



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2nd SESSION of the 117th CONGRESS

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

March 8, 2022

Presented by

CDR René A. Campos, USN (Ret.)

Senior Director, Government Relations for Veterans-Wounded Warrior Care

EXECUTIVE SUMMARY

MOAA commends the Committees and the Department of Veterans Affairs (VA) for pressing hard in 2021 to care for veterans and servicemembers, their families, caregivers, and survivors during yet another difficult year in the fight against the COVID-19 pandemic. We also thank you for your continued advocacy on their behalf to ensure the nation is prepared to meet their needs in the coming years.

We are very appreciative of Congress, the VA, and the Administration for championing enactment of the Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse (SAVE LIVES) Act¹. This monumental legislation allows the VA to vaccinate all veterans, veteran spouses, caregivers, and those receiving care through the Civilian Health and Medical Program of VA (CHAMPVA) against COVID-19. MOAA hopes this legislation opens the door for passage of additional legislation to protect veterans from other harmful infections like influenza and pneumonia.

MOAA also thanks the Committees for enacting other key legislation in the first session of the 117th Congress, such as:

- **Protecting Moms Who Served Act of 2021** (Public Law No. 117-69, Nov. 30, 2021)² — Codifies maternity care coordination programs at the VA.
- **Hire Veteran Health Heroes Act of 2021** (Public Law No. 117-67, Nov. 30, 2021)³ — Identifies and refers health occupation members of the Armed Forces for potential employment with the VA.
- **Disability Claims Disparity Study** (Public Law No. 117-66, Nov. 30, 2021)⁴ — Requires the Comptroller General of the United States to conduct a study on disparities associated with race and ethnicity related to certain benefits administered by the VA Secretary.
- **PAWS for Veterans Therapy Act** (Public Law No. 117-42, Aug. 25, 2021)⁵ — Directs the VA to carry out a dog training therapy program and authorizes the department to provide service dogs to veterans with mental health illnesses who do not have mobility impairments.
- **Sgt. Ketchum Rural Veterans Mental Health Act of 2021** (Public Law No. 117-21, Jun. 30, 2021)⁶ — Directs expansion of VA rural care and directs the department to conduct a study of its mental health care resources available to veterans living in rural areas.

¹ [Text - H.R.1276 - 117th Congress \(2021-2022\): Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse Act | Congress.gov | Library of Congress](#)

² [Text - S.796 - 117th Congress \(2021-2022\): Protecting Moms Who Served Act of 2021 | Congress.gov | Library of Congress](#)

³ [Text - S.894 - 117th Congress \(2021-2022\): Hire Veteran Health Heroes Act of 2021 | Congress.gov | Library of Congress](#)

⁴ [Text - S.1031 - 117th Congress \(2021-2022\): To require the Comptroller General of the United States to conduct a study on disparities associated with race and ethnicity with respect to certain benefits administered by the Secretary of Veterans Affairs, and for other purposes. | Congress.gov | Library of Congress](#)

⁵ [Text - H.R.1448 - 117th Congress \(2021-2022\): PAWS for Veterans Therapy Act | Congress.gov | Library of Congress](#)

⁶ [Text - H.R.2441 - 117th Congress \(2021-2022\): Sgt. Ketchum Rural Veterans Mental Health Act of 2021 | Congress.gov | Library of Congress](#)

- **THRIVE Act** (Public Law No. 117-16, Apr. 14, 2021)⁷ — Provides improvements to the Veteran Rapid Retraining Assistance program.

While last year was especially productive for the VA, 2022 has all the signs of being a particularly challenging year. The fact that we are six months into the new fiscal year with no appropriations signed into law is troubling; it places a great deal of undue burden on the VA and creates uncertainty about what the department can expect for FY 2023 and FY 2024 advanced appropriations.

Implementing reform measures has historically presented challenges for the VA without the full support of those championing the legislation. More than ever, the VA needs the maximum assistance and commitment of all stakeholder partners, including Congress, to successfully implement the significant legislation enacted to date and forthcoming measures to help drive the kind of change Congress expects to achieve in the 21st century.

MOAA'S MAJOR 2022 LEGISLATIVE PRIORITIES:

1. **Veterans' Health Care** — Strengthen and sustain the Veterans Health Administration (VHA) system by:
 - a. Preserving VA's foundational missions and services through the annual appropriations process to secure funding by the start of each fiscal year.
 - b. Focusing on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports.
 - c. Stabilizing and modernizing the workforce and support systems.
 - d. Prioritizing and accelerating access to caregiving support, as well as long-term and extended care programs and services.
 - e. Eliminating disparities for women, minority, and underserved veterans, and expanding access and services to ensure equitable delivery of health and benefits among all veteran populations.
 - f. Ensuring the VA continues executing enacted legislation to improve access and delivery of behavioral health and suicide prevention services.
2. **Veterans' Benefits** — Expand and enhance the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) by:
 - a. Passing comprehensive toxic exposure reforms.
 - b. Supporting and monitoring VA actions to reduce the claims backlog, protecting veterans from predatory claims companies, and ensuring underlying conditions are considered for Dependency and Indemnity Compensation (DIC) claims.
 - c. Protecting veterans' GI Bill education benefits.
 - d. Protecting veterans' VA Home Loan benefits.
 - e. Converting an existing VA cemetery into the next Arlington National Cemetery.

⁷ [Text - H.R.2523 - 117th Congress \(2021-2022\): THRIVE Act | Congress.gov | Library of Congress](#)

CHAIRMEN TESTER AND TAKANO, RANKING MEMBERS MORAN AND BOST, and Committee Members, on behalf of the Military Officers Association of America (MOAA), it is a privilege to have the opportunity to once again present testimony on our major veterans' health care and benefits priorities for this year. MOAA is committed to working with the Senate and House Committees to help ensure the VA has the infrastructure, resources, staffing, and funding necessary to handle current and future missions.

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

VETERANS' HEALTH CARE PRIORITIES

PREDICTABLE FUNDING

Like other federal agencies, the VA has been funded under a series of stopgap measures since Oct. 1, 2021, when the new fiscal year began.

This is a worrying trend to MOAA — a situation all too common rather than the exception for funding the federal government. The trend also is worrisome to Secretary Denis McDonough, who told reporters in December and February press conferences a full-year continuing resolution would negatively impact the department's discretionary budget by \$1.8 billion and reduce the compensation and pensions budget by \$9 billion. He also indicated the department could absorb pay raises for nurses if he received what the President requested in his FY 2022 budget proposal.

The Veterans Health Administration (VHA) is planning for the drastic consequences if this budget impasse continues, and what serious adjustments will need to be made — tough moves like reducing referrals for community care, especially in rural areas where care is needed the most; or choosing between reducing payments for all veterans or stopping payments to some veterans.

McDonough told reporters he had no idea how the VA would “bend ourselves into a pretzel to operate under these limited numbers.”

In February, The Independent Budget (IB) veteran service organizations (IBVSOs) published recommendations for VA's FY 2023 and FY 2024 budget⁸. The IBVSOs, which include Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), and the Veterans of Foreign Wars (VFW), have provided their views and estimates to leaders in Congress and the VA for decades. MOAA values our partnership with the IBVSOs and their expertise in formulating recommendations to Congress.

The COVID-19 pandemic and other domestic and international crises continue to wreak havoc and uncertainty. Health care systems around the country, including the VA, are left wondering

⁸ [Independent Budget Numbers 2022_single_pages_FINAL.indd](#)

when or if we will soon reach a state of certainty, or what will be the “next normal.” The IBVSOs and MOAA are concerned about what the ongoing crises and budget threats will mean for current and future policy changes, which could dramatically alter VA’s funding requirements.

Some examples, according to the IB report: “[T]he Asset and Infrastructure Review (AIR) mandated by the VA MISSION Act⁹ will determine how and where VA plans to deliver health care to enrolled veterans over the next decade and what VA facilities will be required to assure timely and convenient access. Congress is also considering major legislation that could change how and when VA recognizes injuries, illnesses, and disabilities associated with military toxic exposures, which would significantly increase the number of veterans eligible for VA health care and benefits.”

Great progress has been made thus far in modernizing VHA’s electronic health record, community care networks, caregiver programs, and operational, financial, and technology systems. The VA must be given every opportunity to achieve what has been mandated by law and fix any vulnerabilities it identifies during its implementation of these reforms.

MOAA will do all we can to support the Committees in establishing a sustainable path for predictable funding so the department can meet its congressional modernization mandates and provide the best care and benefits anywhere to those in our veterans and uniformed services communities.

MOAA urges Congress to:

- ***Immediately pass the FY 2022-2023 appropriations-advanced funding bill.***
- ***Preserve VA’s foundational missions and services through the annual appropriations process to secure funding by the start of each fiscal year to meet VA mission requirements.***

OVERSIGHT AND ACCOUNTABILITY

MOAA remains concerned about VA’s ability to execute the enormous volume of legislation amassed since the passage of the MISSION Act to modernize VHA and address systemic problems, weaknesses, and/or challenges identified by watchdog organizations like the Government Accountability Office (GAO) and the VA Office of Inspector General (VA OIG).

Many of these systemic problems cannot be solved by legislation alone. In a May 2021 report titled *VA’s High Risk List Action Plan Update: Managing Risks and Improving VA Health Care*¹⁰, the department provides its assessment of GAO’s rating earlier in the year concerning VHA leadership’s commitment to resolving high-risk concerns in the following areas:

- Ambiguous policies and inconsistent processes
- Inadequate oversight and accountability

⁹ [Text - S.2372 - 115th Congress \(2017-2018\): VA MISSION Act of 2018 | Congress.gov | Library of Congress](#)

¹⁰ [vaHighRiskListActionPlanManagingRisksAndImprovingHealthCare-202105.PDF](#)

- Information technology challenges
- Inadequate training for VA staff
- Unclear resource needs and allocation priorities

While Secretary McDonough has committed to working with GAO to make VA's high-risk list a part of the commitment of "being a leader who will fight relentlessly for the veterans," VA's self-assessment in all areas of concern is a work in progress, with a substantial number of actions planned through March 2022.

The Secretary is further challenged in fully addressing systemic issues by not having the Under Secretary for Health (USH) and Benefits (USB) positions filled for well over a year under this Administration. The USH has remained unfilled for over five years, though current and former VHA officials have done exceptional work performing the duties of this consequential position in addition to other duties. MOAA looks to Congress and the Administration to expedite the process to appoint USH and USB leadership.

Accountability to those VHA serves is equally important. The health system must step up its communication and outreach efforts to be more transparent at every access point in the system. This could involve anything from a physician reviewing health care options with a veteran during a visit to outreach efforts providing a veteran with timely VA and community program and service information.

MOAA leaders see the value of effective communication by VHA leaders at the local level. More work should be done that would replicate feedback like the following example:

The communications provided by the VISN 6 organization has been superb. In general, this fine level of communication is much appreciated by communities, veterans' groups, the North Carolina Department of Military and Veterans Affairs, as well as their counterparts in Virginia. There is also excellent communication with the North Carolina Department of Health and Human Services. VISN 6 leadership is continually reaching out to service organizations in the interest of improving veteran health care and access to necessary resources, reducing suicides and homelessness, and helping all veterans live their best lives.

To a veteran, caregiver, family member, or survivor, timely access to quality care and information, when and where it is needed, can be lifesaving. It also is essential to building trust and confidence in the system.

MOAA recommends the Committees remain laser-focused on VHA's leadership, oversight, and accountability issues by conducting ongoing hearings and other

activities to ensure successful resolution of systemic problems highlighted in GAO and VA OIG reports.

VHA WORKFORCE

Before the pandemic, VHA had over 39,000 health care vacancies. Clinical staffing shortages contribute to employee burnout, longer wait times for veterans, and more veterans sent to community providers despite preferring to receive their care at a VA medical facility. These last two years of the pandemic have exacerbated such troubling trends while lowering morale and increasing trauma among the medical staff.

- The VA OIG's report¹¹ on Sept. 28, 2021, found that 98% of VHA facilities (95% in 2020) identified at least one severe occupational health shortage. About 90% of medical facilities report severe shortages in medical officers; 73% of facilities report being severely short on nurses.
- 50% of facilities reported their most severe shortage came in psychiatry.

While the pandemic increased the severity of these staffing problems, it didn't cause them all: Doctors and nurses have been at the top of the severe staffing shortage list every year since 2014. As part of aggressive actions to address shortfalls in the past two years, the department was granted special authority to rapidly hire and onboard clinical staff, which turned out to be the lifeline VHA needed and a best practice.

MOAA is appreciative of the Secretary's recent announcement¹² about the importance and urgency of investing in VA's incredible workforce and plans for making the department a model employer where employees will want to work. These are major steps; MOAA urges current and future secretaries to commit to carrying out the plan and requests support from Congress on VA's investment in employees' wages and other workforce incentives.

The department has used other authorities such as bonuses, student loan elimination, and scholarships given by Congress to help stem the tide of staff shortages during the pandemic. The Secretary acknowledges we are at a critical juncture and face the possibility of losing more critical staff if we do not act soon. Nursing turnover in VHA alone is the highest in 15 years.

Medical staff are the backbone of the VA health system. Surveys continue to show veterans prefer their care from the VA, with trust in the system on the rise. It is essential our country prioritizes its investment in VA health care in support of its foundational missions — clinical, education, research, and national emergency response. This requires greater vigilance and oversight as VHA continues to implement major legislative reforms and realigns governance and operational structures like the Integrated Veteran Care (IVC) initiative that will integrate VA's direct and community care programs to create a seamless health care system. To be successful,

¹¹ [OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2021 \(va.gov\)](#)

¹² [February 2022: Secretary McDonough's Human Infrastructure plan - Vantage Point](#)

the VA must have the necessary funding and resources immediately so the department can set a clear path to stabilization and modernization of its human resource systems.

MOAA urges Congress to monitor and act when necessary to ensure the department can strike the right balance between delivering VA and community care, and to make certain VHA remains the primary coordinator for delivering veterans' health care. Ensuring continuity and consistency in care is important to veterans' health and their satisfaction with their system of care.

One member wrote to MOAA's leadership in February, frustrated to the point he was considering dropping his VA health care because of staffing shortage and other issues. He said:

I've been enrolled in the VA system here in Monterey, CA for one year now... at first it seemed like a good system, but after one year I've learned/experienced that it's very user unfriendly and very difficult to navigate. I understand some of the reasons for this, like the COVID-19 tsunami. However, I believe the issue(s) are innate. I've tried working with the local "Patient Advocate," but she could not do much, plus like many, many other VA employees, she left. I've had four different Primary Care Physicians in 12 months... I've only met two of them, one time each... the others left.

I'd like to try and help MOAA and/or the VA to get its act together... FYI, I'm seriously considering dropping out of the VA system... I don't think the VA hierarchy knows what's going on.

Another MOAA member was pleased overall with his care at the VA Clinic in Hampton Roads:

I use Hampton VA for a significant amount of my health care. I am quite pleased with the VA Greenbrier Clinic and my primary care manager. The folks at the hospital have all been really great. If there is one complaint it is the wait time to get specialty appointments.

I had one clinic that took 3½ months to get an initial appointment. The process for additional test, evaluation and assessment will take another 4-5 months, with 1-2 months between appointments. Some of this is due to COVID and a number of elective procedures being pushed to the right, resulting in a backlog.

MOAA recommends Congress:

- ***Make permanent VA's authority to expedite the hiring and onboarding for employees requested by the VA Secretary in his Human Infrastructure Plan.***

- ***Pass H.R. 5575, the VA Nurse and Physician Assistant RAISE Act¹³ — Increases the pay for these positions as requested by the VA Secretary in his Human Infrastructure Plan.***
- ***Pursue strict oversight to ensure VHA improvements result in a stable, modern workforce with fewer vacancies, and make certain funds available to strengthen recruiting, retention, and workforce development programs for long-term system sustainability.***

CAREGIVING, LONG-TERM AND EXTENDED CARE

Caregiver Support

Though the VA published its final regulation on Oct. 1, 2020, to improve and expand its Program of Comprehensive Assistance for Family Caregivers (PCAFC) as mandated in the MISSION Act, the department continues to struggle with the rollout of the new program.

The PCAFC expansion and other caregiver program improvements were to begin Oct. 1, 2020, with the expansion of eligibility to veterans who entered service on or before May 7, 1975. Two years later, service was to expand to veterans of all eras.

The new program is intended to provide more standardization and transparency, both for those already enrolled and those applying to take part. One of the most significant changes to the program is the definition of eligibility for veterans: The new regulation¹⁴ expands PCAFC eligibility to include veterans with a 70% or higher VA disability rating for either a single or combined service-connected rating, no matter what the service-connected injury, illness, or disease. The old program was only open to caregivers caring for Post-9/11 veterans who sustained a serious injury because of their service.

However, after a yearlong delay in setting up the case management system, confusion continues over how the VA has written and is executing the regulations limiting eligibility. A great deal of frustration and angst exists over high denial rates and lack of consistency in how VHA is implementing the regulations for legacy system applicants and those applying under the new system.

Given the significance of the changes in the PCAFC and the large number of veterans and caregivers impacted by the new regulations, more education and advocacy is needed to fill gaps in how VHA is communicating and executing the regulations. Many VSOs, nonprofits, and advocacy groups like MOAA, DAV, PVA, VFW, Wounded Warrior Project, The American Legion, the Quality of Life Foundation Wounded Veteran Family Care, the Elizabeth Dole Foundation, The Independence Fund, the National Veterans Legal Services Program, and others

¹³ [Text - H.R.5575 - 117th Congress \(2021-2022\): VA Nurse and Physician Assistant RAISE Act | Congress.gov | Library of Congress](#)

¹⁴ <https://www.federalregister.gov/documents/2020/07/31/2020-15931/program-of-comprehensive-assistance-for-family-caregivers-improvements-and-amendments-under-the-va>

have joined forces to help veterans and their caregivers navigate the new system and liaise with VHA to help improve program implementation.

Additionally, the VA has been forced to change its appeals process for individuals disputing a decision or denial of an application for the caregiver program because of a recent court decision¹⁵. Further, the VA has been unable to evaluate the cases of tens of thousands of legacy program veterans in a timely manner to determine whether they qualify under the new standards — many are expected to be removed from the program or may have their monthly stipend increased or reduced. As such, the VA is allowing individuals removed from the program to receive benefits until Oct. 1, 2022, followed by another 60 days of benefits during processing and an additional 90 days of coverage before they are dismissed from the program.

MOAA is thankful Secretary McDonough acknowledged the problems with the new program rollout, particularly addressing the high rate of denials during a hearing on Dec. 1, 2021, where the Senate Committee on Veterans' Affairs examined the state of the VA after his first year in his position. The Secretary promised he would come back to Congress with a recommendation for reducing the high denial rate, which he recognizes was not the intent of the MISSION Act. MOAA looks forward to learning more about the Secretary's recommendation for either a legislative proposal or policy change to improve the program as soon as possible.

Long-Term and Extended Care

Efforts are mounting in VHA to get out in front of the rising demand for care from an aging veteran population by extending care in the home or in smaller group settings. Veterans rely on VA long-term care (LTC) for everything from occasional help around the house to around-the-clock assistance. Eligibility is primarily based on the extent of a service-connected disability.

From FY 2014 to FY 2018, demand for LTC increased 14% (from 464,071 to 530,327 veterans) and VA's expected spending went up 33% in its 14 LTC programs in institutional and noninstitutional settings, such as veterans' homes. The VA projects demand will continue to grow, with spending set to double by 2037¹⁶.

The VA announced its plan to establish more than 200 new facilities or programs targeting geriatric or extended care by the end of 2026, making these offerings available at every VA medical center.

Along with 75 home-based primary care teams, the department will add 58 Medical Foster Homes (MFH) and 70 Veteran-Directed Care (VDC) Programs to medical centers nationwide, per a Jan. 24, 2022, news release¹⁷.

¹⁵ [BeaudetteJandM_20-4961.pdf \(cavc.gov\)](#)

¹⁶ [VA Health Care: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand | U.S. GAO](#)

¹⁷ [VA amplifies access to home, community-based services for eligible Veterans; MOAA - VA to Expand Extended-Care Services to All Medical Centers](#)

The MFH program offers care similar to what is available in a nursing home but with fewer residents; under the VDC program, the VA provides a budget to a veteran or their representative to hire workers to provide personal care services, which may allow them to continue living at home. The MFH and VDC are newer programs hugely popular with veterans and their families-caregivers.

It is essential the VA accelerate and improve upon these and other geriatric programs like palliative and hospice care. The VA cannot do it alone; it must expand partnerships and find other alternatives outside its walls to improve life-sustaining treatment and end-of-life support to veterans and their families. One member introduced MOAA to a program called Veterans Last Patrol, a nonprofit organization connecting veteran volunteers to veterans in hospice care. Its members cooperate with medical providers of hospice care to connect volunteers to the patients so that their last patrol isn't alone.

MOAA recommends:

- ***Congress and VA prioritize and accelerate access to caregiving support, as well as long-term and extended care programs and services.***
- ***Congress provide funding and resources specific to expanding access to MFH and VDC Programs at all VA medical centers ahead of VA's current deadlines of FY 2025 and FY 2026, respectively.***
- ***Congress pass S. 219/H.R. 789, the Aid and Attendance Support Act¹⁸ — Increases payments for care during the COVID-19 pandemic.***
- ***Congress pass S. 2513/H.R. 4772, the Brian Neuman Department of Veterans Affairs Clothing Allowance Improvement Act¹⁹ — Improves the VA application and review process for clothing allowance claims submitted by veterans.***

WOMEN, MINORITY, AND UNDERSERVED VETERANS

MOAA is pleased with the commitment of VA leadership to ensuring equity in the delivery of health care and benefit services to women, minority, and underserved veterans — and the recognition there is more work to be done for this rapidly growing population of veterans. The VA should be commended for successfully putting in place a comprehensive primary care strategy model to improve access to, and quality of, medical care.

We support the IBVSO's assessment that the VA must ensure these veterans have access to timely, high quality, specialized health care services to the same extent as their peers, and the department also must provide a safe, welcoming, and harassment-free environment at all of its health care facilities.

¹⁸ [Text - S.219 - 117th Congress \(2021-2022\): Aid and Attendance Support Act of 2021 | Congress.gov | Library of Congress](#)

¹⁹ [Text - S.2513 - 117th Congress \(2021-2022\): Brian Neuman Department of Veterans Affairs Clothing Allowance Improvement Act of 2021 | Congress.gov | Library of Congress](#)

Both VHA and VBA continue to break down barriers preventing veterans from accessing their earned services and benefits. The VA also has established a Diversity and Inclusion Strategic Plan²⁰ to grow a diverse workforce and cultivate an inclusive work environment more reflective of the veterans it serves.

However, the VA is still woefully behind in collecting quality data on race, ethnicity, and gender, and must implement immediate corrective actions now across the enterprise. The pandemic has placed a spotlight on the barriers and disparities facing women, minority, and underserved veterans when seeking access to VA health care and services. The Centers for Disease Control and Prevention (CDC)²¹ and the National Academies of Sciences (NAS)²² highlight the importance of this data:

- Many health care providers do not routinely discuss sexual orientation or gender identity (SO/GI) with patients, and many health care facilities have not developed systems to collect structured SO/GI data from all patients.
- Sex/gender and race/ethnicity are complex traits that are particularly useful and important because each includes the social dimensions necessary for understanding its impact on health and each has genetic underpinnings, to varying degrees.

Moreover, there is a growing chorus of MOAA members and veterans worried about the long-term effects of COVID-19 on veterans and servicemembers.

Recently a woman veteran wrote to MOAA's President about her serious concerns with how the VA and DoD are addressing health care and benefits for those experiencing COVID-19 long-haulers symptoms:

I'm watching this whole "Long COVID" thing unfold and I feel like I'm in the Twilight Zone with a heavy dose of Deja Vu. I have endured post-infectious sequelae for 10 years now and it fundamentally changed my life. I am so deeply concerned about those enduring Long COVID. It is a mass disabling event, with millions around the world.

More specifically, I worry about how the DoD and VA will treat our servicemembers and veterans and military family members who acquire Long COVID. In my experience, they are very poor at tracking and treating those of us with complex, chronic, invisible illnesses. I mean, it took me 4 years to get my VA disability adjudicated for the very diagnosis my Medical Evaluation Board (MEB) medically retired me for. It was awful in so many ways and remains so. I can't even get health care through the VA as they have no idea what to do with chronic Lyme and post-infectious sequelae. Long COVID is post-infectious sequelae.

²⁰ [VA Diversity and Inclusion Strategic Plan FY21-22](#)

²¹ [Collecting Sexual Orientation and Gender Identity Information | For Health Care Providers | Transforming Health | Clinicians | HIV | CDC](#)

²² [Sex/Gender, Race/Ethnicity, and Health - Genes, Behavior, and the Social Environment - NCBI Bookshelf \(nih.gov\)](#)

My heart breaks for the deep abyss the Long COVID cohort is about to fall into.

We already know tens of thousands of service members have acquired COVID. Evolving research suggests upwards of 20% will remain ill >6 months with Long COVID and early research suggests many of them will endure a lifetime of symptoms (like me and the chronic Lyme community). I mean, 20%, that's thousands of members, veterans, and dependents. How will this impact military readiness? What will an MEB look like for them when there are no WHO ICD codes that fit? Has the VA/Congress created a disability code for this yet? Will the VA disability and SSDI systems acknowledge Long COVID sooner rather than later (aka Burn Pits, ugh)? What will be the burden of proof, given so many folks either didn't have access to antigen tests or PCR tests?

I can tell you firsthand, the indignity of the MEB and VA disability process for those with chronic, complex, invisible illnesses is unbearable. It completely broke me, I barely made it through. Is the bureaucratic labyrinth they'll need to endure going to break them, too? The added stress, on top of an illness that renders you bed ridden and unable to advocate for yourself, is overwhelming. The loss of physical health, mental stress, financial burden, strain on families...this is the kind of event that leads to increased suicides.

Clearly the VA has a lot of work ahead and will need the full support of Congress to help it resolve remaining cultural, administrative, operational, and governance gaps preventing women, minority, and underserved veterans from accessing the quality health care and services they need.

MOAA recommends:

- ***VA and Congress work closely to eliminate disparities for women, minority, and underserved veterans and expand access and services to ensure equitable delivery of health and benefits among all veteran populations.***
- ***VA accelerate initiatives to fully embrace a culture of equity, diversity, and inclusion with respect to all veterans to assure they are valued, respected, and recognized for their service and contributions.***
- ***Congress pass S. 2533/H.R 4794, the Making Advances in Mammography and Medical Options for Veterans Act²³ — Improves mammography services furnished by the VA.***

²³ [Text - S.2533 - 117th Congress \(2021-2022\): Making Advances in Mammography and Medical Options for Veterans Act | Congress.gov | Library of Congress](#)

- ***Congress pass S. 3025/H.R. 5666, the Servicemember and Veterans Empowerment and Support Act²⁴*** — *Expands health care and benefits from the VA for military sexual trauma.*
- ***Congress pass H.R. 344, the Women Veterans TRUST Act²⁵*** — *Requires the VA conduct an analysis of the need for women-specific programs that treat and rehabilitate women veterans with drug and alcohol dependency, and carry out a pilot on such programs.*

BEHAVIORAL HEALTH AND SUICIDE PREVENTION

MOAA is supportive of Congress’ and VA’s prioritization of behavioral health care and services for veterans, servicemembers, and their families. This remains an incredibly important time as VA continues to implement a significant number of bills from previous years like the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law No. 116-171, Oct. 17, 2021); the Veterans Comprehensive, Prevention, Access to Care, and Treatment (COMPACT) Act of 2020 (Public Law No. 116-214, Dec. 5, 2020); and the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law No. 116-315, Jan. 5, 2021); along with bills from the 117th Congress.

Veterans continue to struggle in scheduling appointments and with the coordination of care between the VA and community providers. Any delay of health care services for veterans with chronic mental and physical conditions can be devastating if access to care becomes a barrier.

MOAA’s Texas Council of Chapters highlights a problem for veterans seeking care through the VA:

I have heard from a number of veterans and community care providers having issues related to poor implementation of the MISSION Act community care.

Veterans are getting the run-around in obtaining referrals to community care providers, even after waiting up to several months for an appointment with a VA provider. Many of these veterans have PTSD and can't get timely access to a mental health counselor, at the VA or in the community. Several others waited months for routine procedures like colonoscopies and shoulder surgeries.

Recently, I have heard from mental health community providers who are facing lengthy delays in getting paid for past community care appointments. A number have discontinued

²⁴ [Text - S.3025 - 117th Congress \(2021-2022\): Servicemembers and Veterans Empowerment and Support Act of 2021 | Congress.gov | Library of Congress](#)

²⁵ [Text - H.R.344 - 117th Congress \(2021-2022\): Women Veterans TRUST Act | Congress.gov | Library of Congress](#)

participation in the Community Care Program because their practices are too small to absorb the financial losses.

In a state like Texas, which has chronic shortages of mental health care providers and a large number of Vietnam and Gulf War Veterans, the VA needs to retain as many qualified community care providers as possible.

In addition to taking care of the psychological and traumatic injuries of those served by the VA, we must not forget the trauma and grief of employees of the department serving on all fronts during crises and disasters — those working in call centers like the Veterans Crisis Line, medical facilities, cemeteries, other benefits, or those executing VA’s Fourth Mission emergency response. These individuals are dealing with their own traumas while caring for others day in and day out; they need resources and care for their own health and well-being, and for the long-term viability of the VA as an institution.

MOAA looks forward to working with the Committees to pass current mental health and suicide prevention legislation. The VA needs more tools to address the mounting public health suicide crisis and to ensure those who have served or are serving can survive and thrive.

MOAA recommends Congress:

- ***Ensures VA continues executing enacted legislation to improve access and delivery of behavioral health and suicide prevention services.***
- ***Expands government and non-government funding for preventative programs and services, including research to identify underlying causes and significant risk and protective factors for each of these populations.***
- ***Ensures VA and DoD transparency and data sharing surrounding their annual suicide reports.***
- ***Makes the requisite investment in Vet Center staffing, funding, resources, and infrastructure to successfully meet current demand and future requirements mandated in policy or statute.***
- ***Passes Vet Center bipartisan, bicameral provisions in H.R. 6411, the Supporting The Resiliency of Our Nation’s Great (STRONG) Veterans Act²⁶ — A veterans mental health omnibus package that includes the expansion of the Vet Center workforce and expansion of Vet Center eligibility to student veterans using educational assistance benefits, and to survivors of veterans who die by suicide.***
- ***Passes S. 3293, the Post-9/11 Veterans’ Mental Health Care Improvement Act²⁷ — To expand access of veterans to mental health care.***

²⁶ [Text - H.R.6411 - 117th Congress \(2021-2022\): STRONG Veterans Act of 2022 | Congress.gov | Library of Congress](#)

²⁷ [Text - S.3293 - 117th Congress \(2021-2022\): Post-9/11 Veterans’ Mental Health Care Improvement Act of 2021 | Congress.gov | Library of Congress](#)

- ***Passes H.R. 912, the American Indian and Alaska Native Veterans Mental Health Act²⁸*** — *To improve mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans.*

ADDITIONAL LEGISLATION FOR CONSIDERATION

MOAA urges Congress to pass:

- ***S. 727/H.R. 1801, the CHAMPVA Children’s Care Protection Act²⁹*** — *Increases the maximum age for children eligible for medical care under the CHAMPVA program.*
- ***S. 3017, the Veterans Dental Care Eligibility Expansion and Enhancement Act³⁰ and H.R. 914, the Dental Care for Veterans Act³¹*** — *Expands the services and availability of dental care furnished by the VA.*
- ***S. 2720/H.R. 4880, the Veterans’ Prostate Cancer Treatment and Research Act³²*** — *Directs the Secretary to establish a national clinical pathway for prostate cancer.*
- ***S. 3483/H.R. 5607, the Justice for ALS Veterans Act³³*** — *Extends increased Dependency and Indemnity Compensation (DIC) paid to surviving spouses of veterans who die from amyotrophic lateral sclerosis, regardless of how long the veterans had such disease prior to death.*

VETERANS’ BENEFITS PRIORITIES

TOXIC EXPOSURES

The need for comprehensive toxic exposure reform has been shared with Congress by MOAA and many other VSOs. We have seen a lot of discussion on the issues from Congress in recent years, and now is the time for action.

All Post-9/11 servicemembers and veterans exposed to burn pits must have a clear path to health care through the VA. MOAA supports the extension of VA health care from five to 10 years for combat-deployed veterans, but we must not forget those who have already deployed and are no longer eligible for health care under this proposal.

For example, the thousands of veterans who served in the Operation Iraqi Freedom surge in 2007 and separated following redeployment would not be covered under this 10-year limitation. The

²⁸ [Text - H.R.912 - 117th Congress \(2021-2022\): American Indian and Alaska Native Veterans Mental Health Act | Congress.gov | Library of Congress](#)

²⁹ [Text - S.727 - 117th Congress \(2021-2022\): CHAMPVA Children’s Care Protection Act of 2021 | Congress.gov | Library of Congress](#)

³⁰ [Text - S.3017 - 117th Congress \(2021-2022\): Veterans Dental Care Eligibility Expansion and Enhancement Act | Congress.gov | Library of Congress](#)

³¹ [Text - H.R.914 - 117th Congress \(2021-2022\): Dental Care for Veterans Act | Congress.gov | Library of Congress](#)

³² [Text - S.2720 - 117th Congress \(2021-2022\): Veterans’ Prostate Cancer Treatment and Research Act | Congress.gov | Library of Congress](#)

³³ [Text - S.3483 - 117th Congress \(2021-2022\): Justice for ALS Veterans Act of 2022 | Congress.gov | Library of Congress](#)

Post-9/11 generation deserves the same health care protections as veterans from earlier generations.

Health care for an ill veteran is vital, but we cannot stop there. When a condition is positively associated with a toxic exposure, a presumption for that illness should be established. When the evidence is clear, we must take the burden of proof off the backs of these veterans.

MOAA applauds the VA for taking steps to reform how it reviews toxic exposure conditions in the disability process — this is no easy challenge. The evidence must be followed, and the process codified to ensure veterans do not have to fight an uphill battle when they need the VA the most. Health care and a disability process are not enough — presumptions meeting the scientific standards should be added and benefits quickly given. When a veteran is ill and can no longer work, service-connected disability payments are a vital lifeline in their fight for life.

Take the fuel leaks at Red Hill as an example. Are the VA and DoD working together to follow these populations and monitor their long-term health? How many veterans under VA care have been exposed because of their assignment there?

We can concede that an exposure happened to these servicemembers and families, and we can do so immediately. Recognizing the facts and uncertainties around a toxic exposure incident should be a standard practice, not something these individuals discover on their own years later.

One Army veteran describes his struggles after exposure to burn pits in Iraq:

One tour in Iraq, a city called Basra, there were 14 burning oil fields on that deployment. Great shape other than years of bruises and bumps...I came home after that tour and within 6 months I was in liver failure and had to be admitted to Brooke Army Medical Center. I lost my ability to have children — no one can tell me how a guy who eats organic, doesn't drink or smoke could have so many ailments coming home. I charged on and was very successful in my career. Now as a recently retired LTC I am struggling to get well again...I never heard anything again until the burn pits registry came to be."

The way our nation responds to toxic exposures is unsustainable. We need to find ways to get ahead of these challenges. Formally recognizing when a toxic exposure has occurred allows veterans, health care providers, and researchers to better monitor groups and proactively follow an affected population to identify emerging conditions and offer preventative care or detect conditions earlier. This cannot be done if we maintain the status quo as exposures happen.

MOAA recommends Congress pass comprehensive toxic exposure reforms to include access to health care for all toxic-exposed veterans and reform of the presumption

process, and establish presumptions for illnesses that have met the standard of positive association as contained in:

- *S. 3003, COST of War Act*³⁴
- *H.R. 3967, the Honoring Our PACT Act*³⁵

CLAIMS

The pandemic enflamed the claims backlog. We ask Congress to continue to closely monitor this issue and ensure VBA is sufficiently resourced to process existing claims and the newly added presumptions. Automation efforts will play an essential role in reducing the backlog for adjudicators, but the ultimate decision should always be the hands of a person. We cannot automate away the decision-making responsibility that comes with a veteran's claim.

Another area of concern is the rising rate of predatory claims companies — businesses targeting veterans by guaranteeing them rating levels and taking a sizable portion of their earned benefits in the process. The rates they charge would be illegal if they were accredited representatives — for the sake of veterans and taxpayers, the loopholes these predators are exploiting must be closed.

Additionally, survivors losing loved ones to COVID-19 are still reporting challenges in having their veteran's underlying conditions being considered with their DIC claim, despite VA's assurances. Passing S. 89/H.R. 747 is essential to support our nation's survivors.

MOAA recommends Congress:

- *Aggressively support and monitor VA actions to reduce the claims backlog, close loopholes being exploited by predatory claims companies, and ensure survivors have their veterans' underlying conditions considered for their DIC claims.*
- *Pass S. 89/H.R. 747, the Ensuring Survivor Benefits during COVID-19 Act of 2021*³⁶ — requires the Secretary to secure medical opinions for veterans with service-connected disabilities who die from COVID-19 to determine whether their service-connected disabilities were the principal or contributory causes of death.

GI BILL

We appreciate the Committees' work to allow GI Bill students the flexibility to attend school virtually. Looking to the future, if there is another emergency that would push students to a virtual setting for a prolonged period, the Secretary should have the authority to take fast action

³⁴ [Text - S.3003 - 117th Congress \(2021-2022\): Comprehensive and Overdue Support for Troops of War Act of 2021 | Congress.gov | Library of Congress](#)

³⁵ [Text - H.R.3967 - 117th Congress \(2021-2022\): Honoring our PACT Act of 2021 | Congress.gov | Library of Congress](#)

³⁶ [Text - S.89 - 117th Congress \(2021-2022\): Ensuring Survivor Benefits during COVID-19 Act of 2021 | Congress.gov | Library of Congress](#)

in support of remote education efforts. Eliminating a financial crisis for students in the face of pandemic was good policy. This should be a lesson learned and not forgotten.

MOAA remains concerned about transferability issues with the GI Bill. We support the reforms proposed to eliminate the effective period requirement for dependents when transferring the GI Bill. This policy will help prevent a catastrophic financial mistake due to a simple paperwork issue.

Currently, a servicemember who transfers their GI Bill to their dependent child is required to specify an effective period when transferring the benefit. If this requirement is misread, as some have done, the eligible period could eliminate a child's GI Bill benefits. There is legislation creating a simple fix and standardizing the benefits use for all dependent children until age 26, a common-sense change MOAA supports.

MOAA recommends passage of S. 3606/H.R. 6458³⁷ — Eliminates the requirement to specify an effective period of a transfer of Post-9/11 educational assistance to a dependent.

VA HOME LOAN OVERSIGHT

In 2017, Congress took action to support veterans and prevent VA home loan “churning,” the excessive refinancing of home loans. There are signs predatory behaviors are reemerging in other forms. While the severity is uncertain, what is clear is the need for better oversight to monitor this VA benefit.

A recent report³⁸ provided valuable data on this benefit and current consumer protection concerns. This data is publicly available but largely inaccessible without the use of complex statistical software, except for a very high-level summary of statistics posted by the VA.

MOAA recommends Congress mandate regular production of this type of report in cooperation with the Department of Housing and Urban Development and the Consumer Financial Protection Bureau.

CEMETERIES

Transformation of a VA national cemetery into the next Arlington National Cemetery (ANC) that affords full military honors is a MOAA priority.

Older veterans, dependents, and surviving spouses are frustrated with understanding the difference between VA- and DoD-run cemeteries. They struggle to understand proposed

³⁷ [Text - S.3606 - 117th Congress \(2021-2022\): A bill to amend title 38, United States Code, to eliminate the requirement to specify an effective period of transfer of Post-9/11 educational assistance to a dependent, and for other purposes. | Congress.gov | Library of Congress](#)

³⁸ [Rep. Porter Report Details Exploitation in VA Home Loan Program | U.S. Representative Katie Porter \(house.gov\)](#)

eligibility reductions at ANC that will change plans for many elderly veterans and make most woman veterans ineligible.

DoD interpreted the FY 2019 National Defense Authorization Act as a directive to reduce eligibility for ANC in order to keep it operational. Without congressional intervention, the change in eligibility puts the burden of a solution on currently eligible servicemembers and their families — including those who have long had ANC as their plan for final rest.

The proposed eligibility reduction for ANC still will result in the cemetery reaching capacity and reduce an important uniformed service benefit. This plan “kicks the can down the road” and leaves the problem for future leaders to solve. With current eligibility standards, ANC is not projected to reach capacity until sometime after 2060, affording time to find an enduring solution.

The eligibility reduction communicates a poor message to those who have served and those who are serving now. It will take Congress to preserve this honor for those who are currently eligible. When published, the proposed eligibility changes will limit interment to those with the Purple Heart or Silver Star and above. This change is discriminatory against past, present, and future servicemembers who face danger at sea, in the air, in space, operating strategic nuclear forces, or fighting a pandemic at a medical facility. The proposal also will render countless Vietnam-era veterans and nearly all female veterans ineligible.

There are currently 155 VA-run National Cemeteries, with many adjacent to a military installation. Transforming an existing National Cemetery into the next ANC that affords full military honors will preserve this benefit and honor the intent for our veterans.

MOAA recommends Congress, with support from the VA and DoD, pass legislation to transform a VA-run cemetery into the next Arlington National Cemetery as it reaches capacity in order maintain the full military honors benefit.

CONCLUSION

On behalf of our members and all veterans and servicemembers MOAA represents, we offer our heartfelt appreciation for the leadership and arduous work of each Member of the Committees. You honor their service and sacrifice by passing meaningful legislation. We look forward to working with you and the VA to better the lives of those who serve this country faithfully. Through our collective resolve, we assure those in the veteran and uniformed service communities we will Never Stop Serving them.

Biography of René Campos, CDR, USN (Ret)
Senior Director, Government Relations for Veterans-Wounded Warrior Care

Commander René Campos serves as the Senior Director of Government Relations, managing matters related to military and veterans' health care, wounded, ill and injured, and caregiver policy.

She began her 30-year career as a photographer's mate, enlisting in 1973, and later commissioned as a naval officer in 1982. Her last assignment was at the Pentagon as the associate director in the Office of Military Community and Family Policy under DoD Personnel and Readiness.

Commander Campos joined MOAA in October 2004, initially to develop and establish a military family program working on defense and uniformed services quality-of-life programs and readiness issues. In September 2007, she joined the MOAA health care team, specializing in Veterans and Defense health care systems, as well as advocating for wounded warrior care and servicewomen and women veteran policies, benefits, and programs.

Commander Campos serves as a member of The Military Coalition (TMC)—a consortium of nationally prominent uniformed services and veterans' organizations, representing approximately 5.5 million current and former members of the uniformed services, including their families and survivors, serving as a member on the Veterans, Health Care, Guard and Reserve, Survivors, and Personnel and Compensation Committees.