization statistics*. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 15, 2021, at www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

¹¹⁷ Patient Care Services. (n.d.). *Veterans with lesbian, gay, bisexual, and transgender (LGBT) and related identities*. US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.patientcare.va.gov/LGBT/index.asp. See also Patient Care Services. (n.d.). *VA LGBT policies*. US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.patientcare.va.gov/LGBT/VA_LGBT_Policies.asp.

¹¹⁸ 38 CFR §§ 17.38, 17.272.

¹¹⁹ Sobel, L; Salganicoff, A; Ramaswamy, A. (2020). *The Hyde Amendment and Coverage for Abortion Services*. Kaiser Family Foundation. Accessed on Jun 29, 2020, at www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/.

¹²⁰ American Civil Liberties Union. (2020). *Equality for Servicewomen: The Shaheen Amendment*. Accessed on Jun 29, 2020, at www.aclu.org/video/equality-servicewomen-shaheen-amendment.

¹²¹ See Equal Access to Contraception for Veterans Act (H.R. 239). Available at www.congress.gov/bill/117th-congress/house-bill/239?s=2&r=21.

¹²² United Nations Population Fund. (1994). *International Conference on Population and Development Programme of Action*. Accessed on Jun 29, 2020, at www.unfpa.org/publications/international-conference-population-and-development-programme-action.

hardship that an unintended and unwanted pregnancy can present. For those already struggling to meet life's basic needs, an inadvertent pregnancy can add secondary stressors and severely limit their agency. Marginalized veterans are currently living through both a national pandemic and an unprecedented epidemic of income loss.

It is widely recognized that those who experience systemic biases, which have arguably been amplified by the present pandemic, have diminished access to adequate healthcare and experience increased obstacles to contraceptives and economic hardship. Historically, women who have less economic opportunity and stability are less likely to take contraception or continue usage due to out-of-pocket costs. The rate of unintended pregnancy for white women sits at 33%, which is deeply contrasted by that of Latinx women (58%) and Black women (79%).¹²³

While it is true that there may be government programs outside of the VA that provide free access to contraceptive care, and that women veterans may have the ability to access both those government programs and VA health care benefits at the same time, expecting these veterans to navigate multiple healthcare frameworks for due, necessary, and basic care is inequitable and unjust. Furthering this argument, recent research has indicated that veterans who receive their healthcare exclusively through the VA had better health profiles than their counterparts that piecemealed their care between two or even three healthcare provision frameworks.¹²⁴ **We would urge the Committees to provide comprehensive abortion and contraceptive care for veterans.**

B. IVF and surrogacy programs

The lack of access to full reproductive healthcare includes not only contraception and abortion services, but also in vitro fertilization (IVF), a crucial form of health care for LGBTQ individuals and unmarried women and couples. Currently, the Department includes in its list of eligible candidates for IVF opposite-sex spouses only, on the condition that one individual in the couple can provide evidence of their

¹²³ Taylor, J; Mhatre, N. (2017). Contraceptive Coverage Under the Affordable Care Act. Center for American Progress. Accessed on Jun 29, 2020, at www.americanprogress.org/issues/women/news/2017/10/06/440492/contraceptive-coverage-affordable-care-act.

¹²⁴ Vandenberg, P; Uppal, G; Barker, A; Flemming, D. (2013). The Impact of the Affordable Care Act on VA's Dual Eligible Population. Health Services Research and Development Service. Department of Veterans Affairs, 1–2. Accessed on Jun 29, 2020, at www.hsrd.research.va.gov/publications/internal/forum04_13.pdf.

infertility as a service-connected condition. Given that only one of those partners needs to be a veteran, a non-veteran partner currently has more access to IVF than do most veterans.¹²⁵

Barriers to access exist for those unable to provide evidence of service-connected infertility as well, as they are asked to pay upwards of \$12,000 for a single IVF procedure.¹²⁶ Notably, even this limited form of access is unavailable to same-sex couples and individual veterans who are not legally married.¹²⁷ In addition to IVF, surrogacy services are not covered in the veteran medical benefits package, a necessary form of reproductive health care for LGBTQ individuals who rely upon this form of health care to start a family. **We would urge the Committees to create opportunities for all veterans to access family planning services currently restricted by Department policy.**

C. Gender Affirmation Surgeries

The Department's LGBT Health Program has made significant improvements to the health care provided to transgender¹²⁸ veterans.¹²⁹ However, Department policies prohibit the provision and funding of gender affirmation surgeries¹³⁰ due to their classification as "strictly cosmetic" in nature, violating international standards of transgender health care that describe these surgeries as "essential and medically necessary" procedures.¹³¹ These international standards of care are based on decades of evidence,¹³² and transgender people who receive this medically necessary care show significant improvement in depression and anxiety.¹³³ Gender affirmation surgeries are a medically necessary part

¹²⁵ Veteran's Health Administration. (n.d.) Infertility Services for Veterans. Accessed on Jun 29, 2020, at www.womenshealth.va.gov/WOMENSHEALTH/docs/InfertilityServicesforEnrolledVeteransBrochure_508.pdf.

¹²⁶ Edgar, C. (2017). In vitro fertilization treatment available to eligible veterans, spouses; expanded access sought in Congress. DAV. Accessed on June 29, 2020, at www.dav.org/learn-more/news/2017/vitro-fertilization-treatment-available-eligible-veterans-spouses-expanded-access-sought-congress/.

¹²⁷ *Supra* note 125.

¹²⁸ The term transgender is used here to include transgender, transsexual, non-binary, and other gender non-conforming individuals who do not identify in whole or in part with their sex assigned at birth.

¹²⁹ Lehavot, K; Katon, JG; Simpson, TL; Shipherd, JC. (2017). Transgender veterans' satisfaction with care and unmet health needs. *Medical Care*, 55(9 Suppl 2), S90–S96. doi.org/10.1097/MLR.0000000000000723.

¹³⁰ Veterans Health Administration. (2020). VHA Directive 1341(2): Providing health care for transgender and intersex veterans. Washington, DC: US Department of Veterans Affairs. Available at www.va.gov/vhapublications/ViewPublication.asp?pub_ID=6431.

¹³¹ The World Professional Association for Transgender Health. (2012). Standards of care for the health of transsexual, transgender, and gender non-conforming people, Version 7. Available at www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341.

¹³² *Ibid*. ("Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well-being, cosmesis, and sexual function.")

¹³³ Owen-Smith, AA; Gerth, J; Sineath, RC; Barzilay, J et al. (2018). Association between gender confirmation treatments and perceived gender congruence, body image satisfaction and mental health in a cohort of transgender individuals. *Journal of Sexual Medicine*, 15(4), P591–600. doi.org/10.1016/j.jsxm.2018.01.017.

of transgender health care, and, given the socioeconomic disparities within the transgender community,¹³⁴ the current policy effectively forces transgender veterans to navigate multiple healthcare provision frameworks¹³⁵ or forego medically necessary health care. **We would urge the Committees to amend the Department’s medical benefits package to allow for gender affirmation surgeries, thereby fulfilling the purpose of the policy.**

D. Mandated, Minority-Focused Training for VSOs and Department Staff and Contractors

Minority veterans have a long history of experiencing discrimination and stigmatization within veteran-centric spaces, resulting in effective exclusion from necessary social support and medical care. This has been true within the Department, as well as within non-governmental organizations and those authorized to serve veterans on the Department’s behalf. In addition to strong anti-discrimination policies, it is crucial that ignorance and misinformation about minority veterans be addressed through education initiatives. Successful initiatives of this kind have been developed within the Department through the LGBT Health Program,¹³⁶ for example, and research shows that provider communication is an important mechanism for ensuring access to services for minority veterans.¹³⁷ Proper and ongoing training regarding best practices and cultural competency training on minority veterans should be mandatory for Department staff, Veteran Service Organizations (VSOs), and contractors. This training should be developed and provided to all Department points of entry to ensure that proper investigative procedures are conducted, and that no veteran is erroneously dismissed from accessing their earned benefits.

E. Equitable Changes to the Department Motto

The current Department motto is disclusionary, as it does not reflect the diversity of our veteran community, nor our country. With nearly 25% of the nation’s veteran community identifying

¹³⁴ James, SE; Herman, JL; Rankin, S; Keisling, M et al. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. Available at www.transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf. (“Nearly one-third (29%) [of transgender individuals] were living in poverty, more than twice the rate in the U.S. population (12%).”).

¹³⁵ *Supra* note 124.

¹³⁶ Shipherd, JC; Kauth, MR; Firek, AF; Garcia, R et al. (2016). Interdisciplinary transgender veteran care: Development of a core curriculum for VHA providers. *Transgender Health*, 1(1):54–62. doi.org/10.1089/trgh.2015.0004.

¹³⁷ Ruben, MA; Livingston, NA; Berke, DS; Matza, AR; Shipherd, JC. (2019). Lesbian, gay, bisexual, and transgender veterans’ experiences of discrimination in health care and their relation to health outcomes: A pilot study examining the moderating role of provider communication. *Health Equity*, 3(1), 480–488. doi.org/10.1089/heq.2019.0069.

as other than a white, cisgender, heterosexual man, it is time the Department's motto makes clear that they serve all who have served.¹³⁸ **We urge the Committees to again¹³⁹ consider an amendment to the Department's existing mission to statement to include the verbiage "to fulfill President Lincoln's promise to care for those 'who shall have borne the battle' and for their families, caregivers, and survivors."**

Addressing Veteran Suicide and Mental Health Disparities

Disparities in mental health among minority veterans¹⁴⁰ and rates of suicide are crucial issues to address given the high rates of minority veterans.¹⁴¹ In the coming years, this issue will only increase in importance, given that racial and ethnic minorities are projected to rise to 36.2% of the veteran population by 2045¹⁴² and that white women veterans are projected to rise to 10.6% of the veteran population by 2043,¹⁴³ if current demographic trends continue. While we do not yet have statistics on sexual orientation and transgender status among US veterans, we believe it is reasonable to project that approximately 50% of the veteran population will be minorities by 2045. Currently, we know that minority veterans face

¹³⁸ *Supra* Note 83.

¹³⁹ See Honoring All Veterans Act (H.R. 3010). Available at: www.congress.gov/bill/116th-congress/house-bill/3010/.

¹⁴⁰ We define minority veterans as racial and ethnic minorities, women, LGBTQ+ people, and (non)religious minorities.

¹⁴¹ According to Department statistics in 2017, racial and ethnic minorities made up 23.2% of the Veteran population (see #1 below). However, white women make up an additional 6.2% of the Veteran population (see #2 below), and we estimate that approximately 3.8% of the veteran population is lesbian or gay (see #3 below) while 0.8% is transgender (see #4 below).

1. *Supra* Note 83.
2. National Center for Veterans Analysis and Statistics. (2017). The Past, Present and Future of Women Veterans. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf.
3. Gates, GJ. (2003). Gay veterans top one million. Washington, DC: Urban Institute. Accessed on Feb. 28, 2021, at www.urban.org/sites/default/files/publication/59711/900642-gay-veterans-top-one-million.pdf.
4. Gates, GJ; Herman, J.L. (2014). Transgender military service in the united states. Williams Institute. Accessed on Feb. 15, 2021, at www.williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Military-Service-US-May-2014.pdf.

¹⁴² *Supra* Note 83.

¹⁴³ This figure was calculated using data from the VA that projects that 16.3% of all veterans will be women in 2043, and that currently white women make up 65.9% of all women veterans. See *supra* note 141(2).

increases in mental health disparities¹⁴⁴ and suicide rates¹⁴⁵ compared to either non-minority veterans,¹⁴⁶ non-veteran minorities, or both. Additionally, many minority veterans do not identify as veterans, and minority veterans' historical experiences of marginalization in veteran-centric spaces continue into the present. Considering this ongoing reality, it is crucial that policy initiatives aimed at enacting changes within the Department extend to broader public policy changes in the US and co-articulate with existing and proposed policies regarding mental health disparities and suicide among minorities in the civilian population.

A. Minority Stress and Social Determinants of Health

The concept of minority stress was developed within the field of public health to articulate the unique psycho-social stressors that impact minority health and well-being.¹⁴⁷ With several decades of research supporting the minority stress model,¹⁴⁸ including for minority veterans,^{149,150} there is a need to address these stressors as part of broader policy initiatives aimed at alleviating veteran suicide and mental

¹⁴⁴ Office of Health Equity. (2020). Mental health disparities among LGBT Veterans. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/lgbt/LGBT_Veterans_Disparities_Fact_Sheet-508.pdf.

¹⁴⁵ Office of Mental Health and Suicide Prevention. (2020). 2020 National Veteran Suicide Prevention Annual Report. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf. See also Lynch, KE; Gatsy, E; Viernes, B; Schliep, KC; Whitcomb, BW; Alba, PR; DuVall, SL; Blosnich, JR. (2020). Evaluation of suicide mortality among sexual minority US Veterans from 2000 to 2017. *JAMA Network Open*, 3(12), e2031357. doi.org/10.1001/jamanetworkopen.2020.31357.

¹⁴⁶ Calhou, PS; Wilson, SM; Hicks, TA; Thomas, SP; Dedert, EA; Hair, LP; Bastian, LA; Beckham, JC. (2017). Racial and sociodemographic disparities in internet access and eHealth intervention utilization among veteran smokers. *Journal of Racial and Ethnic Health Disparities*, 4, 846–853. doi.org/10.1007/s40615-016-0287-z.

¹⁴⁷ Frost, DM; LeBlanc, AJ; de Vries, B; Alston-Stepnitz, E; Stephenson, R; Woodyatt, C. (2017). Couple-level minority stress: An examination of same-sex couples' unique experiences. *Journal of Health and Social Behavior*, 58(4), 455–472. doi.org/10.1177%2F0022146517736754. See also Meyer, IH. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56. doi.org/10.2307/2137286.

¹⁴⁸ Valentine, SE; Shipherd, JC. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, 66, 24–38. doi.org/10.1016/j.cpr.2018.03.003. See also Flentje, A, Heck, NC, Brennan, JM, Meyer, IH. (2020). The relationship between minority stress and biological outcomes: A systematic review. *Journal of Behavioral Medicine*, 43, 673–694. doi.org/10.1007/s10865-019-00120-6.

¹⁴⁹ Livingston, NA; Berke, DS; Ruben, MA; Matza, AR; Shipherd, JC. (2019). Experiences of trauma, discrimination, microaggressions, and minority stress among trauma-exposed LGBT veterans: Unexpected findings and unresolved service gaps. *Psychological Trauma*, 11(7), 695–703. doi.org/10.1037/tra0000464. See also Tucker, RP; Testa, RJ; Reger, MA; Simpson, TL; Shipherd, JC; Lehavot, K. (2019). Current and military-specific gender minority stress factors and their relationship with suicide ideation in transgender veterans. *Suicide and Life-Threatening Behavior*, 49(1), 155–166. doi.org/10.1111/sltb.12432.

¹⁵⁰ Breland, JY; Chee, CP; Zulman, DM. (2015). Racial differences in chronic conditions and sociodemographic characteristics among high-utilizing veterans. *Journal of Racial and Ethnic Health Disparities*, 2, 167–175. doi.org/10.1007/s40615-014-0060-0.

health disparities. These stressors are best represented within a social determinants of health (SDOH) framework,¹⁵¹ which can be broken into five domains: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.¹⁵² Minorities in the United States encounter unique stressors not present for their non-minority counterparts across each of these domains,¹⁵³ and research on minority veterans demonstrates that this dynamic is present within the veteran community as well.¹⁵⁴ As such, policy initiatives aimed at alleviating mental health disparities and suicide among veterans must attend to social determinants of health and salient stressors¹⁵⁵ for minority veterans. **We would urge the Committees to mandate more holistic data collection on veteran demographics in all areas and to provide additional resources to existing offices within the Department supporting minority veterans.**

B. Substance Use Disorders

The Department has been at the forefront of research and therapies at the intersection of posttraumatic stress disorder (PTSD) and substance use disorders (SUDs), noting that more than 20% of veterans with PTSD also have SUD and nearly 33% of veterans seeking treatment for a substance use disorder also have posttraumatic stress disorder.¹⁵⁶ Unfortunately, there is a glaring lack of data on SUDs

¹⁵¹ While the SDOH framework provides useful functional categories through which to analyze contextualized factors impacting health and through which to design policy mechanisms, it must be understood that these five domains are not mutually exclusive but highly interrelated. For example, within health care contexts, racism is often understood as an individual prejudice that manifests in interpersonal interactions, bringing it into the domain of health care access and quality and/or social and community context. However, racism is a salient feature of all five domains in both interpersonal and structural ways. It has, for example, been literally materialized in neighborhoods and built environments through gentrification, redlining policies, and environmental hazards. The interpersonal and the structural are co-constitutive and mutually informing levels of analysis of racism and other forms of marginalization that must be included in an SDOH framework.

¹⁵² Centers for Disease Control and Prevention. (2020). About social determinants of health (SDOH). Accessed on February 28, 2021, at www.cdc.gov/socialdeterminants/about.html.

¹⁵³ Bailey, ZD; Krieger, N; Agénor, M; Graves, J; Linos, N; Bassett, MT. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453–1463. doi.org/10.1016/S0140-6736(17)30569-X. See also Shangani, S; Gamarel, KE; Ogunbajo, A; Cai, J; Operario, D. (2020). Intersectional minority stress disparities among sexual minority adults in the USA: The role of race/ethnicity and socioeconomic status. *Culture, Health & Sexuality*, 22(4), 398–412. doi.org/10.1080/13691058.2019.1604994.

¹⁵⁴ Shipherd, JC; Darling, JE; Klap, RS; Rose, D; Yano, EM. (2018). Experiences in the Veterans Health Administration and impact on healthcare utilization: Comparisons between LGBT and non-LGBT women veterans. *LGBT Health*, 5(5), 303–311. doi.org/10.1089/lgbt.2017.0179.

¹⁵⁵ Pachankis, JE; McConocha, EM; Clark, KA; Wang, K; Behari, K; Fetzner, BK; Brisbin, CD; Scheer, JR; Lehavot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 88(7), 613–630. doi.org/10.1037/ccp0000508.

¹⁵⁶ National Center for PTSD. (n.d.). PTSD and Substance Abuse in Veterans. US Department of Veterans Affairs. Accessed on February 28, 2021, at www.ptsd.va.gov/understand/related/substance_abuse_vet.asp.

among minority veterans,¹⁵⁷ further indicating a need for holistic data collection among veterans. However, we do know that racial and ethnic minority veterans have higher rates of PTSD than white veterans¹⁵⁸ (suggesting higher rates of SUDs as well), that women veterans are at a higher risk for SUDs than their non-veteran counterparts,¹⁵⁹ and that LGBTQ people overall are at higher risk for substance use disorders.¹⁶⁰ In addition to stigmatization and other aspects of minority stress, research shows that higher rates of substance use are associated with violent victimization,¹⁶¹ further echoing a need for an SDOH approach.

We applaud the work of Representative Cisneros and Representative Brian Mast (FL-18), for their work in directly addressing these and other concerns associated with mental health disparities and SUD within the veteran community.¹⁶² **We urge the Committees to ensure the Department engages in comprehensive data collection to report on the deaths and known substance use of veterans involved with Departmental services, and in ensuring that health care providers receive culturally competent and informed training to effectively update frameworks, services, and clinical practice guidelines.**

C. Expanding Psychopharmacological Medical Interventions

The epidemic of substance use disorder and other mental health crises among veterans demonstrates the need for innovative therapies that extend beyond traditional psychopharmacological interventions. As such, we believe it is necessary to include cannabis and psychedelics¹⁶³ in the VHA's

¹⁵⁷ The VA's online database for SUDs among veterans mention demographics only once in their summary of one study on illicit substance use among HIV-positive men: "The researchers do note that demographic factors—such as age, race, and education—seem to impact mortality risk more than alcohol, cannabis, or stimulus use." Office of Research & Development. (n.d.). VA research on substance use disorders. US Department of Veterans Affairs. Accessed on February 28, 2021, at www.research.va.gov/topics/sud.cfm.

¹⁵⁸ Choo, CM. (n.d.). PTSD Among Ethnic Minority Veterans. National Center for PTSD. US Department of Veterans Affairs. Accessed on February 28, 2021, at www.ptsd.va.gov/professional/treat/type/ethnic_minority_vets.asp.

¹⁵⁹ Cucciare, MA; Simpson, T; Hoggatt, KJ; Gifford, E; Timko, C. (2013). Substance use among women veterans: Epidemiology to evidence-based treatment. *Journal of Addictive Diseases*, 32(2), 119–139. doi.org/10.1080/10550887.2013.795465.

¹⁶⁰ Kalin, NH. (2020). Substance use disorders and addiction: Mechanisms, trends, and treatment implications. *The American Journal of Psychiatry*, 177(11), 1015–1018. doi.org/10.1176/appi.ajp.2020.20091382.

¹⁶¹ Sherman, ADF; Cimino, AN; Mendoza, NS; Noorani, T; Febres-Cordero, S. (2021). Polyvictimization and substance use among sexual minority cisgender women. *Substance Use & Misuse*, 56(1), 39–45. doi.org/10.1080/10826084.2020.1833928.

¹⁶² See STOP Veteran Suicide and Substance Abuse Act (H.R. 5867), which was passed as part of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, Pub. L. 116-171.

¹⁶³ The term psychedelics is used to include a variety of substances, and while there are accepted definitions, there is not yet a broad consensus on which compounds are included and excluded from the category. Here, we use this term to refer to substances traditionally considered to be psychedelics—psilocybin, ayahuasca, lysergic acid diethylamide (LSD)—as well as substances with hallucinogenic effects which are often considered psychedelics for research and therapeutic purposes, such as 3,4-methylenedioxyamphetamine (MDMA) and ketamine.

psychopharmacological repertoire. Research into cannabis demonstrates its effectiveness in treating PTSD and SUDs in veteran populations¹⁶⁴ (although more research is needed), as well as reducing the use of opioids¹⁶⁵ and opioid-related deaths.¹⁶⁶ Additionally, research into psychedelics has demonstrated its efficacy to treat both substance use disorders¹⁶⁷ and for posttraumatic stress disorder.¹⁶⁸ While the VHA has been using ketamine for treatment-resistant depression on a “pre-approved, case-by-case” basis,¹⁶⁹ research in non-veteran populations demonstrates its therapeutic efficacy, especially for short-term use.¹⁷⁰ Overall, as noted in a systematic review of clinical psychedelic research, psychedelics provide “early evidence for treatment efficacy and safety for a range of psychiatric conditions, and constitutes an exciting new treatment avenue in a health area with major unmet needs.”¹⁷¹ **We would urge the Committees to**

¹⁶⁴ Cohen, J; Wei, Z; Phang, J; Laprairie, RB; Zhang, Y. (2020). Cannabinoids as an emerging therapy for posttraumatic stress disorder and substance use disorders. *Journal of Clinical Neurophysiology*, 37(1), 28–34. doi.org/10.1097/wnp.0000000000000612.

¹⁶⁵ Kropp Lopez, AK; Nichols, SD; Chung, DY; Kaufman, DE; McCall, KL; Piper, BJ. (2020). Prescription opioid distribution after the legalization of recreational marijuana in Colorado. *International Journal of Environmental Research and Public Health*, 17(9), 3251. doi.org/10.3390/ijerph17093251. See also Wen, H; Hockenberry, JM. (2018). Association of medical and adult-use marijuana laws with opioid prescribing for Medicaid enrollees. *JAMA Internal Medicine* 178(5), 673–679. doi.org/10.1001/jamainternmed.2018.1007. See also McMichael, BJ; Van Horn, RL; Viscusi, WK. (2020). The impact of cannabis access laws on opioid prescribing. *Journal of Health Economics*, 69, 102273. doi.org/10.1016/j.jhealeco.2019.102273.

¹⁶⁶ Livingston, MD; Barnett, TE; Delcher, C; Wagenaar, AC. (2017). Recreational cannabis legalization and opioid-related deaths in Colorado, 2000–2015. *American Journal of Public Health*, 107, 1827–1829. doi.org/10.2105/ajph.2017.304059.

¹⁶⁷ DiVito, AJ; Leger, RF. (2020). Psychedelics as an emerging novel intervention in the treatment of substance use disorder: A review. *Molecular Biology Reports*, 47, 9791–9799. doi.org/10.1007/s11033-020-06009-x. (“Only recently has research into the potential benefits of these drugs as therapeutic adjuncts in a variety of psychological conditions been able to resume. One of the most promising avenues for future developments is in the field of substance use disorder, where a growing body of evidence is beginning to bolster claims that these medications may provide a novel treatment for one of the world’s most debilitating and prevalent disorders.”)

¹⁶⁸ Reiff, CM; Richman, EE; Nemeroff, CB; Carpenter, LL; Widge, AS; Rodriguez, CI; Kalin, NH; McDonald, WM. (2020). Psychedelics and psychedelic-assisted psychotherapy. *The American Journal of Psychiatry*, 177(5), 391–410. doi.org/10.1176/appi.ajp.2019.19010035. (“Randomized clinical trials support the efficacy of MDMA in the treatment of PTSD and psilocybin in the treatment of depression and cancer-related anxiety. The research to support the use of LSD and ayahuasca in the treatment of psychiatric disorders is preliminary, although promising.”). See also Mithoefer, MC; Feduccia, AA; Jerome, L; Mithoefer, A; Wagner, M; Walsh, Z; Hamilton, S; Yazar-Klosinski, B; Emerson, A; Doblin, R. (2019). MDMA-assisted psychotherapy for treatment of PTSD: Study design and rationale for phase 3 trials based on pooled analysis of six phase 2 randomized controlled trials. *Psychopharmacology*, 236(9), 2735–2745. doi.org/10.1007/s00213-019-05249-5.

¹⁶⁹ Kime, P. (2019). VA imposes strict limits on controversial ketamine-based depression treatment. *Military.com*. Accessed on February 28, 2021, at www.military.com/daily-news/2019/06/24/va-imposes-strict-limits-controversial-ketamine-based-depression-treatment.html.

¹⁷⁰ Kent, JK; Arredondo, A; Pugh, MA; Austin, PN. (2019). Ketamine and treatment-resistant depression. *AANA Journal Course*, 87(5), 411–419. PMID: 31612847.

¹⁷¹ Andersen, KAA; Carhart-Harris, R; Nutt, DJ; Erritzoe, D. (2020). Therapeutic effects of classic serotonergic psychedelics: A systematic review of modern-era clinical studies. *Acta Psychiatrica Scandinavica*, 143(2), 101–118. doi.org/10.1111/acps.13249. See also Johns Hopkins Center for Psychedelic & Consciousness Research. (n.d.). Research. Accessed on February 28, 2021, at www.hopkinspsychedelic.org/index/#research.

consider allowing psychedelics and cannabis to be included in the psychopharmacological repertoire of the Department and for providers outside of the Department treating veterans. Additionally, we would urge the Committees to support¹⁷² and remove existing governmental impediments to cannabis and psychedelic research and therapies within the Department and throughout the United States generally.

D. Gun Violence and Access to Firearms

In the 116th Congress, we argued against HR 3826: Veterans 2nd Amendment Protection Act, a Bill which would have diminished intra-governmental communication regarding criminal background checks for veterans attempting to access firearms. Given the high rates of death by suicide involving a firearm,¹⁷³ it is vital that we understand gun violence and access to firearms as interrelated. Recent research on veterans who died by suicide using a firearm shows that less than half of these veterans “received prevention services from the Department in the form of contact with the local Suicide Prevention Team, engagement in lethal means safety efforts, a documented safety plan, and/or the presence of a high risk for suicide flag in the medical record.”¹⁷⁴ **We would urge the Committees to consider mechanisms through which to identify and provide suicide prevention training to veteran gun owners, as well as mandating that suicide prevention training be included as a necessary certificatory component in regulations regarding access to firearms.**

As the Committees are aware, the veteran population has changed drastically since the Department’s inception. In response, thus far, the Department has instituted a piecemeal strategy in changing to meet the needs of this demographical shift, which has resulted in minority veterans universally being forced to assimilate to existing framework structures. Rather than continuing to force this assimilation, we recommend investing in an integrationist approach that celebrates differences in created nuanced solutions. Without an institutional change in the Department’s approach, entire

¹⁷² “US federal funding has yet to support therapeutic psilocybin research, although such support will be important to thoroughly investigate efficacy, safety, and therapeutic mechanisms.” Johnson, MW; Griffiths, RR. (2017). Potential therapeutic effects of psilocybin. *Neurotherapeutics*, 14, 734–740. doi.org/10.1007/s13311-017-0542-y.

¹⁷³ Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report. Washington, DC: US Department of Veterans Affairs. Accessed on February 28, 2021, at www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf. (“In 2018, firearms were the method of suicide in 69.4% of male Veteran suicide deaths and 41.9% of female Veteran suicide deaths.”).

¹⁷⁴ Ammerman, BA; Reger, MA. (2020). Evaluation of prevention efforts and risk factors among veteran suicide decedents who died by firearm. *Suicide and Life-Threatening Behavior*, 50(3), 679–687. doi.org/10.1111/sltb.12618.

populations of veterans will continue to experience structural exclusion that will result in continued and aggravated disparities. Our communities deserve to meaningfully access the resources and care they deserve and were promised.

Once again, I thank you for the opportunity to submit this written testimony and to provide verbal testimony before this Joint Session. My team and I look forward to continuing to work with you and your offices, and to assist in your efforts to equitably support the minority veteran community.

Respectfully Submitted,

/s/

Lindsay Church

Executive Director & Co-Founder

Minority Veterans of America

189



Testimony of the

National Coalition
for Homeless Veterans

United States Senate & House of Representatives
Committees on Veterans' Affairs

**"Legislative Presentation of The National Coalition
for Homeless Veterans"**

March 3, 2021

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

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

We thank you for your leadership and continuing efforts to focus on the needs of veterans experiencing or at-risk of homelessness, as Congress put forth COVID relief legislation and in Public Law 116-315, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. The assistance Congress provided has resulted in over \$900 million in new resources being distributed to organizations across the country to keep veterans safe from COVID by decongesting shelter spaces, ramping up rapid rehousing capacity, and focusing on individualized housing options in hotels and motels.

While HUD has not yet released 2020 Point-in-Time Count data, we know veteran homelessness decreased by 50% between 2010 and 2019. The decrease was due in large part to increases in investments, adherence to evidence-based solutions, and dedicated coordination at the national and local level. As we progress into 2021, homelessness has once again been prioritized at the Department of Veterans Affairs (VA,) and it has become unavoidably clear that we must double down on ongoing efforts to end homelessness, while simultaneously recalibrating them to respond to the urgent economic crisis COVID has created and the inequities that certain veteran groups face. Homelessness is an intersectional challenge that has as many paths in as it does out. As such, a variety of tools are required to respond to individual crises and needs. Many can be addressed by VA but many are well outside the Department's control.

Housing Affordability

Our country is in the midst of a housing affordability crisis that affects veterans and civilians alike. Given that housing improves health outcomes and offers safety amidst a pandemic, it is beyond time for housing to be considered a right. The average rental price according to HUD has increased by four percent annually over the last decade or 66 percent between 2010 and 2020.ⁱ Yet the federal minimum wage has remained unadjusted since 2009. A livable wage offers families and veterans the dignity of being able to afford the basics needed to survive. In 2019, over 700,000 veterans were homeless or cost-burdened and paying more than 50 percent of their income on rent.ⁱⁱ Congress can make meaningful progress toward ending homelessness for all by

enacting legislation to increase the minimum wage or to make housing a right with subsidies for all who need them, deployed in conjunction with deep investment in affordable housing development, and providing appropriate but optional services for all, including veterans.

Equity

Programs to serve veterans experiencing homelessness must focus on racial and other types of equity to ensure we are not leaving people behind. Black veterans comprise 33 percent of the population of veterans experiencing homelessness, but only 12 percent of the veteran population.ⁱⁱⁱ American Indian and Alaska Native veterans are at high risk as well. Among VHA users, transgender veterans are three times more likely to experience homelessness than non-transgender veterans.^{iv} The passage of the Deborah Sampson Act improved care for women veterans, but we cannot stop there. Women veterans are the fastest growing sub-population of veterans experiencing homelessness. Aging veterans and rural veteran populations have become an important intersection in the discussion of improving services, access and information dissemination for some of the most remote and inaccessible veterans. With the passage of P.L. 116-315, VA has new authority to improve services across the board by providing communication, transportation as well as safety and survival necessities.

Homeless programs must continue to look at equitable treatment of veterans who utilize VA homeless services. More can be done to unearth inequities in homeless adjacent systems that contribute to the inequities we see in the population of veterans experiencing homelessness, to identify areas of improvement. VA must ensure its system of care welcomes all veterans and is well equipped to serve them without standing by silently while they face bias, racism or sexual harassment.

COVID-19 Crisis

From a public health perspective, homelessness makes both veterans, and the general population at large, more vulnerable to exposure to and transmission of highly communicable conditions like COVID-19. As largest health care system in the country, VA could be in a unique position to lead the way for the country in testing, treatment access, and outcomes. Of the cases in VA's daily report, we have not been able to determine how many are experiencing homelessness or the number of veterans treated outside of VA run facilities. This is particularly hard to grasp with the emphasis of community care from the MISSION Act.

NCHV is pleased to see the addition of race data in VA's reporting on COVID. This information will help to identify and address any racial disparities that may exist in the identification and treatment of veterans for the coronavirus. African American and Native American veterans are far more likely to experience homelessness and underlying diagnoses that increase their likelihood of morbidity due to COVID-19. Given the challenge this population faces with implicit bias in many medical systems and the intersectionality of these crises, VA must add

homeless statistics to the VA's reporting on confirmed COVID cases and deaths. The District of Columbia, New York City, and others report on housing status and their public acknowledgement of the data has allowed for better risk assessments among community providers and improved ability to create a comprehensive response. Congress must also ensure that all responses to this pandemic are designed to equitably center the needs of veterans of color, and other vulnerable subpopulations.


The pandemic has undoubtedly impacted veterans in a variety of ways from making it harder for unsheltered veterans to find shelter and housing in some communities, to causing increased difficulties in accessing supportive services and utilizing HUD-VASH vouchers, to creating new mental health challenges for veterans feeling isolated in housing or struggling to find their way to a safe place to sleep inside. VA and its grantees have risen to these challenges.

VA must continue to address veteran homelessness within the greater scale of the COVID-19 response, timely disseminating funding to grantees. Further, VA must look at prioritizing testing and vaccination for veterans who are unsheltered or living in transitional housing. A CDC Morbidity and Mortality Weekly Report on the prevalence of coronavirus infections among transitional housing residents found that early testing of residents in congregate transitional housing is critical to reducing the rapid spread of the virus among a highly vulnerable population.¹ The study examined a limited number of shelters where testing took place and found much lower rates of infection during pre-emptive testing, than when there was a single case, or a cluster of cases.

We ask Congress to direct VA to utilize the humanitarian care authority granted by section 1784 of Title 38, U.S.C., during the duration of the pandemic to provide easily accessible COVID-related health and preventive care to all veterans experiencing homelessness, regardless of discharge status or time in service. Access to both for veterans experiencing homelessness has varied across the country. In some communities, the local VAMC is pushing for providers to transport eligible veterans to VA. In others the local VAMC is bringing vaccinations onsite, but only making them available to healthcare-eligible veterans. Approximately 15 percent of the veterans experiencing homelessness have other-than-honorable discharges, and in some urban communities that percentage rises as high as 30 percent. Access to health care is of the utmost importance in a pandemic, and NCHV members who provide shelter or rapid rehousing for these veterans often report difficulty accessing healthcare that has military-cultural-competence.

COVID-19 Recovery

We encourage collaborative Federal efforts to identify ways to efficiently serve veterans experiencing homelessness. As our country moves out of a crisis response phase and into a

¹ Mosites E, Parker EM, Clarke KE, et al. Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters – Four U.S. Cities, March 27–April 15, 2020. MMWR Morb Mortal Wkly Rep. ePub: 22 April 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6917e1>

COVID recovery phase, we have the opportunity to focus on permanent housing as communities wind down COVID hotel and motel operations. One way to do that would be to appropriate case management funding to VA to fully utilize HUD-VASH vouchers for which funds have already been appropriated to HUD. Some communities are purchasing hotels and motels for conversion. Funding to renovate them, paired with project-based vouchers for operating funds could be a mechanism to increase the availability of affordable housing more rapidly than traditional affordable housing development timelines allow. There is absolutely no reason any veterans in motel/hotel placements temporarily should be exited back into homelessness at the end of the pandemic.

NCHV anticipates the economic recovery will take time, and payments made for rent in arrears could move veterans off assistance before they have stabilized. Re-Employment and re-integration efforts will be crucial to stabilize an anticipated influx of unemployed veterans through an expanded Homeless Veteran Reintegration Program through 2023. There will be a deepening economic crisis when unemployment benefits sunset. Similarly, the housing crisis will deepen when the eviction moratorium sunsets. Nearly 15 million Americans have accrued over \$50 billion in missed rental payments. They will immediately be added to the “at-risk” category of homelessness if unable to access emergency rent assistance or other homelessness prevention funding.

NCHV recommendations are for emergency appropriations necessary for homeless veteran programs to function for the remaining balance of FY’22 and FY’23 considering passed and proposed program needs. NCHV estimates a total need in excess of \$1.609 billion, including \$100 million for DOL’s HVRP program and \$95 million for HUD to provide new HUD-VASH vouchers to expand access to permanent housing in a recovery. Calculations are made based upon current VA program funding attrition rates and the ability of departments to spend the funds through 2023.

VA

- a. **\$100 million increase to the Health Care for Homeless Veterans Program (HCHV)** for temporary housing for homeless vets to reduce social distancing and to increase PPE availability for VA staff, outreach, and surveillance of homeless encampments during the crisis and recovery period.
- a. **\$960 million increase to Supportive Services for Veteran Families (SSVF)** to provide flexible assistance targeted at keeping vulnerable vets in safe situations, addressing rental and other eligible arrears, and expanding the shallow subsidies programming to more veterans.
- b. **\$300 million increase for the Grant and Per Diem Program (GPD)** to maintain an increase to the daily rate since social distancing has affected maximum occupancies and

operating costs during the crisis and recovery period. This funding would also allow for additional capital grants that may be needed beyond the duration of the crisis.

- c. **\$54 million for the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Program** for VA to provide additional VA or community contracted case managers.

HUD

- d. **\$95 million increase for HUD-VASH** to increase the recovery capacity of communities to move veterans from motel/hotel placements into permanent housing rather than releasing them back to the streets.
- i. \$40M for HUD to provide 5,000 new Project Based Vouchers, that are not counted against PHA utilization rates and caps on project-basing of vouchers.
 - ii. \$55M for HUD to provide 6,000 new Tenant Based Vouchers.

DOL

- e. **\$100 million increase for DOL's Homeless Veteran Reintegration Program (HVRP)** through FY'24 aimed at helping at-risk veterans due to pandemic-related job loss.

In Summation

Thank you for the opportunity to submit this testimony for the record and for your continued interest in ending veteran homelessness. It is a privilege to work with all of you to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed. We are in the middle of an emergency and veterans experiencing and at-risk of homelessness need safe housing now more than ever. We thank you for your attention as we work collectively to lessen the impact that COVID-19 will have on veterans experiencing or at-risk of homelessness.

ⁱ US Department of Housing and Urban Development Office of Policy Development and Research. *National Comprehensive Housing Market Analysis*. January 1, 2020

<https://www.huduser.gov/portal/publications/pdf/National-CHMA-20.pdf>

ⁱⁱ Center on Budget and Policy Priorities. *Rental Assistance Shortage Leaves 700,000 Veterans Homeless or Struggling to Find Housing*. November 7, 2019

<https://www.cbpp.org/blog/rental-assistance-shortage-leaves-700000-veterans-homeless-or-struggling-to-afford-housing>

ⁱⁱⁱ National Alliance to End Homelessness. *5 Key Facts About Homeless Veterans*. November 9, 2020

<https://endhomelessness.org/5-key-facts-about-homeless-veterans/>

^{iv} The National Center on Homelessness among Veterans. *Transgender Veterans and Homelessness*,

what do we know? https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/lgbt/HOME0073_Transgender-Infographic-Revisions_FNL-508.pdf