

**JOINT HEARING TO RECEIVE THE LEGISLATIVE
PRESENTATIONS FROM AMVETS, PVA, VVA,
IAVA, SVA, AXPOW, WWP**

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

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MARCH 7, 2019
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THURSDAY, MARCH 7, 2019

UNITED STATES SENATE,
AND HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committees met, pursuant to notice, at 2:00 p.m., in Room SD-G50, Dirksen Senate Office Building, Hon. Johnny Isakson and Hon. Mark Takano, Chairmen of the Committees, presiding.

Senators Present: Isakson, Boozman, Cassidy, Rounds, Blackburn, Tester, Blumenthal, Manchin and Sinema.

Representatives Present: Takano, Brownley, Lamb, Levin, Brindisi, Cisneros, Lee, Underwood, Pappas, Allred, Roe, Bilirakis, Bost, Barr, and Meuser.

OPENING STATEMENT OF CHAIRMAN TAKANO

Chairman TAKANO. Good afternoon and welcome to the House and Senate Joint Hearing to Receive the Legislative Presentations of the Americans Prisoners of War, American Veterans, Iraq and Afghanistan Veterans of America, Paralyzed Veterans of America, Student Veterans of America, Vietnam Veterans of America, and Wounded Warrior Project.

I am honored to be here with Senator Tester and Ranking Member Roe and all members of the House and Senate Committees on Veterans' Affairs.

I would like to thank your witnesses for being here today and to thank them for the work they do on behalf of veterans in this country. This group represents many generations of veterans and interests, but they, and we, are united in the common goal of improving outcomes, creating opportunities, and ensuring that veterans receive the care and benefits they have earned.

I am grateful for the opportunity to hear from this group of engaged organizations. I also want to thank veterans joining us here today and those that are watching us from home.

I would also like to specifically recognize organization members from my home state of California. Would all the Californians please stand if you are in the room.

All right. Thank you very much.

[Applause.]

Chairman TAKANO. Welcome, and welcome to all of you, no matter what of the 50 states, which state of the 50 states you are from or our territories.

Last night, the week—last week the House Veterans' Affairs Committee had the opportunity to hear from Senator Wilkie—Secretary Wilkie about the current state of VA and the vision for the future of VA.

The Committee has called this vision VA 2030. VA 2030 means we are engaged in an effort to establish the best possible VA and to determine the tools and resources it needs to serve all veterans, no matter the generation or the conflict in which they served. This also means strengthening and improving VA for generations of veterans to come.

Today I look forward to hearing from this diverse group of veterans' organizations about the challenges you foresee and the priorities you have for VA now and in the future. I know we share many of these priorities. I will speak to a few of the Committee's key priorities now but I look forward to an engaging discussion today and throughout the 116th Congress about your concerns.

Addressing veteran suicide is a critical priority for the Committee. Last week, Secretary Wilkie pledged to spend every last dollar available to tackle this issue. This week, the President issued a new Executive order creating a task force to address veteran suicide, and I certainly welcome an aggressive and sustained approach, but I am concerned about half-measures. If we keep starting new programs and not fully implementing them we will never see real and lasting results. I think it is important to work with the veteran community and assess what is working now and how to expand it.

We must use innovative ways to conduct outreach and engage with individuals so that no veteran believes that he or she is alone. We are ready and willing to help.

Another top priority is providing health care and disability benefits to Blue Water Navy veterans exposed to Agent Orange. It is long past time for Congress to pass H.R. 299. Last week, at the Committee's hearing, I asked Secretary Wilkie to tell me whether the administration will appeal the Court of Appeals for the Federal Circuit's decision to extend these benefits to Blue Water Navy veterans. I also asked him to inform me if Blue Water Navy veterans

are eligible for disability benefits after Court's decision, will be able to receive health care at VA medical facilities.

I am waiting for a response from the Secretary, but veterans should not be made to wait. Congress must act now.

The House Veterans' Affairs Committee is committed to addressing the specific challenges faced by our women veterans, and we have formed a task force dedicated to developing and promoting policies that support women veterans and their health care needs, as well as ensuring their successful transition out of service. We want to ensure that veteran status is a supportive place for our women service members and that they have the full ability to access their beneficiaries and opportunities.

Economic opportunity, whether that is education, career, owning a small business or home ownership is something this Committee wants to promote and strengthen. This can be done in small and big ways. We need to close the 90/10 loophole. We need to ensure that VA has efficient and functional systems in place to process benefits and ensure that veterans do not experience delays in receiving them. VA needs to improve and innovate its technology in many areas, but we will be paying particular attention to GI Bill implementation.

And while I touched on just a few of the issue areas that are important to you and your membership, I am committed to helping advance your priorities in the coming year.

I look forward to hearing your testimony today and thank you for your tireless advocacy for the veteran community.

I will now move to recognize my minority Ranking Member of the House Veterans' Affairs Committee. Let me just say that as a Member of the House I want to take note of the passing of one of what we know is the last Member of Congress who served in the World War II era, Ralph Hall, of Texas. He has passed away. And I know that Ranking Member Roe will say more in his honor.

So Ranking Member Roe, I now recognize you for your opening statement and your tribute to Representative Ralph Hall.

OPENING STATEMENT OF DR. ROE

Dr. ROE. Thank you, Mr. Chairman, and Ralph, if anybody—and many of you may have known Ralph, but he was a friend to everyone. He served in the House both as a Democrat and a Republican, and served as a lieutenant in the Navy in World War II, and John Dingle, who just passed, were the last two surviving members of the greatest generation to serve in this great body, and Ralph was the oldest person, at 91, to vote in the U.S. House. So my prayers and well wishes go to Ralph's family and to the people in Texas. We have lost a great American.

I want to thank everyone, first of all, in this entire room for being here. I understand there are 50 student veterans here. I was talking to someone from Georgia just a minute ago and welcome to you all and everyone else who has come long distances to testify today.

I want to go over, and I want to thank all of the auxiliary members. I do not think we thank them enough for what they do for us, as veterans, when we are deployed, and taking care of things at home. They also have a mission, and, by the way, we cannot do ours without them. While we are out doing fun stuff—flying airplanes and on submarines and all that fun stuff—they are doing the mundane stuff like making sure your kid gets to school. So thank you all very, very much for the spouses who are here.

Any Tennesseans in the crowd? As able, hold your hand up or stand. Thank you for being here. I appreciate you coming from the great state of Tennessee. There would not be a state of Texas without Tennessee. I will add that.

[Laughter.]

Dr. ROE. So I want to go over, very quickly, just what we did, because, really, we came to hear you all. In the 115th Congress we took an opportunity to do, I think, some great pieces of legislation. The first major piece of legislation we passed was the Accountability and Whistleblower Protection Bill. The VA has almost 270,000 employees. Most of those are great folks that do a great job. But some are not and should not be working with veterans in the VA, and it gives the VA the tools to remove those folks.

Number two, the most common thing anybody at this dais here is I guarantee you when we go home were appeals. Veterans would come up and say, my appeal has been in for 7 or 8 or 10 years, or who knows how long, and it is not getting adjudicated. And we recognized that and passed a bill that was run through the RAMP program. It is now live for the last couple of weeks.

I saw a veteran in Nashville just walked into the regional office there, a Marine, eight years in the Marine Reserve. Seven years he had had his claim out there, and in 90 days it was adjudicated. So I have seen this and heard it over and over. It is not going to be perfect but that is something I think that will really help.

Thirdly, a bill that I take great pride in, fully paid for, is the Forever GI Bill. I used the GI Bill myself when I got out of the Army in 1974. I used it in 1975 and 1976. It sunsetted at 10 years. You could no longer use it. I got \$300 a month for two years. I very much appreciate my country investing that in me. I had a young family and it helped me a great deal. Now, this particular benefit can be used the rest of your life, because technology is changing so rapidly that people have to retrain.

The second thing that bothered me, if you did not serve a requisite amount of time and you were injured and got a Purple Heart, you might not be eligible for the full benefit. If you shed blood for this country now, you get the full GI Bill benefit going forward, the rest of your life.

We also passed, I think, a transformative bill called the VA Mission Act. That bill can transform how our VA looks, as the Chairman mentioned, in 2030, or how it looks in 2040 or 2050. We have to be thinking that far downstream. It applies about how we get health care, the caregiver part, and the asset review. And the Congress has fully funded the Choice program each time, I think to the tune, in the last Congress, two years, \$6 billion was added.

We also have the electronic health record. We have stood up a committee, which the Chairman is going to continue, to just look after the implementation of the electronic health record. I said this jokingly but not so much so. I have told the Secretary, if we do not get this right I want to go in the Witness Protection Program, because it will be that big of a problem for you getting your benefits, contracting everything that the VA does.

And then I want to finish on two other things very much near and dear to my heart. I am Vietnam-era veteran. I served in Korea, Camp Casey—many of you probably have served in the same spot—Camp Bradley, other places in South Korea.

We have our fellow Vietnam veterans that served in the Blue Water Navy off the coast of Vietnam. They need to be treated exactly the same as other veterans who put their boots on the ground, and I absolutely want to see that get done this year, the Blue Water Navy Bill. I agree with the Chairman 100 percent. We passed it 382 to 0. We probably could not get that kind of vote if we asked if the sun came up in the east. So that shows you how bipartisan it was. We need to finish the job. And so I think we will.

The last two things before I yield back, very near and dear to all of our hearts. Yesterday we had a roundtable on veteran suicide. We were spending \$2 billion in 2003. We are spending \$8 billion today on mental health and those issues. We have not moved the needle at all. It is still the same number. We need to do something different. It is not working as well as it should. So I strongly encourage us to do that.

And then lastly, which I think the VA has done a really good job with but the job is not finished, which are our homeless veterans. Ten percent of all homeless veterans in the United States live in one county. That is Los Angeles County in California. And it is a problem that we should solve and can solve in a country as wealthy as we are.

I appreciate the privilege of serving here on this Committee. I have been on it the whole time I have been in the U.S. House. I will stay on it as long as I am in the House, and I appreciate your service to our great country. You are what help make it great.

With that I yield back.

Chairman TAKANO. Thank you, Ranking Member Roe. I now will recognize—

[Applause.]

Chairman TAKANO. You can go ahead. Go ahead and clap.

[Applause.]

Chairman TAKANO. I especially want you to clap for what he said about him staying on the Committee as long as he is in the House, because we need that continuity here. So I am going to hold you to that, Ranking Member Roe.

I want to now introduce—recognize Chairman Isakson for his opening statement.

OPENING STATEMENT OF CHAIRMAN ISAKSON

Chairman ISAKSON. You all clapped because he did a great job. I can clap because he finally finished.

[Laughter.]

Chairman ISAKSON. And there is nothing left for me to say.

I always want to say “Chairman” because you were Chairman the last two years. I am not exalting you. I am just remembering him in those days. You are the Chairman now.

Chairman TAKANO. Okay. I forgive you.

Chairman ISAKSON. And I am the Chairman to the three of us up here. We will fight that out later.

I just wanted to—I came to hear you. You did not come to listen to me, except for me to say a couple of things.

We appreciate you so much. We have had a great week hearing from veterans, and it has made a lot of difference for us. This is a period of implementation, the next two years, as far as I am concerned, in the Senate, and I think everybody else feels the same way.

We have done some transitional and transformative bills, the Mission Act and things like that, that are phenomenal, but if we do not get them done, get them implemented, and get them working, and have you calling us saying the VA is better, then we have not done our job. So I pledge to you I am going to do everything I can to see to it we take the dreams that have been put to paper in laws over the last two years and make them realities in the Veterans Administration. If we can do that we will have earned our pay.

But you all have done a yeoman's job serving for your country and representing your country, and we want to do a yeoman's job of making sure that you get everything you paid for when you offered to risk your life for the United States.

So God bless all of you. Thank you for being a veteran and thank you for being here today.

[Applause.]

Chairman TAKANO. Thank you, Chairman Isakson. I now——

Chairman ISAKSON. I am going to pull rank. The lady wants me to yield to her for one second. Can I do that?

Chairman TAKANO. Sure.

SENATOR MARSHA BLACKBURN

Senator BLACKBURN. Thank you, Mr. Chairman. It is an honor to serve with Chairman Isakson and the way he leads the Senate Veterans' Committee. And one of the things that we are doing, we have all enjoyed, as Dr. Roe said, it has been such a pleasure to hear from each of you this week as you have come to our offices and you have talked with us.

I just want to highlight one of the things that I am introducing today, and it will come through our Senate Veterans' Committee, the Congressional Gold Star Family Fellowship Program. This will be an act that will allow these Gold Star families to come in and participate in fellowship programs with us, here in Congress. And we are so honored to be able to do this.

I met Jane Horton, whose husband lost his life in Afghanistan in 2011, and we had a great conversation. I do not know if she is in the room today, but we had a great conversation about the importance of this, and opening this door and opportunity for our Gold Star families.

So we are looking forward to doing this and making these opportunities available, and with that I yield back.

Chairman TAKANO. Thank you, Senator Blackburn.

I now would like to recognize the Ranking Member of the Senate Veterans' Affairs Committee, Senator Tester, for his opening statement.

OPENING STATEMENT OF SENATOR TESTER

Senator TESTER. Yeah, thank you, Chairman Takano, and good afternoon to all of you.

A couple of things. First of all, John Rowan, it is good to see you here. I do not know if it was two years or four years ago, you just were coming off of heart surgery. You have never looked better than you do today. So thank you for being here.

We have also—if there any folks from Montana please stand. I know there is at least one. There we go.

[Applause.]

Senator TESTER. Thanks. Is that you, Jeremiah? Yep. He is part of the Montana State University Chapter of Student Veterans of America. Good to have you here.

Look, as I have said throughout these VSO hearings, and I think this is the fourth one, the fifth one with the VSOs, we take our directions from you. You are representing the folks on the ground, the veterans across this country, whether it is in urban areas, whether it is in rural areas. You know the challenges that are out there. We need to listen to you, just like the VA needs to listen to you, whether it is on Agent Orange, whether it is on burn pits, whether it is on our treatment for women veterans, whether it is on mental health care.

And in that regard I have got a mental health bill, along with Senator Moran, that we are going to be bringing out. I want to get all your input on it. If there are things in it we need it make it better I want you to tell us about it. If there are things in it that do not make any sense, I want you to tell us about it, because, quite frankly, we are losing too many Americans and we are losing too many veterans to suicide in this country.

We have also got a bill with Senator Boozman on women's health care. I talked to the Chairman this morning, Chairman Isakson, about that bill, and hopefully we will be able to get it across the finish line in this Congress.

In the meantime, we do have a lot of oversight to do, and that is where you guys and gals come in, talking about how the Mission Act is working, how the appeals process is working, how the accountability bill is working. Look, we had a hell of a Congress last year, the last two years, and we got a lot of stuff done. Now we have got to make sure it is working and working to your best interest.

With that, God bless you all and thank you all for being here.

[Applause.]

Chairman TAKANO. Thank you, Senator Tester.

Before I begin and introduce our panel today I would like to pay a very tribute to a great American who has been seated at the table for many years, Mr. Charles Susino, Sr. Mr. Susino passed away last year at the age of 94, on July 12, 2018. We looked forward to hearing his presentation each year on behalf of the American Ex-Prisoners of War, where he would advocate not only for ex-prisoners of war but for every veteran. He was truly a man of action and a great advocate.

Mr. Susino served as a staff sergeant in the Army Air Force in World War II. He spent 14 months in German prison camps after his B-52 bomber was shot down by enemy fire. At one point he was forced to march for 86 days where he and several of his crew successfully escaped. After returning home he went on to be a spokesman for veterans and their families who he believed did not have a voice.

Please join me in a moment of silence as we pay a special tribute and thank Mr. Charles Susino, Sr., for his service to all mankind and a job well done.

[Moment of silence.]

Chairman TAKANO. He will definitely be missed, but his legacy lives on through his son, Mr. Charles Susino, Jr., who is here today. The world is a better place because Mr. Charles Susino—because of the role Mr. Charles Susino played and his presence here will definitely be missed.

Now I would like to introduce our witnesses today and allow each of them five minutes to give their opening statement.

First we have Mr. Regis William Riley, National Commander, American Veterans. Commander Riley, you are recognized for five minutes to present your opening statement.

STATEMENT OF REGIS WILLIAM RILEY

Mr. RILEY. Thank you, Chairman Isakson, Chairman Takano, and honorable members of the House and Senate Committees on Veterans' Affairs. I appreciate the opportunity to present you with the 2019 legislative priorities and policy recommendations of AMVETS. I am Commander Riley and I reside in Pittsburgh, Pennsylvania, along with my wife, Dee, who is an ardent advocate for veterans and is a past AMVETS National Ladies Auxiliary President, and our son, Cory.

For 75 years, AMVETS has been a leading voice in veterans' advocacy work. AMVETS is the most inclusive congressionally chartered veteran service organization. Our membership is open to both active-duty military and honorably discharged veterans.

In the past year, AMVETS has doubled down in the efforts to work for veterans in a way that is second to none. We have assembled a world-class team of veteran advocates with significant expertise in health care, benefits administration, and policy work on Capitol Hill.

The three most pressing issues AMVETS plans to address this Congress are mental care crisis and suicide epidemic, the critical needs of women veterans, and providing timely access to high-quality health care.

Our nation's veterans could not be sending a clearer message that VA mental health care is not working for them than killing themselves in VA parking lots. According to the Washington Post, in a just a year leading up to November 2018, 19 veterans committed suicide in VA campuses. A Marine Colonel, Jim Turner, killed himself in a Bay Pines VA Medical Center parking lot just weeks before Christmas. Dressed in his uniform blues and bearing his medals, he left us with this message, and I quote: "I bet if you looked at the 22 suicides a day you will see VA screwed up in 90 percent."

And on a personal note, just three days ago an AMVETS commander of a post in Annville, PA, at the age of 35, committed suicide right in front of his AMVET post.

In the last year, more than 6,000 veterans died as a result of suicide—Marine Corps, Navy, and SOCOM suicides are at a 10-year high. Despite record numbers of veterans killing themselves on VA campuses and record expenditures by VA to address mental health, VA continues to insinuate that veterans killing themselves have not participated in VA care.

Let me be clear. What we are doing is not working. To start fixing this problem you have to own the problem. The accountability starts here today.

We are pleased that President Trump recently signed an Executive order to address this. However, the devil is still in the details.

AMVETS is asking Congress to work with us and end the status quo. As such, we are requesting the creation of a bicameral roundtable or task force that meets every other month, and quarterly congressional hearings on the effort to get to the root of its cause and to right the ship.

Addressing the many challenges facing our female veterans is a top priority for AMVETS. The House task force that was recently created to address issues specific to women veterans represents a step in the right direction. AMVETS are looking forward to working with Congresswoman Brownley and other task force members in finding solutions to the problems faced by our women heroes.

In the coming weeks, AMVETS will be working with Members of Congress to introduce legislation that creates a holistic approach to research, hopefully a thorough understanding of the problems encountered by our women in uniform.

The VA has pledged to serve our veterans' health care needs, but the challenges veterans must overcome to obtain this care depends on factors specific to their situation. As such, we are currently working on legislation that will help us reach out to veterans in our rural areas who are served by the VA but have not utilized VA

care for an extended period of time. Even though these veterans are not there and out of sight they should not be out of mind.

Additionally, AMVETS opposes the so-called access standards the VA recently released. By simply changing the word “or” to “and,” the VA has made it so veterans would still need to travel unreasonable distances or wait months to see a medical professional. Such access would undermine the intent of Congress in passing the act.

And lastly, we are now several months into developing AMVETS Switch for Freedom program, a first-of-its-kind nationwide program in which our members and posts are receiving counseling support and special access to products and incentives to switch from smoking to vaping.

According to a November 2018 American Cancer Society statement, researchers found that e-cigarette use is likely to be significantly less harmful than smoking regular cigarettes, and as such, one of the clearest health gains we can have for our veterans is to immediately get them off of smoking combustible cigarettes by way of vaping, using patches, or whatever method works best for them. We need VA to take this issue more seriously.

Chairmen Isakson and Takano and members of the Committees, I would like to thank you once again for the opportunity to present the issues concerning AMVETS, our active duty personnel, and veterans from all around the country.

Thank you.

Chairman TAKANO. Thank you, Mr. Riley.

I would now like to—next we have Mr. David Zurfluh, National President, Paralyzed Veterans of America. Mr. Zurfluh, you are recognized for five minutes to present your opening statement.

STATEMENT OF DAVID ZURFLUH

Mr. ZURFLUH. Chairman Isakson, Chairman Takano, and members of the Committees, I appreciate the opportunity to speak with you this afternoon on behalf of the tens of thousands of veterans with spinal cord injuries and disorders who depend on the VA Spinal Cord Injury System of Care.

The past two days advocates from our 33 chapters have been on Capitol Hill to educate Members of Congress about the issues of concern for paralyzed veterans. Although all priorities outlined in our written testimony are important to our members, I would like to devote my time today to the implementation of the VA Mission Act. The law’s provisions address some of the most critical issues facing not only our members but all veterans with catastrophic disabilities who depend on VA for their health care.

Accessing an appropriate system of health care, services and caregiver support is important to ensuring long-term health and

well-being of veterans with spinal cord injuries and disorders. We strongly support the VA's Spinal Cord Injury System of Care because it provides us with the care we need as paralyzed veterans.

At times, PVA members, including me, need access to care in the community. However, that care must be coordinated and provided with the same quality and physical access as available to veterans in the VA. I have personally experienced community-provided care through the Choice program that failed to meet my needs as a paralyzed veteran.

I injured my hip in a fall and was unable to walk, even with the aid of a cane. I contacted VA and was referred to a community provider under the Choice program. During that appointment, however, I spent a lot of time educating the medical professionals about my spinal cord injury versus discussing my immediate health need. I was not able to be appropriately examined during the visit because I was unable to transfer from my wheelchair to the exam table. This is not an experience that I would have received at my VA medical center.

The spinal cord injury unit that I use for my care receives a yearly review from PVA's team of doctors, nurses, and architects. We evaluate the level of care provided, staffing needs of the unit, and the physical access available to veterans with catastrophic disabilities.

We know that there will be challenges in the delivery of community care to veterans. Some of the challenges might be based on the quality of care or the experience of the providers in working with veterans who have catastrophic disabilities. Other challenges may be more basic and yet prevent access to care, such as inaccessible exam tables and diagnostic equipment.

As VA implements the veterans' Community Care Program we need Congress to provide strong oversight to ensure that the care all eligible veterans receive through this program is the quality deserving of those who have sacrificed their bodies for this nation. We also need Congress to assure that the VA has the financial and personnel resources to not only fully implement the new community program but to also ensure that the VA system of care is strengthened.

Some challenges faced by the VA Spinal Cord Injury System of Care include lengthy hiring processes and nurse staffing shortages. We expect VA to continue to work to address these concerns and for Congress to provide the needed authorities and funding to ensure that paralyzed veterans are able to rely on the VA for their care for decades to come.

We also look to Congress to provide the resources and oversight necessary to ensure the expansion of access to the VA's comprehen-

sive caregiver program for pre-9/11 veterans with service-connected injuries. The VA Mission Act's expansion of the caregiver program was a result of years of advocacy by PVA and other veteran service organizations. We thank you for rectifying the inequity that left many veterans who have depended for decades on their caregivers to help them stay healthy and independent, unable to access this program.

Now we call on you to hold VA accountable for ensuring that expansion is not delayed. Veterans with spinal cord injuries from all wars and eras need access to these benefits. In many cases, their lives and continued independence rely on this expansion success.

In the last year, Congress has given VA the ability to change the course of VA health care. We call on Congress to hold the VA accountable to implement the VA Mission Act in the manner intended by those who supported it and those who will live with its results.

PVA does not fear community care. Instead, we seek to ensure that if care is provided in the community that it is appropriate and meets the needs of veterans seeking it, including those with catastrophic injuries.

Ladies and gentlemen, PVA's members are unstoppable. We thrive every day in the face of adversity and limitations. We need each one of you to ensure that paralyzed veterans have the health care, support, and opportunities that are essential to live lives that are full of meaning and purpose.

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

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

Next we have Mr. John Rowan, the National President and CEO of Vietnam Veterans of America. Mr. Rowan, you are recognized for five minutes to present your opening statement.

STATEMENT OF JOHN ROWAN

Mr. ROWAN. Thank you, Chairman Isakson, Chairman Takano, Ranking Members Tester, Dr. Roe. It is a pleasure to see you all again. Two years ago they gave me a new aortic valve and I showed up three weeks later. This is my 14th time being here in front of you folks, and I really appreciate the ability to talk to everybody, and I appreciate all the Members of Congress and the Senate who showed up today. That is often not the case sometimes when you have too many other things going on.

But I wanted to—first of all, we have formal testimony that I would to hopefully have placed on the record, beyond when I get a chance to speak today. I would also like to do a shout-out to my colleagues, the Korean Vietnam veterans who join me today, who

are sitting in the back there. People do not know but during the Vietnam War over 350,000 Korean military served in Vietnam alongside the Americans, and we just want to acknowledge them today.

[Applause.]

Mr. ROWAN. And despite all the years that have passed since the Vietnam War ended, the issue of the POW/MIAs is still our highest priority, and it came home the other day when the DPAA finally acknowledged that they had recovered three Air America crew from Laos, a very difficult place to deal with. One of them happened to originally come from one of my neighborhoods in Queens, New York. So after all these years later we are still resolving cases, and we are proud of the work we have done to help accomplish that.

The biggest issue, however, facing Vietnam veterans, and, frankly, all the veterans now, and even civilians, is the whole toxic exposure issue. It started with us in Vietnam with the Agent Orange illnesses but it has gone on many years afterwards. Frankly, those of us who walked off the battlefield in one piece thought, ah, we are safe. Wrong. I am the classic example. I am 100 percent disabled, primarily from diabetes and neuropathy and my heart replacement, all related to diabetes and neuropathy and all the rest of it, but all related to Agent Orange.

Unfortunately, the folks in the Persian Gulf were exposed to all sorts of stuff that we still have not figured out, and the folks that went to Iraq and Afghanistan, unfortunately, and there is no EPA in either one of those countries, so the burn pits that they used over there have really set us back tremendously for those veterans. They are only now starting to understand, because they are now reaching ages—many of us in the Vietnam era did not get affected or did not see the effects of Agent Orange until we were 40 or 50 or 60, or even today at 70.

So we are very concerned about the continuation of these toxic exposures and also how they have rolled over into the private sector. The base issue is extremely important. Camp Lejeune is just the tip of the iceberg. The Air Force bases, there are 147 Air Force bases that have a Superfund site. Think about that. How did that happen? Because of all of the toxic stuff that the Air Force used, never mind jet fuel which is obvious, but all the wonderful things to clean planes, de-ice them, and all the rest of it. Where does it go? It goes in the ground, and unfortunately it may even affect the towns that they are sited in.

So we are concerned about that. We are concerned about toxic substances in our food and elsewhere, that the private sector is now dealing with. I still do not understand where all these autistic kids came from, but I have my questions.

Fixing the VA. We will continue to work with everybody in this room to try to make the VA a better place. We are, however, concerned about this somehow more reliance on the private sector. The truth of the matter is I am not so sure the private sector is ready for us. The gentleman to my right here, David's talk about what happens with spinal cord injury veterans is not alone.

Also, there are no doctors. There are no primary care doctors in this country, period. I have private health care, besides using the VA, which I prefer, quite frankly. I retired in the city of New York. I have a really nice health care plan. I have a Medicare Advantage plan. It does me really well. The problem is I have not seen a doctor in two years. All I get is nurse practitioners. They are very nice people, and they are very smart people, but they are not doctors.

And I think that we are really—and I live in the city of New York, which has more health care per square inch than anywhere in the United States. So we are very concerned about the effect of this Choice program on our veterans as we go forward, and really afraid of the ability to pay for it. Where is the money going to come from, when the private sector's doctors charge three times what a VA doctor costs— if you can find one in the private sector who is willing to treat you.

So I thank you for allowing us to come before you again this year. I am really proud to see the new Chair. Chairman Takano is now my fifth Chair in the House Veterans' Affairs Committee that I have had the pleasure of working with, and it is always a pleasure to see Senator Isakson.

Thank you.

[Applause.]

Chairman TAKANO. Thank you, John Rowan, for your testimony. I now recognize Jeremy Butler, Chief Executive Officer, Iraq and Afghanistan Veterans of America. Mr. Butler, you are recognized for five minutes to make your opening statement.

STATEMENT OF JEREMY BUTLER

Mr. BUTLER. Thank you. Chairman Isakson, Chairman Takano, Ranking Member Tester, Ranking Member Roe, and distinguished members of the Committees, on behalf of IAVA's more than 425,000 members I would like to thank you for the opportunity to introduce myself and testify before you today.

But first I would like to recognize the many IAVA members from around the country who have flown in to storm the Hill with us this week and who are here with us today.

[Applause.]

Mr. BUTLER. Those who remain standing represent the two million women who have served and who continue to serve and who

deserve the equal recognition and support of the government and the public. Thank you all for being with us today.

[Applause.]

Mr. BUTLER. After three years on staff at IAVA, last month I took over as CEO of the organization, following the transition of our founder, Paul Rieckhoff, to our Board of Directors. IAVA was founded 15 years ago and was built on his vision and leadership. I am humbled to take the helm of this incredible organization.

I joined the Navy in 1999, and served on active duty for six years, to include deploying in 2003, on the United States Gary in support of the invasion of Iraq. I transitioned out of active duty in 2006, and into the Reserves where I continue to serve today.

My path to the military was shaped by my parents. They met as Peace Corps volunteers in 1962, inspired by President Kennedy's call for young Americans to serve their country and the cause of freedom. Before joining the Peace Corps, however, my father also served in the Army, and despite the difficulties of being a black man in the 1950s Army, I know that he cherished his military service as much as he cherished his time in the Peace Corps. For both my parents, their service taught them that serving in support of others was far more noble than serving yourself.

My father did not live to see me join the Navy but I think he would have been proud of me being in the military but also especially proud to see me begin working with IAVA. "You do not wait to do what is right," he would tell me. "You do it as soon as you know that it is right."

IAVA members have spent 15 years fighting for what is right for veterans. This year, IAVA will continue its focus on the six priorities that our members see as most pressing. The Big Six, as we call them, contain the challenges and opportunities that IAVA members care about most, and that we see as areas where we can uniquely make an impact.

The first is to continue our campaign to combat suicide among troops and veterans. In our 2019 member survey, 65 percent of IAVA members reported that they knew a post-9/11 veteran who attempted suicide. Fifty-nine percent knew a post-9/11 veteran that died by suicide, and over 75 percent of our members reported believing that the nation is not doing enough to combat military and veteran suicide.

This crisis is real and IAVA is on the front lines. Last year, our Rapid Response Referral Program connected 39 veterans to the Veterans Crisis Line, which means that about every week and a half our small staff of social workers supported a veteran that was either currently suicidal or at risk of suicide, with life-saving connections to help. That trend, unfortunately, continues this year.

The second of our priorities is to modernize government to support the post-9/11 generation. IAVA will continue to monitor the implementation of the Mission Act. We have always stated that implementation will require strong congressional oversight in order to ensure that it does not turn into an expansion of privatization at the VA. Eighty one percent of our members rated VA care at average or above average in our last survey. Veterans tell us that they like the care that they receive at the VA. Our job is to ensure that they have easy access to the foundational services that the VA can uniquely provide for our community.

The third priority is to drive support for injuries from burn pits and toxic exposures. Eighty-two percent of our members were exposed to burn pits during their deployments, and over 84 percent of those exposed believe they already have, or may have health symptoms because of that exposure.

Burn pits are quickly becoming the Agent Orange of the post-9/11 era of veterans. It is well past time that comprehensive action is taken to address the very real concerns that those exposures have severely impacted the long-term health of our veterans. IAVA calls on Congress to pass the Burn Pits Accountability Act which requires the Department of Defense to record and report exposures.

Our fourth priority is to continue to defend and expand veterans' education opportunities. Since its inception, the post-9/11 GI Bill has faced threats of funding cuts and abuse, which is why IAVA continues to make the defense of this benefit a top priority. In 2017, IAVA worked with VSO partners to pass the Colmery Veterans Educational Assistance Act, but in light of the technical issues it has impacted housing payments for tens of thousands of service-connected students. IAVA continues to be a watchdog and asks for your vigilant oversight to ensure that the VA fixes its IT problems without delay.

Our fifth priority is to galvanize support for women veterans. They are the fastest-growing population in both the military and veteran communities and IAVA will continue our public awareness campaign, #SheWhoBorneTheBattle, to bring a greater cultural understanding of the increasing contributions of women servicemembers. We will push for passage of the Deborah Sampson Act and will continue to press the Secretary of the VA through legislative and administrative action to change the outdated motto of the VA to be inclusive of all who have worn the uniform.

Finally, we will establish support for veterans who want to utilize medical cannabis. Over 80 percent of IAVA members support legalization for medical use, yet our national policies are outdated, research is lacking, and stigma persists. IAVA will continue our fight on behalf of veterans who can benefit from medicinal cannabis

and we remain committed to the passage of the bipartisan VA Medicinal Cannabis Research Act.

We applaud Senators Tester and Sullivan and Representatives Correa and Higgins for their reintroduction of this legislation and look forward to working with them on its passage.

IAVA's "Big Six," the policy priorities that I presented today, represent those that our members feel are the most pressing for our community.

Members of both Committees, thank you again for the opportunity to testify before you today and share IAVA's views on these issues. I look forward to answering your questions that you may have.

[Applause.]

Chairman TAKANO. Thank you, Mr. Butler.

Mr. Jared Lyon, National President and CEO, Student Veterans of America. Mr. Lyon, you are recognized for five minutes to present your opening statement.

STATEMENT OF JARED LYON

Mr. LYON. Thank you, Chairmen Isakson and Takano, Ranking Members Tester and Roe, and members of the Committee. Thank you for inviting Student Veterans of America to present our policy priorities for 2019.

I am here as the National President and CEO of the largest chapter-based student organization in the country. With over 1,500 chapters and 754,000 student veterans across the nation, we place student veterans at the top of our organizational pyramid.

Today I am honored to be joined by student veterans, alumni, chapter advisors, and supporters. If you are here with Student Veterans of America today please stand or raise your hand.

[Applause.]

Mr. LYON. The motto of our organization is "Yesterday's Warriors, Today's Scholars, and Tomorrow's Leaders." These folks here with me today are a snapshot of who we are, and they are the epitome of our ethos.

We are also joined by nine VFW and SVA legislative fellows. I, myself, have just returned from meeting servicemembers in Japan, and I can confirm that our force is ready and will make fine student veterans in the future.

Representing the current generation of student veterans is our former chapter president, at the University of Nevada Las Vegas Rebel Vets, a United States Air Force veteran and spouse, who recently moved to the Boston area for her husband's career. She is a current transfer hopeful at Boston College as a biology major on the premedicine track, and she is the 2019 National Student Vet-

eran of the Year, Alexandria Sawin. Alex, please stand so we can recognize your service.

[Applause.]

Mr. LYON. I would finally like to highlight a student veterans who has graduated but could not join us today, Sergeant Kyle White, U.S. Army retired. Many of you know Kyle as a Medal of Honor recipient for his actions in Afghanistan in 2007. Kyle had not yet received the Medal of Honor when he became a student veteran at the University of North Carolina Charlotte to pursue a bachelor's in business administration with a focus in finance. Kyle is a strong advocate for student veterans and an SVA alumnus.

These amazing stories are not unique. In 2017, SVA released the National Veteran Education Success Tracker, NVEST for short, in partnership with the VA, studying the first 854,000 veterans to use the post-9/11 GI Bill. The NVEST research illustrates the high performance of student veterans on campus. Today's student veterans have a higher grade point average, a higher success rate, and a propensity to obtain degrees in high-demand fields, and the data make one fact abundantly clear—student veterans are worth America's continued investment.

With that proven success, we are committed to being an organization that advocates under a concept we call being left of bang. United States Marine Corps has programs dedicated to this concept. The concept is about being aware and taking actions ahead of when potential violence may occur, the bang of a gun or explosion. To be the right of bang is to be reactive, but being left of bang provides the opportunity to be proactive.

Student Veterans of America is an organization dedicated being left of bang, dedicated to proactive solutions that empower, employ, and equip veterans with the tools needed to succeed on campus, thrive in their careers, and live their best lives in the civilian world.

Our policy priorities for this year are truly left of bang, with a focus on being proactive, collaborative, and innovative. Our number one legislative priority will be to provide voice to our nation's student veterans as a significant component of the reauthorization of the Higher Education Act, first, incorporating VA and DoD education resources as federal funds and applying the rule to all institutions of higher learning. The 90/10 loophole has been abused long enough, and this important change is a major check on the quality of institutions.

Second, simplifying the processes such as FAFSA and student loan repayment options, with the caveat that simplification must not come at the expense of access to resources for students.

Third, maintaining key student protections such as borrowers' defense to repayment and gainful employment.

Fourth, establishing greater oversight on nonprofit conversions.

And finally, creating efficiencies through greater government collaboration and automatic application of benefits aimed at reducing student debt.

VA's education benefits only impact a fraction of the legislation and regulation that touch the educational opportunities, choices, and protections that impact today's student veterans. In 2017, the 115th Congress unanimously passed the Forever GI Bill, establishing education as a right of service, no longer as an otherwise short-sighted cost of war.

Our second priority for the year is continued oversight of implementation of this new law. Last semester, we were significant GI Bill late payments, due to the VA's inability to effectively implement severe provisions of Forever GI Bill, causing extreme hardship for thousands of student veterans. We appreciate the leadership of Congress in swiftly addressing the frustrations felt across the country and applaud VA's eventual decision to reset housing allowance calculations in response to the blunder.

A crisis of this proportion was preventable and must not happen again. The application of the law should not inadvertently impact student veterans. The GI Bill is an earned benefit. Veterans have every right to expect prompt and accurate payments.

The balance of our priorities in nuanced detail are in our written testimony. SVA is a solutions-oriented organization and we remain committed to be a partner with you and your staffs and look forward to working together to empower student veterans to, through, and beyond higher education to create America's next generation of leaders.

Thank you all for the time.

[Applause.]

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

Mr. Charles Anthony Susino, Jr., National Director, Legislative Office, American Ex-Prisoners of War. Mr. Susino, you are recognized for five minutes to present your opening statement.

STATEMENT OF CHARLES ANTHONY SUSINO

Mr. SUSINO. Thank you, sir. Chairmen and Members of the House and Senate Veterans' Affairs Committee and guests, my name is Charles A. Susino, National Director of the American Ex-Prisoners of War. I thank you for the opportunity to express our views. You knew my father, Charles Susino, Jr., National Commander of our organization for many years. It was his voice that urged you to do the right thing on behalf of all veterans.

I will attempt to channel that voice today. This past July my family and I, and the veteran community as a whole, lost the strongest advocate on behalf of those who spoke directly to you. He professed it is about deserving veterans receiving what they earned.

Mr. Chairman, thank you for the kind words earlier about my dad. Thank you all for the moment of silence. If my dad could whisper in my ear right now he would say, "Charlie, it is not about me. There is a lot of work to get done. Let us get cracking."

At 94, that is the word he said. In preparation, when he was still alive, he says, "You know, sometimes I think we are too nice. We have got to make sure everybody is focused on getting things done." That was his words, just shy of 95. So I am going to leave you with that and we are going to continue.

We are grateful for your efforts over the past year and look forward to the productive 116th Congress. If you disagree with us, either today in testimony or as we work with our fellow veterans, please express your objection and we will respect your position. Otherwise, we ask for your unwavering advocacy on our behalf.

We draw your attention to several bills which we believe have special merit and request your proactive support. The Blue Water Navy Vietnam Veterans Act, H.R. 299, we heard a lot about. I will not be repetitious except to say stop the debate and establish the presumptive for these veterans. As it has been said several times before, we do not need any further proof.

The previous bill, S1990, DIC Improvement Act, must be reintroduced. Its purpose was to amend Title 38, to increase the amounts payable by the VA for DIC compensation and to modify the requirements for DIC for survivors of veterans rated totally disabled at the time of death. For many, DIC is the only source of income and critical to their quality of life.

We must reintroduce the National POW/MIA Flag Act to amend Title 36, to require the POW/MIA flag to be raised on days that the flag of the United States is displayed on certain federal property. There can be no objection to the special honor and public awareness for those that did not come home.

Full Military Honors Bill has been reintroduced in this session and needs to quickly be passed. The bill would provide full military honors for the funeral of an eligible veteran who (1) is first interred or inurned in Arlington National Cemetery on or after the enactment of the bill; (2) was awarded the Medal of Honor or the Prisoner-of-War medal; or (3) is not currently entitled to full military honors because of such veteran's grade.

Bill number four, Gold Star Families Remembrance Day, again mentioned earlier. Appreciate that very much. March 2, 2019

marked the 90th year to honor and recognize the sacrifices made by the veteran and their families who gave their lives to defend freedom.

Earlier, many of you, in your opening remarks, talked about focusing on implementation. Thank you for doing that. I really want to accent that area. It is very demanding work to develop and get VA bills through Congress. The veteran's health benefit experience can only improve if the implementation is within a high-performing modern organization with a strong culture of accountability to all levels of employees. It is worth pausing and thinking about that and see if those words would describe our VA.

We believe continued shortcomings hamper and prevent the veteran from receiving what they deserve. For example, a computer system which allows you to schedule a physician appointment but is challenged to cancel or reschedule imposes unreasonable restrictions on the VA treating physician—Dr. Roe, I ask you to comment on this later—with respect to many medications which cannot be prescribed, or precludes physicians from prescribing multiple medications, which is a standard protocol for that treatment in the private sector.

The public does not wait weeks to see their primary physician for routine illnesses. The veteran often still has to.

We must approach the implementation with the same energy and focus as bill passage. It is maybe not quite as, excuse the term, glamorous. Do your own calendar tests. Please do your own calendar tests. Look back several months, then look forward several months, and look at the time spent on oversight of the VA operations. Your leadership is needed and very much appreciated. And when you do that, again, it is not on activity. It is on results.

Last item, in 1986, Congress and the President mandated VA health care for veterans with service-connected disabilities as well as special groups of veterans. The special groups included veterans of World War I, 58 years after the end of the war. World War II ended 73 years ago. We have asked, for almost a decade, to revisit the special groups with an update to include veterans of World War II, Korea, Vietnam, Cold War, and our conflicts in the Middle East. We have requested for many years with no movement.

The political landscape is always changing. Maybe this President may see it appropriate and fair treatment for those that have kept our country free.

Thank you very much.

[Applause.]

Chairman TAKANO. Thank you, Mr. Susino, and, of course, we are sorry for your loss, and again we thank your father for his many years of service.

I now turn to Ms. René Bardorf, Senior Vice President for Government and Community Relations, Wounded Warrior Project. Ms. Bardorf, you are recognized for five minutes to present your opening statement.

STATEMENT OF RENÉ BARDORF

Ms. BARDORF. Thank you, Chairmen Isakson and Takano, Ranking Members Tester and Roe, and members of the Committee. Thank you for inviting Wounded Warrior Project to testify at today's hearing. I am honored to represent an organization that serves over 150,000 wounded, ill, and injured servicemembers, veterans, and their families with lifesaving programs and services.

We delivered nearly \$200 million in free programs in 2018 alone, and since 2003 more than \$1.3 billion in programs. More than 7 million citizens from across your states and districts have supported us as we deliver these important programs at no cost to veterans, and we are grateful for your support.

As one of the nation's largest nonprofits we have developed unprecedented reach to increase the public's awareness of the challenges our veterans face. We augment programs that assist DoD and VA with outreach and care for veterans. We also invest in other organizations, many of whom are here today with us. Since 2012, we have granted over \$80 million to 158 organizations that complement our direct programs and services.

That said, we must caution that nonprofits like ours are limited by resources provided by the public which may not be sustainable long-term. Our largest ally in meeting these needs is the government.

Today I would like to highlight three general topics—mental health, Mission Act implementation, and DoD-VA collaboration. I will also provide three specific actions you may consider to make a difference immediately.

First, as you address the mental health and suicide prevention we urge you to embrace a comprehensive approach anchored in evidence-based treatments. This foundation should support private and nonprofit sector partnerships that keep VA at the center of care and strengthen holistic approaches to wellness.

Our own Warrior Care Network is a prime example of how this is working. The partnership unites us with VA and for renowned medical centers such as Boston's General Hospital, to help redefine how we treat moderate to severe PTSD. The network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs, anchored in evidence-based treatment and supported by alternative therapies. VA personnel are on-site providing bidirectional referrals and assistance.

Veterans are completing this program at a rate of 94 percent, where traditional programs show completion rates of only 40 to 50 percent.

Second, as you oversee the implementation of Mission Act, please ensure that a streamlined process exists to enroll providers. Our private-sector providers, some of the world's most renowned, have shared that enrollment is difficult and has discouraged participation. And reimbursements must be paid on time.

As the caregiver program transforms and expands, your oversight of eligibility, revocations, and appeals is critically important. We act that VSOs continue to be involved in these discussions.

Our third recommendation for you is to closely monitor initiatives requiring DoD collaboration with VA. We support the Department's goals of increasing efficiencies, eliminating redundancies, and improving health care outcomes, especially as they pursue integrated purchase care initiatives and joint sharing of facilities and services.

As I mentioned earlier, here are the three specific actions you can take.

First, we ask you to support legislation allowing veterans to renew their specially adapted housing grant every 10 years. Veterans' lives change and it is unreasonable for us to expect them to remain in their first adapted home for the rest of their lives.

Second, we urge you to reintroduce and support the FAIR Heroes Act. This legislation aims to end an unattended consequence that leaves severely injured veterans paying annual premiums that are five times larger—or higher, excuse me—than healthy military retirees.

Finally, we ask you to hold hearing and commission two studies, one for the long-term impacts of TBI. If the DoD estimates are correct and research is showing increased early onset dementia, Parkinson's, and evidence of CTE postmortem, we will soon have a substantial public health crisis. That study must also address the needs of TBI patients and caregivers who now remain in their homes but will need options for their care as their caregivers age.

The second study is on toxic exposures. We should take a comprehensive look at research, data, and personal accounts to better identify, track, and care for individuals who have been exposed to potential harm through not just burn pits but other equally harmful substances and toxins. We must understand the scope of these problems today in order to prepare for the impacts on our veterans and the health care system tomorrow.

Thank you for your time and I look forward to answering any questions you may have.

[Applause.]

Chairman TAKANO. Thank you for your testimony, Ms. Bardorf. I am going to skip my—I will skip to the end of the questioning period. I want to recognize Mr. Cisneros for three minutes for questioning.

REPRESENTATIVE GIL CISNEROS

Mr. CISNEROS. Good afternoon, everyone. I want to thank you all for your service to our country and for the dedication that you have to the veterans that have served along with you. I especially want to thank our veterans from California who are visiting and I want to just recognize Jamal Williams and Jose Reynoso, who I had a chance to meet earlier today. They stopped by my office. I was not there but I got a chance to meet them here before this hearing. So thank you again to all of you for being here today.

Since I have got limited time I am going to keep it short and I actually—I am a big advocate of education and I am proud to have Cal State Fullerton in my district, where we have a number of veterans serving there. And so I am just going to let you kind of—you already kind of mentioned some things already, but just—the GI Bill, what can we do to improve the GI Bill that is going to make it better for our student veterans that are out there serving right now?

Mr. LYON. Well, thank you, sir. So Cal State Fullerton, excellent group of student veterans there. And I appreciate the question. If we are looking at the GI Bill very specifically, I think it has been clear, from my colleagues up here, implementation, and Members of Congress agree, is very important. The Forever GI Bill, as it pertains right now, we are facing a couple of potential hurdles. IT modernization is a big challenge. The Forever GI Bill is a fantastic benefit, but if we cannot get to actually processing in the manner of the intent of the law, the payments in a timely fashion, it is going to provide anxiety and stress for those that are currently pursuing their educations.

Many of the student veterans in America that are studying right now are in business—science, technology, engineering, and math, and health-related fields. These are high-stress and highly dedicated students. We do not need to add stressors of specifically looking at whether or not I am going to get my GI Bill.

An additional part of the GI Bill is a fantastic opportunity to be what is called a VA work-study, while you are using the GI Bill. The difficulty here is that it is still a paper-based process and it is antiquated and lethargic in its ability to pay student veterans in a timely fashion for working while they are supplementing their income as students.

If we could also seek to gain parity with the actual VA work-study to the Department of Education's work-study, allowing student veterans to not be limited to only doing veteran work but to actually work in laboratories, and doing research, such that we are gaining not just an education but work experience for our post-civilian success.

Mr. CISNEROS. All right. Again, I just want to thank you all for your service to our country, and it is a pleasure for all of you to be here today, and I yield back my time, Mr. Chairman.

Chairman TAKANO. The gentleman yields. I now recognize Dr. Roe for three minutes.

Dr. ROE. Thank you, Mr. Chairman. We are working on the bill to fix that work-study problem.

A couple of things, John, that you brought up, and others, and I think it is all tied into getting the IT straight. That was the big problem with the GI Bill—not the GI Bill. Long before computers, they sent me a \$300 check every month, and it was not a problem at all. It worked great. And we did not have all these flub-ups and it was embarrassing to see it roll out like that, but it is a great benefit.

The other thing the VA has got to do on the Mission Act, and we tried to put a bill together that would help both urban America, where John lives, and rural America, where I live, and that was difficult to do.

One of the things the VA, that they did, where we lived, to discourage people from—private physicians, as I was, from participating, was they did not pay them. They did not send the checks out to anybody, and so the doctors had to get out. I think we can get them back, because I think the VA is committed. I think the Secretary is Committed to getting that right. To make sure to have a robust program out there, the VA has got to be able to do that, and the IT is the center of that. It has got to be a cloud-based system where I have access to that information, they have access to my information. So we want to do that.

And one of the things near and dear to my heart, from the student veterans, if I could burn the FAFSA form I would start a marshmallow pit with it. With 120 questions—it ought to be about 10 or 12, or 20 at the most. We are working on that also, to try to make that simpler.

And, you know, the other part, the oversight, one of the things that we did with the Appeals Modernization that we did not do with Mission, and I wish we had, was we had the VA come in every 90 days and tell us how they were progressing with that bill. And the Secretary, to his credit, has been very good about coming in

and updating us on the Mission Act, which is to go wide the 6th of June.

The problem is they did not include the VSOs very well in that, and I found that in doing the Mission Act, bringing all the stakeholders around the table, it was a long process, but at the end of the day it was the right process because it got a bill across the finish line, and that is what I would encourage VA to do.

One other thing on the GI Bill, as you know, on the STEM aspect, sometimes that training takes a little longer, so we added extra funding, resources so that if someone is in that STEM track could finish their degree on time and without the debt.

I just want to finish by—I have learned a lot today. I took a lot of notes, and I appreciate all of you all being here, and we will hopefully get to some of these or many of these things that you all brought up today. And I yield back.

Chairman TAKANO. Thank you, Dr. Roe. I would now like to recognize the Vice Chair of the House Committee, Representative Lamb from Pennsylvania.

REPRESENTATIVE CONOR LAMB

Mr. LAMB. Thank you, Mr. Chairman. Commander Riley, I would like to thank you for the attention you called to the mental health epidemic, and welcome you as my fellow Pittsburgher back down to Washington, DC.

I know one issue that we have had within the VA health system is that we still have VA hospitals with no beds in them for mental health treatment. So on the occasion that some people show up for treatment they are not able to stay overnight or be kept in-patient. I am curious if you have heard this complaint as well and encountered any people who dealt with that situation.

Mr. RILEY. Thank you. We have encountered various hospitals with empty beds, and the thing is to get those beds filled we need to reach out more to our community, especially our VSOs, and to veterans everywhere. A lot of veterans feel that they are too proud to accept that care, whether they know that they deserved it or not. It is important that we get the message out to all veterans, especially our homeless veterans who need that bed for the health that they have acquired, the bad health they have acquired in their service to our country. And it is important to us, at AMVETS, that our veterans keep getting the proper care in a better and more refined way, because what we have right now is not working. Thank you.

Mr. LAMB. Thank you very much, sir. And I want to commend the Iraq and Afghanistan veterans who came to my office the other day and talked a little bit about this same problem. And they have

had a lot of success in going out into the community and meeting with some younger veterans outside of the VA completely.

So CEO Butler, I do not know what your title is, but if you would address that, maybe fill in for the rest of the group that was not able to hear that, it sounded like in Dallas, I believe it was, in particular, they have had some real success kind of holding peer-to-peer counseling type sessions.

Mr. BUTLER. Thank you. I think that is the first time I have been referred to CEO Butler. That was nice. I do not think it will happen again, probably, but it was very nice.

No, but you are absolutely right, and I think a lot of us know the statistic, but 14 out of the 20 daily suicides are by veterans that are outside of the VA system. And so it is absolutely vital that we fund, that we support, and that we advocate for programs that are reaching outside to those veterans that are not necessarily in the system, for whatever reason that might be. It might be that they have less than honorable discharges. It might be that they had a frustrating time with the VA system and so they have moved on elsewhere.

And so I think that is absolutely key. So it is the outreach, it is partnering together with organizations that have shared missions, and Dallas is a great example, where they have got a number of organizations that work together collaboratively, they share information, share resources to ensure that they are reaching out to and connecting with this vulnerable population.

Mr. LAMB. Well, thank you and please continue to let us know how we can help build on those efforts.

I yield back. Thank you, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Lamb. I now recognize Representative Bost of Illinois for three minutes.

REPRESENTATIVE MIKE BOST

Mr. BOST. Thank you, Chairman, and thank you all. Thank you all for your service and a shout-out to all the Illinois veterans that are here.

Let me just start out by saying something, and I do not mean it in any bad way. I mean, it in a most positive way. Jared—Mr. Lyon, in your statement, your mission statement, you finished by saying they are leaders of the future. They are leaders right now. Everybody that has ever worn that uniform is a leader right now.

And I am going to tell you with working with the VA Committee here, and we are trying to do—I come from a state that has been really blessed for what they do to veterans. If you leave Illinois and enlist in the military, and you come back to Illinois, you get a waiv-

er for your tuition, and that is above and beyond the GI Bill. That is a wonderful thing that we have done.

Illinois is not known for doing a lot of things right here recently, but they did that right, and it is great for our veterans and for providing that education.

Now with the new GI Bill—and this is why it is a concern to me—I am one of those lucky Marine veterans. I went in right after they got rid of the old GI Bill and got our right after they got—before they started the new GI Bill, but I was from Illinois so I did receive some benefit of that.

What do you see in the implementation of this GI Bill now? How do we make sure that it is being implemented correctly? And I know there have been some problems that we have seen. What suggestions would you have?

Mr. LYON. Yes, and being one of those lucky Marines it is because you are part of the Department of the Navy, I presume.

Mr. BOST. Yes, the men's department.

[Laughter.]

Mr. LYON. As aptly stated sir. Well done. Well done.

[Applause.]

Mr. LYON. So, you know, really, when you start talking about implementation this is a fantastic piece of legislation. It was done collaboratively, passed 405 to nothing in the House, 100 to nothing in the Senate. Everyone agrees it is fantastic. The implementation is really where the devil meets the details.

So one of the additional things, if we start looking at it beyond what we have already covered, is I would very much like to call your attention to the STEM Extension Act, so the STEM scholarships that are available. The reason that that was written is because it is the number two most popular major for veterans that are in college right now.

It is also vital to national security that we produce engineers, scientists, teachers, and the like. This is a population that has a huge propensity, nationwide GPA of a 3.35, in these majors. They are graduating, but we need to attract more student veterans to it. We have the propensity but that is going to be the next delayed payments of the VA if we do not start having the conversation now.

So, sir, I would very much encourage you to ask for a briefing from VA. I would also encourage all members to ask for a briefing, to make sure that we avoid some of the pitfalls that we experienced last fall with delayed payments.

Mr. BOST. Well let me say that not only this program but the programs, bills we have passed, it is our job to make sure they are implemented correctly, and I know that everybody sitting on this dais will make sure that takes place.

Once again, thank you for your service, and, Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Representative Bost.

I now would like to recognize Representative Underwood of Illinois for three minutes.

REPRESENTATIVE LAUREN UNDERWOOD

Ms. UNDERWOOD. Thank you, Mr. Chairman. I am so grateful for this opportunity to be here with all of you and to hear about your legislative priorities. You are critical partners in the work that we do on this Committee and we really appreciate your insight to better serve you and your families.

In my district I am really proud to represent 36,000 veterans, and Mr. Bost gave out a shout-out to all the Illinois folks, but I want to echo those sentiments. Thank you all for being here today and for all the work that you do.

In my district, of those 36,000 veterans, we have a little over 2,000 women veterans, and their needs, just like all veterans, are very important. In your written testimony, Mr. Riley, Commander Riley, you highlight the rate at which women veterans commit suicide, which was 180 percent higher than women who never served.

And so I am wondering if you wanted to expand a little bit on some of the unique challenge women veterans face and what we can do to better understand and address those challenges.

Mr. RILEY. Thank you, ma'am. Our women veterans and members of the Armed Force are presented with a number of unique challenges. One in five have experienced military sexual trauma. More than 33 percent of women have been subjected to domestic violence. Women veterans face unique challenges in accessing quality health care. More than 30 percent of VA CBOCs cannot adequately treat MST.

We want the VA to take a look at the issues affecting our women veterans and create comprehensive approach that will help them. In AMVETS we are looking forward, with this Congress here, to work and bring better health care and quality health care to our female veterans.

Ms. UNDERWOOD. Yes, sir, and we are really excited to work with you to do that.

Mr. RILEY. Thank you.

Ms. UNDERWOOD. On the military sexual trauma—and this is open to whoever on the panel wants to answer—we just heard Commander Riley talk about 1 in 5 female veterans experiencing this type of sexual trauma, and we know that 1 in 100 male veterans report experiencing military sexual trauma. And so in your opinion, for whoever wants to respond, has the VA provided the

necessary resources to ensure that these survivors have access to the care that they need? Yes, Ms. Bardorf.

Ms. BARDORF. Hi. Yes. So the answer is no, but the answer is no across the board. So I think yesterday we heard a lot more about military sexual trauma. And so in both DoD and VA there is not enough being done to combat the issue, to change cultural norms, and to treat women who have been sexually assaulted.

At Wounded Warrior Project we have a number of programs specifically for women, in order for them to feel more comfortable to talk and destigmatize reporting of sexual trauma. One is a writer's workshop, where we have women come together and write about their experiences and then tell their stories.

Another is a Project Odyssey program, where we have women who come together on a weekend retreat and share their stories with one another, so there is peer-to-peer support.

And finally, in the Warrior Care Network, we often bring women together at the Boston Massachusetts General Hospital and the other three academic medical centers in the private sector to address real PTSD issues that have been as a result of military sexual trauma.

So we are doing the work but we know that we need to do more and we know we need to address child care issues, suicides, homelessness. They are more likely to become divorced and lose custody of their children as a result of their deployments and their mental health needs. So we ask the VA to partner with us in doing something about this.

Ms. UNDERWOOD. Thank you. I look forward to amplifying that work on the Committee and working with all of you. Thank you for your continued service.

Mr. Chairman, I yield back.

Chairman TAKANO. Thank you, Ms. Underwood. I now recognize Representative Bilirakis of Florida for three minutes.

REPRESENTATIVE GUS M. BILIRAKIS

Mr. BILIRAKIS. Thank you, Mr. Chairman. I appreciate it, and I want to thank everyone for being here today. Thank you for your continuing service. And I want another shout-out for—well, I am not sure. I may be the first one—-all the Florida veterans. Thanks for coming up and bearing this weather.

I want to ask—I know I am only going to have three minutes, but Ms. Bardorf and then Mr. Zurfluh—I hope I pronounced that right—both from the Wounded Warrior Project and the PVA, maybe you can elaborate a little bit on some of the changes that you recommend. I know you testified last year with regard to the Specialty Adapted Housing program. And then, you know, one ex-

ample is we want to make sure our terminally ill patients are prioritized. So if you could elaborate I would appreciate it very much.

Ms. BARDORF. Thank you, Congressman, and thank you for asking that question. It is an area we know that the alumni within Wounded Warrior Project, many of whom utilize the Specially Adaptive Housing grants. We had a warrior come and testify last year in the 115th about this issue.

What we know about young veterans who were really—we are trying to empower them. We are trying to help them get jobs and be resilient and continue in their lives despite their disability. And we know that young millennials have an average home move of six times in their career.

We had a warrior who used his \$80,000 grant in his first home. He was not married. He is a double amputee. Wonderfully, he got married. He had three children. He could not fit in the house he was in anymore and so he moved to Annapolis, Maryland, with his wife and his three beautiful children, and he still works full-time for Wounded Warrior Project. But he needed a larger house and he needed to adapt that house for today and also for tomorrow, when he is likely to be in a wheelchair. But he has no allowance left.

So he paid about \$123,000 out of his own pocket, with his compensation through Wounded Warrior Project, to adapt a second home. And we just think it is unreasonable to expect especially this generation of veterans who are young and injured, to have that expense when we can renew the grant.

Mr. BILIRAKIS. Yeah. Well, thank you very much and I certainly agree.

Mr. Zurfluh, would you like to add something, please?

Mr. ZURFLUH. I would. Thank you, sir. One of our member populations is veterans with ALS. As they try to get adaptive housing we need to try to speed up the priority, due to the illness and the short-term that it takes some folks. So I think it is really, really a priority that we try to speed up the process that they get adaptive housing. There are many members here in the audience that have experienced their members going through that process, and we can probably talk to you more offline.

One other thing is for the terminally ill that you talked about. I think the expansion of long-term care center beds would be great for that process. As our aging Vietnam veterans become older the greater need for that, I think long-term bed expansion would be great in that arena.

Mr. BILIRAKIS. Well, thank you very much. I yield back, Mr. Chairman.

Chairman TAKANO. Thank you, Mr. Bilirakis. I now recognize the gentleman from New Hampshire, Mr. Pappas, for three minutes.

REPRESENTATIVE CHRIS PAPPAS

Mr. PAPPAS. Thank you, Mr. Chair and Ranking Member Roe. Thank you to the panel, and I want to thank all the veterans' advocates for what you are helping us do, which is identify priorities of how we can best make good on the promise to our nation's veterans. So thank you to all those in this room who served. It is inspiring to be in a roomful of heroes, and I really look forward to working with all of you to make sure that we get it right over the next couple of years.

I wanted to touch on something that Mr. Susino alluded to. Thank you very much for the work that you do, and it was nice to hear a little bit about your father's dedication and what his life mission was. But I was proud, earlier today, to introduce a bill, it is H.R. 1569, and it is the National POW/MIA Flag Act, and I am cosponsoring that with General Bergman. And this bill is going to require that the POW/MIA flag be displayed on all days that the flag of the United States is displayed on certain federal properties.

And I am just wondering if you could comment a little bit on what that flag represents and the work that we need to continue to do to look out for those servicemembers who are unaccounted for.

Mr. SUSINO. Thank you very much. Different than so many in this room, I am not a veteran. My dad was a veteran POW and I was not a veteran. So I look through the eyes of a non-veteran. I listen with the ears of a non-veteran. And I thought about that question earlier when I look at the various bills we look to support.

And all Americans have a general understanding when they look at the American flag, and it is one about the country. It is one about patriotism. And nothing draws them, necessarily, to those that have guarded its freedom or did not come home. And that is universally understood with the POW/MIA flag.

So, for me, literally as a layperson, that is where I get excited about that bill. Again, I represent an organization, a service organization of veterans, but again, my view is—if my view is similar to those that are non-veterans, it immediately draws the public awareness and their attention to the veterans, and particularly those that did not come home. So I think that simply is why it is so important, where those in this room think of it always and have a different and a broader meaning of the flag. Many do not.

Mr. PAPPAS. Thank you. I appreciate those comments.

Ms. Bardorf, I had the opportunity to meet with the owner of a small business in my district this week, and he develops form-fit-

ting sockets for veteran prosthetics. And he mentioned the barriers that he has in working, from his company's perspective, with the VA, but also the preference that many veterans have to not seek prosthetic care at the VA.

So I am wondering if you can comment a little bit about that and about how we can improve the VA's response to allow our veterans to achieve greater mobility.

Ms. BARDORF. I would be happy to. We have over 1,800 amputees from this post-9/11 generation. One of them is sitting right behind me. His name is Jose Ramos, and he is an upper extremity amputee who I have known since the day he arrived at Bethesda in 2004, after the Battle of Fallujah, and he was hit with a rocket-propelled grenade.

He received unbelievable care, he will tell you, from Walter Reed Bethesda—at the time it was just Naval Hospital Bethesda—in the prosthetics lab there. He created a bond with the staff there. They are used to the activity levels of this generation. They provide whatever they need and they do it very quickly. If you want a running leg they will give you a running leg. If you want a robotic arm you will get a robotic arm. If you want a swimming leg they will do that. They move really quickly and they have wonderful relationships. And so this generation feels comfortable moving back to them.

The VA does not work as quickly. It also is not as quick to provide alternative types of prosthetics. They do not move as quickly. They do not necessarily use the private sector in the same way.

So we really would ask for there to be across-the-board consistency so this generation of veterans will use both and feel comfortable to use both DoD and VA.

Mr. PAPPAS. Thank you very much, and thank to Mr. Ramos, as well, for your service.

I yield back.

Chairman TAKANO. Thank you, Mr. Pappas. I now recognize Representative Levin for three minutes.

REPRESENTATIVE MIKE LEVIN

Mr. LEVIN. Thank you, Mr. Chairman. I am so grateful for the opportunity to be here today and to hear from all of you. I am equally grateful to be the new Chair of the House Veterans' Affairs Committee on Economic Opportunity, and it is a responsibility that I take extremely seriously.

I am so grateful for your input. I am going to need all of you as partners throughout the next couple of years as we work on these issues together.

I have a great district in Orange and San Diego Counties, and right in the middle is Marine Corps Base Camp Pendleton. It is an amazing place. I am so honored to serve there. And we have probably one of the largest veteran populations in the United States.

There are a ton of people who are doing great, who are contributing positively to all aspects of our local community. There are others who are facing difficult transition. When they make that transition into the workforce, a whole variety of issues that we face, everything from the GI Bill and how they are able to best leverage it, vocational rehabilitation, then also issues around housing. It is an incredibly high-cost area. Homelessness is a pervasive and daunting challenge. There are roughly 1,300 homeless veterans, it is estimated, in the greater San Diego region.

So sort of a lightning round question, because there are seven of you and only about a minute and a half. But I am curious if each of you could just tell me what is your most important priority as it pertains to economic opportunity? So it could be the GI Bill, homeless housing, vocational rehabilitation, and the like. I am just curious what your top priority would be.

Yes, sir.

Mr. ROWAN. Yeah, it would be very simple. Get the cities and states to set aside veteran-owned business programs, letting them get an edge. We see that in some states, we have seen it in some cities, but it is not pervasive. We do see it in the Federal Government but not in the locals, and, unfortunately, not in New York City.

Mr. LEVIN. Yes, sir.

Mr. BUTLER. Yeah, I would say it is kind of a couple of things. We talked a lot about the GI Bill but one of the things that was not touched on is in the past there have been attempts to make tweaks to the GI Bill that it would actually take away a little bit of the funding. There was the move to take the transferability away for anyone who served longer than 16 years. These are things that also are, we feel demoralizing the force and taking away earned benefits. Because the GI Bill, as it was well stated by Jared, you know, it is one of the most incredible benefits that we have.

So making sure the GI Bill not only is funded forever but also that there are no cuts to it would be one thing, and the other is underemployment. I think there are a lot of veterans out there who are not achieving their full value of employment because a lot of the civilian community just does not understand the ability of today's veterans to do a wide variety of tasks.

Mr. LEVIN. I appreciate that. I am out of time so I will yield back to the Chairman. Thank you all very much. I am honored to be here with you.

Chairman TAKANO. Thank you, Mr. Levin. I recognize myself for three minutes.

Mr. Lyon, I am so pleased to see Student Veterans of America represented today and representing the latest generation of heroes in our country. I see that 90/10, the loophole is a priority for you. Can you explain why that is such an important priority?

Mr. LYON. One hundred percent sir. Thank you very much for the question and thank you again for joining us at our national conference and speaking in front of 2,300 student veterans in January.

So the 90/10 loophole is something that we have been having a conversation about far exceeding any of our efforts in the veteran space. Ironically, it goes all the way back to the original Servicemen's Readjustment Act of 1944, when we implemented it to ensure that folks did not take advantage of veterans' benefits.

But the simple notion that if a student is attending higher education a school should have the opportunity to have people paying out of pocket and not 100 percent of the federal funds going to tuition.

In closing the 90/10 loophole, the best thing that we could do is have GI Bill and DoD tuition assistance dollars recognized as federal dollars, and to not just have it implemented on tax status, so for just proprietary institutions, but let us just go ahead and have it blanketly applied to all institutions of higher learning. If we do this we effectively close the 90/10 loophole, we avoid the predatory practices, and we make sure that benefits are used to the best first way for students.

Chairman TAKANO. Mr. Lyon, I was not aware that DoD is also exempted.

Mr. LYON. Yes, sir.

Chairman TAKANO. That is incredible. I have got some more questions but that is a new fact I learned today.

You know, real quickly, greater oversight of nonprofit conversions. Explain that. What are nonprofit conversions?

Mr. LYON. Yeah. So when we start looking at proprietary institutions of higher learning that will perhaps purchase a maybe failing or struggling not-for-profit institution of higher learning, and by de facto creating themselves the opportunity to have that not-for-profit status. It is really a sheep in wolf's clothing, if you will.

So if you have the opportunity to have better oversight on that and provide provisions that make that more difficult, or at least be

more transparent when it occurs, it better aids in student protections.

Chairman TAKANO. So we are talking about a not-for-profit institution that is actually acquired by—

Mr. LYON. Yes, sir.

Chairman TAKANO. —a for-profit institution, and they are able to take advantage of its nonprofit status. That is a—I have heard of it but this is—do you know the extent to which this is happening?

Mr. LYON. The extent to which it is happening is difficult to measure because proprietary institutions of higher learning have far better resources than money to spend on not having that be known as well.

Chairman TAKANO. Real quickly, are you aware of veterans who have been harmed by such conversions?

Mr. LYON. Yes, sir.

Chairman TAKANO. Well, I am running out of time. I will be curious to know more about this.

Mr. LYON. I would be happy to.

Chairman TAKANO. Great.

Well, that concludes—I yield back to me the time that I did not use.

[Laughter.]

Chairman TAKANO. Let me catch up here.

I want to thank everyone for their testimony today and I look forward to working with you and all your organizations and your priorities for your members in the future.

Did I not recognize you earlier? I recognized you earlier. Yes. I know I did.

I look forward to working with you in the future, and I wanted to say that all members will have five legislative days to revise and extend their remarks and include extraneous material.

Again, thank you for your presentations, and this hearing is now adjourned.

[Applause.]

[Whereupon, at 3:35 p.m., the Committees were adjourned.]

APPENDIX

Material Submitted for the Hearing Record

Annual Legislative Presentation
Regis "Rege" William Riley
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs
March 7, 2019

Chairman Isakson, Chairman Takano, and honorable members of the House and Senate Committees on Veterans' Affairs, I appreciate the opportunity to present you with the 2019 legislative priorities and policy recommendations of AMVETS. For 75 years, our organization has been a leading voice in veterans' advocacy work. This annual address has become an important part of that tradition, allowing us to share the wishes of our members in helping Congress make policy decisions that serve the best interests of veterans across the nation.

In the past year, AMVETS has made a significant investment to provide a second to none advocacy role for our Nation's veterans. We have assembled a world-class team of veteran advocates with significant Capitol Hill experience.

As the largest veteran non-profit to represent all of our Nation's veterans, we are dedicated to pursuing those issues that are most negatively affecting our veterans or that stand to provide the greatest positive benefit to them.

There is no better return on investment for our Nation than helping servicemembers transition and maintain their health along with a strong sense of meaning and purpose. With the right training, the right hand-up programs available, and high-quality healthcare, we know that our Nation's veterans will become the leaders of our Nation in industries across the board.

We stand ready to assist Congress in finding the best policy solutions that will lead veterans toward realizing and achieving their goals and dreams following their service to our Nation. For some, that is a hand-up program like the Post-9/11 G.I. Bill; or others, it may be the need for access to mental healthcare that's shown to work and change lives for the better. For many, this is access to high-quality, timely, and critical healthcare that they have earned through their sacrifices to our Nation.

The three most pressing issues AMVETS plan to address this Congress are: addressing our mental healthcare crisis and suicide epidemic, addressing the critical needs of women veterans, and providing timely access to high-quality healthcare.

Prioritize The Mental Health Epidemic

Our Nation's veterans killing themselves in VA parking lots could not be sending a clearer message that VA mental healthcare is not working. According to the *Washington*

Post, from October 2017 through November 2018, 19 veterans have died by suicide on VA campuses. Marine Col. Jim Turner killed himself in the Bay Pines VA Medical Center parking lot weeks before Christmas. Dressed in his dress blues uniform, bearing his medals, he left us with this message: "I bet if you look at the 22 suicides a day you will see VA screwed up in 90%."

From October 2017 through November 2018, more than 6,000 veterans died as a result of suicide. In that same time period the Senate held one hearing on veterans mental health, the House held two, and more than \$8 billion was spent in an effort to address the issue. Despite veterans killing themselves on VA campuses, and record expenditures by VA to address mental health, VA continues to insinuate that veterans killing themselves have not participated in VA care (recently).

The narrative on Capitol Hill has been relatively monotonous with lawmakers highlighting the disturbing number of deaths, suggesting more needs to be done, providing increases to the mental healthcare budget, and then moving along to other priorities. VA highlights the need for additional funding to pay for more practitioners and clinical space, while providing scant information on the effectiveness of its programs.

Frankly, it seems that no one, including VA, really knows if the mental healthcare we are providing our veterans is working. Certainly no one seems to be suggesting it works well. In the absence of clear alternatives, the easiest course of action has been taken: throw more funding at VA to be used on traditional mental health treatment, somehow hoping for a different outcome.

AMVETS is asking Congress to work with us to end the status quo. We are asking for Congress and VA to take accountability, measure outcomes and results, and invest in helping veterans become their best selves. Let's help them in become our Nation's best citizens.

As such, AMVETS would greatly appreciate Congress's consideration to create a bicameral roundtable and taskforce that combined would hold an event at least once every other month. Specifically, we are hopeful that Congress will closely evaluate the programs and methods currently funded at VA, their long-term effects and outcomes in helping veterans live high quality lives, while also considering any alternative approaches that are leading to positive outcomes by mitigating negative symptoms, creating notable improvements in quality of life and, ultimately, stemming the suicide epidemic.

Additionally, we propose a quarterly hearing to attack our veterans' mental health epidemic, and by extension, possibly, our Nation's mental health problems. The Veterans Affairs Committees have a real opportunity to change our Nation for the better. There is nothing inherent about veterans and mental health. Mental healthcare challenges are human issues, and are not specific to veterans or service members.

DoD also plays a critical role in this process. For many of our veterans, their downward spiral starts at their transition from the military. That moment when they leave behind their band of brothers and sisters, lose their mission and purpose, and often find themselves isolated. This is a critical final touch point, one in which crucial training can be provided prior to their geographic dispersion.

Closing the Gap for our Women Veterans and Servicemembers

Addressing mental health issues that are specific to women is also a top priority for AMVETS. The rate at which women choose to end their own life is 180 percent higher than members of the same gender who never served. Male veterans, meanwhile, are 140 percent more likely to commit suicide than their peers who have only known civilian life.

Deanna Martorella Orellana is among those we lost to the epidemic. As a Marine, she survived a 2010 deployment to Afghanistan's notorious Helmand Province. After leaving the Corps in 2015, however, her life began to spiral. She was arrested twice for drunken driving and moved back in with her mother.

Then on March 4, 2016, she went to a VA hospital for help. After the appointment, Deanna returned to the North Carolina home she shared with her mom, went into her bedroom, closed the door, sat on the floor and pulled the trigger of a .45 caliber handgun. Her mother later came home to discover a note that simply stated:

"I'm sorry, call 911, take care of the dog, don't come in the bedroom."

While we can speculate as to the reasons this Marine survived war only to later decide she no longer wanted to live, we can't identify the specific factors with any certainty. Just as we can't say for sure why so many other women have chosen to commit suicide after serving their country.

The House taskforce that was recently created to address issues specific to women veterans, represents a step in the right direction. AMVETS looks forward to working with Congresswoman Brownley and other taskforce members in finding holistic solutions to the problems faced by our women heroes. AMVETS, however, also understands that the task force will have an uphill battle. For this reason, we would like to see it conducted in parallel to a comprehensive study.

While the VA has made great strides in recent years, collecting data and researching issues specific to women veterans, these efforts have treated the problems as disparate parts of lived experiences, creating gaps in our knowledge and, ultimately, a failure to find viable solutions. For this reason, in the coming weeks, AMVETS will be working with members of Congress to introduce legislation that creates a holistic approach to research and, hopefully, a thorough understanding of the problems encountered by our women in uniform.

Timely High-Quality Access to Healthcare

The VA has pledged to serve our veterans' healthcare needs, but the means to accessing this care is different for every veteran. There are an estimated 4.7 million rural and highly rural veterans who face a unique combination of factors that create disparities in healthcare not found in urban areas, such as inadequate access to care, limited availability of skilled care providers and additional stigma in seeking mental healthcare. There is also the continued challenge of the politicization of VA healthcare. AMVETS realizes that the best healthcare option for veterans will provide a strong, well run, and fully staffed VA first! As a support mechanism, VA will utilize private care when it makes sense in order to provide ease of care to veterans as is often the case for veterans in rural areas.

As such, we are currently working on legislation that will help us reach out to veterans in rural areas who are served by the VA, but have not utilized VA care for an extended period of time. Even though these veterans are out of sight, they should not be out of mind. We are looking to build a legislative solution that will help these veterans receive long overdue, baseline, comprehensive physical exams and comprehensive eye examinations.

I want to briefly mention the Mission Act. Like many of you, AMVETS is closely monitoring its implementation. While problems persist in this process, we stand behind its ultimate goal: ensuring veterans have access to high quality healthcare regardless of where they live. To achieve this, AMVETS believes a balance must be struck: one that provides both robust services at VA-run facilities and access to treatment from outside providers. Up until recently, the conversation primarily focused on concerns that funding the latter would hollow out in-house care. While AMVETS shares in this concern, we were surprised to review the VA's recently proposed rule. A plain reading of the text published in the federal register indicates that veterans would need to face both a drivetime of at least 30 minutes and waitlist of longer than 20 days to be eligible for outside care. Up until this proposal was made public pursuant to legal requirements, the VA advertised that veterans would only need to meet one of those two criteria. By requiring veterans meet both, the Mission Act would effectively be useless.

AMVETS is also concerned with another section of the proposed rule regarding access to emergency care. We do not understand why the VA is attempting to amend the current policy, as such a move was not authorized by Congress as part of Mission or any other legislation to the best of our knowledge. We encourage committee members, here today, to investigate VA's authority to change access to emergency care and request the reasoning behind these proposed changes.

As we make clear throughout this testimony, AMVETS sees the health of veterans as one of the most pressing issues our veterans face. Yet many still choose to participate in one of the most unhealthy, legal, actions, one can take: smoking combustible cigarettes. Smoking remains the number-one cause of preventable deaths in the United States. Yet the CDC estimates nearly one in three veterans smoke.

We are now several months into developing AMVETS' "Switch for Freedom" program, a first-of-its-kind nationwide program, in which our members and posts are receiving counseling, support, and special access to products and incentives to switch from smoking to vaping.

Dr. Scott Gottlieb, commissioner of the U.S. Food and Drug Administration, tweeted on Jan. 19, "I believe if every currently addicted adult smoker switched completely to e-cigs it would provide a tremendous public health gain."

According to a November 2018 American Cancer Society statement, "research has found that e-cigarette use is likely to be significantly less harmful than smoking regular cigarettes."

Clearly, it would be best if veterans refrained entirely from using nicotine. But we find a terrible lack of interest in doing so, at this point. That will remain a long-term goal, but right now we see room for a real health gain in helping veterans make the switch.

AMVETS is starting this month to take the pilot program into communities around the nation to veterans and their family members who already smoke. This is only for those who already smoke. Veterans and family members who smoke will be offered vaping devices at drastically reduced costs along with guidance and support in their communities to make a full transition to vaping.

In addition to helping the individual veteran, we are going to AMVETS posts that still allow smoking indoors. These posts will be offered financial incentives to become "smoke-free." Each participating post will be required to chronicle the impact of this change.

AMVETS hopes this program will help in the national battle to reduce secondhand smoke exposure. After decades of progress in the United States, efforts to reduce exposure to secondhand smoke among non-smokers recently stalled, according to new data from the Centers for Disease Control and Prevention. An estimated 58 million Americans were exposed to secondhand smoke from cigarettes and other tobacco-burning products annually, per the CDC's latest data. The report was published in December 2018 in the CDC's Morbidity and Mortality Weekly Report.

Being that our posts are private clubs, there are still some that can legally allow smoking indoors. Many posts want to stop that antiquated practice but worry about the loss of members if smoking inside is banned. Our new switching program will enable these posts to try going smoke-free. I believe most will love it once they've switched. I also look forward to the opportunity to report back to Congress later this year as we begin to compile data.

Conclusion

Chairmen Isakson and Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that impact AMVETS' membership, active duty service members, as well as all American veterans. As the VA continues to evolve in a manner that can improve access to benefits and healthcare, it will be imperative to remember the impact that any changes to those systems on millions of individuals who defended our country. We cannot stress enough the need to preserve and strengthen the VA as a whole, across all administrations, in order to ensure the agency can deliver on President Lincoln's sacred promise now and in the future.

Commander Regis "Rege" William Riley

Regis "Rege" William Riley was elected National Commander during the 2018 AMVETS National Convention. Originally from North Braddock, Pennsylvania, Commander Riley faithfully served his country for more than 30 years both in the military and with AMVETS in various roles. He served in the U.S. Army and was honorably discharged in 1974, after which he worked his way through the ranks of AMVETS in a number of critical leadership positions. Before becoming AMVETS National Commander, Riley served as AMVETS 1st Vice National Commander, AMVETS Department Commander in Pennsylvania, Western Region Commander, and Post Commander for 9 years. His lifetime of service also includes serving as chairman of the National Homeless Veterans Committee and president of the Pennsylvania State War Veterans Council. He currently is a voting member of the Pennsylvania State Veterans Commission.

Commander Riley won several awards, including the Leadership of Excellence pin, National AMVETS Recruiter of the Year award, and Department of Pennsylvania Member of the year in 2001. He pursued studies in journalism and communications at the Columbia School of Broadcasting and worked for more than 35 years as a track foreman while championing veterans' causes at the state and national levels.

Commander Riley lives in Pittsburgh, Pennsylvania, with his wife, Dee, AMVETS Ladies Auxiliary past national president and Silver Bayonet Award recipient. They have two sons named Corey Sr. and Corey Jr.

ABOUT AMVETS

Today, AMVETS is America's most inclusive congressionally-chartered veterans service organization. Our membership is open to both active-duty, reservists, guardsmen and honorably discharged veterans. Accordingly, the men and women of AMVETS have contributed to the defense our nation in every conflict since World War II.

Our commitment to these men and women can also be traced to the aftermath of the last World War, when waves of former service members began returning stateside in search of the health, education and employment benefits they earned. Because obtaining these

benefits proved difficult for many, veterans savvy at navigating the government bureaucracy began forming local groups to help their peers. As the ranks of our nation's veterans swelled into the millions, it became clear a national organization would be needed. Groups established to serve the veterans of previous wars wouldn't do either; the leaders of this new generation wanted an organization of their own.

With that in mind, 18 delegates, representing nine veterans clubs, gathered in Kansas City, Missouri and founded The American Veterans of World War II on Dec. 10, 1944. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, making AMVETS, the first post-World War II organization to be chartered by Congress.

Since then, our congressional charter was amended to admit members from subsequent eras of service. Our organization has also changed over the years, evolving to better serve these more recent generations of veterans and their families. In furtherance of this goal, AMVETS maintains partnerships with other Congressionally chartered veterans' service organizations that round out what's called the "Big Six" coalition. We're also working with newer groups, including Iraq and Afghanistan Veterans of America and The Independence Fund. Moreover, AMVETS recently teamed up with the VA's Office of Suicide Prevention and Mental Health to help stem the epidemic of veterans' suicide. As our organization looks to the future, we do so hand in hand with those who share our commitment to serving the defenders of this nation. We hope the 116th Session of Congress will join in our conviction by casting votes and making policy decisions that protect our veterans.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2018 - None

Fiscal Year 2017 - None

Fiscal Year 2016 - None

Disclosure of Foreign Payments - None

Annual Legislative Presentation
David Zurfluh
National President
Paralyzed Veterans of America
Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs

March 7, 2019

Chairman Isakson, Chairman Takano, and members of the Committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) 2019 policy priorities. For more than 70 years, PVA has served as the lead voice on a number of issues that affect severely disabled and catastrophically injured veterans in this country. Our work over the past year includes championing critical changes within the Department of Veterans Affairs (VA) and educating legislators as they have developed important policies that impact the lives of those who served.

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

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

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

Over the years, PVA has established ongoing programs to secure benefits for veterans; review the medical care provided by the VA's SCI/D System of care to ensure our members receive timely, quality care; invest in research; promote education; organize sports and recreation opportunities; and advocate for the rights of veterans and all people with disabilities through legal advocacy and accessible architecture. We have also developed long-standing partnerships with other veterans' service organizations. PVA, along with the co-authors of *The Independent Budget (IB)*—DAV (Disabled American Veterans) and the Veterans of Foreign Wars—continue to present comprehensive budget and policy recommendations to influence debate on issues critical to the veterans we represent. We are proud that *The Independent Budget* policy agenda has been presented for more than 30 years. We also recently released our budget recommendations to inform the debate on funding for the VA for Fiscal Years (FY) 2020 and 2021.

STRENGTHEN AND IMPROVE THE VA HEALTH CARE SYSTEM AND SERVICES

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

We are now entering into the most critical phase of this effort; *implementation of the law itself*. If VA and Congress execute this law fully, faithfully, and effectively, veterans' health care will enter a new era marked by expanded, timely access to high quality care for all enrolled veterans. However, if implementation deviates from the clear and widespread consensus reached by all key stakeholders, the VA health care system could enter a period of decline with devastating consequences for veterans who rely on VA for their care, and perhaps even threaten the viability of the VA health care system

itself. No one wants that to happen, and we are ready and willing to work with you and VA to ensure the success of this important effort.

In late January, VA announced proposed access standards required by the VA MISSION Act that are based on average drive time and appointment wait times. For primary care, mental health, and non-institutional extended care services, VA suggests a 30-minute average drive time standard and for specialty care, a 60-minute average drive time standard. They are also proposing wait-time standards of 20 days for primary care, mental health care, and non-institutional extended care services, and 28 days for specialty care from the date of request with certain exceptions. Veterans who cannot access care within these standards would then be able to choose between eligible community providers and care at a VA medical facility. Eligible veterans would also have access to urgent (walk-in) care which gives them the choice to receive certain services when and where they need it. To access this new benefit, veterans will select a provider in VA's community care network and veterans with service-connected disabilities will be charged co-payments after three visits.

VA's proposal to charge a copay after three urgent care visits is troubling. No other mechanism to depress demand for this service—such as prior approval by a triage nurse or a cap on the number of visits (like TRICARE did when it first started authorizing this type of care) appears to have been considered. We urge the Secretary to exercise authority given to him through the MISSION Act and not charge veterans who are not required to pay a copayment under Title 38 for VA direct care. Under no circumstances should a veteran ever be charged for care related to a service-connected illness or injury. Allowing these copays creates a slippery slope that neither Congress nor VA should allow because it contradicts the premise on which VA was founded.

Other early observations here are that the proposed new access standards will significantly increase the number of veterans eligible to access the community care system—perhaps by 20 to 30 percent according to VA's own assumptions. This would substantially increase health care costs for VA, and it will be critical that they manage this escalation to ensure that adequate resources for specialized services like the SCI/D System of Care are preserved.

PVA is particularly concerned with VA's ability to successfully implement the IT portion of the VA MISSION Act. Historically, VA has had difficulties with the planning and implementation of IT programs. At best, it would be a risky assumption that VA can get this part of the plan right, particularly with the target implementation date less than six months away. Prior to FY19, Congress agreed to provide \$88.1 Billion in discretionary funding for the VA; however, it is yet to be seen if VA requested enough funding to completely develop and implement the IT infrastructure to support the provisions of the VA MISSION Act. If poor planning and project management requires VA to re-submit proposals for more funding, veterans will suffer. PVA is hoping Congress and its committees will continue to provide constant oversight to ensure VA is adhering to the legislation and that they will maintain transparency and constant communication through the process for successful implementation of the VA MISSION Act.

Finally and perhaps most important, VA and Congress must ensure the expansion into the community is not at the expense of the quality care currently provided through the VA health care system. Moreover, we urge you to resist VA proposals to merge programs and resources of the Choice program and Medical Community Care program into the Medical Services Accounts beginning in FY2020. This will ensure that VA resources already targeted for the health care system are not redirected to outside care options. Your continued oversight into the development and execution of this program is not only welcomed, *it is necessary*. Given the past problems with VA which have brought us to this point, American taxpayers and veterans will expect no less than this from you.

Title 38 Protections for Community Care—On a related matter, PVA remains deeply concerned about the exclusion of Title 38 protections in the conversations regarding expansion of community care. When veterans receive treatment at a VA medical center, they are protected in the event that some additional disability is incurred or health care problem arises. Under Title 38 U.S.C. § 1151, veterans can file claims for disability as a result of medical malpractice that occurs in a VA facility. If medical malpractice occurs during outsourced care, however, the veteran must pursue standard legal remedies unlike similarly situated veterans who are privy to VA's non-adversarial process. Adding insult to literal injury, these veterans, if they prevail on a claim, are limited to monetary damages instead of enjoying the other ancillary benefits available under Title 38 intended to make them whole again.

This is simply unacceptable. Congress must ensure that these protections follow the veteran into the community. Veterans who receive care in the community must retain current protections unique to VA health care under Title 38, particularly including medical malpractice remedies governed by 38 U.S.C § 1151, but also clinical appeal rights, no-cost accredited representation, and congressional oversight and public accountability.

Expand Eligibility for VA's Comprehensive Family Caregiver Program—Last year's expansion of eligibility for VA's Comprehensive Family Caregiver Program as part of the VA MISSION Act was of great significance to PVA members, and we look forward to working with VA as it begins to include catastrophically injured veterans from the WWII, Korean, and Vietnam eras this fall. So long as the expansion remains on track, in 2021, catastrophically-injured (service-connected) veterans from eras that pre-date September 11, 2001, will finally be eligible as well. We are extremely pleased with this action because it corrected an inequity that existed with the caregiver program and will improve the quality of life for thousands of deserving veterans and their caregivers.

There are a number of areas regarding the expansion of this program that we feel you should monitor. When the original program was launched in 2011, VA estimated some 4,000 veterans would apply. However, more than 45,000 applied and were deemed eligible, demonstrating the unmet need for services and supports for families. Currently, some 19,000 veterans access these services and in the years to come, an estimated

76,000 veterans are likely to enter the program. Thus, funding must match the level of participation.

The majority of veterans currently in the program are in their 30s. Having been injured young, they are still finding the new normal for their lives. Oftentimes, these veterans access services for three to four years before graduating out of the program when their conditions improve to a degree where a daily caregiver is no longer needed. But as the program expands to include additional eras of service, this trend line will likely stop, as the majority of geriatric veterans are unlikely to see their independence improve to the point of no longer needing daily caregiving. Also, while an older veterans' participation is unlikely to fluctuate, the caregivers of older veterans likely will. Younger veterans tend to rely consistently on a spouse or a parent for care. Older veterans, on the other hand, are less likely to have a spouse still capable of the physical demands of providing daily care. We anticipate adult children, nieces, nephews, or other family or community members of veterans will provide care in greater numbers. VA must be able to accommodate rotating caregivers, and provide the adequate and relevant training they need in order to sustain their veteran and maintain their own health.

Regarding the development of IT to support the new program, VA is working on a new system for the expanded Caregiver Program but given its recent failures in the technology area, it is unclear if this program is on track to be fully operational by the fall.

Perhaps the most important consideration with VA's Program of Comprehensive Assistance for Family Caregivers is that it must be fully resourced to meet the expansion timelines in order to serve veterans injured before September 11, 2001. Without proper funding, this program has little chance of succeeding. Moreover, we understand that VA has the authority to bring five additional program staff on board but that increase will not likely be enough to manage the expansion.

There is, however, another deserving group of veterans that were not included under the original program or the expansion; veterans with service-connected illnesses such as ALS or the hundreds of other illnesses included in the VA's Presumptive Disease List. This too is unjust. For this program to be genuinely inclusive of all our nation's veterans and their caregivers, it must not exclude those with service-connected illnesses. Therefore, PVA urges the Committees to consider expansion of the program to service-connected illnesses, not just injuries from all eras of service.

Improve Access to VA's Long-Term Services and Supports—PVA continues to be concerned about the lack of VA long-term-care (LTC) beds and services for veterans with SCI/D. Many aging SCI/D veterans are currently in need of VA LTC services at the 24 VA SCI/D centers (or "hubs"). Unfortunately, we believe the VA is not requesting, and therefore Congress cannot provide sufficient resources to meet the current demand. In turn, as a result of insufficient resources, the VA is moving toward purchasing private care instead of maintaining LTC in-house at SCI/D centers.

The VA has designated SCI/D LTC facilities because of the unique comprehensive

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

Currently, the VA operates only six SCI/D LTC facilities, with the newest facility being located at the Long Beach VA Medical Center. The Long Beach facility has a capacity of 12 inpatient beds and because it is always full, it has a long wait list to receive admissions. Unfortunately, this woefully inadequate number of beds available barely addresses the high demand in that region. In fact, residing in an SCI/D center was the third most common response from SCI/D veterans when asked about their LTC plans.

Through our interaction with SCI/D patients, we know that many of VA's LTC centers are not properly staffed or equipped to handle the number of veterans needing care. In some areas there are no VA LTC beds available for veterans with SCI/D. In these instances, the only option is to place the veteran into the local community where they receive suboptimal care by untrained SCI/D technicians. Some VA facilities are operating at near capacity, while others only achieve a fraction of theirs due to insufficient staffing. And it is especially difficult to find placement for veterans who are ventilator dependent.

Although VA has identified the need to provide additional SCI/D LTC facilities and have included these additional centers in ongoing facility renovations, such plans have been languishing for years. To ensure that SCI/D veterans in need of LTC services have timely access to VA centers that can provide quality care, both the VA and Congress must work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing SCI/D LTC facilities. PVA, in accordance with the recommendations of *The Independent Budget Policy Agenda* for the 116th Congress, recommends that VA SCI/D leadership design an SCI/D LTC strategic plan that addresses the need for increased LTC beds in VA SCI/D centers.

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

VA's current temporary authority prohibits the use of gametes that are not a veteran's and his or her spouse. For many veterans, their injuries destroyed their ability to provide

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

While we are very excited that procreative services remain temporarily available for catastrophically disabled veterans and thrilled to learn of veterans and their spouses who are expecting, our work is not done. We encourage the members of these committees to support S. 319 and H.R. 915, which would make this service a permanent part of the medical benefits package at VA.

Greater Focus Needed to Improve Prosthetics Services—The VA's Prosthetics and Sensory Aids Service (PSAS) is charged with providing prosthetics, orthotics, and adaptive equipment to replace missing parts of the body and support bodily functions to enable veterans to regain independence and mobility. The advances in prosthetics technology and complexities of function have greatly enhanced disabled veterans' ability to assimilate back into the community. However, the cost of technology, materials development, scientific research, engineering skills, and knowledge required to produce and manufacture prosthetics have significantly increased. The sophistication to then fit the prosthetic to the disabled veteran's body requires individuals specifically trained to do so. No group of veterans appreciates the importance of prosthetics more than veterans with SCI/D who have lost mobility and function.

The VA's mission is to care for the disabled veteran in a uniform and standardized manner, but PSAS has unfortunately demonstrated that it is missing the mark. Prosthetics services vary widely from VA medical center to medical center. The primary reasons are the national prosthetic policy charges local VA medical centers with holding down costs; a lack of training; lack of knowledge; and poor communications. In addition, the VA Handbooks and Directives, the majority of which are over a decade old, are woefully inadequate to the task of meeting the challenges of the advances made in prosthetics for the last 15 years. The VSOs have been told that there are rewrites in progress, but we have not been asked to participate in the critical development phase of these directives. The result will ultimately be flawed because those VSOs most knowledgeable about prosthetics are not included in development of the final product. Lack of direct stakeholder engagement has long been a problem for VA, resulting in the need for major revisions and clarifications after the fact, once those policies are applied out of the abstract and actually impact the lives of veterans.

Prosthetics equipment will continue to increase in complexity and costs. The VA must meet the demand by ensuring an adequate budget, a continuous training program for prosthetics and clinical staff, and increased staff. The VA will make a serious mistake if it attempts to mitigate costs by reducing the personnel who administer the program.

Another potential problem for VA would be an effort to provide prosthetics through the community health care systems. The administrative burden for VA prosthetics staff to properly manage, maintain the quality of prosthetics, and control the costs will lead to more delays, inappropriate and non-standard care, and increased complaints about the VA's delivery of these critical services. It is incumbent upon Congress to conduct more thorough oversight of the VA's prosthetics program to ensure that the VA is doing all it can to restore lost mobility and independence for veterans who rely upon prosthetics equipment and services.

Ensure Effective Outreach by VA to Veterans with SCI/D—PVA members, as well as all veterans with SCI/D served by the VA (now believed to be more than 43,000), are encouraged to complete comprehensive annual examinations and preventative screenings at VA SCI/D centers. These services help prolong veterans' lives and maintain good health, while also allowing the VA to study longitudinal information on the course of SCI/D over individuals' lifetimes.

Unfortunately, we still encounter too many cases where veterans do not know they are entitled to an annual examination or have not been encouraged by a VA clinician to complete one. As a result, those veterans eventually end up at one of the 24 VA SCI Centers; however, instead of preventative care, it is to treat a severe bedsore; a renal, circulatory, or respiratory condition that has progressed to a point requiring critical intervention; or some other acute health condition.

PVA believes an adequately staffed system of care with statutorily mandated staffed beds, coupled with a proactive outreach and education program, will improve what is already regarded as the best SCI/D System of Care in the world while also guaranteeing the best health care option for catastrophically disabled veterans. The new community care program may soon serve other segments of the veteran population well, but our members have overwhelmingly made their choice. They want VA's SCI/D System of Care, so Congress and the Administration owe it to these veterans to ensure that their choice is indeed a viable one.

Disaster Response and Recovery that Meets the Needs of People with Disabilities—Although it is not within the jurisdiction of the Committees, there is an issue of concern to PVA that is related to your work with veterans. Since Hurricane Maria devastated Puerto Rico in 2017, I have made two visits to the Commonwealth to check on our chapter and its members to see how they fared in the immediate aftermath of the storm and in the year since. As you know, the Veterans Health Administration has a role in the broader emergency response framework of this nation, and we understand VA officials and personnel took their responsibilities seriously despite the many challenges presented by that disaster. We also understand that the VA medical center has taken steps to address many problems identified in the process of responding to the hurricanes that struck the island in 2017. PVA remains concerned, however, about the integration of the VA and proper attention to the concerns of veterans with disabilities in the broader emergency preparation, response, and recovery context. We encourage the

Committees to continue their oversight in this arena to ensure that the VA's Fourth Mission is carried out appropriately for all veterans, including those with disabilities.

BENEFITS IMPROVEMENTS AND APPEALS REFORM IMPLEMENTATION

Oversight of the Veterans Appeals Improvement and Modernization Act (P.L. 115-55)—For many years, VA has had a complex claims and appeals system. This “legacy” system was divided amongst two of VA's three administrations and the Board of Veterans' Appeals (BVA), creating a confusing process with many unnecessary steps. Over time, this complex process contributed to lengthy waits for veterans with appeals before the Board.

In March 2016, PVA joined the BVA, Veterans Benefits Administration (VBA), and other VSOs to form a working group with the goal of reforming the appeals process. Working with Congress, these actions led to the creation of the Veterans Appeals Improvement and Modernization Act of 2017 which became law on August 23, 2017. The new system offers three review options: a “higher-level review” by a more senior claims adjudicator; a “supplemental claim” option for new and relevant evidence; and an “appeal” option for review by the BVA. Under the new framework, claimants may choose the option that meets their needs and, if properly implemented, this should reduce the time it takes to process appeals yet ensure that veterans receive fair decisions.

Even though the new program launched on February 19, PVA representatives still do not have full access to the Caseflow program used to track and process benefit claim appeals; they have not yet been informed of the new Outside Medical Opinion (OMO) process; and they still have unanswered questions regarding time limits for Informal Hearing Presentations (IHPs). We also have strong concerns regarding the 30 minute time limit that has been placed on in-person hearings. These official inquiries are intended to provide veterans an easy process in a non-adversarial environment to finally vocalize their story—*many of whom have waited years to do so*. Time limits make this process less than hospitable, and it appears VA is once again shifting responsibility to the veteran to assist with the reduction of the backlog of hearings.

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

Benefits Improvements for Catastrophically Disabled Veterans

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

Automobile Allowance Grants and Adaptive Equipment—The Automobile Adaptive Equipment (AAE) program is critical for veterans with disabilities. The Handbook governing AAE, however, was written 18 years ago. The VA is currently trying to rewrite it with a new rule, but there have been multiple delays. There was only one forum where input was sought from VSOs, and there has been no follow up from VA. PVA and other VSOs have met with VA many times in the last three years to provide recommendations as to how to improve the provision of AAE. We have offered to provide guidance and help to rewrite the Directives and suggest methods to incorporate new technology into AAE. At this point, VA has refused to accept help and has refused to include VSOs in the development of rewriting the AAE Directive.

Access to an adapted vehicle is essential to the mobility and health of disabled veterans. Unfortunately, VA's actions have moved AAE to the top of our priorities that must be addressed by VA. We encourage the Committees to conduct oversight of this program to shed light on the problems inherent in much of the policy redesign that is going on behind closed doors at VA. Additionally, we hope the Committees will help us hold the VA accountable for quickly updating and rewriting the AAE Directive by establishing a taskforce of VA and VSO experts to write and review recommendations for reimbursement of AAE. This should include a process to conduct a yearly review and update of the AAE Directive.

In addition, PVA asks you to support legislation allowing veterans to utilize the Automobile Allowance Grant more than once for the purchase, not lease, of an adapted vehicle. Since vehicles do not last a person's lifetime, veterans should have the ability to purchase a vehicle, once every ten years without having to shoulder the burden of the full cost of a vehicle themselves. In addition, VA must continue to reimburse for adaptive equipment requirements as stated in statute. Veterans should not have to submit an itemized list of this equipment to qualify for the grant. Finally, PVA supports legislation to allow veterans who have non-service-connected SCI/D to receive the same type of adaptive automobile equipment as veterans whose injuries are service connected.

Prioritizing Claims for Specially Adaptive Housing for Veterans with ALS—VA's Specially Adapted Housing (SAH) grant program provides home modifications for catastrophically disabled veterans with service-connected disabilities to help them live barrier-free lives. Many PVA members have benefited greatly from the SAH grant program. The accessibility it provides significantly increases the quality of life for these veterans.

However, the current SAH process is simply too cumbersome to account for time-sensitive situations, like a veteran who has been diagnosed with ALS. It is not uncommon for veterans to wait an average of 6-8 months for modifications after approval and in some cases it can take up to two years. Meanwhile, a person

diagnosed with ALS lives an average of two to five years after diagnosis and many PVA represented veterans have lived only one year after their diagnosis. In these cases, timely completion of SAH modifications was imperative, but sadly, the current system did not allow that to occur. Although VA will expedite claims for veterans with terminal illness, the SAH Program will not prioritize claims for them. Congress should pass legislation that gives VA the authority it needs to prioritize SAH claims of terminally ill veterans.

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

Aside from changes VA could make to improve the administration of SAH, we also believe that Congress must act to improve access to needed housing adaptations. In its recommendations to the 116th Congress, the IBVSOs recommended that Congress establish a supplementary housing grant that would cover the cost of new home adaptations for eligible veterans who have already used their initial grants. Without the ability to access such a grant, veterans may be forced to choose between surrendering their independence by moving into an inaccessible home or staying in their current home simply because they are unable to afford the cost of modifying a new home. The IBVSOs recommend that the supplementary grant amounts be at least half of the maximum amount at the time of application for the supplementary grant.

Alternatively, we would support Congress providing increased funding for the grant to better meet the needs of veterans throughout their lives. Although PVA appreciates previous changes that resulted in the grant being increased based on the Commercial Construction Index (CCI), the current benefit of \$85,645 for SAH may not be enough to cover the costs associated with making the necessary modifications to a home. Veterans with catastrophic disabilities related to their military service have the right to live as independently as possible for as long as they are able. The SAH program must support that independence.

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

Many veterans spend more on daily home-based care than they are receiving in SMC benefits.

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

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

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

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

Fiscal Year 2018

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$181,000.

Fiscal Year 2017

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$275,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.



**DAVID ZURFLUH
NATIONAL PRESIDENT**

David Zurfluh was re-elected national president of Paralyzed Veterans of America (Paralyzed Veterans) during its 72nd Annual Convention in May 2018, and took office on July 1, 2018.

Prior to becoming president in 2017, Zurfluh had served as national senior vice president since May 2015. A member of the Air Force from 1987 to 1995, Zurfluh served as a jet engine mechanic and a crew chief in Operation Desert Shield and Operation Desert Storm. He was injured in 1995 in a motor vehicle accident while on active duty in Hachinohe, Japan, suffering a shattered left arm, broken left wrist and a broken neck. He was diagnosed with incomplete quadriplegia spending one year as an inpatient, and two years as an outpatient in Seattle VA spinal cord injury unit.

Zurfluh joined Paralyzed Veterans in 1995. He has been active since 2003, with the Northwest Chapter. He has held chapter-level positions as legislative director, vice president, president, and member of the sports committee. Zurfluh currently serves on the National Board of Advisors of the Museum of Aviation Foundation. A native of Washington, he served on the Veterans Legislative Coalition in Olympia, WA, and served as co-chair of the West Slope Neighborhood Coalition in Tacoma, WA.

In addition to his work on behalf of Paralyzed Veterans, Zurfluh is a lector at Holy Rosary Church and volunteers at local food banks. His hobbies include handcycling, shooting sports (trap, handgun, and archery), golf and snow sports. President Zurfluh divides his time between Tacoma, Washington and Washington, DC.

Testimony
of



**Legislative Priorities
&
Policy Initiatives
for the
116th Congress**

Presented by

**John Rowan
National President**

Before the

**House and Senate
Veterans' Affairs Committees**

March 7, 2019

Good afternoon, Chairmen Isakson and Takano, Ranking Members Tester and Dr. Roe, and members of your distinguished, and critically important, committees. I first want to thank you, on behalf of our members and their families, for all that you do to transform pride in and support for veterans to real programs, initiatives, and benefits which give real meaning to what it means to be “veteran-friendly.”

I am pleased to appear before you today to present highlights of the legislative agenda and policy initiatives of Vietnam Veterans of America for the 116th Congress. As you know, although VVA is the only Vietnam veterans service organization chartered by Congress, we advocate on behalf of veterans of all eras, those who served before us to those who have served most recently in the wars in Afghanistan and Iraq, and in Syria, in the Philippines, in Africa and elsewhere.

THE FULLEST POSSIBLE ACCOUNTING of America’s POW/MIAs has long been VVA’s solemn priority. On May 7, 1975, the “official” end of the Vietnam era, the Department of Defense listed **2,636** Americans as missing in Southeast Asia. VVA has continued to press for answers regarding the **1,592** Americans still listed as killed in action, body not recovered, in Vietnam, Laos, and Cambodia, in China, in the Gulf of Tonkin and the South China Sea. We will assist however we can the Defense POW/MIA Accounting Agency (DPAA) to ensure they receive the funding necessary to investigate potential crash and burial sites. We also will continue our Veterans Initiative, which has been building bridges between American and Vietnamese veterans, and has encouraged continued cooperation by Vietnamese authorities with DoD search teams.

As you know, for several years VVA’s foremost legislative goal was enacting a statute that would foster the peer-reviewed research necessary to determine if a parent’s exposure to certain toxic agents might be responsible for certain birth defects, cancers, and learning disabilities that have afflicted far too many of our children and grandchildren.

In one of its final actions, the 114th Congress passed a “minibus” that incorporated much of the Toxic Exposure Research Act, which VVA had promoted for eight long years. This legislation was to lay the groundwork for research into the health of our offspring whom we believe has been impacted by exposures during our military service. By “our” we refer to not only those who served in Southeast Asia,

but to veterans of all eras, from before Vietnam to most recently in Afghanistan and Iraq. And here in CONUS, because as we are sure you are aware, several current and former military bases in the continental United States are now categorized as toxic waste sites, even Superfund sites, that have been polluted by long-lasting chemical and biological waste. This is the detritus of research projects and experiments, from programs on the potential weaponizing of hallucinogens to the development and production of arms and materiel. It is our hope that this legislation will ensure that our most recent veterans will not have to wait 50 years for answers, inasmuch as many of them were exposed to a smorgasbord of toxic agents from burn pits in Southwest Asia.

We again want to thank you for having enacted this legislation, and we assure you we will continue to monitor the progress by the Department of Veterans Affairs in complying with and implementing all facets of this law.

Let me now note VVA's top priorities for the 116th Congress.

The Blue Water Navy Vietnam Veterans Act

Enacting H.R. 299, the Blue Water Navy Vietnam Veterans Act, is VVA's top legislative priority. In the 115th Congress, following public hearings in the House Veterans' Affairs Committee, this legislation was passed, 382-0. When H.R. 299 moved to the Senate, however, it was scuttled by the flaccid objections of Senators Mike Enzi (R-Wyoming) and Mike Lee (R-Utah).

Along with just about every other major VSO and MSO, we are again working to finally *enact this legislation*. Dr. Roe (R-Tennessee) introduced a Blue Water Navy bill, H.R. 203, as a "place-setter." Chairman Takano re-introduced *H.R. 299* and made its enactment his priority. The science we have is compelling and the potential costs are reasonable, despite the position of the VA, which hatches fantasy numbers and offers flimsy arguments with impunity.

For VVA, *enacting H.R. 299 is our top legislative goal*.

The Legacy of Toxic Exposures

Vietnam veterans' experience with exposure to the defoliant Agent Orange is hardly atypical. During the first Gulf War in 1991, some 110,000 troops were

exposed to fallout from a toxic plume after the Khamisiyah ammo dump was blown. Over the next several years, thousands of these men and women reported a variety of maladies now known collectively as “Gulf War Illness.” In the wars in Afghanistan and Iraq, thousands more veterans have come down with respiratory and dermatological ills from exposure to the foul-smelling burn pits, and harmful side effects from the anti-malarial mefloquine and other drugs.

We now are seeking “champions” from both sides of the aisle in both houses of Congress to introduce, and pass, what we are calling the *Toxic Wounds Registries Act of 2019*. It would direct the Secretary of Veterans Affairs to establish a master registry that would incorporate registries – *real* registries that are not just mailing lists – for:

- Exposure to Agent Orange during and in the aftermath of the Vietnam War;
- Exposure to toxins relating to deployment during the 1990 Persian Gulf War;
- Exposure to toxins from deployments during Operations Iraqi Freedom, New Dawn, and Enduring Freedom, and the Global War on Terror;
- Exposure to toxins during deployments to Bosnia, Somalia, and the Philippines; and
- Exposure to toxins while stationed at a military installation contaminated by toxic substances overseas and here in CONUS.

This legislation would authorize the VA Secretary to enter into an agreement with the National Academy of Medicine to review published, peer-reviewed scientific research, and make recommendations for future research on *the health effects of the toxic exposures* identified in those registries; and it would require those reviews to inform the Secretary's selection of research to be conducted and/or funded by the VA.

It also would establish *a presumption of service connection* for the purpose of veterans' disability and survivor benefits, for any illness that the Secretary determines warrants such presumption because of a positive association with exposure to a toxic substance covered in the master registry; and becomes manifest, within a time period based on science, in a veteran who experienced such exposure while serving in the Armed Forces.

It is our intent to work with the champions we've identified to introduce this legislation, and to enlist a coalition of VSOs and MSOs, to mount a coordinated grassroots campaign to enact this legislation.

Extending and Expanding the Relationship with the NAM

The Agent Orange Act of 1991 mandated that the Department of Veterans Affairs engage the Institute of Medicine, now the National Academy of Medicine, to convene panels of experts every two years to review the scientific literature, hold public hearings, produce their findings on health conditions that may have a positive association with exposure to dioxin, and publish these findings.

There is still a real need for you in Congress to not only authorize the funding so that *Veterans and Agent Orange* can be continued for at least another decade, but to expand its scope to embrace *the potential effects of toxic exposures on veterans of all eras*, including service in places known for the presence of toxic substances, like Fort McClellan, Arkansas, Fort Detrick, Maryland, and the Marine air station at El Toro, California.

Fixing the VA

"We are dealing with veterans, not procedures; with their problems, not ours."
General Omar N. Bradley, Administrator of Veterans Affairs, 1946

The so-called wait-time scandal of 2014 has had lasting repercussions. The VA, not without cause, became fodder for congressional criticism. Since then, major strides have been made **to integrate community care into the VA healthcare system**, a system which 92 percent of its users acknowledge that the care they receive ranges from good to excellent.

The major reason behind the business-as-usual scandal was not poor care, or uncaring VA employees, or a wasteful bureaucracy, but rather a scandalous shortage of qualified health care professionals able and willing to work for the VA.

Congress enacted the Choice Act in the fall of 2014, initiating a fevered effort by VA leadership to comply with its stipulations, many of them, quite frankly, unrealistic. The Choice Act also created a Commission on Care, which came out with 18 major recommendations.

Among its conclusions was that *the VA's health operations should not be privatized* but should integrate some community care to provide what the VA can't in a local area. However, the commission rejected the position of a minority of its members that veterans should have unfettered choice in selecting clinicians. To do so would not only be prohibitively expensive, but would eventuate in turning the VA into little more than cash cow.

Now, Congress has enacted the MISSION Act which, among its provisions, is the structuring of community care across the VA healthcare landscape. In implementing this, however, the VA wants to initiate rules that go well beyond the intent of MISSION and appears to be sliding too fast down the slippery slope toward privatization. The efforts of one alleged veterans organization – actually a front for the Koch Brothers – to push the Commission on Care to embrace privatization did not succeed. Now, however, that effort seems to have been embraced by the Secretary and the White House and is bearing a happy return on the Kochs' investment in their veterans front, Concerned Veterans for America.

The commission pointedly rejected privatization for a number of reasons. Most compelling, though, were cost projections over the next 20 years. If Congress embraces what the administration is seeking to do, with little regard for the veterans whom the president always praises, the cost of providing veterans with the choice of going wherever they want for health care will skyrocket, and will quickly prove to be unsustainable. You have now the ability to rein in this wrongheaded effort; we urge you instead to fund the VA so that it can hire the clinicians and support staff it needs.

If, however, you choose to let the Kochs and their allies have their way, veterans will suffer while private healthcare facilities and doctors will benefit. By most measures, the health care provided by the VA is in many respects superior to that from the private sector. Another crisis, a real crisis, is in the making; and you can, if you have the will, put the brakes on this move in the wrong direction.

Oversight and Accountability

The formula for estimating the funding to be needed in future years by the VA healthcare system has not been correct since it was initially implemented 15 years ago. A civilian formula, it fails to take into account that veterans present with

more things wrong with them as they age than their civilian counterparts. It fails to estimate the increasingly complex needs of combat-wounded veterans. It fails to comprehend the greater medical and mental health needs of the average VA patient. It did not anticipate dramatically increased enrollment, a product of the aging of Baby Boomer vets and the influx of hundreds of thousands of freshly minted veterans from the wars in Afghanistan and Iraq.

Disability Benefits Claims—A Crisis in the Making?

The Veterans Appeals Improvement and Modernization Act of 2017 (AMA), one of the most significant statutory changes to the disability benefits adjudicatory system in decades, is now the law of the land. The VA calls it as a “streamlined process,” one that will give veterans “timely resolutions of disagreements.” The VA highlights the speed at which it plans to adjudicate claims under the new law by pronouncing it will adjudicate VBA-level claims and direct-review Board appeals in an average of 125 days and 365 days, respectively.

Glaringly absent from the VA’s rosy announcement is the focus on something that is arguably *more* important to veterans than speedy decisions: ensuring that these decisions are accurate, final, and just. The Board touts a decision accuracy rate of 93.6 percent, yet the Court of Appeals for Veterans Claims remands approximately 76 percent of its decisions back to the Board of Veterans Appeals.

In the real world, a system that generates an *inaccurate* but speedy decision is *not* a win for veterans. A system that requires a veteran to appeal, and appeal again, to receive an accurate decision is *not* a win for veterans. A recently published study in the *Journal of Law, Economics, and Organization*, “Quality Review of Mass Adjudication: A Randomized Natural Experiment at the Board of Veterans Appeals, looked into the Board’s “quality assurance” program and found that the Board generates a meaningless measure of decisional quality, and more troublingly, that the program is completely ineffective at reducing appeals or remands/reversals.

VVA implores Congress to fulfill your oversight role by mandating that the VA regularly, and publicly, disclose information about its quality assurance program, to include details about its design, how it is administered, and the raw data generated. Additionally, Congress would be wise to mandate the creation of an independent body to audit VA’s quality assurance initiatives. This body should include stakeholders, VSO representatives, and subject matter experts. Indeed,

with appropriate oversight and program incentives and reforms, a data-driven quality assurance system can be developed and implemented to actually increase decisional accuracy and prevent the need to appeal, which is the conclusion of “Due Process and Mass Adjudication: Crisis and Reform,” in a forthcoming issue of the *Stanford Law Review*.

There also must be: competency-based testing of service representatives and VA adjudicators; “challenge training” for *all* staff; expansion of the “lane” model to reduce the scandalous number of overpayment cases.

On a parallel track, there *still* needs to be real accountability in the management of both the VBA and VHA. One key to achieving this, as we’ve advocated for several years, is to *overhaul the system of bonuses* for the Senior Executive Service. Bonuses should reward those who have done stellar work *over and above* their normal responsibilities, and those who *innovate and improve* the systems and projects under their auspices. Conversely, any manager or supervisor who lies to a veteran, to their supervisor, or to a Member of Congress should be dismissed for cause.

Organizational Capacity for Substance Abuse Treatment

VVA remains concerned that substance abuse disorders among our nation’s veterans are not being adequately addressed. The relatively high rate of drug and alcohol use and abuse among veterans (much of which is self-medication to deal with unacknowledged and/or untreated PTSD and TBI) is causing significant suffering for veterans and their families. Add to this the national crisis over opioids, which too many war-wounded vets take to alleviate pain, and the VA has to deal with a daunting situation.

We urge Congress to direct the SecVA to provide quarterly reports, beginning with a baseline report by each Veterans Integrated Service Network (VISN) and each VA Medical Center (VAMC), on the number and type of mental health clinicians, especially those who treat veterans for PTSD and substance abuse.

We also urge that you direct the Secretary to *update the VHA Strategic Plan for Mental Health Services*. At minimum, quarterly reports should be required, to include the ranking of networks on their substance abuse treatment capacity along with plans developed by the lowest quartile to bring their operation up to the

national average; the locations of VA facilities that provide five or more days of inpatient/residential detoxification services; and the locations of VA healthcare facilities without specialized substance use disorder providers on staff, with a statement of intention by each such facility director of plans to employ such providers or take other steps to provide this care.

The VHA must continue to *restore and enhance capacity to deal with mental health disorders*, particularly with PTSD and the often attendant co-morbidity of substance abuse. Substance abuse treatment needs to be expanded and become more reliant on evidence-based medicine and practices. New and current treatment modalities that have shown promise in restoring veterans of working age so that they can obtain and sustain meaningful employment at a living wage should be initiated.

National Center for PTSD

Additional resources must be directed to the National Center for PTSD to add to their organizational capacity. The National Center leads the country in *research* focused solely *on war-induced PTSD and related mental health illnesses* and provides a wealth of much-needed online resources for not only mental health professionals, but for affected families and the general public.

Preventing Veteran Suicide

When a veteran, or an active-duty service member, loses the will to live and commits the final act of a too-short life, his or her demise reminds us of the ultimate legacy of time in a combat zone. There is immense pressure, on government to Do Something. Millions of dollars are expended on research, on resiliency training, on a hotline staffed by psychologists and psychiatrists. Gains are made and yet, still, lives are lost. Answers are elusive.

But the VA somehow manages to let uninspired bureaucracy wreck even the best of intentions. Press reports of a pittance of funding expended for outreach undermines veterans' – and the public's – faith in the VA. Which only leads to more cries for privatization, not that the private sector has insights and answers that elude the military and the VA.

Considering that the prevention of suicide is, as the VA insists, their top clinical priority, let's think creatively. Dedicate funding to bring together survivors of suicide attempts, clinicians with a specialty in mental health and suicide prevention, key members of Congress, DoD, the VA, veterans from VSOs and MSOs, not for a day but for a week, with instructions to devise projects and programs that might actually make a difference. It's high time indeed to take action outside the box.

Separate Funding Line for Vet Centers

Funding for the Vet Centers – the Readjustment Counseling Service – one of the most successful and cost-efficient of VA programs, should be directed to develop and/or augment permanent staff. These dollars should be used to facilitate better coordination with the PTSD teams and substance use disorder programs at VAMCs and community-based outreach clinics (CBOCs).

The Secretary should be required to work more closely with the Secretary of Health and Human Services, with municipalities and the states to provide counseling to the families of those returned from combat deployments by utilizing community mental health centers.

Resources for Blind and Low-Vision Veterans

VVA recommends that Congress explicitly direct funding to increase staffing and programming at the VA's Blind and Visually Impaired Service Centers, and to designate at least one additional center.

We also believe that Congress must direct the Secretary to implement an employment and independent living project modeled on the highly successful Project Amer-I-Can, which placed blind and visually impaired veterans into work and other situations that resulted in them becoming more autonomous and independent.

Medical and Prosthetic Research

For this research, VVA recommends a significantly increased appropriation. Such an increase should, however, direct the VA to fund peer-reviewed research on

toxins that have impacted members of the military and/or their families, particularly their progeny.

VA's research program is distinct from that of the National Institutes of Health in that it was created to respond to *the unique medical needs of veterans*. In this regard, it should seek to fund veterans' pressing needs for breakthroughs in addressing hazardous environmental exposures, post-deployment mental health issues, TBI, long-term care service delivery, and prosthetics to meet the multiple needs of the latest generation of combat-wounded veterans.

Outreach

Many if not most of the 21-1/2 million veterans in the United States are ignorant of the benefits they have earned. Even those who do access the VA's healthcare system and/or its benefits apparatus are not familiar with much of what is available to them, their families, and their survivors. The VA has the ethical obligation, as well as a legal responsibility, to *inform veterans and their families* not only of *the benefits* to which they are entitled, but also about *potential long-term health issues* that might derive from when and where they served.

It is only in the past few years that the VA has begun to take seriously its responsibility to do outreach. Still, these efforts seem scattershot and limited. We have yet to see a unified strategic communications plan that integrates TV and radio ads, billboards, ads and feature stories in selected popular publications, and the vibrant use of social media. These can have a dramatic effect not only in informing veterans – and, perhaps more strategically, their families – about issues and benefits, but also in reassuring the community of veterans that the VA really is living up to its founding principle: *To care for him who shall have borne the battle, and for his widow, and his orphan.*

Doing Right by Veterans with “Bad Paper”

During the previous Congress, significant legislation to benefit veterans was enacted. Yet more needs to be done, particularly for veterans with an other-than-honorable discharge that resulted not from a court martial but rather as a result of an administrative action. We know of too many veterans who for years served faithfully, honorably, and even heroically yet who, because of even a single lapse

in judgment were booted out of the military with bad paper. They are ineligible for health care. They are ineligible to avail themselves of the Post-9/11 G.I. Bill.

Yes, many of them can and do receive mental health counseling from the VA. At the same time, the VA is in effect cutting back on help for those afflicted with the long-term effects of PTSD, offering 12-week sessions intended to heal. Perhaps they have forgotten that certainly many of the long-term afflicted do not get better; for them the VA has been a life saver. Congress must exercise strict oversight on the VA's latest changes.

Organizational Reform

The VA must embrace a corporate culture that measures its vocational rehabilitation programs and educational initiatives as to whether and how much it assist veterans obtain and sustain gainful employment at a living wage.

The VA moved in the right direction by creating an Office of Economic Opportunity. This administrative change, however, does not go far enough. VVA, therefore, advocates for legislation to *create* a fourth entity within the VA: *the Veterans Economic Opportunities Administration*, to be headed by an Under Secretary nominated by the President and confirmed by the Senate.

The VEOA would house under one roof within the VA the Vocational Rehabilitation Service, the Veterans Education Service, and the Center for Verification and Evaluation; and grant functional control, if not the outright transfer, of VETS, the Veterans Employment and Training Service, from the Department of Labor, as well as newly federalized DVOP (Disabled Veterans Outreach Program) and LVER (Local Veterans Employment Representative) positions, which currently reside in state departments of labor.

Access to district courts is at the heart of the VCRA, which clarifies statutory language so that veterans can bring actions in U.S. District Court to challenge agency actions that violate their rights. VVA believes that the VCRA represents the best way to attack all manner of delays currently plaguing veterans. Hence, we will seek "champions" for this legislation in both houses of Congress from both sides of the aisle and work with them to ultimately enact this legislation.

Additional Priorities & Initiatives

We would also like to offer for congressional consideration a number of priorities and initiatives which, we believe, are potentially achievable in a veteran-friendly Congress:

POW/MIA

VVA will continue to seek **the fullest possible accounting** of the status of any American service member who had been a Prisoner of War or had been Missing in Action by working with the responsible agencies of government and by continuing our Veterans Initiative, building bridges with our counterparts in Southeast Asia and around the world and exchanging information about the locations in which remains of American service members might be found; and in this realm we will endeavor to ensure that the U.S.-Russia Joint Commission on POW/MIA Affairs remain a separate and independent entity with a reasonable budget.

- Inasmuch as **the POW/MIA flag** has become a universal symbol for service members taken prisoner in every war in which American troops have been deployed into harm's way, VVA urges **its year-round display** on all government buildings, federal and state, county and municipality.
- VVA will press to have all U.S. **government documents** pertaining to POW/MIAs **declassified and released** for public inspection, and will encourage Congress to pass a resolution urging the governments of Vietnam, the former Soviet Union, and China to provide all relevant wartime records as well.
- We will work with DoD to initiate a public awareness program to ensure that all families of those still listed as POW/MIA understand the need to provide DNA samples for potential **identification of recovered remains**.
- We also will endeavor to press the appropriate authorities to authorize **a new POW/MIA "Forever Stamp"** to add awareness about an issue that resonates across the community of veterans.

Agent Orange/Dioxin & Other Toxic Substances

Now that Congress has enacted the essence of the **Toxic Exposure Research Act**, VVA will work with the relevant federal departments to fashion the rules that will establish a board of advisors and seek to define those maladies in the descendants

of all veterans exposed to toxic agents that might be associated with a parent's exposure.

- VVA continues to support legislative efforts and other initiatives to achieve **justice for "Blue Water" naval personnel** who served aboard ships in Yankee and Dixie Stations in the Gulf of Tonkin and the South China Sea, and for veterans who served at **Fort McClellan, Fort Detrick**, and other bases in CONUS, and in **Guam, Okinawa, Korea, the Philippines, Thailand, Japan, and Johnston Atoll** where Agent Orange and other toxic agents were stored by working to convince the VA that they deserve the same health care and other benefits as "boots-on-the-ground" veterans.
- We urge Congress to investigate why the VA has ceased providing custodial care and/or non-medical case management services for Agent Orange **children afflicted with spina bifida**, and then push the VA to provide these vitally needed services to these now adult children, innocent victims of a parent's military service.
- VVA calls on Congress and the President to take measures to **declassify all documents** pertaining to **herbicides and other defoliants and toxins** employed in the Vietnam War, including memos between agencies, and make them public **now**, as the nation commemorates 50 years since our government first sent troops to Southeast Asia – and sprayed some 20 million gallons of these toxic compounds over 2-1/2 million acres of the former South Vietnam, only G*d knows how much pesticide and other toxic chemicals there..

PTSD and Substance Abuse

VVA will continue our efforts to ensure that the Department of Defense **corrects all wrongful diagnoses** of "personality disorder," "adjustment disorder," "readjustment disorder," other euphemisms for bad discharges of its men and women, so that all veterans found to have been inappropriately diagnosed and discharged are correctly diagnosed and accorded access to the benefits and care that they deserve and to which they are entitled.

- We will work with Congress to ensure that DoD and VA **develop, fund, and implement evidence-based**, integrated psychosocial mental health **programs**, substance abuse recovery treatment programs, and suicide-risk assessment programs for all veterans, including active-duty troops,

Reservists and members of the National Guard who have been deployed to a combat zone, and their families.

- VVA will work with Congress to take whatever measures are deemed necessary to ensure accountability for the **organizational capacity and funding for accurate diagnoses and treatments** through the application of evidence-based instruments to the neuro-psychiatric wounds of war, particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, Traumatic Brain Injury (TBI), and suicide risk.

Veterans Health Care

VVA will insist that VA researchers focus on studies that delve into **the wounds, maladies, injuries, and traumas of war**, with specific research into the health issues unique to all U.S. military operations and troop deployments.

- VVA will encourage Congress to mandate that the VA change its overly restrictive and secretive process for adding, or not adding, pharmaceutical treatments and drugs to its **prescription drug formulary** and to bring it into line with the more transparent and expansive formulary process used by DoD.
- We will continue to press the VA to research and implement **long-term care and wellness options** for our country's aging veteran cohort, a need that is only going to increase over the next decade.
- VVA will continue to demand that the VA become a signatory to the **Genetic Information Nondiscrimination Act** of 2008.

Economic Opportunity

VVA will ramp up our efforts to ensure that veterans returning from deployments are accorded **Veterans' Preference** when applying for government jobs and are given every advantage when seeking employment in private industry or in setting up their own business; and will encourage the VA and the Office of Personnel Management to **recruit veterans** before they separate from service, especially from in-demand occupations such as IT and the healing arts. VVA will also seek legislation to **protect veterans** (including incarcerated veterans), active-duty service members, Reservists and members of the National Guard **from discrimination in the provision of housing and employment**.

- VVA will work to achieve **real due process** for veterans under the Vietnam Veterans Readjustment Act (VEVRA).
- In a related matter, **VEVRA and the Office of Federal Contract Compliance** must either be **reformed** wholesale or eliminated, inasmuch as OFCCP is not helping veterans secure positions with contractors and is so far askew from its original purpose that it is doing far more damage than good, angering employers by imposing arbitrary and capricious “assessments” on them that are nothing more than unwarranted fines.
- Inasmuch as the Supreme Court ruled in the Kingdomware case that the VA must continue to **apply the “rule of two” for veteran-owned small businesses** even if the agency surpassed its annual prime contracting goals, VVA will monitor the implementation that the rule must apply to task and delivery orders under all multiple award contracts.
- VVA will seek the **renaming of the Vietnam-Era Veterans Readjustment Assistance Act (VEVRA) to the Wartime and Disabled Veterans Readjustment Assistance Act (WADVRA)**, expanding this legislation to embrace veterans of all wars and actively enforcing its provisions and posting its reports on the Internet.
- We will seek to **amend the Post-9/11 GI Bill** to enable veterans who choose not to utilize these benefits for educational purposes to convert a reasonable amount to a low-interest **business loan**, provided they have a business plan that has been reviewed and approved by the Small Business Administration.

Homeless Veterans

- VVA will seek legislative action to extend authority for five years and to revise the VA’s **Homeless Grant and Per Diem funding** from a reimbursement for expenses to a payment, a change that is vitally needed if community-based organizations that deliver the majority of these services are to operate effectively.
- Because per diem dollars received by service centers are not enough to meet the special needs of homeless veterans who seek assistance, and because service centers for veterans are vital in that most local social services agencies have neither the knowledge nor the capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans, VVA seeks legislation to establish **Supportive Services**

Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.

- Many times Veteran families find themselves in desperate situations, unable to pay rent, or seek employment, or other financial hardship situations. The VA Supportive Services for Veteran Families (SSVF) grants established in 2011 provide much needed assistance to these Veterans, allowing them to remain housed, thus fulfilling, in part, the Department of Veterans Affairs prevention of Veteran Homelessness initiative. Under the SSVF program, VA awards grants to private non-profit organizations and consumer cooperatives that can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing. The VA has awarded over \$600 million in funds supporting the SSVF program from FY2012 to the present. Vietnam Veterans of America fully supports the continuation of the VA's SSVF grant program. Additionally, in order to insure full compliance with the regulations set forth for this most valuable program, VVA strongly urges the Secretary of the Department of Veterans Affairs monitor, and hold accountable, those entities receiving and distributing these funds to the most vulnerable Veteran families..

Incarcerated Veterans

- VVA will work with Congress and the Department of Justice to ensure that incarcerated veterans as well as veterans in Veterans Treatment Courts are identified, assessed for Post-traumatic Stress Disorder and/or Traumatic Brain Injury trauma, and, where appropriate, support **alternative diversionary treatment services**, specifically veterans treatment courts, that have proven effective in increasing numbers of jurisdictions across the country.
- We will endeavor to take measures to ensure the provision of **reentry and support services** for incarcerated veterans.
- VVA will work with Congress to ensure that the VA provides **benefits for veterans** who are **temporarily confined** in jail or incarcerated in prison.

Women Veterans

- VVA will press for joint hearings in the Veterans' Affairs and Armed Services Committees in both the House and Senate to directly address the **occurrence of military sexual trauma**, calling for accountability at all levels of leadership in DoD in meeting its responsibility.

- We will seek an evaluation of all sexual trauma **intensive treatment residential programs** to determine if **wait-time** for admission is appropriate and geographically accessible.
- VVA will request a Government Accountability Office report on the **administration of women veterans' health programs** in the VA, identifying barriers to and root causes of any disparities in the provision of comprehensive medical and mental health care, including Compensation and Pension examinations, to meet the needs of these veterans.

Minority Veterans

- VVA will support legislation that will ensure that veterans receive **culturally and linguistically appropriate health care** as defined in guidelines issued in 2002 by the VA's under secretary for health.

Compensation & Pension

- VVA will seek enactment of legislation to secure a **pension for Gold Star parents**, and will continue to seek the permanent **prohibition of offsets** of Survivors' Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in the military.
- To promote uniformity in claims decisions, VVA seeks a change in current policy to mandate that VA staff, VSO and county veteran's service representatives, and other stakeholders **collaborate on developing** uniform training **materials, programs**, and competency-based **re-certification exams** every three years for service officers.
- We will continue to "encourage" the VBA to direct raters to follow the "**best practices**" manual in **determining** the degree of disability and percentage of **compensation** for veterans with PTSD and other mental health conditions.
- VVA will advocate permitting veterans with a 50% or greater disability rating to be eligible to receive/purchase the same level of government life insurance as veterans rated at 100%.

The Newest Veterans

- VVA will continue to press DoD and VA to ensure that they have adequate mental health personnel and services to meet the needs of this generation of veterans, inasmuch as we cannot emphasize too strongly the urgent and ongoing need for **adequate PTSD care** for every generation in rural or remote areas of the country as well as in urban or suburban settings.
- VVA will continue to demand that the President and Congress work to support veterans who have been denied proper diagnostic services and care to treat wounds and injuries related to their service, including the many **veterans** who have been **inappropriately branded with less-than-honorable discharges**.
- We will continue to promulgate and support new public and private initiatives to create **jobs for returning veterans**, especially for members of the Reserves and National Guard, and to ensure that supportive services, e.g., mentoring programs, are integral elements in these initiatives.
- We also will continue to work with Congress, the Administration, the Consumer Financial Protection Bureau, Veterans Educational Success and other entities that will help **expose** the excesses, greed, and shame of any institution of higher learning guilty of **fraudulent practices** that deceive and rip off the veterans they are supposed to prepare for a career.
- VVA will continue to work to improve educational and vocational programs such as the **Post-9/11 G.I. Bill** and **Vocational Rehabilitation** so that student veterans are able to achieve their maximum potential without drowning in debt.

On behalf of our membership, I ask that you enter our full statement for the record and we thank you for the opportunity to present VVA's legislative agenda and policy initiatives for the 116th Congress, and I will be honored to answer any questions the committee may have regarding our testimony presented before you today.

VIETNAM VETERANS of AMERICA

Funding Statement

March 7, 2019

Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further information, contact:

Executive Director for Policy and Government Affairs
Vietnam Veterans of America
(301) 585-4000 extension 127

**House Veterans' Affairs Committee
Witness Disclosure Form**

Clause 2(g) of rule XI of the Rules of the House of Representatives requires witnesses to disclose to the Committee the following information.

Your Name, Business Address, and Telephone Number:


John Rowan
National President
Vietnam Veterans of America
8719 Colesville Road
Suite 100
Silver Spring, MD 20910
(301) 585-4000

1. On whose behalf are you testifying? Vietnam Veterans of America

If you are testifying on behalf of yourself or on behalf of an institution other than a federal agency, or a state, local or tribal government, please proceed to Question #2. Otherwise, please sign and return form.

2. Have you or any entity you represent received any Federal grants Yes (No) or contracts (including any subgrants or subcontracts) since October 1, 2004?

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the entity you represent.

Signature: 

John Rowan
National President

Date: 3/4/2019

JOHN ROWAN

John Rowan was elected National President of Vietnam Veterans of America at VVA's Twelfth National Convention in Reno, Nevada, in August 2005.

John enlisted in the U.S. Air Force in 1965, two years after graduating from high school in Queens, New York. He went to language school, where he learned Indonesian and Vietnamese. He served with the Air Force's 6990th Security Squadron in Vietnam and at Kadena Air Base in Okinawa, helping to direct bombing missions.

After his honorable discharge, John began college in 1969. He received a BA in political science from Queens College and a Masters in urban affairs from Hunter College, also from the City University of New York. Following his graduation from Queens College, John worked in the district office of Rep. Ben Rosenthal for two years. He then worked as an investigator for the New York City Council and recently retired from his job as an investigator with the New York City Comptroller's office.

Prior to his election as VVA's National President, John served as a VVA veterans' service representative in New York City. John has been one of the most active and influential members of VVA since the organization were founded in 1978. He was a founding member and the first president of VVA Chapter 32 in Queens. He served as the chairman of VVA's Conference of State Council Presidents for three terms on the national Board of Directors, and as president of VVA's New York State Council.

He lives in Middle Village, New York, with his wife, Mariann.



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Statement of Jeremy Butler
Chief Executive Officer
Of
Iraq and Afghanistan Veterans of America
Before the
Senate and House Veterans' Affairs Committees

March 7, 2018

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

Although I have served IAVA members in several leadership roles for more than three years, last month, I took over as CEO of the organization following the transition of our Founder, Paul Rieckhoff, to our Board of Directors. Our entire organization was founded and built on his vision and leadership following his return from Iraq, and I am humbled to take the helm of this incredible organization.

I joined the Navy in 1999 and was commissioned as a Surface Warfare Officer. I served on active duty for 6 years to include deploying in 2003 on the USS Gary (FFG-51) in support of the invasion of Iraq. I transitioned out in 2006 and went straight to the Navy Reserves where I continue to serve today.

My path to the military was fundamentally shaped by my parents and their devotion to national service. The defining service characteristic of my family however was the Peace Corps. My parents met in 1962 during their training to serve in the West African country of Togo. My parents came from very different backgrounds but both were inspired by President Kennedy's call for young Americans to serve their country and the cause of freedom. The stories I was surrounded with of their time in the Peace Corps and what they learned from it shaped my view of what it means to give back to your country. Before my father served in the Peace Corps though, he also served in the Army. It was not easy being a black man in America in the 1950s and it was not any easier in the Army he would tell me. However, I know that he cherished his military service almost as much as he cherished his time in the Peace Corps. Both profoundly affected him and taught him that serving to support others was far more noble than serving yourself.



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I almost joined the Peace Corps myself but ultimately chose the Navy. Unfortunately, my father didn't live to see me follow his path to military service or even to see me consider the Peace Corps. He would have been proud of either choice I made but I think he would have been especially proud to have seen me begin working with IAVA in 2015. "You don't wait to do what's right" he would say. "You do it as soon as you know that it's right."

IAVA members have spent 15 years fighting for what's right for veterans. Since its beginning, IAVA has fought for and has been successful in advocating for beneficial policies that meet the needs of our generation of veterans. The issues we've cracked the seal on haven't always been popular in the beginning, but they always are by the end. Our members are the next generation and continue to show not just what's happening, but what's coming next.

In 2019, IAVA will continue its focus on six priorities that our members see as most pressing. This "Big Six" contain the challenges and opportunities that IAVA members care about most -- and see as areas where we can uniquely make an impact. They include the following campaigns: Mental Health and Suicide Prevention, Government Reform, Burn Pits and Toxic Exposures, Defense of the Post-9/11 GI Bill and Education Benefits, Support for Women Veterans, and empowering veterans who want to use Medical Cannabis. IAVA members are poised to educate the public, design solutions for positive impact, and lead the way to the future. That starts with our 2019 Big Six outlined below. Each campaign will drive toward outcomes in 4 key areas: 1) Public Awareness 2) Executive Action 3) Legislative Change and 4) Local Support.

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

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

In 2014, IAVA and our partners jump-started a national dialogue. But the flood of need continues nationwide--and continues to rise. In our recently-released 2019 Member Survey, 65% of IAVA members knew a post-9/11 veteran who attempted suicide. Fifty-nine percent know a post-9/11 veteran that died by suicide. In addition, over 75% of IAVA's membership believes that the nation is not doing enough to combat military and veteran suicide. The IAVA-led Campaign to Combat Suicide and the passage of the *Clay Hunt Suicide Prevention for American Veterans (SAV) Act* in 2015 was a historic breach element. But veterans continue to be more at risk for suicide the and growing need for mental health care continues to stress an already



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overstressed system. Every day, we are losing more of our brothers and sisters to suicide. This is not the time for America to let up. This is a time to redouble our efforts as a nation and answer the call to action. And IAVA will continue to maintain our leadership on that charge, where we will push for greater awareness, support, and action. We have continued to advocate in the media, testify on Capitol Hill, reach out in person and online to veterans nationwide, and vigilantly monitor the implementation of the *SAV Act* by the Department of Veterans Affairs (VA).

We also continue to spread public awareness for the suicide crisis as thought leaders in panels, roundtable discussions with policymakers, a massive activation on the National Mall, and in documentaries. Sobering statistics on suicide continue to be released, identifying women veterans at especially high risk of suicide. IAVA's groundbreaking Rapid Response Referral Program (RRRP) staffed by masters-level counselors continues to serve as a safety net for thousands. In 2018, we provided nearly 130 connections to mental health support for veterans and family members around the country, ensuring that those in need of help can easily access the quality support they need. Importantly, we have a memorandum of understanding (MOU) with the VA's Veterans Crisis Line (VCL) which allows us to provide a warm handoff with a trained responder at the VCL, where the at-risk veteran is never left alone or hung up on, literally preventing veteran suicide. In 2018, RRRP connected 39 veterans to the VCL, which means that about every week and a half VTMs connected a veteran that was either currently suicidal or at-risk of suicide with life-saving support. IAVA's RRRP and the VCL have been in partnership since RRRP launched in 2012, and has connected nearly 240 veterans to this life-saving resource.

In 2019, IAVA will not only continue to monitor the progress in implementing the *Clay Hunt SAV Act*, but we will seek an expansion of mental health and suicide prevention services. IAVA will continue working with Ranking Member Tester and a bipartisan coalition of legislators to fight for passage of their soon to be introduced comprehensive mental health improvement bill, which will bring even greater attention and resources to the VA to combat the veteran suicide crisis. IAVA is encouraged by the bill's investment into a number of studies, such as a study on Vet Centers' Readjustment Counselors efficacy, an increased funding in telehealth, and an increased number of tracking metrics to ensure that the VA is providing the best possible mental health care possible.

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

Over the past few years, VA has made strides in modernizing its operating systems both internally and externally. The plan currently underway to bridge VA and DoD medical records, replacing a decades-old electronic medical record system, and updating VA.gov to be more



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interactive and intuitive are among the major accomplishments that have been in the works for years. A system slowly and surely moving to the 21st century is a win for all veterans.

All veterans, including the post-9/11 generation, rely on VA for both health care and benefits. Ensuring that the system is able and agile enough to accommodate the millions of veterans that use its services is paramount to ensuring the lasting success and health of the veteran population. According to VA data, about 48% of all veterans and about 55% of post-9/11 era veterans are enrolled in VA care. Among IAVA member survey respondents, 81% are enrolled in VA health care and the vast majority have sought care from VA in the last year. And 81% of these VA users rated their experience at VA as average or above average. IAVA members have been clear that access to VA care can be challenging, but once in the system, they prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better than the private sector.

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

In 2019 IAVA will continue to monitor the implementation of the *MISSION Act*, which passed last year with the support of many in the VSO community, to include IAVA. However, IAVA has always stated that implementation of the law will require strong Congressional oversight in order to ensure that it does not turn into an expansion of privatization at the VA. 81% of IAVA members rated VA care at average or above average. Veterans like the care that they receive at the VA, and it's important to ensure that they will continue to have access to the foundational services the VA uniquely provides for our community.

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

Year after year, the concern grows surrounding the health impacts of burn pits and toxic exposures in Iraq, Afghanistan, and other conflict locations. Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan, particularly between 2001 and 2010. There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may pose danger for respiratory illnesses, including high levels of fine dust and exposure to other airborne hazards. According to IAVA's 2019 Survey, 82% of IAVA members were exposed to burn pits



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during their deployments and over 84% of those exposed believe they already have or may have symptoms.

Our members have made this clear: this issue is quickly becoming the Agent Orange of the Post-9/11 era of veterans. It is well past time that comprehensive action is taken to address the growing concern among post-9/11 veterans that these exposures have severely impacted their long term health. In fact, it's a moral failing that this has not already been holistically addressed after 18 years (and counting) of war.

In 2018, IAVA led the discussion on burn pits and other toxic exposures. We gave this issue that has been hidden for so long in veteran circles the megaphone it deserves. Registration on the VA's Airborne Hazards and Open Burn Pits registry increased by 17% in the last year alone, and currently has over 165,000 participants. From our latest Member Survey, 47% of IAVA members exposed to burn pits are registered, which is up dramatically from 35% in 2017, and only 10% in 2010. But it should not be up to IAVA and other VSOs to raise awareness of this issue. The sooner that all who were potentially exposed learn about the hazards, the sooner they can begin to receive the medical attention they deserve.

In 2018, IAVA supported the passage into law of legislation by Sens. Klobuchar and Tillis to establish a VA Center of Excellence to increase medical research on this critical issue. In 2019, IAVA will continue to drive awareness of burn pits and other airborne toxic exposures along with a growing coalition of more than two dozen VSOs, and push to pass the *Burn Pits Accountability Act* (H.R. 663/S. 191), bipartisan legislation introduced by Reps. Gabbard and Mast and Sens. Sullivan and Klobuchar, which will finally establish accountability at the Department of Defense to record exposures and increase the quantity and quality of data that can be studied by the VA and its Center of Excellence. It is a common sense first step to help the estimated 3.5 million servicemembers and veterans who may have been exposed to burn pits and other airborne toxins since 2001.

We will also continue to fight alongside those that were affected by toxic exposures in Vietnam, by working to pass the *Blue Water Navy Vietnam Veterans Act* (H.R. 299), a bill that would finally allow veterans who served off of the coast of Vietnam and were exposed to Agent Orange the disability payments that they deserve. IAVA is proud to stand with our Vietnam veteran friends in this fight, as they have stood with us in supporting our fight for care from toxic exposures across all eras, and into the future.

4) Continue to Defend and Expand Veterans Education Opportunities



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2008 was a landmark year for the post-9/11 generation. After years of tireless advocacy by IAVA and others, the Post-9/11 GI Bill was passed into law. With it, thousands and now millions of veterans and their dependents had the doors to higher education opened for them. After deploying for years to the battlefields of Iraq, Afghanistan, and other areas, Congress and the American people agreed that these warriors had earned a right to a higher education with their service.

It has now sent more than one million veterans and dependents to school, and remains one of the military's best retention and recruiting tools. In IAVA's latest Member Survey, 75% of IAVA members reported having used, that they are currently using, or plan to transfer their Post-9/11 GI Bill benefit to a family member. And 78% agree the Post-9/11 GI Bill is important to military recruitment, and 87% believe it is extremely or very important when transitioning to civilian life.

Since its inception, the Post-9/11 GI Bill has faced threats of funding cuts and abuse, which is why IAVA continues to #DefendTheGIBill. However, it has also seen unprecedented expansion. In 2017, IAVA worked with VSO partners to pass the *Harry W. Colmery Veterans Educational Assistance Act*, which included numerous expansions for the GI Bill, including the elimination of the 15-year time limit to use the benefit. But the rollout of this expansion of benefits was plagued by technical issues due to a 50 year-old computer system and affected tens of thousands of service-connected students. GI Bill payments were either incorrect or did not arrive at all, forcing many veterans into financial hardships and struggling to understand when and how they would be made whole.

IAVA's RRRP team saw a significant uptick in cases during this turbulent time, fielding questions from and supporting student veterans in receiving their due benefits from the VA. For example, one veteran that reached out reporting that he had to drop a class because he couldn't afford the textbook due to lack of expected and promised payment. In addition, he now owes the VA money because of this dropped class, despite the VA's payment screw-up being to blame. Across the country, because of these unacceptable delays in payments, many veterans faced significant challenges that directly threatened their livelihood and well-being. In 2019, IAVA will continue to be a watchdog and asks Congress for continued, vigilant oversight to ensure that the technical difficulties that plagued the rollout the first time will not happen again.

5) Galvanize Support for Women Veterans and She Who Borne The Battle

In recent years, there has been a groundswell of support for women veterans' issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans have rightly received more attention and elevated on Capitol Hill,



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inside the VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans and closing gaps in care provided to them by the VA. Ahead of the times, we made the bold choice to lead on an issue that was important to not just the 20% of our members that are women, but to our entire membership, the future of healthcare and America's national security. We fought hard for top-down culture change in the VA for the more than 345,000 women who have fought in our current wars – and for all Americans.

Women are currently the fastest growing population in both the military and veteran communities, and their numbers have been growing steadily since the 1970s. And while more women are joining the military and are finally being given unprecedented roles in combat and greater responsibilities in leadership, veteran services for them often fall behind.

While the past few years have been encouraging in the display of growing interest in ensuring health care accessibility for women veterans at VA, increasing support for women veterans, and expanding services, there is still much work to be done. As a nation we must recognize GI Jane as much as GI Joe; it is past time that the military culture and our nation embrace this, and recognize, celebrate and support the service of all veterans that serve this nation.

This year, IAVA will continue our public awareness campaign, #SheWhoBorneTheBattle, to bring a greater cultural understanding of the increasing contributions of women service members, as well as push for passage of the *Deborah Sampson Act* (S. 514) led by Sens. Tester and Boozman, into law. IAVA is encouraged by Chairman Takano's announcement and creation of a task force in the House Veterans' Affairs Committee led by Congresswoman Julia Brownley focused on women veterans. IAVA looks forward to working with her to support the passage of a compendium of bills dedicated to the support and empowerment of women veterans. We will also continue to press the Secretary of the VA, both through administrative petition and soon-to-be reintroduced legislation, to change the outdated motto of the VA to be inclusive of all who have worn the uniform.

6) Establish Support for Veterans Who Want to Utilize Medical Cannabis

The use of medical cannabis has been growing in support by the veteran population for quite some time. For years, IAVA members have sounded off in support of researching medical cannabis for the wounds of war and legalizing medical cannabis. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war. In our latest Member Survey, over 80% of IAVA members supported legalization for medical use. Across party lines, medical cannabis has



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been rapidly increasing in support. Yet our national policies are outdated, research is lacking, and stigma persists.

Over the past few years, IAVA members have set out to change the national conversation around cannabis and underscore the need for bipartisan, evidence-based, common-sense solutions that can bring relief to millions, save taxpayers billions and create thousands of jobs for veterans nationwide.

In 2019, IAVA will continue our fight on behalf of veterans who want to use medicinal cannabis and we remain committed to the passage of the bipartisan *VA Medicinal Cannabis Research Act* (S. 179/H.R. 712), which passed unanimously out of the House Veterans Affairs Committee in 2018. We applaud Sens. Tester, Sullivan, and Reps. Correa and Higgins for their reintroduction of this legislation and look forward to working with them in its passage.

IAVA's "Big Six" - the policy issues that I presented today - represent those that our members feel are the most pressing for our community. They're not IAVA opinion - they represent what two years of member surveys have told us. And they are also the issues that I hope the members of these committees, the President, the media, and all Americans will focus on as well. We know that they're right. And that the time to act is right now. IAVA is ready and our members are ready. We're ready to work with you to deliver results. Not just for IAVA veterans but for veterans of all generations -- those that are with us now and those that will come after us.

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



Student Veterans of America
1012 14th Street NW, Suite 1200
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**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 2019"

March 7, 2019



Chairmen Isakson and Takano, Ranking Members Tester and Roe and Members of the Committee:

Thank you for inviting Student Veterans of America (SVA) to submit testimony on our organizational policy priorities for 2019.

Background

Established in 2008, SVA is a national nonprofit founded to empower student veterans as they transition to civilian life by providing them with the resources, network support, and advocacy needed to succeed in higher education. With over 1,500 Campus Chapters across the U.S. and in four countries overseas, serving 750,000 student veterans, SVA establishes a lifelong commitment to each student's success, from campus life to employment, through local leadership workshops, national conferences, and top-tier employer relations. As the largest chapter-based student organization in America, we are a force and voice for the interests of veterans in higher education, and SVA places the student veteran at the top of our organizational pyramid.

Student veterans are yesterday's warriors, today's scholars, and tomorrow's leaders. This ethos is embodied in the stories and successes of SVA Chapter Members and Alumni, such as Alexandria Sawin and Kyle White.

Air Force veteran, Air Force spouse, mother, SVA Chapter Leader, biology major. All titles and identities Alexandria Sawin (Alex) used to describe herself before SVA's 11th annual national conference, (NatCon). Thanks to her dedication leading the SVA Chapter at the University of Nevada, Las Vegas (UNLV), a campus with nearly 1,500 GI Bill users, as of January, she adds "Student Veteran of the Year" to her growing list of accomplishments.

Not only is Alex a standout student, she, as the Chapter President of UNLV's Rebel Vets, oversaw the first Operation Battle Born Ruck March. The eight day, 370-mile march through Nevada brought together student veterans and supporters carrying 7,000 dog tags in honor of the Post-9/11 service members killed in action. The event was done in conjunction with fellow Nevada SVA Chapter Truckee Meadows Veterans Club and local VFW posts. The march showed Alex's commitment to being a leader and being a member of a team. She's also carried her determination and drive here to Capitol Hill during the last year, where she and the UNLV Rebel Vets have offered common-sense solutions, such as the need for companies to offer paid internships, through policy recommendations. Alex is everything SVA looks for in a leader and she embodies the type of servant leadership student veterans bring to campuses.

That leadership and drive exhibited so strongly by Alex is not confined to campus, however, as often the experiences of student veterans during their service shape and inform their success both on campus and in the workplace. This leadership and drive give graduated student veterans, or SVA Alumni, a platform to make a difference for others. Kyle White, for example, exemplifies the profound impact service can have.

Kyle White was an Airborne Infantry soldier during service in the Army. After military service he majored in finance while earning his Bachelor of Science degree in Business Administration from the University of North Carolina at Charlotte, a campus with over 1,100 GI Bill users. His experience in higher education is typical of most student veterans. They major in something completely unrelated to their job in the military, then pursue high-demand degrees and seek opportunities for civilian careers that are meaningful and provide a way to support themselves and their families. Fully twenty-seven percent of student veterans who use the Post-9/11 GI Bill graduate with business degrees, just like Kyle. And, just like Kyle, most student veterans start successful careers, and they give back to their community. Kyle often speaks at SVA's annual national conference, this year to an audience of over 2,300 people, and to smaller events such as this week's VFW-SVA Legislative Fellows experience -- with 9 student veterans who have been on the Hill all week meeting with many of you.



Student veterans come to hear Kyle not because of his experience in higher education or his career, though that's what he talks about, but for his service. Most of you know Kyle White as a Medal of Honor recipient. He's taken that platform to inspire others to higher education, to transforming their lives, to being of service to others, to pursuing meaningful careers, and building communities.

But, Kyle went to college as a typical student veteran, he had not yet received the Medal, and he tells his story of higher education not as a Medal of Honor recipient, but as a student-veteran alumnus. He started his civilian career with one organization upon graduation, and quickly opted for a better opportunity – this one in finance as a fixed-income bond trader, where he's worked since 2013. Like many veterans, Kyle has an entrepreneurial spirit and co-founded Eleven 09, a consulting firm, Kyle is married, has a daughter, a career, his own business, and supports student veterans to success in college and in career.

Key Research

Over the past decade, SVA has dedicated significant resources to researching the efficacy and impact of the Post-9/11 GI Bill. With the leadership and expertise of Dr. Chris Cate, the premier researcher and academic focused on the GI Bill, our team produced both the Million Records Project (MRP) and the National Veteran Education Success Tracker, or NVEST for short. The purpose was to address a straight-forward question: "What is America getting for its multi-billion-dollar investment in the education of veterans?"¹

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. This research included every veteran to use the benefit from 2009 until the summer of 2015. The bottom line is this: student veterans are among the most successful students in higher education.¹ This research should be updated annually, and with the appropriate resources, SVA would do this work because we believe it is important to assess student veteran success through data and to overcome outdated myths about veterans, college, and career success. Veterans should never doubt they will succeed, but research from Edelman Intelligence demonstrates the public, educators, employers, veterans, and their spouses, all underestimate the success that comes from higher education.

It is important to first understand the demographics. Ninety-percent of student veterans using the GI Bill are prior enlisted, while the remaining ten-percent are prior warrant and commissioned officers. Eighty-percent are over the age of twenty-five. Nearly half are married and forty-six-percent have children; fourteen-percent are single parents. Fifty-percent of student veterans work full-time and twenty-five percent work part-time.²

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

Next, the most well-known academic measure is the grade point average (GPA). The national GPA for students is a respectable 3.11. The GPA for student veterans is 3.35. 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.

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

² Cate, C.A., Davis, T. (February 2016). *Student Veteran Demographics: Select Results From Student Veterans of America Spotlight 2016*. Student Veterans of America, Washington, D.C., <https://studentveterans.org/images/SVASpotlightBrief-1.pdf>

³ Id.



Even more important, NVEST data demonstrate that student veterans have a substantially higher graduation rate when compared to other adult students who are comparable peers.⁴

Veterans who are diverse earn their degrees at higher levels than their peers who have never served, whether we're measuring African Americans, except at the PhD level for African American men, Latino, or women veterans. Each of these groups earns degrees at three percent to eighteen percent higher levels than their peers who have never served. And white-male veterans earn associate's and master's degrees at higher rates than their peers who have never served, while those who haven't served earn bachelor's and PhD degrees at higher levels. There is no discernable difference for Asian-American veterans and those who have not served.

In its first six years, the Post-9/11 GI Bill enabled over 340,000 veterans to complete a post-secondary degree or certificate. Twenty-three percent are women. SVA projects the Post-9/11 GI Bill will support one-hundred thousand veterans graduating every year with an overwhelming majority graduating from premier schools. That's 100,000 new doctors, accountants, scientists, financial analysts, nurses, social workers, lawyers, cybersecurity engineers, and teachers, or enough to fill the largest college football stadium in America, every single year.⁵

Veterans with degrees out-earn their civilian peers who have never served, also. Veterans with a bachelor's degree earn \$84,255 compared to \$67,232 for those who have never served, and at the advanced degree level the differential is even higher, with veterans holding advanced degrees earning \$129,082 compared to \$99,734. Post-9/11 veterans are catching up to all veterans as they have more time in the workforce, with salaries at \$71,399 and \$124,534 at the bachelor's and advanced degree levels.

That's an ever-growing network of successful veterans who are going to run businesses, invent new technologies, teach young minds, and lead their communities, which compounds the need to bolster empowering policies and programs that best support student veteran success to, through, and beyond higher education.

Policy Priorities and Recommendations

Higher Education Act Reauthorization.

Engaging on the ongoing reauthorization efforts for the Higher Education Act (HEA) and ensuring student veterans' voices are heard during the process is SVA's top priority this year.

While HEA generally falls outside the jurisdiction of these Committees, SVA implores all Members as engaged veteran advocates to participate in the HEA legislative process. VA unquestionably has a significant impact on the lives of student veterans and military-connected students, but VA's education business lines comprise only a fraction of the legislation and regulation that routinely touch the educational opportunities, choices, and protections that impact those students.

A comprehensive reauthorization of the HEA is overdue, and SVA is encouraged by the commitment from the House and the Senate to undertake HEA efforts in a comprehensive, bipartisan manner.⁶ While not an exhaustive list of provisions we expect to see considered during the HEA conversations, we list priorities we hope these Committees will consider as legislation is proposed.

⁴ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill*. Student Veterans of America, Washington, D.C., http://invest.studentveterans.org/wp-content/uploads/2017/03/NVEST-Report_FINAL.pdf

⁵ *Id.*

⁶ Kreighbaum, Andrew. (February 5, 2019). *Trying Anew to Jumpstart Overhaul of Higher Ed Law*. Inside Higher Ed. Retrieved from: <https://www.insidehighered.com/news/2019/02/05/alexander-lays-out-vision-new-higher-ed-law>.



Closing the 90-10 Loophole. The 90-10 rule is intended to prevent a proprietary institution from receiving all its revenue from the federal government. Essentially, if an institution is providing a high-quality education it should be able to recruit students willing to spend their own money to attend. Ironically, the rule originated in response to the Servicemen's Readjustment Act of 1944, what became known as the GI Bill, in an effort to prevent institutions existing solely to collect veterans' education benefits.⁷ However, a loophole exists in the rule, a loophole that does not count funds from VA or Department of Defense (DoD) educational benefits as federal funds. The predatory practices this loophole incentivizes are documented and unacceptable. Veterans and other American taxpayers deserve better than allowing the bottom lines of institutions to prevail.⁸

In the spirit of the original intent of the 90-10 rule, SVA strongly supports all VA and DoD education benefit funds be considered federal funds under the 90-10 rule. GI Bill funds are paid for by the federal government and should be considered as such. Additionally, to ensure the rule meets the intent of providing a true market test and is applied in a fair and equitable manner, the 90-10 rule should apply to all sectors of higher education, regardless of tax status.

Maintaining Student Protections and Prioritizing High Quality. The Higher Education Act includes several quality-assurance principles – most notably the borrower's defense to repayment (BD) and gainful employment (GE) – meant to serve as gatekeepers to federal student aid. These provisions should create a reasonable safety net that allows students the freedom to choose the institute of higher learning that best meets their needs while ensuring taxpayer funds are used for worthwhile certifications and degrees.

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

In the last year, topics of negotiation included an examination of the BD and GE rules. The BD discussions centered on the topic of "Borrowers may be eligible for forgiveness of the federal student loans used to attend a school if that school misled them or engaged in other misconduct in violation of certain laws."⁹ Many student veterans were robbed of a stable educational foundation, and the Forever GI Bill sought to correct some of the damage and allow eligible student veterans to have their GI Bill entitlement restored. While only eighteen percent of students elect to pursue educational opportunities at proprietary institutions, we maintain reservations about the claimed outcomes of some of these schools.¹⁰ The recent documentary, *Fall 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.¹¹

⁷ Skinner, Rebecca. (January 2005). *Institutional Eligibility and the Higher Education Act: Legislative History of the 90/10 Rule and Its Current Status*. Congressional Research Service: Washington, D.C., Retrieved from: <http://www.policyarchive.org/handle/10207/1904>.

⁸ U.S. Senate Committee on Health, Education, Labor, and Pensions. (July 2012). *For Profit Higher Education: The Failure to Safeguard the Federal Investment and Ensure Student Success*. Washington, D.C. Retrieved from: <https://www.govinfo.gov/content/pkg/CPRT-112SPRT74931/pdf/CPRT-112SPRT74931.pdf>.

⁹ US Department of Education, "Negotiated Rulemaking on Borrower Defense to Repayment", <https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/borrower-defense>.

¹⁰ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). *National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill*. Student Veterans of America, Washington, D.C., http://invest.studentveterans.org/wp-content/uploads/2017/03/NVEST-Report_FINAL.pdf.

¹¹ *Fall State*, Director Alex Shebanow, release date: October 28, 2017, <https://fallstatemovie.com>.



Given the importance of BD, GE, and the other student protections framed in HEA, maintaining and strengthening the federal gatekeeping protections is more important than ever. Congress must continue to include its intent on protecting both students and taxpayer funds from fraud, waste, and abuse.

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

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

This conversion process takes advantage of a regulatory weakness between the Internal Revenue Service (IRS) and ED.¹² Congress should enact standards of oversight that prevent bad actors from taking advantage of nonprofit status by creating protections against hiding fraud, waste, and abuse.

Automatically Institute Existing Benefits. It is paramount the federal agencies responsible for the benefits and programs utilized by veterans and service members be willing to share and then act on data from other agencies to streamline benefits and programs. For example, VA recently shared data with ED on all veterans classified as Totally and Permanently Disabled, which qualifies those individuals to have any federal student loans discharged without tax penalty. But ED has not discharged the loans of those individuals. Another example could include ED's automatically dropping eligible service members' student loan interest rates to zero during qualified periods of service.

Forever GI Bill Implementation Oversight

The *Harry W. Colmery Educational Assistance Act*, more commonly known as the Forever GI Bill, was signed into law in August 2017 and created the largest expansion of education benefits for veterans in nearly a decade. Since passage, VA has implemented the majority of the Forever GI Bill's provisions, but key provisions remain.

The frustrations felt across the country by student veterans and institutions last semester were widely shared and reviewed by these Committees during the previous Congress.¹³ We appreciate the strong leadership last Fall and are encouraged by the continued interest and commitment in this Congress to ensuring the Forever GI Bill is fully enacted and students are returned what is owed to them in missing housing benefits. Continued oversight of the implementation process and collaboration with VA will remain a priority of SVA until all provisions of Forever GI Bill are implemented.

¹² Shireman, Robert. *The Covert For-Profit: How College Owners Escape Oversight Through a Regulatory Blind Spot*. The Century Foundation. Retrieved from: <https://tcf.org/content/report/covert-for-profit/?agreed=1>.

¹³ Augustine, Lauren. Testimony for Oversight Hearing on the Topic of 'A Continued Review of GI Bill Delays.' Nov 15, 2018, House Committee on Veterans' Affairs Subcommittee on Economic Opportunity. <https://studentveterans.org/images/pdf/will/Oversight-Hearing-A-Review-of-Continued-GI-Bill-Delays.pdf>.



Working Group on Housing Reset. SVA applauds VA leadership decisions in late 2018 to reset the planned path of implementation for the housing-allowance changes required in Forever GI Bill. The proposed implementation plan included troubling assumptions about how to best meet the intent of the law. Specifically, the use of building ZIP Codes for each class attended by a student veteran was going to be too burdensome for both VA IT systems and School Certifying Officials (SCOs), and the decision to use different calculation method acknowledges that misstep.

In previous iterations of GI Bill implementation and other major VA initiatives such as the recent appeals modernization efforts, VA has often convened a working group of external stakeholders to serve in an advisory capacity. VA Education Service has held similar meetings that include updates to GI Bill processing times and the reset plan overall, which have served as useful touchpoints. But SVA encourages those meetings expand to include technical discussions because they provide an opportunity to identify challenges.

Continued Communication on Reset. One comment SVA consistently hears about on Forever GI Bill implementation: Students, institutions, and SCOs need to hear directly from VA on a regular basis about what is happening and what each entity should expect. VA should communicate through e-mail throughout the year to assure everyone the new plan is on target and on time.

STEM Scholarship Credit Hours and Communication. Based on feedback and inquiries fielded by SVA, the Edith Nourse Rogers STEM Scholarship is one of the most anticipated provisions of the Forever GI Bill. With an August 1, 2019, effective date, and the preparations for Fall 2019 semester decisions already underway by institutions and students, the need for information on the scholarships continues to grow. Communication about the application process and about how the scholarship will be dispersed should be shared as soon as possible by VA.

One concern with the scholarship, as written, includes the severe limitation of eligible degree programs the credit-hour requirement imposes.¹⁴ To help make the application process easier and more in-line with the intent to increase access to STEM degrees, SVA encourages these Committees to reevaluate the credit-hour requirement listed in the Forever GI Bill to allow VA more latitude to accept STEM programs.

VA Modernization

IT Modernization. Antiquated VA IT systems continues to be at the root of the challenges VA experiences in ensuring efficient and timely access to benefits. As we approach the end of the second decade in the twenty-first century, the time is past to address this systemic issue. VA Education Service platforms are in desperate need of a system that can adapt and change with the landscape. The much-needed comprehensive IT modernization will not be easy or accomplished overnight but is a necessary conversation.

Batch Payment Feasibility. For decades, ED has successfully paid student aid and student loans to thousands of institutions before each term or semester begins -- using enrollment data from previous years. This system allows institutions access to funds in advance of their needing them, helping to ensure institutions are less likely to see bureaucracy hurting their financial stability. SVA suggests studying the feasibility of incorporating lessons learned from ED and its use of batch payments as a way to alleviate some of the front-end work VA must do to certify both housing payments and tuition payments. We

¹⁴ Harry W. Colmery Veterans Education Assistance Act of 2017 §108. Pub. L 115-48. (2017). <https://www.congress.gov/bills/115/house-bills/3218>.



acknowledge there are differences between how ED and VA function, but greater cross-agency communication and collaboration can provide valuable insight toward creating efficiencies.

Work-Study Modernization. In September during SVA's Leadership Institute, a leadership training program for the top student veteran leaders, work-study was at the top of the list of Chapters' concerns. The feedback repeatedly discussed the paper-based model as antiquated, cumbersome, and lethargic on getting paychecks to student veterans. The method is an unreliable source of income. Transitioning to a web-based system that mirrors some of the successes of ED's work-study program is overdue.

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

Natural Disaster Response. VA is able to continue paying housing allowances to student veterans for up to a month if a school is closed due to a natural disaster. However, SVA encourages giving VA the authority to extend that timeframe when natural disasters are so severe an institution needs more than a month to reopen campus. We believe this is a common-sense, proactive policy change providing student veterans more than a few weeks' time to figure out a new plan when facing catastrophies.

Study Abroad Updates. The parameters VA places on study-abroad programs do not align with how higher education generally organizes and operates those programs. SVA encourages a review of the requirements under VA and a conversation with higher-education institutions on how to approve a wider array of study-abroad programs.

GI Bill Comparison Tool. The tool can be invaluable to veterans trying to understand the value of their GI Bill as they consider options. However, improvements would make the process better. As it stands, the coordination between ED and VA with the College Navigator, College Scorecard, and GI Comparison Tool reduce the delivery of data to veterans.^{15, 16, 17} The Comparison Tool has unique data, necessitating a separate tool from ED's options. But, the underlying data is not being effectively shared to deliver prospective students a complete view of their options. The data running the Comparison Tool is largely limited to VA's internal data, which is severely limited, notably excluding student veterans who run out of benefits or elect alternative funding. Furthermore, it appears VA fails to appreciate how veterans are putting the Comparison Tool to work in the field. The tool does not offer an effective "comparison" function. Prospective students primarily use the tool for its "look up" function for familiar institutions as that's effectively the option the tool offers.

Vocational Rehabilitation and Employment Program (VR&E). VR&E is an important program at VA that supports the reintegration of veterans after service. In 2018, SVA collected student feedback on the VR&E program and provided recommendations to the 115th House Committee on Veterans Affairs to improve and modernize the program.¹⁸ The recommendations focused on five categories: (1) counselor concerns, (2) program administration, (3) process subjectivity, (4) career concerns, and (5) benefits

¹⁵ College Navigator, National Center for Education Statistics, US Department of Education, <https://nces.ed.gov/collegenavigator/>, Accessed 01 March 2019.

¹⁶ College Scorecard, US Department of Education, <https://collegescorecard.ed.gov/>, Accessed 01 March 2019.

¹⁷ GI Bill Comparison Tool, US Department of Veterans Affairs, <https://collegescorecard.ed.gov/>, Accessed 01 March 2019.

¹⁸ Vangelow, Cassandra. Oversight Hearing On The Topic Of "A Review of VA's Vocational Rehabilitation And Employment Program." House Subcommittee On Economic Opportunity And Subcommittee On Disability Assistance And Memorial Affairs. <https://studentveterans.org/images/pdf/will/VA-Vocational-Rehabilitation-and-Employment-Program.pdf>.



misconceptions. SVA would like to see additional review by these Committees, using recent testimony, reports, and VA and stakeholder engagement to review opportunities for modernizing the VR&E program.

Equity of Veterans' Economic Opportunity. As stated by the Independent Budget (IB) organizations' in their policy recommendations for the 116th Congress, "This nation should have as much focus on the economic opportunities for veterans as it does for their health care and benefits".¹⁹ SVA agrees with the IB organizations that a greater need to focus on economic opportunity is best achieved by building on the early success of the new office at VA dedicated to transition and economic opportunity and elevating it, and Education Service, to its own administration at VA.

Higher Education Modernization

SVA strongly believes that much like the democratization of higher education the GI Bill affected in the Post-WWII era, Post-9/11 GI Bill student veterans are the tip of the spear for changing the way higher education educates and values nontraditional students in the twenty-first century, a population of students comprising the new majority of students in higher education - the new traditional student.²⁰

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 not only empower student veterans but will also improve higher education for fellow nontraditional 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.

Support Access to Childcare on Campus. Given 46 percent of student veterans have children, access to available and affordable childcare are consistent needs. Challenges with childcare availability and affordability are not unique to the student veteran and nontraditional student population; depending on location, childcare costs can comprise seven to twelve percent of a family's income or even more for single parents.²¹

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 underfunding and available childcare providers limit the scope and effectiveness of CCAMPIS.²² SVA recommends replicating the pilot program established for childcare at VA medical facilities as a similar pilot program for student veterans -- and continuing the support for increased CCAMPIS funding as done in 2018.

Assessments for Prior Learning. To promote efficiency and best account for the experience and training student veterans bring with them, SVA encourages conversations around how to best award credit for prior learning while maintaining a high-quality degree to continue. Prior Learning Assessments (PLA) can be a tool used to help nontraditional students, adult learners, maximize their experience and a

¹⁹ Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars. *The Independent Budget – Veterans Agenda for the 116th Congress*. Retrieved from: http://www.independentbudget.org/pdf/IndependentBudget_2019.pdf.

²⁰ Jaschik, Scott. (February 2018). *Independent Students as the New Majority*. Inside Higher Ed. Retrieved from: <https://iwpr.org/publications/independent-students-new-college-majority/>.

²¹ Kumar, Akash. (March 2018). *How Unreliable And Costly Childcare Keeps People Off The Job*. Forbes. Retrieved from: <https://www.forbes.com/sites/akashkumar/2018/03/08/how-unreliable-and-costly-childcare-keeps-people-off-the-job/#232a31835e18>.

²² Long, Bridget Terry. (October 2017). *Helping Women to Succeed in Higher Education: Supporting Student-Parents with Child Care*. The Hamilton Project. Retrieved from: http://www.hamiltonproject.org/assets/files/higher_education_student_parents_womenLong.pdf.



need to complete a degree efficiently. A study from the Council for Adult & Experimental Learning found that use of PLAs led to greater graduation rates and persistence – and shortened completion time compared to similar students who did not use PLAs.²³

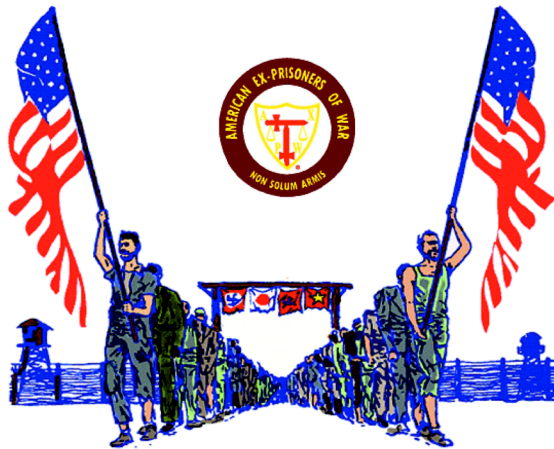
Many student veterans face challenges using PLAs toward a degree program, with credits often counting as elective credits and not helping to achieve degree completion. It's likely institutions of higher learning struggle with how to adequately account for and assess military training, or that many student veterans are pursuing degrees with little to no relation to their military occupation. Regardless, a deeper study of how PLAs are affecting student veterans and potential missed opportunities to award quality credit for prior learning should be reevaluated. All assessments for prior learning should also be coupled with safeguards preventing fraud, waste, and abuse.

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At our 10th annual national conference in 2018, the President and CEO of SVA, Jared Lyon, shared the story behind the quote on our anniversary challenge coin: "Some attribute the following text to Thucydides and others note that it's a paraphrase of a book written by Sir William Francis Butler from the late 1800's. The reality, either way, rings as true today as it ever has, and the phrase goes like this, 'The nation that makes a great distinction between its scholars and its warriors will have its thinking done by cowards and its fighting done by fools.'²⁴ Supporting student veteran success is paramount, and it starts with the time, attention, and devotion to the cause of veterans in higher education supported by these Committees.

We thank the Chairmen, Ranking Members, and Committee members for the opportunity to share SVA's perspective. We welcome your feedback and questions, and we look forward to continuing to work with these Committees and the whole of Congress to ensure the success of all generations of veterans through education.

²³ The Council for Adult & Experimental Learning. (March 2010). *Fueling the Race to Postsecondary Success: A 48-Institution Study of Prior Learning Assessment and Adult Student Outcomes*. Retrieved from: <https://files.eric.ed.gov/fulltext/ED524753.pdf>.
²⁴ Lyon, Jared (January 2018). *Defining Our Future: Today's Scholars, Tomorrow's Leaders*. Retrieved from: <https://www.linkedin.com/pulse/defining-our-future-todays-scholars-tomorrows-leaders-jared-lyon>.



We exist to help those who cannot help themselves

STATEMENT OF
CHARLES A. SUSINO
NATIONAL DIRECTOR/LEGISLATIVE OFFICER

AMERICAN EX-PRISONERS OF WAR

BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE/U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

MARCH 7, 2019

Chairmen and members of the House and Senate Veteran's Affairs Committee and guests, my name is Charles A. Susino, National Director/Legislative Officer of the American Ex-Prisoners of War. I thank you for the opportunity to express our concerns today. Many of you knew my father, Charles Susino, Jr., National Commander of our organization for many years. It was his voice that urged many of you to do the right thing on behalf of all veterans. I will attempt to channel that voice today. This past July, my family and I, and the veteran community as a whole, lost the strongest advocate on behalf of those who cannot speak to you directly. Many of you knew my dad from his years of testifying. He professed to me and others, "it's about the deserving veterans receiving what they earned".

So it is on that theme that I proceed.

First, we wish to acknowledge the passing of a great American, the 41st President of the United States, George H. W. Bush this past November who proudly served this country both in the military and in public office.

We are grateful for your efforts over this past year. This Congress has stepped up and passed several key pieces of legislation in support of our veterans with respect to health care, compensation, and public awareness. We look forward to a productive 2019-2020 as the 116th Congress works on our behalf.

If you disagree with us – either here today in testimony – or as we work for our fellow veterans – please say so and we will respect your position. Otherwise we ask for your unwavering advocacy on these issues.

We draw your attention to several bills which we believe have special merit and request your active support.

- The Blue Water Navy Vietnam Veterans Act HR 299 & 203 needs to be passed. It is beyond reasonable when the exposures endured by servicemen and women to dangerous chemicals and toxics takes decades for the government to acknowledge and act. There is a long track record with Agent Orange and other chemicals, yet exposure, treatment, and compensation from 50+ years ago is still being debated. Fortunately the courts have agreed with the navy servicemen who were located within the waters of affected southeast Asia country that certain diseases should be a presumptive.
- The previous Bill S 1990, Dependency and Indemnity Compensation Improvement Act must be reintroduced. Its purpose was to amend Title 38, United States Code, to increase amounts payable by the Department of Veterans Affairs for dependency and indemnity compensation, to modify the

requirements for dependency and indemnity compensation for survivors of certain veterans rated totally disabled at the time of death, and for other purposes. For many of our veteran's spouses, DIC is the only source of income and critical to their quality of life. We need to do better by them.

- We must reintroduce the National POW/MIA Flag Act to amend Title 36, United States Code, to require that the POW/MIA flag be displayed on all days that the flag of the United States is displayed on certain Federal property. We must honor those who have served our nation courageously, including those who have not made it home.
- Full Military Honors Bill has been reintroduced in this session and needs to be quickly passed. The Bills, in both the House and Senate, would provide full military honors for the funeral of an eligible veteran who:
 1. is first interred or inurned in Arlington National Cemetery on or after enactment of this bill,
 2. was awarded the medal of honor or the prisoner-of-war medal, and
 3. is not currently entitled to full military honors because of such veteran's grade.

We understand that Arlington Cemetery has quietly adopted the provisions of these Bills for Medal of Honor recipients; however, they are using the excuse of long waiting periods to deny expansion to former POWs. We feel it should be up to the families to make that decision.

4. "Gold Star- Families Remembrance Day". March 2, 2019 marks the 90th year to honor and recognize the sacrifices made by the veteran and their families who gave their lives to defend freedom.

While all present would agree it is demanding work to get the support to provide Bills to Congress for their consideration and ultimate passage however that is only the first step. The veteran's health benefit experience and improvement to their quality of life is a measure of Congressional action and the VA's timely and effective implementation. Implementation within a high performing organization. A high performing organization can only exist within a framework and culture of strong and accountable leadership and employees, modern systems to support the information needs, and continuous improvement. We believe these shortcomings continue to prevent the veteran receiving what they deserve.

- It is not modern for a IT system to allow you to schedule a physician appointment yet does not allow to cancel or reschedule
- It is not modern for a treating physician to explain that I know the medicine you need but you need to see a different specialist to receive that care.
- It is not modern for veterans to be denied multiple medications because the physician explains, "that is the VA policy".
- It is not modern for a veteran to wait weeks for an appointment with their primary physician for a routine illness. Does the public wait weeks to see their physician for routine illnesses such as an ear ache or a sinus infection? Of course not and neither should the veteran.

Many would agree the modernization and culture are the most difficult to achieve. If that is the case than we need to provide the approach including the appropriate metrics to measure the level of attention both from within the VA and its oversight - Congress.

In 1981, Congress and the President passed Public Law 97-37. It mandated VA health care for veterans with service connected disabilities as well as other special groups of veterans. It included veterans up to WWI, some 58 years after the end of the war. WWII ended over 75 years ago. We have asked you for the better part of the last decade to revisit the special groups and update to include veterans of WWII, Korea, Vietnam, Cold War, and our recent conflicts in the Middle East. We have requested for many years with no movement on the part of Congress. The political landscape is ever changing and this President may see it appropriate and fair treatment for those that have kept our country free.

Thank you for your attention.

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WOUNDED WARRIOR PROJECT

STATEMENT OF
RENÉ C. BARDORF
SENIOR VICE PRESIDENT OF GOVERNMENT & COMMUNITY RELATIONS

ON

WOUNDED WARRIOR PROJECT'S 2019 LEGISLATIVE PRIORITIES

MARCH 7, 2019

Chairmen Isakson and Takano, Ranking Members Tester and Roe, members of the Senate and House Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written testimony on our legislative priorities for 2019. Over the next several months, we are hopeful that we can assist your work to improve the lives of veterans and their families and build upon the remarkable success of the 115th Congress.

Wounded Warrior Project's mission is to connect, serve, and empower our nation's wounded, injured, and ill veterans. Through the generosity of donors across America, in 2018, **WWP provided nearly \$200 million in life-changing programs and services to more than 156,000 wounded warriors and family support members.** Despite the ramping down of operations in Iraq and Afghanistan, the need is great and growing and our numbers continue to grow as approximately **1,500 additional veterans register with WWP every month.**

Since our inception in 2003, WWP has grown from a small group of friends and volunteers delivering backpacks filled with comfort items to the bedside of wounded warriors here in our nation's capital, to an organization of nearly 700 employees spread across the country and overseas delivering over a dozen direct-service programs to warriors and families in need. Our programs and services are based on five distinct organizational pillars:

- Mental health and wellness
- Career and Department of Veterans Affairs (VA) benefits counseling
- Physical health and wellness
- Personal independence of the most severely injured
- Social connection and engagement

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

woundedwarriorproject.org





In our public awareness efforts, WWP has provided more than 7 million concerned, patriotic American donors of every background and political persuasion a meaningful pathway to support our veterans who have become wounded, injured, or ill as a result of their military service. Because our donors believe in our mission, we can inspire constituents to care deeply about the issues impacting our veterans and transform the way America's wounded, ill, and injured veterans are empowered, employed, and engaged in our communities. **Since 2003, WWP has delivered \$1.3 billion in programs and services to injured service members, veterans, and their families at no cost to participants.**

In addition to the direct programs and services we provide wounded warriors and their families, we advocate on the behalf of more than 20 million veterans of all generations – especially the 3.3 million post-9/11 veterans. As a military service organization, we advocate for 1.3 million current active duty service members and their families. In these pursuits, WWP is proud to have partnered during the 115th Congress with our peers in the veteran space to accomplish the passage of the *Department of Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MISSION Act)* (P.L. 115-182), the *Harry W. Colmery Veterans Educational Assistance Act of 2017* (“Forever G.I. Bill”) (P.L. 115-48), and the *Department of Veterans Affairs Accountability and Whistleblower Protection Act* (P.L. 115-41). WWP also helped pass legislation through the *John S. McCain National Defense Authorization Act for Fiscal Year 2019* (P.L. 115-232) to expand military commissary benefits to Purple Heart medal recipients, to authorize the Department of Defense (DoD) to partner with external organizations to provide intensive outpatient treatment for victims of military sexual trauma, and to ensure families of the fallen continue to receive death gratuity payments in the event of a government shutdown.

Wounded Warrior Project advocates for and materially contributes to the continued health and viability of the larger veteran community. Since 2012, WWP has provided \$80.9 million in grants to 158 other veteran and military service organizations to augment our direct services and fill gaps in care and services across the military and veteran community. In 2018 alone, we granted nearly \$15 million to 34 partner organizations such as Veterans of Foreign Wars (benefit claims assistance), Vietnam Veterans of America and the Tragedy Assistance Program for Survivors (toxic exposure research and awareness), and The Mission Continues (social connection and volunteerism) in order to amplify our collective efforts to care for the veteran community. We believe in the power of collaboration and we know that no organization or government agency can do it alone.

Wounded Warrior Project believes in making data-driven decisions to maximize organizational effectiveness and ensure wise use and proper stewardship of our donors' contributions. To this end, we use a rigorous, scientific annual warrior survey – with over 33,000 respondents in 2018 alone, it is the largest and most comprehensive survey of today's veterans – to determine the needs of those we serve and inform our spending on programs and services. The 2018 survey – our ninth and most recent¹ – revealed several important trends within the wounded warrior community that have helped inform our legislative priorities for the 116th

¹ See Appendix A. April Fales et al., *2018 Wounded Warrior Project Survey Report of Findings*, WOUNDED WARRIOR PROJECT (2018) available at <https://www.woundedwarriorproject.org/media/183005/2018-wwp-annual-warrior-survey.pdf>.



Congress. In the testimony that follows, we have identified the areas where your committees can make the biggest impact on the lives of our nation's wounded warriors and their families and caregivers.

Community Care

The *MISSION Act* marks the most critical transition point between the 115th and 116th Congress. As the veterans' community pivots from enactment to implementation, our forward thinking must be guided by the tenets that united more than 30 veteran and military advocacy organizations in support of a bill that passed by sweeping margins in both chambers of Congress.

At its core, the *MISSION Act* was crafted to give the brave men and women who have worn our nation's uniform timely access to high-quality, comprehensive, and veteran-centric care – and an integrated system of care that puts the Department of Veterans Affairs (VA) on a strong, sustainable foundation buttressed by responsible VA-managed support from community care providers. Meeting these goals will require transparency, oversight, and strict adherence to the belief that our veterans are best served by a health care system designed to amplify access and quality regardless of whether care is provided within VA or through non-VA providers in local communities.

Our data indicates that *MISSION Act* success will have a direct and crucial bearing on the health of all veterans, especially the post-9/11 wounded, ill, and injured veterans we serve. WWP routinely encourages enrollment and processes disability claims during programmatic engagements and, as a result, more than three-quarters (75.2 percent) of responding warriors are enrolled in the Veterans Health Administration (VHA) – a share that has continued to rise since 2014 (59.2 percent) and which is up nearly 5 percent since 2016 alone. Almost 7 in 10 warriors use VA as their primary care provider (68.4 percent), and difficulty accessing VA was the top-cited reasons for not choosing VA for primary health care (45.2 percent). As VA remains positioned as the coordinator of care, the new *MISSION Act* regulations – and their successful implementation – must be the product of inclusive, deliberative, and transparent collaboration amongst VA personnel, veteran service organizations and external private sector partners.

In addition to our advocacy alongside our peer organizations and our ongoing dialogue with the veterans we serve, WWP is informed by the experiences we have shared as a funder and collaborator in the Warrior Care Network (see discussion in “Mental Health” section below), a partnership with four civilian academic medical centers (AMCs) fueled by over \$240 million in funding from WWP spanning FY 2015 to FY 2023.² By partnering and collaborating with private health care providers who with insurers and patients of all varieties, in addition to our direct contact with warriors, WWP believes *MISSION Act* rules and implementation affecting the areas below will be the most critical to the success of the new Veterans Community Care Program:

² This figure represents an initial grant of \$78.4 million for FY 15 to FY 17, and a second commitment of approximately \$165 million for FY 18 to FY 23.



- **Ease of enrollment in provider networks:** Many community-based providers declined to enroll as Veterans Choice Program providers due to perceived or actual challenges in the registration process, including a lack of awareness that the program exists.³ Congress must help VA ensure that policies are in place to make provider registration as efficient as possible without sacrificing quality review and due diligence.
- **Timeliness of reimbursements:** Section 111 of the *MISSION Act* aspires to a system where providers are generally reimbursed within 30 days. While the Veterans Choice Program (P.L. 113-146) also aspired to prompt payment, failure to meet those goals led to negative consequences affecting both veterans and providers. To avoid the need for legislation like the *Protecting Veterans Credit Act*⁴, Congress must provide enough oversight to guarantee providers are paid on time and veterans do not assume unwarranted financial burdens. This is by far the most substantial obstacle that Warrior Care Network AMCs cited regarding their experience and, in some cases, lack of enrollment in the Veterans Choice Program.
- **Embracing innovation in care delivery and payments:** Section 152 of the *MISSION Act* authorized – and VA has since established – a Center for Innovation for Care and Payment to develop new, innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of and access to care furnished by VA. As the steward of taxpayer dollars dedicated to the health and well-being of veterans, Congress has a vested interest in tracking the developments of this center and encouraging action and partnership with the private sector on successful, scalable models of both care and payment.
- **Using value-based reimbursement models to enhance mental health care quality:** Section 101(i) of the *MISSION Act* allows VA to incorporate value-based reimbursement principles to promote the provision of high-quality care, and this permission can and should be used to help encourage innovative models in physical and mental health treatment. While the health care industry has embraced bundled payment approaches to address episodes of care for hip surgery, diabetes, stroke, cancer treatment, and others, VA lags behind, and the expanded migration of this practice to mental health would allow VA to be a pioneer in an area where veterans are catastrophically suffering and drive the wider mental health care industry towards better quality and more cost-effective outcomes.

As VA recruits more quality providers to its community care networks and finds new ways to tie payments to better outcomes, there will be stronger potential to meet demand with high-quality care – particularly in mental health. Whether that demand is met within VA or in the community, the National

³ Terri Tanielian et al., *Ready or Not? Assessing the Capacity of New York State Health Care Providers to Meet the Needs of Veterans*, RAND CORP. (Mar. 1, 2018).

⁴ John Delaney, Opinion, *Protect Our Veterans from Financial Harm*, CUMBERLAND TIMES NEWS, July 16, 2016, at 4A.



Academy of Medicine (as the Institute of Medicine) has observed that “mental health and primary care are inseparable; any attempts to separate the two leads to inferior care,” so as VA remains the coordinator of care through primary care in its new, modernized, and streamlined purchased care system, the health care landscape is primed to deliver better outcomes.⁵ And as we pair these new models for purchasing care in the community with outcome-based care for invisible wounds, research strongly suggests that veterans will decrease their overall health care utilization during the following year, thereby promoting better health and increased costs savings to the government.⁶

Mental Health

Whether because of mental (“invisible wounds”) or physical trauma (“visible wounds”) or a combination of both, every veteran that registers with WWP has a unique path of individual and collective recovery that they can pursue through our direct services and other support networks; however, understanding these warriors as a larger population provides us with necessary insights to help guide our path to aiding and meeting their collective and individual needs. For the fourth year in a row, post-traumatic stress disorder (PTSD) was the most frequently reported health problem from service (78.2 percent) according to our 2018 survey, followed closely by depression (70.3 percent), anxiety (68.7 percent), and even sleep problems (75.4 percent), an issue frequently linked to mental health challenges. Accordingly, mental health programs are WWP’s largest programmatic investment – in 2018, WWP spent \$63.4 million on our mental health programs – and we hope Congress can be guided by many of the lessons we’ve learned as the veteran service community’s leading provider and funder of mental health programming.

For the 116th Congress, WWP strongly encourages the committees to embrace a comprehensive approach to mental health care that includes a strong foundation of evidence-based treatments, including traditional talk therapy and pharmacological treatment (where indicated and necessary), and which embraces a commitment to extend to alternative and integrative modalities that embrace holistic approaches to wellness that encourage “post-traumatic growth,” such as that being pursued by VA in its Whole Health initiative. Research has shown that evidence-based mental health treatment works, but it is WWP’s belief that to more efficiently address the community’s challenges with mental health – including veteran suicide – we must move beyond the healthcare/crisis management model towards an integrated and comprehensive public health approach focused on resilience, prevention, and evidence-based treatment.

⁵ “High quality evidence from more than 90 studies involving over 25,000 individuals support that CCM (Collaborative Care Model) improves symptoms from mood disorders and mental health-related quality of life.” (Millbank Fund, 2016). “Integrating behavioral health and primary care, when adapted to fit into community practices, reduced depression severity and enhanced patients’ experience of care. Integration is a worthwhile investment.” (Journal of the American Board of Family Medicine, March 2017).

⁶ Peter Tuerk et al., *Health Service Utilization Before and After Evidence-Based Treatment for PTSD*, PSYCHOL. SERV. J. (Nov. 12, 2012) available at www.ncbi.nlm.nih.gov/pubmed/23148769. For a discussion on cost savings, see Terri Tanielian et al., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Service to Assist Recovery*, RAND CORP. (2008) at 189 (estimating over \$2 billion in savings over two years).



Our community needs a multi-pronged approach to prevention and treatment – a combination of clinical, non-clinical, and peer-to-peer community-focused efforts. High touch programs at WWP – which generally begin with peer-to-peer program engagement – have been successful at linking veterans with resources focused on resilience, well-being, and community. Just as veteran service organizations are highly aware of VA clinical offerings and can push veterans towards those services, VA can and should invest more in its own non-clinical engagements and raise its awareness of those being offered by private institutions, nonprofit organizations, and state and local governments in the communities where veterans live. To that end, WWP urges Congress to:

- **Encourage and enable VA to improve collaboration with private sector programs and services assisting veterans:** As Congress and VA work to expand VA’s clinical footprint through the *MISSION Act*, there remains great opportunity to integrate not only medical services, but also to build from that foundation, linking to existing referral networks of non-clinical community supports. The creation of a network bridging non-profit with governmental – clinical with non-clinical – could help veterans better navigate the many services that are available to them. If done correctly, this has the potential to be transformative; non-clinical supports are in many cases as essential for a veteran’s success as high quality clinical care. WWP is pleased to see the Senate Committee on Veterans’ Affairs already pursuing these ideas in draft legislation and we are poised to assist in the drafting process through examples of how this approach is already showing tremendous results such as greater social connection, more economic opportunities, and improved resilience and quality of life.

A sterling example of this approach can be found in WWP’s Warrior Care Network. This innovative program is a partnership between WWP and four world-renowned national AMCs: Massachusetts General Hospital, Emory Healthcare, Rush University Medical Center, and UCLA Health. Warrior Care Network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs that integrate evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors thrive, not just survive. Guided by WWP leadership, all AMCs commit to sharing data and discovering and promoting best practices.

Through these two- to three-week cohort-style programs, participating warriors receive more than 70 direct clinical treatment hours (over a year’s worth of evidence-based cognitive processing therapy, cognitive behavioral therapy, and/or prolonged exposure therapy if practiced in traditional outpatient style) as well as additional supportive intervention hours (e.g. nutrition, fitness, yoga, equine therapy). Each AMC has specific programming for caregivers and family members at some point during the intensive outpatient program, including family weekend retreats, psychoeducation, or telehealth support.

Providing warriors with best in class care that combines clinical and complementary treatment is still only part of the Warrior Care Network’s holistic approach to care. While AMCs provide veteran-centric comprehensive care, aggregate data, share best practices, and coordinate care in an unprecedented manner, a Memorandum of Agreement (MOA) between WWP and VA has been structured to further expand the continuum of care for the veterans we treat. In February 2016, the VA signed this MOA with WWP and the



Warrior Care Network to provide part-time personnel and collaboration of care between the Warrior Care Network and VA hospitals nationwide. Updated in 2018, our current MOA, dedicates a full-time VA employee (liaison) to each AMC to facilitate national referrals throughout the VA system as indicated for mental health or other needs, and also provide group briefings about VA programs and services, and individual consultations to learn more about each patient's needs.⁷ This first-of-its-kind collaboration with VA is critical for safe patient care and enables successful discharge planning. At WWP, we believe cooperation and coordination like this can serve as a great example of "responsible Choice" in the VA health care system.

Warriors who complete the Warrior Care Network program are seeing results. Prior to treatment, over 83 percent of patients reported PTSD symptoms at the severe to moderate range based on the PCL-5 clinical assessment, with the aggregate average being 51.1 (severe PTSD). Following treatment in the intensive outpatient programs, PTSD symptoms had a significant statistical decrease of 19.4 points to 31.7 (minimal PTSD).⁸ A similar pattern was seen for symptoms of depression, with a mean score of 16.0 at intake and a decrease to 10.2 at follow-up on the PHQ-9 assessment. These changes translate into increased functioning and participation in life, based on the decrease of psychological distress caused by severe to moderate levels of PTSD and depression.

It is also worth noting here that, although effective if completed, many who begin evidence-based mental health treatment (cognitive processing therapy and prolonged exposure) in non-intensive outpatient (IOP) formats – including highly controlled and selective clinical trials⁹ – discontinue care before completion. While drop-out rates in those formats are normally between 30 and 40 percent¹⁰, the IOP model used by Warrior Care Network has a completion rate of 94 percent. When combined with clinically significant decreases in mental health symptoms, this figure is illustrative of the successful approach the Warrior Care Network has taken – and patients agree. Ninety-six (96.1) percent of warriors reported satisfaction with clinical care received and another result that could indicate that mental health stigma is being minimized is that 95 percent of warriors said they would tell a fellow veteran about Warrior Care Network.

We strongly believe that the Warrior Care Network IOP is a model for the future of treatment for moderate to severe PTSD, and our experience here also guides our belief that Congress must work with VA to strive towards innovation in care delivery and reimbursement. Among other areas where Congress can affect change in mental health policy:

- **Continue to strive to reduce veteran suicide:** Suicide prevention must move beyond the healthcare/crisis management model towards an integrated and comprehensive public health

⁷ From 2016 to 2018, these VA Liaisons were part-time. For the period from October 2017 to January 2019, the VA Liaisons opened 702 VA referrals, briefed 680 veteran cohorts on VA programs and services, and provided over 2,300 individual consultations with veteran patients.

⁸ Note: A change in score greater than 5 is indicative of clinically significant change rather than statistical change.

⁹ Zoc Intel et al., *Mega-analysis of Dropout in Treatments for Post-traumatic Stress Disorder*, J. OF CONSULTING & CLINICAL PSYCHOL. 394 (Jan. 21, 2013).

¹⁰ Shannon Kehle-Forbes et al., *Treatment Initiation and Dropout from Prolonged Exposure and Cognitive Processing Therapy in a VA Outpatient Clinic*, PSYCHOL. TRAUMA THEORY, RES., PRACTICE, & POL'Y, 107 (JUN. 29, 2015); Cassidy A. Gumer et al., *Time Course of Treatment Dropout in Cognitive-Behavioral Therapies for Posttraumatic Stress Disorder*, PSYCHOL. TRAUMA: THEORY, RES., PRACTICE, & POL'Y, 115 (Jun. 22, 2015).



approach focused on resilience and prevention. Working collaboratively with the executive branch, Congress should identify what measures from the Joint Action Plan on the Executive Order on Mental Health Care for Transitioning Service Members are successfully addressing veteran suicide and take appropriate legislative action, including appropriations, to ensure those actions continue. This review should continue alongside existing efforts to increase access to high quality mental health care and train more mental health care providers.

- **Increase studies of Vietnam Era veterans:** According to VA data from 2015, rates of suicide were highest among younger veterans (ages 18 to 34) and lowest among older veterans (ages 55 and older). However, 58.1 percent of all veteran suicides in 2015 were among older veterans. While Congress should strive to reduce suicide rates and volume among all veteran demographics, it should consider directing more research on Vietnam Era veterans to gain a clearer understanding of the underlying psycho-social and biological challenges that tend to be exacerbated with age. Scientific studies may provide valuable insight into issues that are plaguing older veterans. That insight may also provide greater awareness into an aging population of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans so that essential, time sensitive resources can be better focused as younger veterans – both current and future – begin to age.
- **Pursue postvention programming with family members:** While VA is appropriately dedicating considerable resources to veteran-centric pursuits to reduce suicide, much can be gleaned from working with survivors to identify better approaches to identifying warning signs and empowering families to intervene effectively. A partnership WWP helps fund between Massachusetts General Hospital and the Tragedy Assistance Program for Survivors (TAPS) that created a 2-week intensive clinical program for traumatized families of the fallen and helped develop an after-care network that is saving lives by raising awareness about suicides among veterans and active duty service members.¹¹
- **Maintain focus on improving military transitions:** As highlighted by DoD's Defense Suicide Prevention Office, service members transitioning out of DoD are at a higher risk of suicide within the first 90 days of separation – a trend consistent over a 14-year period. Over that period, approximately 50 percent of suicide deaths occurring in the first three months of separation happened within the first 17 days of separation. As Congress continues to work with the executive branch to improve and monitor military-to-civilian transition, WWP encourages the committees to review The Veterans Metric Initiative (TVMI) study commissioned by the Henry Jackson Foundation – and funded, in part, by WWP – which focuses on post-military well-being. The TVMI study's findings regarding vocation, finances, health, and social relationships may provide compelling evidence to guide future initiatives.

¹¹ Brian McQuarrie, *I Couldn't Be the Only One Having this Experience*, BOSTON GLOBE (Feb. 23, 2019) available at <https://www.bostonglobe.com/metro/2019/02/22/couldn-only-one-having-this-experience/Mx8wUUEVV2RaSgyPsQ9eM/story.html>.



Brain Injury

Suicide prevention is rightfully positioned as VA's top clinical priority. WWP metrics and programmatic investments reflect our organization's similar acknowledgement that mental health treatment is today's most critical need for the majority of post-9/11 veterans we serve. As we strive to spotlight the areas where the need for congressional interest is needed, however, we strongly encourage the committees to give increased attention to the current and long-term care needs of veterans living with effects of traumatic brain injury (TBI).

While injuries are often invisible and as unique as each warrior, 41.2 percent of warriors surveyed in 2018 describe TBI as an injury suffered on account of service, up from 40.6 percent in 2016. Another 14.4 percent describe suffering from injuries related to head injuries not categorized as TBI. Regardless of classification, head injuries are unpredictable with respect to symptom development and progression, often becoming increasingly debilitating over time.

Traumatic brain injury has affected over 380,000 servicemembers since 2000, including over 46,000 who have suffered moderate to severe TBI (vs. mild TBI (mTBI)).¹² Particular injuries following TBI and each individual's response to treatment vary greatly; "severe TBI is not a discrete event with unchanging long-term impairments and static global outcomes, but a lifelong condition with potentially permanent impairments and comorbidities that affect the brain and other body systems."¹³ TBI prompts symptoms "across multiple timelines, multiple health domains, and multiple body systems," making care decisions and timelines more difficult to predict and address than other diseases, such as cancer, which may require long term care.¹⁴ The complexity of improving patient care is further exacerbated by disparities in treatment and terminology within healthcare systems as well as geographic and cost limits to care that vary for each individual.

While moderate to severe TBI are likely to be immediately devastating to one's health, many long-term effects of TBI impact even those with mTBI who may initially forego treatment for injury. These include immediate concerns such as post-concussion syndrome as well as increased long-term risks for Alzheimer's disease, amyotrophic lateral sclerosis (or ALS), Parkinson's disease, and early-onset dementia.¹⁵ Further, significant complexity in treatment and recovery for TBI make research efforts and decisions about the appropriate type, level and frequency of treatment for each patient more difficult.¹⁶ Lastly, irrespective of

¹² *DoD Numbers for Traumatic Brain Injury, Worldwide Totals*, DEP'T OF DEFENSE (Jun. 21, 2018) available at http://dvhic.dcoe.mil/files/tbi-numbers/worldwide-totals-2000-2018Q1-total_jun-21-2018_v1.0_2018-07-26_0.pdf.

¹³ Joseph T. Giacino et al., *Rehabilitation Access and Outcome after Severe Traumatic Brain Injury: A TBI Model System-Sponsored Stakeholder Summit*, 9 (May 16, 2016) available at <http://media-nv.mghcpd.org.s3.amazonaws.com/spauldingtbi/rehabilitation-access-and-outcome-after-severe-tbi-briefing-book.pdf>.

¹⁴ *See id.*

¹⁵ Helen M. Bramlett & W. Dalton Dietrich, *Long-Term Consequences of Traumatic Brain Injury: Current Status of Potential Mechanisms of Injury and Neurological Outcomes*, J. NEUROTRAUMA (Dec. 1, 2015) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677116/>; *Chronic Traumatic Encephalopathy*, MAYO CLINIC, <https://www.mayoclinic.org/diseases-conditions/chronic-traumatic-encephalopathy/symptoms-causes/syc-20370921> (last visited Jan. 30, 2019); Erin Bagalman, *Health Care for Veterans: Traumatic Brain Injury*, CONG. RESEARCH SERV., 4 (Mar. 9, 2015).

¹⁶ Joseph T. Giacino et al., *Rehabilitation Access and Outcome after Severe Traumatic Brain Injury: A TBI Model System-Sponsored Stakeholder Summit*, 9 (May 16, 2016) available at <http://media-nv.mghcpd.org.s3.amazonaws.com/spauldingtbi/rehabilitation-access-and-outcome-after-severe-tbi-briefing-book.pdf>.



severity, VA has traditionally relied on caregivers to provide much-needed support for patients, but caregivers may not be sufficiently able to care for veterans as they age and face health declines themselves.

In sum, research in the private sector has uncovered correlations between head injuries and long-term, debilitating illnesses that will require increasing levels of long-term therapy. In the absence of appropriate care – or even poor coordination of care that exists but is either unknown or inaccessible – TBI patients are at an increased risk for homelessness, incarceration and institutionalization, all of which are unacceptable outcomes.¹⁷ In the coming years, VA is likely to face increased numbers of veterans who suffer from long-term consequences of TBI (including mTBI) and chronic traumatic encephalopathy (CTE), including significant cognitive, behavioral, and physical health challenges that cannot be resolved by caregivers alone, and must be prepared to support these patients with improved access to long-term care in a variety of settings. In order to help the veterans' community address current and future challenges related to TBI, WWP calls upon Congress to consider the following:

- **Bring clarity to the current landscape of needs and resources:** As the medical community's understanding of TBI is still evolving, so too must our evaluation of federal, state, and community resources. Particularly for younger veterans with complex needs, these resources can be hard to navigate, often lack appropriate oversight, and can go untapped when assigned to geriatric/elderly portfolios and spread out due to unaligned management both within and across state and federal agencies. Congress should consider convening an oversight hearing or commission to explore these issues further.
- **Invest in research to illustrate the scope of the problem:** As discussed above, mild and moderate TBIs carry potential to manifest in more severe symptomatology over time. While the needs of veterans with severe TBI can be better understood today and have more predictable outlooks into the future, less severe cases – as they evolve on a wide sphere – have potential to create significant stress for VA's care system if not properly anticipated. WWP calls on Congress to commission the National Academy of Medicine to investigate the progression of mild and moderate TBI to better prepare VA for the challenge of supporting these injuries in the future, and to empower and encourage VA to partner and fund TBI research with the private sector, much like DoD has accomplished for their active duty counterparts.
- **Provide clear authority and direction to VA to provide specialized assisted living services and improved rehabilitative care for veterans with TBI:** While VA managed a pilot program to provide assisted living care to TBI patients for over ten years, the report to Congress that followed the pilot provided little qualitative insight into the program or the benefits experienced by patients in

¹⁷ Amy Bukowski, et al., *Traumatic Brain Injury in the District: The Ignored Injury*, TBI WORK GROUP IN WASHINGTON, D.C. (July 25, 2018) available at <http://www.uls-dc.org/media/1150/tbi-white-paper-final-7-25-18.pdf>.



the program. Over 250 veterans benefitted from the program, receiving care at 47 facilities.¹⁸ No clear alternative to care has emerged since the pilot sunset in 2018; however, anecdotal evidence in the report supports the conclusion that the program was helpful, but more information is needed to determine where and how veteran patients benefitted.¹⁹

WWP has learned through its direct programming experience that the families and caregivers of young, post-9/11 veterans with moderate to severe TBI prefer their veterans at home. Many have chosen to participate in VA's Program of Comprehensive Assistance for Family Caregivers, and veterans are benefitting from their exceptional commitment and sacrifice. While this remains an option today, it will not always be the case. As this caregiver population ages, faces potential caregiver burnout, and the symptoms of moderate to severe TBI progress in number and severity, there is reason to be deeply concerned by a potential public health crisis if VA is unprepared to provide necessary care for this population – which also includes those who do not currently have the benefit of a caregiver or community support system.

With the sunset of the AL-TBI program, VA does not offer suitable options for care now and is unprepared for the foreseeable wave of need that is now 5 to 10 years on the horizon. Guided by the suggestions above, Congress must legislate that VA correct the current landscape and acknowledge that today's arrangements for care for veterans in their 20s, 30s, and 40s²⁰ cannot be sustained as many of their caregivers approach their 70s and 80s. Addressing this looming problem will take a community-driven solution.

Caregivers

As a crucial component of delivering on our mission to honor and empower wounded warriors with all ranges of disability, WWP has been particularly engaged and proud to advocate on behalf of seriously injured post-9/11 veterans. That advocacy extends to the hidden heroes at their side during recovery and rehabilitation – our nation's military and veteran caregivers. As a leading voice in the passage of the *Caregivers and Veterans Omnibus Health Services Act of 2010* (P.L. 111-163), WWP is uniquely positioned to amplify the concerns of this community through data, experiences, and longstanding relationships that have evolved through our programming footprint.

Wounded Warrior Project's advocacy in the caregiver policy arena is largely informed by the community support and care coordination we provide through our Independence Program, a long-term support program available to warriors living with a moderate to severe traumatic brain injury, spinal cord injury, or other neurological condition that impacts independence. As more than 32 percent of our 2018 Annual Survey respondents reported needing the aid and attendance of a caregiver, WWP continues to partner with specialized

¹⁸ *Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI)*, DEP'T VETERANS AFFAIRS (last visited Mar. 1, 2019) available at <https://www.polytrauma.va.gov/about/AL-TBI.asp>.

¹⁹ *See id.* (indicating that several patients continued treatment at personal expense, demonstrating the value to the individual and/or caregiver).

²⁰ According to survey results, the average WWP alumna is 39.7 years old, and the average Independence Participant is 41 years old.



neurological case management teams at Neuro Community Care and Neuro Rehab Management to provide individualized services through our Independence Program. These teams focus on increasing access to community services, empowering warriors to achieve goals of living a more independent life and continuing rehabilitation through alternative therapies. Services are highly individualized and supplement VA care, including: case management, in-home care, life skills coaching, traditional therapies (physical, occupational, speech, etc.), alternative therapies (art, music, equine, etc.), and community volunteer opportunities. These services are provided for free and augment/compliment what our warriors receive from the VA.

In this context, WWP has worked closely with VA – our most critical partner in caring for seriously injured warriors – to ensure that the Program of Comprehensive Assistance for Family Caregivers (the Program) is carried out as effectively as possible. This task has changed in scope following the rightful but overdue expansion to caregivers of all generations through the *MISSION Act*. Like other veteran service organizations, WWP has concerns about the Program’s current operations and its approaching expansion. Through working groups and other engagements, we are providing VA with our input on current policy and regulatory ideas to improve efficiency and information technology systems, and exploring the possibility of a permanent caregiver designation. Like our recommendation on community care, successful implementation must be the product of inclusive, deliberative, and transparent collaboration amongst VA personnel, veteran service organizations and external private sector partners.

Successfully managing these concerns amidst the Program’s expansion will be critical. Current estimates suggest that approximately 75,000 veterans will join the Program once it becomes open to other generations – or 50,000 more veterans than the Program currently serves.²¹ Historically, the Program has had insufficient resources and staff to respond to all the needs of enrolled veterans. There lacks consistency in eligibility determinations, tier assignments, and revocations. There is not a comprehensive, well-guided appeals process like that of the Veterans Benefits Administration (VBA) that is clear and precise and involves the representation of veterans or veteran service organizations. As the Program expands eligibility, WWP will continue to work with VA to ensure that the needs of veterans continue to be addressed without a lack of programmatic resources. As Congress provides oversight of the expansion implementation, it should consider:

- **Oversight of the Program’s expansion to all generations:** As VA implements the expansion of the Program, Congress should continue to request quarterly updates from VA, help identify gaps that need to be filled, and carefully consider any proposed changes that would affect Program eligibility, tier reductions, revocations, transition, and appeals.
- **Appropriate funding that does not reduce or diminish other VA services:** Given the projected increase in Program participation, VA will be under considerable pressure to deliver a consistent, quality program unless sufficient funding is provided. That funding should not come at the expense

²¹ *S. 2193 Caring for Our Veterans Act of 2017*, CONG. BUDGET OFF. (Jan. 17, 2018) available at <https://www.cbo.gov/system/files?file=115th-congress-2017-2018/costestimate/s2193.pdf>.



of other VA programs and services. Congress has committed to Program expansion and supporting caregivers of all generations, and that commitment should include raising budget caps for VA when necessary.

- **Ensure an adequate and timely information technology (IT) solution:** Without proper IT to track, manage, and assist a national complex care management program, VA will struggle to provide timely assistance, address programmatic inconsistencies, and provide proper care. Congress must continue their oversight to ensure timely acquisition and implementation of an appropriate IT system.
- **Ensure adequate staffing:** The projected influx of Program participants will demand additional VA personnel. Congress must work with VA to ensure that Program expansion is met with corresponding increases in Program staff that can properly respond to veteran and caregiver needs. We ask Congress to ensure that VA has the resources needed to properly implement the new Caregiver Program.

While Congress should take great care to follow these suggestions, it can reasonably be expected given past performance that the Program may again be criticized for unexpected revocations and tier reductions. As WWP has requested in the past, Congress should be prepared to ask VA to review all previous tier reductions – and revocations – for accuracy and consistency and consider reforms to the appeals process, including consideration of whether current processes and oversight procedures are adequate to ensure fair outcomes and uniformity around the country.

Toxic Exposure

For thousands of service members who served in the post-9/11 generation, environmental and chemical hazard exposures have carried real and potential health risks. Accordingly, WWP has a strong interest in Congress' work on studying and addressing any harm to veterans that may have been caused by toxic exposure illnesses related to service.

Service members and veterans seem to be suffering from uncommon illnesses or unusual early onset of more familiar diseases like cancer. It appears that service members exposure to toxins such as burn pits, depleted uranium, toxic fragments, or other hazards typically seen on overseas deployments, may be emerging as common threads among post-9/11 veterans who are sick, dying, or already deceased. We believe there could be possible causation between deployment and illnesses. This is alarming and should give us all pause. Debates in scientific and medical communities have not reached consensus on the relationships between certain toxic exposures and presumed health outcomes which is why the issue must be further researched. There are



more than 165,000 veterans enrolled in the VA's Burn Pit Registry – all of whom served on or after 9/11 and were deployed to a base or station where open burn pits were used. That said, it is unclear to veterans if exposure to other relevant toxins is recorded in the registry. We believe they should be and each exposure must be classified by toxin type.²²

While the burn pit numbers are alarming in their own right, these numbers pale in comparison to the population of service members who were exposed to other toxins for which there is no registry. Health outcome studies such as those performed by the National Academy of Medicine, and the Committee on the Assessment of the VA Airborne Hazards and Open Burn Pit Registry, have shown that “not only are the emissions released by burn pits a complex mixture of various chemicals and particulates that depend on factors such as the composition of the trash burned, accelerant used, temperature, ventilation, and the burn rate, but the composition and magnitude of air pollutants on military bases in theaters of operation are also affected by a variety of other anthropogenic and natural toxicants.”²³

These concerns were the impetus behind a new partnership between WWP, the Tragedy Assistance Program for Survivors (TAPS), and Vietnam Veterans of America (VVA) to bring public awareness and to investigate the harmful effects of toxic exposures in the military. Together our current efforts are focused on gathering information on where research is being conducted and what data is being collected that will help us better understand the risks and effects of toxic exposure so that we may work to ensure service members, veterans, and survivors have access to the care and benefits they need. To drive results, our initiative requires additional support. WWP is leading an effort to bring together a newly formed veteran and military toxic exposure working group and will be joining forces with other veteran service organizations and military service organizations to advocate on this issue. To date, a significant number of organizations have agreed to work together to develop and push for the passage of legislation this year. Additionally, WWP has already committed nearly \$400,000 in funds to address the needs associated with toxic exposure. In line with our current efforts, WWP calls on members of these committees to:

- **Join the Congressional Burn Pit Caucus:** Information is key in understanding how we can pass meaningful legislation for those affected by burn pits and other toxins while serving this country. The Congressional Burn Pit Caucus, which was established by Representative Ruiz (CA-36) and Representative Wenstrup (OH-02) is a great place to work with other members in a non-partisan setting on environmental factors not only focused on burn pits but all toxins.
- **Establish a study on burn pits and other toxins that might have affected deployed OCONUS (Outside Continental United States) service members by the National Academy of Medicine:** WWP requests that this report include what research is currently being conducted on this topic,

²² David A. Butler et al., *Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry*, NAT'L ACAD. OF SCI., ENG'G & MED. (Feb. 28, 2017).

²³ See *id.*



identification of the negative effects of exposure from burn pits and other toxins, an estimate of how many service members might have been affected, and what Congress, the federal government, and VSO/MSO community can do to assist these service members and veterans. Additionally, new epidemiological data on the entire post-9/11 cohort should be collected to understand exposures and current short- and long-term health problems related to their military service. WWP would also like to see an in-depth report on the DoD Periodic Occupational and Environmental Monitoring Summary (POEMS). These reports have a vast amount of data regarding environmental exposures in Afghanistan and Iraq. Conducting a report that can capture this data in a way that promotes informed legislative action is critical for future progress on this issue.

In sum, WWP is committed to helping guide and remain apprised of any policy changes regarding toxic exposure and the VA Burn Pit Registry. We were pleased to see that Senator Klobuchar (D-MN) and Senator Sullivan (R-AK), along with Representative Gabbard (D-HI) and Representative Mast (R-FL) have re-introduced the *Burn Pits Accountability Act* (H.R. 663, S. 191) in the 116th Congress. We request Congress to continue working towards legislation that not only addresses the lack of data between exposures to burn pits in combat zones and possible disabilities but also other toxic exposures while working alongside the veteran community in providing care to those affected.

Education

Wounded Warrior Project was concerned with the implementation delays of the Forever G.I. Bill but is pleased that VA continues to work with the VSO and veteran community in addressing implementation shortcomings identified during the 115th Congress. WWP will continue to work with VBA to inform our student alumni of changes and ensure that they receive all the benefits they are owed. WWP calls on Congress to continue oversight into the implementation of the Forever G.I. Bill and ensure that VA does, in fact, distribute all past-due funds to student veterans.

As the use of the G.I. Bill grows among transitioning service members, we also ask Congress to:

- **Provide oversight and direction to VA regarding the protection of student veterans:** As policies change in the federal government, it is important for Congress to review these changes and ensure that they are still in the best interest of students. Too often, we have seen that broad changes have unintended consequences on the student veteran community.
- **Address the 90/10 loophole:** Currently, schools must have at least 10 percent of their entire funding from revenue sources that are not considered federal funds. G.I. Bill payments to schools are considered non-federal funds so they count as part of the 10 percent calculation. The need to stay within the 90/10 percentage creates an incentive for less than reputable schools to attract veterans



into their programs. While some schools are a good fit for veterans, others are known to be considered less than reputable schools that will attract transitioning service members and veterans using any means possible. This includes aggressive marketing into programs where employment prospects are low and providing misinformation about program requirements. WWP would like to see more oversight from Congress into this issue and is pleased to see that Chairman Takano (CA-41) is leading the charge in protecting student veteran funds from these schools.

Education is a powerful tool available to transitioning service members and veterans. We look forward to working with the Committees on Veterans' Affairs on education issues to ensure a smooth transition from military service into the civilian workforce.

Specially Adapted Housing (SAH)

Through our Independence Program (IP) and our Veterans Disability Benefits Services Team, WWP assists veterans and service members in need of home modifications for daily living if they do not qualify for VA Specially Adapted Housing (SAH) grants, which provide allowances to service members and veterans with certain permanent and total service-connected disabilities. These grants help with the purchase or construction of an adaptive home or modifications of an existing home to help accommodate a disability. While SAH grants have been helpful to many WWP alumni, the grant process can be improved with congressional action.

Eligible SAH grantees include those who have lost the use of both arms and/or both legs, those who are blind in both eyes, and those who have certain severe respiratory injuries, or certain severe burns. The total amount of funds that an individual can use is currently \$81,080. A veteran or service member can access these funds up to three times and cannot exceed the capped amount.

Although warriors are maintaining that the SAH program is administered well by VA and is considered a much-needed benefit to those with severe injuries and illnesses, WWP is currently advocating to:

- **Allow full SAH benefit reinstatement every ten years:** As younger veterans grow, get married, have families, their needs in an adaptive home change drastically. This is also true for those whose disabilities get worse over time. A veteran with a prosthetic leg might be fine to walk around their home when they are in their thirties, but they might require a wheelchair when they become senior citizens. We suggest the full SAH benefit be reinstated to those in the program every ten years to accommodate moving and normal life changes.

We encourage warriors to thrive in their work and personal lives. Often they must move to take advantage of opportunities to improve their socioeconomic conditions. It is not reasonable to expect a veteran to buy a home and never leave over their entire life. This benefit is reserved for those catastrophically injured



and deserve our assistance throughout their entire life, not just one portion of it. We are pleased to see that Ranking Member Roe (TN-1) is taking a leading role in the development of possible legislation on this issue.

FAIR Heroes Act

At the start of the 115th Congress, WWP identified one of its top legislative priorities as ending health insurance premium discrimination against some of the most seriously injured medical retirees. As the 116th Congress begins, WWP is renewing its commitment to ending this problem. Thanks to the leadership of Representative Susan Davis (D-CA) and former Senator Bill Nelson (D-FL), Congress can pass the *Fair Access to Insurance for Retired Heroes Act (FAIR Heroes Act)* – the first bill of its kind – and offer these veterans the opportunity to choose the health insurance plan that fits their needs and budget.

Like regular military retirees (20+ years in service), medically retired veterans (chapter 61) have earned the benefit of being able to enroll in low-cost TRICARE health insurance plans for the rest of their lives. Unlike regular military retirees, however, medically retired veterans with injuries so severe they cannot return to work must enroll in Medicare Part B in order to maintain access to TRICARE (which becomes TRICARE for Life). Consequently, these veterans must pay an annual premium/enrollment fee for health insurance that is approximately five times the amount that regular military retirees pay for their TRICARE benefits. Even for those medically retired veterans who return to work, Medicare laws are structured to extend eligibility for the program an additional eight and a half years, thereby extending the inability to access a traditional, low-cost TRICARE plan even longer – all while paying increased premiums that can add up to more than \$10,000 in that time for care they may not necessarily want or use.

The *FAIR Heroes Act* is designed to help medically retired veterans (and future medically retired veterans) who are unhappy with their current health insurance. Generally speaking, this is a veteran who would prefer a traditional, low-cost TRICARE plan rather than Medicare Part B (with TRICARE for Life as wraparound). The *FAIR Heroes Act* does not abridge a medically retired veteran’s access to Medicare Part B. Rather, it allows an option of remaining enrolled in a traditional, low-cost TRICARE plan if such a plan works better to address a particular veteran’s health and financial needs. The *FAIR Heroes Act* includes an educational component to help ensure that a veteran’s health care insurance choice is as informed as possible. Accordingly, WWP implores Congress to:

- **Pass the *FAIR Heroes Act*:** The *FAIR Heroes Act* has not been re-introduced in the 116th Congress yet; however, the *John S. McCain National Defense Authorization Act for Fiscal Year 2019* (“FY 19 NDAA,” Sect. 734, P.L. 115-232) mandates a report on the populations affected by these overlapping health insurance systems. Ideally, this population – which has been estimated to be



approximately 29,000 by the Center for a New American Security²⁴ – figure should generate a reasonable cost for the bill that can generate swift support for a legislative fix that is many years overdue. We urge all committee members to support the *FAIR Heroes Act* once it is introduced in the 116th Congress.

DoD / VA COLLABORATION

Although the proportion of active duty service members among WWP alumni continues to decline – 6.4 percent in 2018, compared to 7.3 percent in 2017 and 9.5 percent in 2016 – serving this population remains a priority for WWP. The proportional decrease can be explained as deployment to combat operations continues to decline across the Armed Forces, and thus, combat-related injuries and illnesses among active duty service members continues to decline as well. That said, WWP is welcoming more veterans per month than ever before, the vast majority of whom are several years post-service. Nevertheless, our advocacy on behalf of our current service members embraces the ideas that the veterans of tomorrow will benefit from policies that promote their well-being in the present. In this context, WWP is advocating in several areas that affect our active duty population and which are interrelated with the veterans’ issues under your committees’ jurisdiction.

Electronic Health Record Modernization (EHRM)

The new electronic health record (EHR) system should include a smooth transition of DoD medical records to the VA. This will create a seamless transition from military to civilian life. We believe a successful EHRM process will provide efficiencies and greater quality in patient and prescription data, all of which will lead to greater quality of care, identify high risk patients related to suicide and opioid abuse, and a greater quality of life.

Although the process is expected to take 10 years for both agencies, successful implementation will deliver – for the first time ever – a uniform platform (Cerner-based) to manage records and provide seamless capabilities across DoD and VA. The VA Cerner EHR implementation initial operating capability (IOC) in the Pacific Northwest is expected to go live and be fully-functionable by March 2020. While VA is deploying the new system, it will be imperative for VA to capitalize on lessons learned from DoD implementation process. This is critical for the success of the EHRM and the goal of interoperability with DoD. WWP believes Congress needs to exercise vigilant oversight of the implementation process to ensure high levels of interoperability and data accessibility between VA, DoD, and commercial health partners. The House and Senate Committees on Veterans’ Affairs can provide oversight in the following ways:

²⁴ Phillip Carter, *Improving Federal Health and Benefits Programs to Support Seriously Wounded, Ill and Injured Veterans*, CTR. FOR A NEW AM. SEC. (Jul. 24, 2017) available at <https://www.cnas.org/publications/reports/improving-federal-health-and-benefits-programs-to-support-seriously-wounded-ill-and-injured-veterans>.



- **Learn lessons from DoD implementation and ensure VA/DoD collaboration:** Successful interoperability between DoD and VA has been a goal for decades. Although VA has different system requirements such as those relating to VA disability benefits, nearly 70 percent of its requirements are similar to those being implemented by DoD. As DoD's implementation progress began years earlier, VA has models it can learn from, and Congress should monitor VA's adherence to those models.
- **Ensure IT systems are properly coordinated:** While the *Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriation Act, 2019* (P.L. 115-244) included some funds to improve IT infrastructure, VA has often acknowledged achieving complete interoperability between medical devices, healthcare applications, and the EHR, will require the VA to update an outdated IT infrastructure. VA had to utilize \$70 million from FY18 carryover to address unplanned infrastructure upgrades. WWP encourages the committees to ensure the Office of Electronic Health Record Modernization (OEHRM) is adequately coordinating with VA CIO to ensure a joint strategy going forward.
- **Promote interagency cooperation:** With less than a year before the first roll out of EHRM, WWP is concerned that no one has been designated to oversee the joint DoD/VA EHRM committee. Although the Interagency Program Office (IPO), which was put in place as a result of the *National Defense Authorization Act for Fiscal Year 2008* (P.L. 110-181), acts as the single point of accountability for DoD and VA development and implementation of EHR systems and capabilities, VA recently indicated²⁵ that DoD and VA Tiger teams will be recommending the best joint approach moving forward to replace the IPO office. Both agencies would one person to oversee a joint agency with an external-facing optic of being separate agencies.

Military Transition

During the recent Military Civilian Transition (MCT) Summit 3.0, the Honorable James Byrne, Performing the Duties of the Deputy Secretary of Veterans Affairs, stated, "one of the most stressful endeavors anyone will take is transitioning from military service." Transitioning service members may face challenges related to unemployment, financial uncertainties, separation anxiety, and some lack of purpose. WWP has put programs in place to ease the hardship of this change as we believe these programs are paramount in easing service members out of military life and into the civilian world.

²⁵ *Review of the VA's Electronic Health Record Modernization: Hearing Before the S. Subcomm. on Military Construction, Veterans Affairs, and Related Agencies, 116th Cong. (2019).*



With approximately 200,000 service members leaving the military each year, it is critical that DoD, VA, and the Department of Labor (DoL) disseminate the right and relevant information pertinent to transition success, VA benefits, and job opportunities.²⁶ It is also as important to ensure that adequate programs and resources exist with ease of access for those who have transitioned out of military service long after separation. WWP supports a holistic approach to the military Transition Assistance Program (TAP) that reflects the input of all relevant stakeholders.

In November 2017, WWP was pleased to host leaders from DoD, VA, DoL, and over 10 veteran service and nonprofit organizations to the MCT Summit 1.0, the first of three summits. The intent of the summit was to explore the components of well-being and their relationship to a successful military civilian transition. WWP continues to be an active participant in VA's MCT Summits and remains committed to being deeply involved with government and nongovernment leaders alike who have a stake in the success of TAP.

An example of our commitment is represented by our funding partnership with the VFW to support the Benefits Delivery at Discharge (BDD) program. VFW Veteran Service Officers at BDD sites provide counsel to service members preparing to leave the military about benefits they earned and offers the opportunity to have disability claims submitted on their behalf to the VA. Claims are filed by the VFW's expert VSOs located at twenty-four BDD offices on military installations across the country.

From September 2017 to September 2018, WWP helped 4,554 warriors with disability claims amounting to \$99,348,066 in compensation. Through the partnership with VFW described above, WWP was able to extend our organization's reach and impact by filing claims through the BDD program for 14,904 additional veterans, resulting in \$155,302,117 in compensation. Combining our internal capacity with external partnership, WWP was able to generate more than \$254,650,000 in VA compensation for more than 19,000 veterans.

Impact on Other Programs

Several proposals to amend the Transition Assistance Program (TAP) were introduced during the 115th Congress, including FY 19 NDAA Section 552. Given the recent legislative change and interest in seeing this critical program succeed, WWP urges Congress to give the DoD and VA time to develop and launch the new TAP program before making any significant changes during the 116th Congress. However, it is incumbent upon the Departments to work with Congress and key stakeholders to ensure they are identifying any potential shortfalls and meeting the intent of the law.

During this period of oversight, Congress should note that by requiring the TAP process to begin no later than 365 days before separation, other programs such as DoD's SkillBridge program, which must be

²⁶ Anna Zogas, *US Military Veterans' Difficult Transitions Back to Civilian Life and the VA's Response*, WATSON INST. OF INT'L & PUB. AFF. (Feb. 2017) available at https://watson.brown.edu/costofwar/files/ow/papers/2017/Zogas_Veterans%27%20Transitions_CoW_2.1.17.pdf.



utilized within 180 days of being discharged, may be impacted and require a legislative solution. Congress should ask the Departments to together assess and report on all transition related programs and services to determine which need to be updated or require additional legislative fixes.

Additionally, WWP has continued to support providing grants to organizations specializing in transition services, connecting transitioning service members with resources in their communities, and inclusion of accredited VSO's into the formal TAP curriculum. That said, WWP should be able to rely on the government to provide comprehensive services that don't require nonprofit subsidizing.

DoD/VA Integrated Approach to Health Care

DoD and VA health systems are each responsible for providing health care to more than 9 million eligible beneficiaries, with some overlap between their populations.²⁷ According to the RAND feasibility assessment on "*Integrating Department of Defense and Department of Veterans Affairs Purchased Care*," approximately 1.5 million beneficiaries are enrolled in both the TRICARE and VA health system as a result of overlapping eligibility. Additionally, our 2018 Annual Survey indicates that 57 percent of respondents are eligible for TRICARE and three out of every four (75.2 percent) respondent utilizes VHA; one of the reasons WWP is both a military service origination (MSO) and a veteran service organization (VSO). Two of the DoD/VA Joint Executive Committee (JEC) priorities include integrated purchased care networks and the joint sharing of facilities and services.

Integrated Purchased Care

Both DoD and VA provide care to service members, veterans, and family members through a mixture of platforms; direct care out of government owned or managed facilities and purchased care, utilizing community providers managed through third-party administrators (TPAs). As the integrated product team (IPT) develops a phased approach for planning and implementing an integrated purchased care network, we encourage the committees to work closely with DoD's committees of jurisdiction and the Departments on framing of MOU's for inter-agency provider credentials, demonstration projects, and purchased care acquisition planning. Additionally, just like DoD has solicited information from MSO and VSO's on DoD's T5²⁸ contract from the beneficiary prospect, the designated program management office in VA should do the same for VA integrated purchased care.

²⁷ Carrie M. Farmer et al., *Integrating Department of Defense and Department of Veterans Affairs Purchased Care*, RAND CORP. (2018).

²⁸ "T5" refers to DoD's next generation of TRICARE contracts.



Joint Sharing of Facilities and Services

For over 30 years, DoD and VA have had a history of health care resource sharing in agreements between military treatment facilities and VA Medical Centers (VAMCs) across the country. In 2001, Congress authorized a five-year demonstration project, the Captain James A. Lovell Federal Health Care Center (JALFHCC), which operates under an integrated governance structure to manage DoD and VA medical and dental care while continuing to meet the unique missions of both Departments.²⁹ JALFHCC is the only facility with a single budget that is applied to both DoD and VA functions which relies on the Joint DoD/VA Medical Facility Demonstration Fund (JMFDF) authorized annually via the NDAA. Additionally, through the Joint Incentive Fund (JIF), DoD and VA are able to enter joint sharing initiatives “at DoD/VA facility, regional and national levels to facilitate the mutually beneficial coordination, use, or exchange of health care resources, with the goal of improving the access to, and quality and cost effectiveness of, the health care provided to beneficiaries of both Departments.”³⁰ As DoD moves the Medical Health System towards delivering services focused on readiness of the fighting force and the VA continues to face challenges with personnel shortages, we encourage the committees to study and report to Congress and the public about how joint sharing of facilities and services may benefit both population groups.

Commissary, Military Exchanges, And Morale, Welfare (MWR) and Recreational Privileges

WWP and the Military Order of the Purple Heart (MOPH) spearheaded efforts to extend commissary, military exchanges, and MWR privileges to Purple Heart recipients, Medal of Honor recipients, former prisoners of war, veterans with service-connected disabilities, and their caregivers. This was one of the most significant expansions of military privileges for veterans and their caregivers in recent history. This historic expansion of military privileges will positively impact over three million eligible veterans and over 26,000 eligible caregivers. Additionally, it will provide significant cost savings for warriors, and associated increases in revenue will help support on-base quality-of-life programs for those who serve and their families. To ensure proper implementation, Congress must:

- **Monitor progress on credentialing and access:** Although the expansion passed during the 115th Congress, implementation does not go into effect until January 1, 2020. DoD, in collaboration with VA, must work together to address issues associated with identification credentials and installation access. Installation access for the above mention veteran population and caregivers requires an identification compatible with DoD’s physical access control system. While DoD plans to implement electronic physical access control system (ePACS) at all major installations capable of

²⁹ *Captain James A. Lovell Federal Health Care Center Demonstration Project*, DEP’T OF DEFENSE & DEP’T OF VETERANS AFF. (March 2016).

³⁰ *DoD/VA Joint Incentive Fund Guide*, DEP’T OF DEFENSE & DEP’T OF VETERANS AFF. (May 2014).



supporting the VA Veteran Health Identification Card (VHIC), not all new eligible patrons are eligible for a VHIC.

- **Keep DoD on schedule:** To keep implementation on track, Congress should require an update from DoD on execution plans to ensure veterans and their caregivers are granted access on January 1, 2020. WWP stands ready to assist both DoD and VA in educating the new beneficiaries on how to exercise their new privileges.

OTHER ITEMS OF INTEREST

Prosthetics

As of June 2018, there have been a total of 1,719 OEF/OIF/OND/OIR/OFS amputee patients treated in all military treatment facilities (MTFs), 297 of which were upper extremity involvement. The demand on VA's healthcare system, just like the civilian population, has seen a growth of individuals with amputations. The total number of Veterans with amputations being seen at VA facilities increased from 25,000 in FY 2000 to almost 90,000 in FY 2016.³¹ This is an increase of 325 percent. As VA's approach to prosthetic care evolves, Congress should be mindful of the following areas.

- **Prosthetic limbs and preference for DoD care:** Even years after separation, many amputees are choosing to return to military treatment facilities (MTFs) for prosthetic care instead of VA³². One of the main reasons why amputees are returning to MTFs is DoD's ability to fabricate on site and work with amputees to address a host of needs associated with an active life style. A younger and more active amputee population places different demands on VA's prosthetic department used to working with a much older and aging population. Congress should study why such a high portion of this generation's amputees are choosing to fly to an MTF instead of using the VA.
- **Osteointegration (OI):** Although VA is running a feasibility research study out of the George W. Wahlen VA Medical Center in Salt Lake City, Utah, we are under the impression that DoD is taking the lead related to OI. Currently, DoD, out of Walter Reed National Military Medical Center (WRNMMC) is running a study where they have 14-15 lower extremity and 3 upper extremity candidates going through the OI process. This population base is young and extremely active. Of concern is that these patients are being seen at WRNMMC and once they return home, the local

³¹ VA/DoD Clinical Practice Guidelines for Rehabilitation of Individuals with Lower Limb Amputation, DEP'T OF DEFENSE & DEP'T OF VETERANS AFF (2017) at 10.

³² At Walter Reed National Military Medical Center (WRNMMC) alone, a low estimate is that 25 percent of amputees that came through Walter Reed and who now live outside the National Capitol Region (NCR) are still flying in to get their prosthetic work done there.



VAMC may not be equipped to address follow-on needs or issues associated with OI. We encourage the committees to look at innovative technologies and medical procedures such as OI.

- **Adaptive recreation equipment:** WWP is concerned with the potential limitations created by the proposed definition of adaptive recreation equipment. The proposed regulation to amend 38 C.F.R. § 17.3210 would define adaptive recreation equipment in a way that would limit the access to adaptive recreational equipment to items specifically tied to a medical goal, and not provided “merely” to support a veteran’s participation in an activity only for personal enjoyment. This can negatively impact both sedentary and highly active veterans, specifically wheelchair bound and amputee veterans, and as such, the proposed regulation defining adaptive recreation equipment is too restrictive and could adversely affect the veteran’s quality of life and may negatively impact the veteran’s whole health as it relates to both physical and mental well-being.

CONCLUDING REMARKS

In closing, I would like to acknowledge the bipartisan and inclusive spirit that guides the work of these committees. The 115th Congress’ work to expand educational benefits, modernize the appeals process, improve mental healthcare access, and improve our approach to community care was inspirational. Regardless of which side of the dais, panel, or aisle we sit, we share a sacred obligation to ensure that our veterans and their families get the support and care they have earned, and the success they deserve. At Wounded Warrior Project we are committed to that mission, and we are constantly striving to be as effective and efficient as possible. We look forward to working with you and your fellow lawmakers in the weeks, months, and years ahead.



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Appendix: 2018 Annual Warrior Survey Highlights & Survey Trend Data (2014 to 2018)



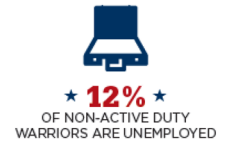
***** WOUNDED WARRIOR PROJECT® *****
2018 ANNUAL WARRIOR SURVEY

Since 2003, Wounded Warrior Project® (WWP) has advocated for the men and women who serve our nation, transforming the way injured, ill and wounded veterans are empowered, employed, and engaged.

For the last 9 years, WWP has conducted the Annual Warrior Survey to gain the deepest understanding of the challenges more than 3 million post-9/11 veterans face every day.

This year, 33,067 WWP warriors participated, making it the largest, most statistically relevant survey of its kind. It has laid the foundation for modern methods of veteran care, and is a critical resource in addressing the evolving needs of warriors.

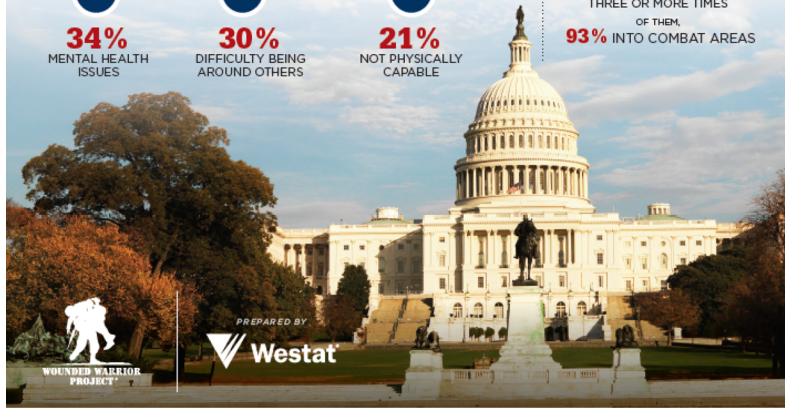
★ UNEMPLOYMENT & HOMELESSNESS



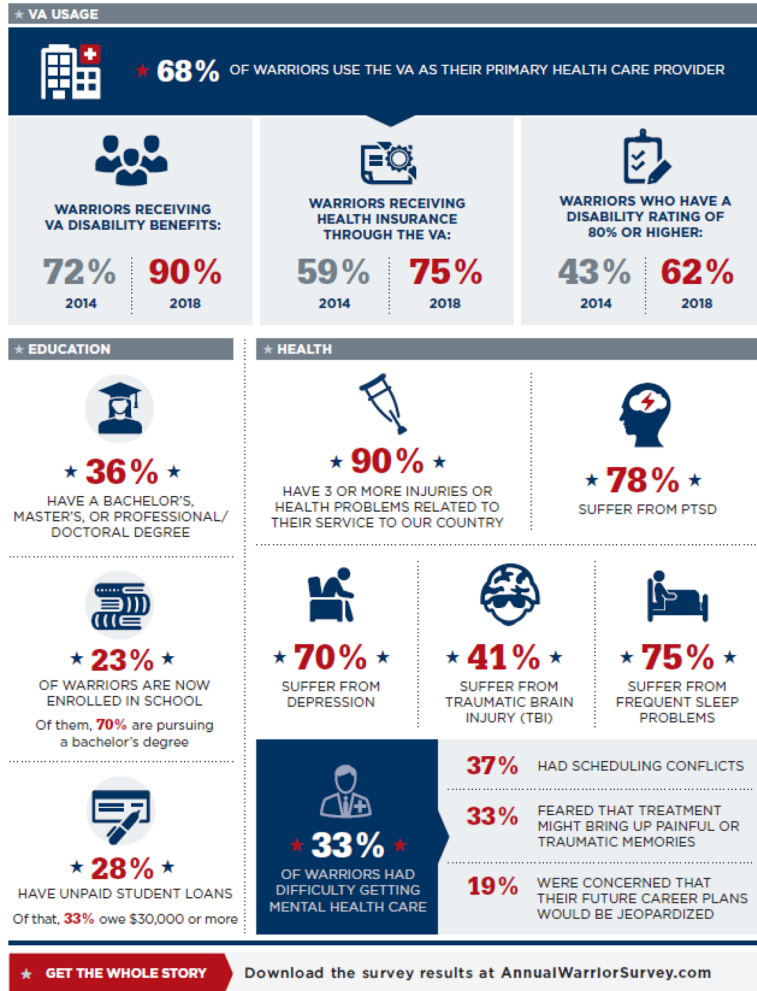
★ DEMOGRAPHICS



MOST FREQUENTLY CITED BARRIERS TO EMPLOYMENT:



PREPARED BY
Westat





ANNUAL WARRIOR SURVEY TREND DATA

2014 - 2018

DEMOGRAPHICS



84%
ARE MALE



67%
ARE MARRIED



92%
ARE/WERE ENLISTED



66%
ARMY

*Gender, marital status, service branch demographics similar (within 1%) to 2014 survey data.



AVERAGE AGE OF WARRIORS IS INCREASING

36 TO **40**
2014 2018



ACTIVE DUTY PERCENTAGE IS DECREASING

20% TO **6%**
2014 2018



PERCENTAGE OF WARRIORS WHO HAVE DEPLOYED 3 OR MORE TIMES IS INCREASING

34% TO **45%**
2014 2018

POSITIVE TRENDS

★ MENTAL HEALTH



MORE WARRIORS ARE USING VA MEDICAL CENTERS TO ADDRESS THEIR MENTAL HEALTH CONCERNS

63% TO **71%**
2014 2018



SLIGHT DECREASE IN PERCENTAGE OF WARRIORS WHO REPORTED HAVING DIFFICULTY IN GETTING MENTAL HEALTH CARE

35% TO **33%**
2014 2018

★ HEALTH CARE NEEDS



DECREASE IN WARRIORS WHO HAVE BEEN TO A DOCTOR'S OFFICE OR CLINIC (EXCLUDING ER VISITS) 10 OR MORE TIMES DURING THE PAST 3 MONTHS

17% TO **10%**
2014 2018

★ EDUCATION



MORE WARRIORS HAVE ATTAINED A BACHELOR'S DEGREE OR HIGHER

25% TO **36%**
2014 2018

IN 2018, 23% OF WARRIORS ARE NOW ENROLLED IN SCHOOL AND THE MAJORITY OF THEM ARE PURSUING A BACHELOR'S DEGREE (70% OF THOSE ENROLLED)

★ FINANCIAL STABILITY



MORE WARRIORS ARE HOMEOWNERS

46% TO **60%**
2014 2018



MORE WARRIORS SAY THEIR FINANCIAL STATUS IS BETTER THAN A YEAR AGO

23% TO **27%**
2014 2018

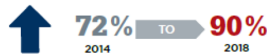
DATA FROM 2018 AND 2014 ANNUAL WARRIOR SURVEY



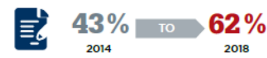
NOTABLE STATISTICS

★ VA RESOURCES

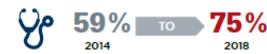
MORE WARRIORS ARE RECEIVING VA DISABILITY BENEFITS



MORE WARRIORS HAVE A DISABILITY RATING OF 80% OR HIGHER

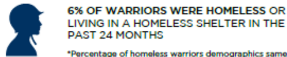


MORE WARRIORS HAVE VA HEALTH INSURANCE



★ HOMELESSNESS

HOMELESSNESS HAS NOT CHANGED AND CONTINUES TO BE A CONCERN. RATES ARE SOMEWHAT HIGHER FOR FEMALE WARRIORS



*Percentage of homeless warriors demographics same as 2014 survey data.

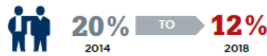
FEMALE WARRIORS SHOWED SOMEWHAT HIGHER RATES OF HOMELESSNESS OVER PAST 24 MONTHS THAN MALES



*The percentages were 6% each in 2015, no breakdown for 2014.

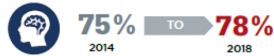
★ EMPLOYMENT

WARRIOR UNEMPLOYMENT PERCENTAGE HAS DECREASED



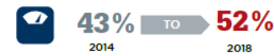
★ PTSD

78% OF WARRIORS REPORT EXPERIENCING PTSD AS A RESULT OF THEIR MILITARY SERVICE

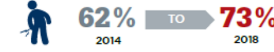


★ PHYSICAL HEALTH

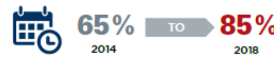
INCREASE IN PERCENTAGE OF WARRIORS WHO ARE OBESE



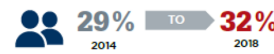
MORE WARRIORS REPORTED THAT PAIN INTERFERED WITH THEIR NORMAL WORK BOTH INSIDE AND OUTSIDE OF THE HOME



MORE WARRIORS SAID THEY ACCOMPLISHED LESS THAN THEY WOULD LIKE IN THE PAST 4 WEEKS BECAUSE OF PHYSICAL HEALTH PROBLEMS



MORE WARRIORS NEED AID AND ATTENDANCE OF ANOTHER PERSON BECAUSE OF INJURIES AND HEALTH PROBLEMS



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