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

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

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

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

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

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

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

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

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

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

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

MENTAL HEALTH SERVICES AND SUICIDE PREVENTION EFFORTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STRENGTHEN VA HEALTH CARE, PARTICULARLY FOR SERVICE-CONNECTED VETERANS

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

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

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

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

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

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

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

Health Care Infrastructure

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

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

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

IT and Electronic Health Record Modernization

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

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

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

VA's Fourth Mission for National Emergencies

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

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

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

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

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

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

Minority Veterans

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

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

LGBTQ+ Veterans

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

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

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

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

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

Women Veterans

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

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

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

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

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

Cultural Transformation and Improvement of the MST Claims Process

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROVIDING SUPPORT FOR VETERAN CAREGIVERS

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

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

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

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

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

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

IMPROVING SURVIVOR BENEFITS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

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

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

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

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

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

Appellate Representation of Denied Claims

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

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

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

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

Transition Services for New Veterans

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

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

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

Information Seminar Program

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

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

Disaster Relief Program

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

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

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

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

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

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

DAV National Transportation Network

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

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

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

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

DAV Local Veterans Assistance Program

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

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

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

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

Boulder Crest Mentoring Retreat

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

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

Adaptive Sports

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

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

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

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

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

The Next Generation of Volunteers

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

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

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

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

DAV NATIONAL EMPLOYMENT PROGRAM

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

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

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

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

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

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

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

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

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

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

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

DAV CHARITABLE SERVICE TRUST

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

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

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

Typically, grants are awarded to programs offering:

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

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

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

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

DAV NATIONAL LEGISLATIVE PROGRAM

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

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

Disability Compensation and Other Benefits

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

Medical and Health Care Services

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

General Issues

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

CONCLUSION

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

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

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

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

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