STATEMENT OF

JOHN A. BIEDRZYCKI, JR.
COMMANDER-IN-CHIEF
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

JOINT HEARING OF
THE COMMITTEES ON VETERANS AFFAIRS
UNITED STATES SENATE AND UNITED STATES HOUSE OF REPRESENTATIVES

WEDNESDAY, MARCH 2, 2016
WASHINGTON, D.C.

Chairmen Isakson and Miller, Ranking Members Blumenthal and Brown, Members of the Senate and House Veterans Affairs Committees, it is my honor to represent nearly 1.7 million members of the Veterans of Foreign Wars of the United States and our Auxiliaries. It is also my duty to advocate on behalf of our nation's veterans, military service members, and all of their families. Thank you for inviting me to present VFW's legislative priorities before these committees today.

VA's Budget Request and Legislative Priorities

VA Budget: Each year, in partnership with the Independent Budget (IB), the VFW produces budget recommendations for each of VA's major funding accounts. Overall, the President's budget request for health care delivery, benefits delivery, IT, and operations are in line with the IB's recommendations. The Administration clearly recognized the need to increase funding for health care in the next fiscal year. However, the Administration's advance appropriations request for FY18 falls about $10 billion short of the IB's recommendation. VA acknowledged this fact in the House Veterans Affairs Committee annual budget hearing that the request is low and they will need to look closer at its actual needs next year.

The Administration's request for VA's construction accounts is alarmingly low. The VFW understands and agrees that VA must look at new and innovative ways to close its major construction access, safety and utilization gaps, to include public-private partnerships and sharing agreements. However, VA currently has more than 30 major construction projects that are partially funded. VA also has a list of safety gaps that will cost approximately $10 billion to rectify. VA must make a concerted effort to finish these current projects and close all safety gaps in existing facilities. It is for these reasons the IB has recommended Congress appropriate $1.5 billion for VA major and $749 million for minor construction accounts.

While programs that support veterans, military personnel and their families are protected from sequestration's harmful effects for two years, the long-term stability of future budgets are at risk when sequester returns. Congress must, once and for all, eliminate the threat of sequestration permanently.

VA Accounts for FY 2017 and FY 2018 Advance Appropriations

	FY 2016 Appropriation	FY 2017 Advance Approps	FY 2017 Admin Revised	FY 2017 IB	FY 2018 Advance Approps	FY 2018 IB Advance Approps
Veterans Health Administration (VHA)						
Medical Services	49,972,360	51,673,000	45,505,812 7,246,181	60,868,757	44,886,554 9,409,118	64,032,909
Choice Program***	5,643,953		5,673,190			
Subtotal Medical Services	*55,616,313*	*51,673,000*	*58,425,183*	*60,868,757*	*54,295,672*	*64,032,909*
Medical Support and Compliance	6,144,000	6,524,000	6,524,000	6,222,894	6,654,480	6,314,266
Medical Facilities	5,020,132	5,074,000	5,723,000	5,742,036	5,434,880	6,683,603
Subtotal Medical Care, Discretionary	66,780,445	63,271,000	70,672,183	72,833,687	66,385,032	77,030,778
Medical Care Collections	*3,515,171*	*3,299,954*	*3,558,307*		*3,627,255*	
Total, Medical Care Budget Authority (including Collections)	*70,295,616*	*66,570,954*	*74,230,490*	*72,833,687*	*70,012,287*	*77,030,778*
Medical and Prosthetic Research	630,735		663,366	665,000		
Millions Veterans Program				75,000		
Total, Veterans Health Administration	70,926,351	66,570,954	74,893,856	73,573,687		
General Operating Expenses (GOE)						
Veterans Benefits Administration	2,707,734		2,826,160	3,056,353		
General Administration	336,659		417,959	345,623		
Board of Veterans Appeals	109,884		156,096	134,150		
Total, GOE	3,154,277		3,400,215	3,536,126		
Departmental Admin/ Misc. Programs						
Information Technology	4,133,363		4,278,259	4,209,053		
National Cemetery Administration	271,220		286,193	274,942		
Office of Inspector General	136,766		160,106	138,440		
Total, Dept. Admin/ Misc. Programs	4,541,349		4,724,558	4,622,435		
Construction Programs						
Construction, Major	1,243,800		528,110	1,500,000		
Construction, Minor	406,200		372,069	749,000		
Grants for State Extended Care Facilities	120,000		80,000	200,000		
Grants for State Vets Cemeteries	46,000		45,000	52,000		
Total, Construction Programs	1,816,000		1,025,179	2,501,000		
Other Discretionary	166,090		201,000	168,000		
Total, Budget Authority	**80,574,067**		**84,244,808**	**84,401,248**		

VA's Legislative Priorities: Each year VA provides a list of legislative priorities in its annual budget proposal meant to provide new or extend existing authorities. Most of these proposed priorities make sense, like extending the grants for transportation of highly rural veterans, amending the definition of medical facility to allow VA and DOD to build, share and transfer funds for joint medical facility construction projects, and making all Senior Executive Service employees, employees under title 38. Others the VFW adamantly opposes.

Included in this year's priorities are five proposals that will drastically change the appeals process and at the same time deny veterans their Constitutional Due Process rights.

VA is asking that the evidentiary record be closed after VA makes its initial decision. This will prevent veterans from providing additional evidence to VA once the initial decision is made. By transferring all appellate jurisdiction to the Board of Veterans Appeals, the current option of an independent review and early resolution of the appeal by a Decision Review Officer is eliminated. Further, these proposals would also eliminate the option for a personal hearing with a Veterans Law Judge.

VA also wishes to redefine the term "reasons and bases," reducing the information and analysis it must provide veterans, making it harder for them to understand the decision in their case. This, in turn, makes appeals to the Court of Appeals for Veterans Claims (CAVC) problematic.

Finally, VA would have Congress redefine the term "prevailing party" for the purposes of obtaining Equal Access of Justice Act (EAJA) fees following an appeal to the CAVC. If enacted, veterans will be denied the opportunity for legal representation at the Court, a result exactly opposite of what Congress has advocated for decades.

The VFW will aggressively oppose all of these proposals as they are harmful to veterans and contrary to the veteran friendly claims and appellate framework constructed over the years.

We are also opposed to the status quo, a state of affairs where VA has, for decades, intentionally neglected processing appeals. VA, through its willful inaction, has brought the appeals backlog to a historic level. It is incomprehensible that their only ideas for working an appeals backlog of their own creation is to blow up the appeals process to the detriment of hundreds of thousands of future veterans. Understand that under existing law, these proposals, if enacted, would do nothing to hasten decisions in the present backlog, but would bring significant and irreparable harm to veterans for decades to come.

Rather than blow up the appeals process, we demand that VA bring its vast resources to bear on this problem, to do what it should have been doing all along, to resolve bottlenecks and create efficiencies, to move appeals along as soon as legally possible, and to take advantage of its current authority to process these appeals in a more timely manner.

The VFW looks forward to working with your Committees and the VA to fix what is broken in the appeals process without denying veterans' rights.

VA MEDICAL CARE

In the mid-1990s, the VA health care system underwent a transformation from a hospital-based system to an outpatient care system focused on providing veterans a full continuum of care, ending the practice of only treating veterans for their service-connected disabilities and leaving them on their own for the rest of their health care. The shift towards a holistic health care model dramatically improved the quality of care veterans received, and has made the VA the largest integrated health care system in the country. Additionally, VA has become a worldwide leader in medical research and the largest single provider of health care education for America's health care workforce.

In the years since, the number of veterans utilizing VA health care has continued to increase, however the resources VA is given to meet higher than expected demand has not kept pace. This has led VA leadership to make decisions on how best to deliver care within the budget they are given. Coupled with systemic malfeasances and a general culture that is resistant to change, the VA now faces difficult challenges meeting its obligation to the more than 6.7 million veterans who rely on VA for their health care needs.

As a result of the VA access crisis and continued public attention on problems at VA medical facilities around the country, we are once again in a position to make significant reforms to the way our nation delivers care to her veterans. A number of politicians and politically-motivated organizations are using this opportunity to garner support for radical reform ideas that would reverse the progress VA has made in the past two decades by privatizing the VA health care system or erode the benefits of VA's holistic approach to medicine by limiting VA to a payer of veterans' health care.

The VFW will vehemently oppose any measure to privatize or erode the VA health care system with every resource available to us.

The brave men and women who have worn our nation's uniform have earned and deserve timely access to high quality, comprehensive and veteran-centric care. While the quality of care VA provides veterans is undisputable, the VFW acknowledges VA is unable to provide timely care to every veteran it serves. That is why the VFW has continued to evaluate what veterans like about their VA health care system and identify ways it can be improved.

In the past year we have collected direct feedback from more than 12,000 veterans regarding their experience receiving health care from VA and the private sector. Through this work, we have learned that veterans turn to VA for their health care needs because VA provides high-quality care, it's a benefit they have earned through their service to a grateful nation, and because VA is best equipped to provide veteran-centric health care. However, we continue to hear about negative customer service experiences, veterans waiting too long for VA health care, and that veterans are deterred from seeking the care they have earned and need by horror stories that have garnered national media attention. Yet, more than 80 percent of VFW members continue to use VA health care and nearly 90 percent of them would recommend VA to their fellow veterans.

Veterans Choice Program: In response to the VA access crisis that erupted in 2014 when whistleblowers brought to light instances of manipulation of data at a number of VA medical facilities around the country, Congress established the Veterans Choice Program to get veterans off waiting lists

and start VA down the path of providing veterans more heath care options. Since its implementation in November 2014, the VFW has worked closely with VA, program contractors, Congressional leaders, and other stakeholders to ensure the Choice Program succeeds in providing veterans viable community care options when VA care is not readily available. Thanks to this concerted effort, many of the issues the VFW has identified have been resolved.

For example, when the program was implemented the eligibility requirements for those who lived more than 40 miles from a VA medical facility was based on a straight line distance, or as "as the crow flies." The VFW strongly urged VA and Congress to change the "as the crow flies" calculation to "as the crown drives," which would align eligibility with the realities of traveling to a VA medical facility. Fortunately, VA was able to change the way it calculated distance without Congressional action. By doing so VA expanded the Choice Program to thousands of more veterans.

The VFW also discovered that the program's wait-time eligibility standard required veterans to wait 30 days after their doctors say they need to be seen before they are given the opportunity to receive community care options. Last year, the VFW urged Congress to amend the Choice Program to ensure veterans are given the option to receive community care options if they cannot be seen within the time a doctor deems clinically necessary. Meaning veterans who are told they need to receive a MRI for chest pain within a week, need to be seen within 7 days, regardless if it is through VA or the Choice Program, not within 37 days. We thank the Senate and House Committees on Veterans Affairs for including this change in P.L. 114-41, the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, and look forward to its implementation soon.

In an effort to track the program's progress and gauge the pulse of the veterans' community, the VFW has continued to publicize our national veterans' help line, 1-800-VFW-1899, and commission surveys where affected veterans can share their experiences. The reports we have compiled can be found on our VA health care watch website: vfw.org/VAwatch. Our latest survey gathered feedback from nearly 4,000 veterans from August 17 through October 27, 2015. Survey results indicate that the program continues to improve as it matures, but veterans continue to encounter delays in receiving community care options.

Our latest survey indicates that nearly 50 percent of the veterans who believe they are eligible for the Choice Program are given the opportunity to receive community care options. This is a significant increase from our initial survey which showed that less than 20 percent of veterans who believed they were eligible were offered community care options. While this is a step toward the right direction, VA must continue to improve the program to ensure all veterans who are eligible for the program are offered the opportunity to receive community care options.

The majority of Choice Program complaints concern scheduling community care appointments. While, TriWest, Health Net and VA have worked diligently to improve transmission of data and eliminate barriers that delay care for veterans, they still have several kinks to work out. From discussions with VA and the program's contractors, we have gathered that the holdup is mainly due to the transfer of medical documentation and authorization for follow-up care. This results in veterans having to wait while VA and the contractors work to transmit medical documentation to the choice provider. What concerns the VFW is that veterans are often left in the dark while they wait. We have heard from veterans who have arrived at their community care appointments only to be told that the doctor has not received the

authorization or medical documentation needed to complete the appointment. When veterans contact the choice call center, they are told VA is causing the delay, but when they call their VA medical facilities they are told that the contractor has all the information they need to schedule the appointment. This Catch-22 is unacceptable.

For example, a veteran from Cordova, Tennessee, was referred to a local hospital for an Electromyography (EMG). When he arrived for his appointment, he was told that the hospital could not conduct the EMG because they had not received the necessary medical consult from VA. He rescheduled the appointment for the following week. Two days before his second appointment, a TriWest representative was able to expedite the process so he would not have to reschedule his appointment again. The veteran finally received his EMG 60 days after his doctor first told him he needed one. During that time he was bounced back and forth between VA and TriWest when he called to inquire about his status.

The VFW has established a process with the contractors and VA to ensure veterans who are experiencing delays obtaining community care are assisted in a timely manner. Through this work, the VFW has been able to intervene on behalf of more than 200 veterans. We are happy to report that both TriWest and HealthNet have responded quickly to our inquiries on behalf of veterans. However, veterans should not have to contact the VFW or any other veterans service organization to receive seamless community health care.

VA is working on several information technology projects to address this concern. In its report to Congress on the consolidation of community care programs, VA indicated it would need $421 million to establish and implement such programs. The VFW urges Congress to provide VA the IT resources it has requested. These programs would serve to ensure veterans have a seamless experience when receiving community care.

While the Choice Program has been the main focus over the past year, the VFW continues to hear from veterans, VA employees, and health care providers that they are confused by the number of community care programs VA operates. Veterans should not worry about what community care programs they are eligible for or the difference between them. To veterans, what matters is that they are able to receive the care the need when they need it, and not have to cut through bureaucratic red tape. Moving forward, VA must take the lessons learned from the Choice Program and other community care programs such as Project ARCH, Project HERO, and PC3, and create a single, sustainable community care program that integrates the private sector into the VA health care system. VA has outlined its vision for consolidating its community care programs. It's time for Congress to act on VA's proposal to ensure VA is able to transform the way it provides community care before the Choice Program expires.

MyVA Transformation: Soon after being confirmed as Secretary of Veterans Affairs, Robert A. McDonald began an ambitious mission to transform VA into a high performing organization. The VFW is glad that Secretary McDonald has included the VFW in this transformation from the very beginning. In an effort to shape his transformation plan, known as MyVA, Secretary McDonald turned to the VFW and our VSO colleagues to help him improve the veteran experience and identify barriers that adversely impact VA's ability to serve them.

As a direct result, many of the programs and incentives being championed by the MyVA Task Force reflect issues the VFW has highlighted for many years, including unsatisfactory customer service at VA facilities across the country and a disconnect between different administrations and programs, which leads to bureaucratic processes that place unnecessary burdens on veterans. The MyVA Task Force has established and begun to implement numerous programs geared towards veteran experience, employee experience, support service excellence, performance improvement, and strategic partnerships.

To improve veterans experience the MyVA Task Force has established the Veterans Experience Office to identify and address areas where veteran experiences and interaction with VA can be improved. The Veterans Experience Office is independent of the three VA administrations, with a presence at VA central office and throughout VA's five districts. The Chief Veterans Experience Officer reports directly to the Secretary and coordinates an enterprise customer experience strategy, develops employee customer service training, and advises the three VA administrations. The field teams are tasked with building relationships, identifying systemic issues, supporting national initiatives, and solving local issues.

The VFW urges Congress to codify the Veterans Experience Office to ensure this important initiative is able to continue long after current customer experience issues plaguing VA are resolved. The VFW recommends that Congress strengthen the Veterans Experience Office by integrating the Patient Advocacy Service into its mission.

An important measure of success for the MyVA Task Force will be its ability to incorporate local stakeholders into the transformation plan. The MyVA Task Force seeks to accomplish this goal through the creation of MyVA communities around the country. Each MyVA community will include local representatives from the three VA administrations; VSOs; local, state and federal government; Department of Defense and National Guard; and other organizations that represent the local community's interests and priorities. The VFW has been an active participant in many of the MyVA communities around the country. In San Diego, our service officer reports that the One VA Community Advocacy Board has served as a platform for veteran-centric organizations to share ideas and concerns at a leadership level sufficient to make true progress.

The VFW urges members of Congress to participate in the MyVA community board in their states and districts and work with VA to expand this important program to every VA medical center and regional office. Doing so allows VA to leverage the expertise and experience of local stakeholders to improve the benefits and service it provides veterans.

Another vital pillar of the MyVA transformation is improving employee experience. The VFW agrees with VA that veteran experience is largely dependent on employee experience. We continually hear from veterans that VA employees lack customer service training and often turn veterans away when they should look for opportunities to help. We agree with Secretary McDonald that VA's rules-based culture must be transformed into a principle-based culture that empowers VA employees to treat veterans as they would want to be treated.

The MyVA Task Force has established a number of programs geared toward changing culture at VA. The first is a "train the trainer" program called Leaders Developing Leaders. This program aims to ensure VA leaders at all levels are incorporated into the transformation effort and have the proper

training and tools to improve the esprit de corps among VA employees. This includes providing local leaders the tools they need to improve VA benefits and service for the veterans they serve, and empowering them to use those tools when needed. The VFW supports the Leaders Developing Leaders program and believes it has the potential of breaking through the institutional resistance of middle management officials, who are only concerned with their day-to-day duties, and disseminate the MyVA culture change to all VA employees. However, we have also urged VA to incorporate outside stakeholders into the program's workshops to ensure VA leaders at all levels are aware of the benefits and services offered by veteran service organizations whose main mission is to serve veterans.

The MyVA Task Force established programs to improve VA's support services, to establish a culture of continuous improvement, and enhance strategic partnerships. The VFW supports VA's efforts to leverage economies of scale to reduce its supply chain costs by ensuring all VA facilities are able to quickly obtain high-level goods and services at reasonable prices. We commend VA for its plan to leverage the district model to consolidate and integrate support services, such as information technology, human resources and procurement, to ensure seamless operation and coordination among the three administrations when possible. We also support VA's adoption of Lean Six Sigma to improve problem solving at all levels and create a culture where VA employees seek to constantly streamline programs.

The VFW understands that VA will not be able to change its culture overnight, and that the numerous MyVA transformation programs must be given time to mature. However, we are pleased to see that the MyVA Task Force has begun to implement many of its proposed programs, and has set appropriate milestones and reasonable expectations to ensure these programs succeed. The VFW will continue to evaluate the MyVA programs and report on how they impact veterans.

Framework for Veterans Health Care Reform: The VFW is pleased VA included veteran service organizations and other veterans' advocates when developing the consolidation plan it was required to submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives by P.L. 114-41, the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015. As a result, the plan put forward by VA to restructure and integrate VA and community care programs into high-performing networks for veterans is an important step in the right direction towards providing veterans timely access to high-quality, comprehensive and veteran-centric health care now and in the future.

The VFW is committed to ensuring the public discourse regarding the reforms needed to turn VA into a 21st century veterans' health care system is based on the needs and preferences of the men and women it was designed to serve, not political rhetoric. We strongly believe that any change to the health care and services our nation provides those who have worn her uniform must put their interests first. That is why the VFW, along with our Independent Budget partners, DAV and PVA, developed a framework for Veterans Health Care Reform centered on what veterans' want to see in their health care system.

The VFW strongly believes that veterans have earned and deserve to receive high quality, comprehensive, accessible and veteran-centric care. In most instances VA care is the best and preferred option, but we acknowledge that VA cannot timely serve all veterans in all locations at all times; that is why we support integrating private sector providers and other public health care system into the veterans' health care system to expand viable options. The VFW is glad to see that many of the IB veterans service organizations (IBVSO) suggestions were incorporated into VA's consolidation plan,

however, the IBVSO's four-pronged framework looks beyond the the scope of VA's consolidation plan to create a blended and seamless system that is best for veterans.

Traditionally, VA has utilized contracts and agreements with private sector providers as safety valves to augment health care veterans receive from VA medical facilities, rather than integrating private sector providers into the health care delivery model. VA has made significant improvements to the way it purchases health care in the past couple years. However, VA's community care programs continue to lack system wide consistency and integration with the larger VA health care system.

The VFW believes that the most effective way to deliver care is to create local Veterans-Centered Integrated Health Care Networks that integrate the capabilities and strengths of existing local health care resources – VA, other public providers and private providers – to meet the needs of veterans in each health care market or community. To ensure veterans receive timely access to high-quality, comprehensive, and veteran-centric care, the VFW strongly believes that VA must remain the coordinator and guarantor of veterans' care.

To properly size integrated health care networks to each community, the VFW recommends establishing metrics to identify clinical access gaps based on veteran population density and distance to care and services available through integrated networks, including VA and community providers. Such access gap metrics would identify areas where the veterans' health care system must expand capacity through agreements with community health care providers, sharing facilities with private or public health care entities, or building capacity.

The VA has relied on a number of methods and standards to measure access and timeliness of health care. Prior to the crisis that enveloped the VA health care system in 2014, the department's wait-time goal was 14 days. After the health care access crisis exposed that the 14-day goal was unattainable, VA moved to 30 days from when a veteran prefers to be seen. Less than a year later, VA changed its access standard to 30 days from the date a veteran prefers to be seen and 40-miles from a VA medical facility to comply with the enactment of the Choice Program. However, a recent independent assessment on VA access standards by the Institute of Medicine (IOM) was unable to find a national standards for access similar to the Veterans Choice Program's 40-mile and 30-day standards. Instead of focusing on set mileage or days, IOM found that industry best practices focus on clinical need and the interaction between clinicians and their patients.

The VFW urges Congress not to restrict access to health care with arbitrary federally-regulated access standards, such as 30 days or 40 miles. When and where veterans need to be seen must be a clinical decision made between a veteran and his or her doctor. Once the clinical parameters are determined, veterans must be able to choose among the options developed within an integrated health care network. Veterans not satisfied with clinical determinations or scheduling options must be able to seek a clinical review of their health care needs.

The VFW supports VA's plan to develop a nationwide system of urgent care at existing VA medical facilities, and afford veterans the opportunity to receive urgent care from smaller urgent care clinics around the country to fill the gap between emergency care and traditional appointment-based outpatient care. This ensures veterans with non-life threatening, acute medical conditions that require urgent attention – such as the flu, infections, or non-life threatening injuries – do not have to wait days or weeks for a primary care appointment. Establishing urgent care would also curb the reliance on

emergency rooms for non-emergent care, which is more expensive for veterans and VA. However, VA has suggested that veterans pay a co-payment for such a service. While the VFW is supportive of the development of urgent care options for veterans, these options cannot come with added or increased cost through co-payments or fees to veterans.

For more than 100 years, VA's solution to infrastructure needs has been to build, manage and maintain a network of veterans' hospitals and clinics. As a result of its build first model, VA has accumulated $60 billion in access, utilization, and condition and safety projects it must complete to maintain its aging infrastructure. VA's infrastructure problems are exacerbated by its inability to properly estimate and request the resources it needs.

The VFW urges VA to reform the strategic capital investment planning process to include public-private partnerships, access gap closure options, and blend existing options to better leverage federal and local resources. VA must also engage community leaders to develop broader sharing agreements, which would enable communities to share resources and allow VA to invest in services the community lacks. Also, VA must establish dedicated funding for facility maintenance and construction that is provided based on an actuarial funding model necessary to maintain the veterans' health care infrastructure.

Access issues plaguing the VA health care system are also a byproduct of staffing shortages that impact VA's ability to provide direct care. Evaluating VA's capacity to care for veterans requires a comprehensive analysis of veterans' health care demand and utilization measured against VA's staffing, funding, and infrastructure. However, VA currently utilizes capacity metrics that are mainly based on deflated utilization numbers, which fail to properly account for the true demand on its health care system. To properly address staffing shortages, VA must evaluate the impact of changes in the veteran population and develop staffing models based on actual medical need and function level. VA must also properly account for surges in demand as VA health care improves and military downsizing continues.

Regardless of how well VA reforms staffing and capital infrastructure processes, it will not be able to close access gaps if it does not receive the resources it needs to meet demand. In a recent independent assessment of the VA health care system, the CMS Alliance to Modernize Healthcare emphasized that VA's ability to meet its promise to veterans is limited by the resources it receives from Congress. The VFW urges Congress to reform the VA health care appropriations process to ensure VA has the resources it needs to provide the health care and services veterans demand instead of limiting the amount of care veterans receive by a static budget number. We believe VA must have the ability to provide the health care veterans need without having to ask for supplemental appropriations that could have budgetary consequences on the entire federal government.

While ensuring VA has the resources it needs to meet the demand on its health care system is vitally important, it is also critical that VA serve as a good steward of the federal resources it receives. That is why we propose that Congress establish a biennial independent audit of VA's budgetary accounts to identify accounts and programs that are susceptible to fraud, waste and abuse. The audit would also examine the development of the budget requests, including oversight of the Enrollee Health Care Projection Model, to ensure that integrity of those request and the subsequent appropriations, including advance appropriations.

The VFW has consistently heard from veterans that their patient advocates are ineffective or seek to protect the medical facility's leadership instead of addressing their concerns. The VFW believes that patient advocates cannot effectively meet their obligations to veterans if their chain of command includes VA medical facility staff that is responsible for the actions and policies they are required to address. To address this concern, the VFW recommends that VA strengthen its Veterans Experience Office to ensure veterans have health care advocates with the authority to properly address their concerns at the time of the complaint. Veteran experience officers must be responsible for ensuring VA health care providers comply with the health care protections afforded to veterans under title 38, United States Code, and the Federal Tort Claims Act, a veteran's right to seek redress through clinical appeals, and the right to free representation by accredited veteran service organizations.

Finally, any plan to reform the culture of VA must also take into consideration the need to modernize VA's workforce and ensure VA employees serve the interest of the veterans' community. While Congress has focused on firing underperforming employees, the VFW believes that the situation is more complicated and demands a holistic approach to workforce development that allows VA to recruit, train, and retain high quality professionals capable of caring for our veterans, while simultaneously ensuring that VA has the authority to properly discipline employees whenever appropriate. The VFW believes that VA and Congress must work to modernize VA's workforce and ensure VA employees serve the interest of the veterans' community by making VA an attractive employment option for those who want to care for our nation's veterans. This includes devoting proper resources to provide VA staff customer service and remedial training.

Mental Health and Suicide: The VFW thanks Congress for working with us on the bipartisan Clay Hunt Suicide Prevention for American Veterans (SAV) Act. This important law helped VA make strides toward improving the mental health care it provides veterans who suffer from the invisible wounds of war. However, more work remains.

The VFW continues to hear from veterans that VA needs to hire more mental health care providers. This shortage of providers has been continually highlighted by Government Accountability Office and VA Office of Inspector General (OIG) reports in the past year. Specifically, the VAOIG's yearly determination of occupational staffing shortages across the VA health care system has placed psychologists among the top five VA health care professions staffing shortages. Despite a 33 percent net gain in psychologists over the past year, VA continues to face challenges in recruiting mental health care professionals. This is due in large part to a general lack of mental health care professionals in the United States.

As the largest single provider of health education in the country, and second only to Medicare and Medicaid in funding graduate medical education (GME), VA has a significant role in training the next generation of health care professionals. To further increase VA's role in training America's health care workforce, the Veterans Access, Choice and Accountability Act of 2014 authorized VA to add 1,500 additional GME residency slots over five years. However, a Medicare imposed cap on GME slots has limited VA's academic affiliates from accepting additional slots. The VFW urges Congress to remove this barrier by exempting VA mental health care residencies from the statutory ceiling on hospital residency programs.

Suicide among military personnel and veterans presents the most serious challenge to VA, the Department of Defense and the nation. The most recent study of suicide among Iraq and Afghanistan veterans finds that recently discharged veterans are up to 61 percent more likely to commit suicide, compared to the general population. That is why the VFW was disturbed to learn that many vulnerable veterans who took the important first step towards addressing suicidal thoughts by calling the Veteran Crisis Lines (VCL) were sent to a voicemail.

According to the VA these phone lines are expected to be answered 24-7 to ensure veterans, service members and their families are able to seek assistance whenever they need it. In 2015, the VA OIG reported that the VCL received nearly 1,600 phone calls per day; however, the daily average of answered phone calls was only 1,400. Other VA OIG reports have made recommendations for improvements in various VA mental health care programs and services across the country. These incidents and recommendations must be taken seriously. The VFW is glad to see that VA is working diligently to address the issues highlighted in the OIG's report on the VCL. VA has made a concerted effort to provide VCL employees with additional training and employee wellness programs to ensure they are ready and able to assist veterans contemplating suicide. VA has also implemented Lean Six Sigma-based improvements to VCL processes and procedures to ensure the VCL operates as efficient and effective as possible.

However, VA still has room for improvement in reducing the prevalence of suicide among our nation's veterans. While studies shows that veterans who use VA health care are less likely to commit suicide than non-VA users, such lifesaving care is not always readily available. VA must ensure that veterans who turn to VA in their time of need have timely access to experienced and properly trained mental health professionals and receive the high quality mental health care they have earned and deserve. VA must also conduct robust outreach to veterans who do not use the VA health care system, but are in urgent need of mental health care services.

Equally as troubling is the suicide rate in our armed forces, which steadily increased through 2012. Suicides in the U.S. military surged to 525 that year, meaning there were more suicides among service members than there were combat deaths. In response, DOD aggressively expanded its suicide prevention programs; as a result suicides among service members fell from 525 in 2012 to 474 in 2013; a 10 percent drop. However, the VFW is concerned that recent data shows suicides among active duty service members has increased slightly since 2013. We cannot allow suicides to return to the 2012 level. Congress must do everything it can to ensure DOD provides adequate behavioral health counseling programs, and is actively engaged in reversing the negative stigma associated with seeking help.

Congress must also address a significant issue with the process for evaluating whether veterans with less than honorable discharges are eligible for VA health care benefits. Eligibility for VA health care is determined by many factors including character of discharge. Under VA regulations, a veteran who meets other eligibility criteria and has a discharge that is other than dishonorable is eligible for VA health care. However, VA's process for determining which veterans are considered to have a dishonorable discharge is flawed, and generally results in veterans who have anything less than an honorable discharge being denied health care eligibility.

This is a particular concern for veterans who served honorably in combat, but were administratively discharged upon returning home due to relatively small infractions, like missing formations or being

charged with alcohol-related incidences. VA regulations do not consider discharges for minor offenses as dishonorable, if such veteran's service was otherwise honest, faithful and meritorious. Unfortunately, VA's process for determining health care eligibility is not consistent and often fails to properly account for their entire service. Without access to VA health care those suffering from service-related mental health injuries are left on their own to deal with their mental health symptoms, making recovery nearly impossible. The VFW urges Congress to evaluate VA's process for determining health care eligibility for veterans with less than honorable discharges.

Traumatic Brain Injuries (TBI): According to DOD's Defense and Veterans Brain Injury Center, more than 330,000 service members have been diagnosed with TBI between 2000 and 2015. VA has made significant progress in diagnosing and treating TBI related conditions since the start of the wars in Iraq and Afghanistan. VA reports that nearly 80,000 veterans were treated by its integrated Polytrauma System of Care in 2015, and estimates a more than 30 percent increase in demand within two years. VA must continue to expand its services to ensure veterans who suffer from conditions associated with TBI are afforded the specialized care they need. Specifically, the VFW urges VA to expand its Individualized Rehabilitation and Community Reintegration (IRCR) Plan of Care to ensure all veterans with a TBI have an individualized plan to maximize their independence and restore physical and cognitive functions.

Additionally, VA and Congress must continue to commission research on the effects TBI has on cognitive and behavioral functions and develop treatment programs for any and all research that shows promise in improving health outcomes and quality of life for effected veterans. The VFW also believes that veterans must not only receive health care for conditions that are found to be related to blast injuries, but should establish these conditions as presumptive for compensation, as many service members go untreated while in service, so there is no medical evidence of the condition in their military health records

Caregivers: Family caregivers who choose to provide in-home care to veterans who were severely disabled in the line of duty truly epitomize the concept of selfless service. They choose to put their lives and careers on hold, often accepting great emotional and financial burdens. They do so recognizing that their loved ones benefit greatly, both in terms of health outcomes and quality of life, by receiving care in their homes as opposed to institutional settings. The VFW strongly believes that the contributions of family caregivers cannot be overstated, and that our nation owes them the support they need and deserve. Unfortunately, the Program of Comprehensive Assistance for Family Caregivers is unjustly limited to only caregivers of severely wounded post-9/11 veterans.

The VFW is pleased that the Senate Committee on Veterans' Affairs has moved to correct this inequity by expanding the caregivers program to wounded veterans of all eras. The VFW hears from our members often about eligibility for this important program, and their message is clear: veterans of all eras deserve caregiver benefits. As an intergenerational veterans' service organization that traces its roots to the Spanish American War, this is not surprising. Our members are combat veterans from World War II, the wars in Korea and Vietnam, the Gulf War, and various other short conflicts, in addition to more than 200,000 Iraq and Afghanistan veterans. They rightly see no justifiable reason to exclude otherwise deserving veterans from program eligibility simply based on the era in which they served. Accordingly, we strongly urge the Senate to pass S. 425, the Veterans Homeless Programs, Caregiver

Services, and Other Improvements Act of 2015. We also urge the House of Representatives to swiftly consider and pass this important legislation.

In order to expand the Program of Comprehensive Assistance for Family Caregivers, S. 425 would establish arbitrary dates that would require veterans who served after the 1975 and before 2001 to wait at least four years before becoming eligible. The VFW would prefer that expansion be based on severity of conditions rather than arbitrary dates. While expanding the program based on severity may cause an administrative burden on VA, the VFW believes it would be more equitable and worth the extra effort.

Additionally, the VFW strongly believes that program eligibility must be expanded to include caregivers of veterans who suffer from severe service-related illnesses, who are explicitly left out of the current program. The Department of Defense provides support to family caregivers of members of the armed forces who are catastrophically disabled through its Special Compensation for Assistance with Activities of Daily Living (SCAADL) program, which includes disability caused by illnesses in its eligibility requirements. Although service-related diseases affect veterans of all eras, we note that this issue is of particular importance to Gulf War veterans who continue to suffer at high rates from horribly debilitating diseases associated with Gulf War Illness. The VFW believes that it is necessary to fully align VA caregiver benefits with the SCAADL program, creating a more seamless transition for the most severely disabled veterans, and ensuring that those who care for them receive the support they need.

Reproductive Health Care: Due to the widespread use of improvised explosive devices during the wars in Iraq and Afghanistan, both female and male service members have suffered from spinal cord, reproductive, and urinary tract injuries. Many of these veterans hope to one day start families, but their injuries prevent them from conceiving. When these veterans seek fertility treatment from VA, they are told VA services are very limited. In fact, VA is prohibited from providing certain fertility treatments like In Vitro Fertilization (IVF).

The VFW urges Congress to authorize VA to use assisted reproductive technologies to provide infertility treatments to any severely wounded, ill, or injured veterans who has infertility conditions incurred or aggregated by their military service. This includes injuries and illnesses such as Traumatic Brain Injuries and other mental health conditions that are known to cause infertility. Such veterans deserve the same opportunity to start a family as their fellow veterans who have suffered injuries to their reproductive organs.

Additionally, veterans may have personal objections to assisted reproductive technologies or are unable to undergo IVF and would like to pursue other options, such as adoption or surrogacy. However, VA is not authorized to help veterans cover the cost of adoption or surrogacy. For that reason, the VFW believes that VA must have the authority to provide veterans the fertility treatment options that are best suited for their particular circumstances. The VFW thanks Senator Murray and Congressman Benishek for introducing legislation to address this important issue. We urge Congress to swiftly pass legislation that would meet our recommendations.

Women Veterans

Ensuring women veterans receive veterans' benefits and services that honor their brave military service is one of the VFW's top priorities. Currently, women comprise 15 percent of the active duty military and

18 percent of the Guard and Reserve. With the steady increase of women wearing our nation's uniform and their increased role in military operations, it has never been more important that we ensure women veterans have a VA that is ready and able to care for them when they transition back to civilian life.

To gauge how well VA is serving women veterans and to identify areas where VA needs to improve, the VFW has established a women veterans' advisory committee comprised of four of our seven current women state commanders. Their charge is to collect direct feedback from women veterans around the country, they commissioned a survey of women veterans that was distributed through the VFW's grassroots advocacy network "Action Corps" and our partners at The Military Coalition. Overall, the survey of nearly 2,000 women veterans indicated that VA has made progress in addressing the unique needs of women veterans, but it still has much room for improvement.

Women's Health Care: VA reports that more than 447,000 women veterans used the VA health care system in fiscal year 2015, which is a 123 percent increase since fiscal year 2003. To evaluate whether women veterans are receiving the timely and high-quality health care they have earned and deserve, the VFW asked our women veterans to share their experiences receiving VA health care and suggest ideas on how to improve women's health care services at VA.

The most consistent suggestion we received was to expand access to women's health care. Specifically, veterans told us they wish VA would hire more women health care professionals to support the growing population of women veterans using VA primary care and mental health care clinics. According to a recent staffing report, VA medical facilities are required to offer women veterans the opportunity to receive care from a Designated Women's Health Primary Care Provider (DWHP). While VA requires DWHPs to have experience and training in women's health, it does not require DWHPs be women. VA reports that 66 percent of women veterans are assigned to a DWHP.

Our survey found that only 40 percent of women veterans were given the opportunity to choose the gender of their primary care provider. The VFW has learned that women veterans overwhelmingly prefer to receive their health care from women primary care providers. Additionally, those who received care from a woman primary care provider were more likely to be satisfied with their VA health care experience. That is why the VFW urges VA to make every effort to hire more women health care professionals and offer all women the opportunity to choose the gender of their primary care provider. The VFW also urges VA to expand its DWHP program to ensure all women veterans have access to women-specific primary care.

We also learned that VA mental health care is not always properly tailored to meet the gender-specific mental health care needs of women veterans. Our survey found that 45 percent of women veterans report using VA metal health care services. Given that women veterans are more likely to receive mental health care service than their male counterparts, VA must ensure it is able to care for their unique needs. While VA has made it a priority to improve its Military Sexual Trauma (MST) care, women still report that VA MST health care needs to be improved. Some tell us their doctors think they are lying about their MST, which makes it difficult to pursue the help they need to cope with this serious injury.

Veterans want and deserve to have mental health care providers with a background and understanding of women's mental health needs and differences. The VFW believes that women who are traumatized and vulnerable to feeling victimized in the presence of men must have the option of seeking help from

women therapists to discuss their sexual trauma. VA also reports that women veterans seek different types of mental health care than their male counterparts, and mental health care conditions affect women differently than males. For example, male veterans do not typically receive mental health care for post-partum depression. However, post-partum depression can impact the type of mental health care a woman veteran may need. That is why VFW urges VA to expand its designated women's health program to mental health care to ensure veterans have access to mental health care providers who understand women-specific mental health conditions.

Our women veterans also reported concerns regarding the gender specific competencies of other VA clinics. For example, veterans were concerned that they often face problems finding prosthetic options suitable for women, leaving them with no choice but to use uncomfortable products that do not properly fit. In orthopedics, veterans reported that doctors fail to treat them with their gender in mind. To ensure all VA health care programs are equitable among men and women veterans, the VFW urges Congress to demand progress reports from VA, conduct greater oversight of women veterans programs, gain more insight directly from women veterans themselves, and identify barriers or gaps in VA care and services for women veterans.

The VFW has also learned that VA is not required to comply with a requirement for health programs to cover preventative services at no cost to the beneficiary per Public Law (P.L.) 111-148, the Patient Protection and Affordable Care Act. This is a particular concern for women who receive VA family planning services. While VA offers a broad array of birth control options for women veterans, it does not exempt preventative care prescriptions from copayments. To address this concern, the VFW urges Congress to amend VA's pharmacy cost share requirements by authorizing VA to provide no-charge preventative care options for women veterans.

Identity and Outreach: The VFW was pleasantly surprised that 98 percent of the women veterans who participated in our survey reported that they self-identify as a veteran or someone who served in the United States military. To the VFW, this indicates that we are doing much better in showing women that their service to our nation is appreciated. That is why we were disturbed to hear that VA employees continue to confuse women veterans for spouses or caregivers, and even challenge their veteran status. Veterans of all genders, race and creed who have honorably served our country have earned benefits and services. VA must properly train its workforce to treat women veterans with the respect and dignity they have earned and deserve.

Furthermore, VA noticed a much lower utilization and awareness of benefits among older women veterans compared to their younger counterparts. The VFW's survey found that older women veterans were less likely to report receiving disability compensation, but equally as likely to have been injured or made ill as a result of their military service. Similarly, older veterans were less likely to report that they use VA health care, but equally as likely to report being eligible for VA health care as their younger counterparts. We were also concerned that several respondents who reported being age 55 and older believe they do not rate the same benefits as their male counterparts, which is an egregious misperception that must be addressed.

No veteran should be left to wonder what, if any, benefits she is eligible to receive. Furthermore, it must be clear that women veterans have earned the exact same benefits as male veterans. That is why the

VFW recommends that VA conduct targeted outreach to older women veterans to ensure they are aware of all the benefits and services VA provides.

Homelessness: VA and the Department of Housing and Urban Development (HUD) have made significant strides towards ending veteran homelessness. However, the VFW's survey shows that much work remains.

Of nearly 2,000 women veterans who participated in our survey, 72 reported being homeless or at risk of becoming homeless and 184 reported living in another person's home. Of the 72 women veterans who reported being homeless or at risk, 33 of them also reported living in another person's home. While the VFW was glad to hear that nearly 50 percent of homeless or at risk survey participants have a place to sleep at night, it is concerning because several government homeless benefits first require veterans to be on the streets before being eligible. That is why the VFW recommends that Congress work with VA and HUD to ensure homeless veterans who are living in another person's home are afforded the opportunity to obtain assistance finding permanent housing.

Fifty-three women veterans requested the VFW's assistance obtaining permanent housing. Each state has a VFW homeless veterans' chairman who connects homeless veterans with programs and benefits in their communities. The VFW has connected all 53 veterans with a state VFW chairman to ensure they are offered assistance.

The VFW was also concerned to learn that 38 percent of the women veterans who reported being homeless or at risk also reported having children. Homeless veterans with children experience unique challenges when obtaining the benefits and services they have earned. In fact, homeless or at risk veterans with children were significantly more likely than their non-homeless counterparts to report that having children impacts their ability to receive health care and that access to childcare services would help them obtain health care. Homeless veterans with children are also concerned that the lack of childcare impacts their ability to complete employment and training programs. If homeless veterans are not afforded the opportunity to complete training programs or receive the health care they need, they may not be able to maintain meaningful employment and stay off the streets. The VFW urges Congress to expand VA's successful childcare pilot program to ensure homeless and at risk veterans have access to childcare services when they receive VA health care and job training services.

The VFW also learned that homeless veterans are significantly more likely to be dissatisfied with VA employment benefits and the Transition Assistant Program. Congress and VA acknowledged that certain veterans face significant barriers to employment and require more comprehensive case management and support services. To address this issue Congress created the Vocational Rehabilitation and Employment (VR&E) program.

VR&E offers disabled veterans access to education and training in order give them the skills necessary to transition to civilian life. Additionally, it provides other support, such as counseling and assistance finding jobs that are suitable for their disabilities. The VFW views VR&E as a cornerstone of VA services. For homeless veterans who want to be productive members of society, but face barriers that their non-homeless counterparts do not, VR&E is the bridge to get them there. That is why the VFW urges Congress to expand VR&E eligibility requirements by authorizing VA to classify homelessness as

a qualifying barrier to employment, without regard to service-connection or when a veteran was discharged from military service.

The homeless veterans who participated in our survey were also concerned that people offering assistance fail to properly understand the difficulty of being homeless. This can be a significant barrier when assisting veterans who need more than just a place to sleep. That is why the VFW urges VA to expand the peer support program to include previously homeless veterans who are able to assist homeless or at risk veterans. This would ensure homeless veterans have reliable assistance navigating housing, employment and education benefits.

Exposures and Other Environmental Hazards

Veterans deserve to know whether their health care conditions are associated to toxins they were exposed to during their military service. Congress and VA must devote the proper time and resources in research to make objective and evidence-based determinations regarding the health conditions associated with toxic exposures. We cannot allow veterans to continue to struggle; it's time that we provide them the care and benefits they deserve. In order to do that, research into the long-term effects of exposure is vital.

Descendants of Exposed Veterans: In its report "Veterans and Agent Orange: 2012 Update," the Institute of Medicine (IOM) stated that "the amount of research providing reliable information on the consequences of paternal exposure is extremely sparse not only for [Agent Orange] but also for the full array of environmental agents that may pose threats to the health of future generations." With the existing body of research on this topic, VA has established the Spina Bifida Program to provide health care and benefits to the children of certain Vietnam veterans who were born with spina bifida – an extremely debilitating neural tube birth defect. VA also provides health care and benefits to children of women Vietnam veterans born with certain birth defects.

However, exposure to toxic substances is not limited to Vietnam veterans. We believe VA has the responsibility to research whether the descendants of other veterans who have been exposed to toxic substances, such as those who were exposed to open air burn pits, chemicals during the Gulf War, and the approximately 650,000 veterans and family members who now qualify for VA health care benefits as a result of their exposure to contaminated water in Camp Lejeune, are at risk of developing adverse health conditions.

For far too long veterans have struggled to obtain VA benefits for chronic health conditions that are associated with their military exposures. The VFW strongly believes the descendants of those veterans should not be forced to wait years for the care they need. We thank Senators Moran, Blumenthal and Isakson; and Congressmen Benishek and Honda working to advance the Toxic Exposure Research Act of 2015, which would authorize research on the health effects toxic exposures have on the descendants of individuals who were exposed to toxic substances during their military service. The VFW urges Congress to quickly consider and pass this important legislation.

Blue Water Navy: The VFW strongly supports S. 681 and H.R. 969, the Blue Water Navy Vietnam Veterans Act of 2015, which would require VA to include territorial seas as part of the Republic of Vietnam, extending presumptive service connection and health care for Agent Orange-related illnesses to Blue Water Navy veterans.

In response to a recent Court of Appeals for Veterans Claims decision, VA was required to re-evaluate its "arbitrary and capricious" definition of inland waterways. Last month, VA issues a factsheet which detailed its modified interpretation of inland waterway for purposes of determining Agent Orange exposure. However, we do not feel that VA's modified interpretation meets the intent of the Gray v. McDonald decision.

We have long maintained that it is arbitrary and unjust that veterans who served aboard ships in the coastal waters of Vietnam are denied presumptive benefits associated with Agent Orange exposure. We are deeply disappointment that VA's modified interpretation of inland waterways continues this practice. We firmly believe that VA's modified interpretation will continue to exclude veterans that were exposed to significant levels of toxins who must be granted the same presumption of service connection as their counterparts who served on the mainland of Vietnam. For this reason, the VFW continues to urge Congress to swiftly pass the Blue Water Navy Vietnam Veterans Act of 2015.

Korean DMZ: DOD and VA have identified particular units assigned to areas along or near the demilitarized zone (DMZ) in the Republic of Korea from April 1, 1968, to August 31, 1971, that are presumed to have been exposed to toxic herbicides. These dates, however, exclude many veterans whose duties along the Korean DMZ exposed them to Agent Orange, and who now suffer from diseases and illnesses that have been directly linked to the chemical defoliant.

In fact, the dates acknowledged by VA contradict those established by Congress. In Public Law 108-183, the Veterans Benefits Act of 2003, Congress authorized VA to expand benefits to the children of veterans who were exposed to toxic herbicides during their service along the Korean DMZ between September 1, 1967, and August 31, 1971. The Senate and House Committees on Veterans' Affairs used evidence obtained by Committee staff and information provided by DOD to establish presumptive dates that incorporate the earliest use of toxic herbicides near the Korean DMZ, and to account for the half-life of such toxins. However, when aligning its compensation regulations regarding presumptive herbicide exposure for veterans who served in or near the Korean DMZ to the Veterans Benefits Act of 2003, the VA ignored the law and did not extend compensation benefits to veterans who served near the Korean DMZ before April 1, 1968. VA must correct this inequity and align its presumptive date's with Congressional intent.

The VFW also believes that the end date recognized by VA and DOD and established by Congress does not accurately account for the half-life of Agent Orange in the soil of sprayed areas. DOD asserts that use of Agent Orange near the Korean DMZ ceased in 1969. When Congress and VA set presumption dates for Korean DMZ veterans, they expanded the end date beyond 1969 to account for residual exposure. Although the half-life of 2,3,7,8 TCDD – a human carcinogen found in Agent Orange – may be between one year and three years on soil surfaces, studies conducted by the Environmental Protection Agency and the Department of Agriculture have determined that TCDD is resistant to biodegradation and can remain in soil interiors for up to 12 years. A similar study conducted by the Canadian company Hatfield Consultants Ltd., in collaboration with the government of Vietnam, found a "hot spot" of TCDD contamination at a former U.S. Special Forces base in the Aluoi Valley in 1997. The soil found in this abandoned base continued to exceed Canadian health standards more than 30 years after initial spraying of Agent Orange in the area.

In 2014, the Board of Veterans' Appeals (BVA) relied on a similar study to establish a medical nexus between a veteran's Type II diabetes and his exposure to herbicides during his service along the Korean DMZ between February 1976 and March 1977. BVA granted the service-connection because his duties along the Korean DMZ required him to excavate soil from the barrier fence and guard posts. Although BVA decisions do not set a precedent, VA must properly consider studies on the half-life of TCDD when making service-connection decisions at the regional office level. VA must ensure its regional offices are aware that soil interiors that were previously sprayed with Agent Orange may remain toxic long after August 31, 1971.

Fort McClellan: From 1943 to its closure in 1999, Fort McClellan, Alabama, was home to thousands of soldiers in the Women's Army Corps, the Army's Military Police Corps, and the Army's Chemical Corps. It was forced to close in 1999 due to investigations by the Alabama Department of Public Health, the Alabama Department of Environmental Management, the Agency for Toxic Substances and Disease Registry, and the EPA, which discovered evidence of Polychlorinated Biphenyl (PCB) contamination in Fort McClellan's neighboring town, Anniston.

The VFW has heard from several veterans, suffering from deteriorating health conditions that are consistent with exposure to PCBs that they are unable to obtain the care and benefits they need because their service at Fort McClellan is not considered presumptive exposure to toxic substances. Despite continued pressure by Congress and veterans service organizations, the Army and VA have failed to establish a health registry to conduct comprehensive studies on the effects of toxic exposure at Fort McClellan, which would be necessary in order to justify the extension of any presumptive service connection or health care benefits to veterans who may be suffering from such exposure.

The VFW appreciates Congressman Tonko's leadership and advocacy regarding the Fort McClellan Health Registry Act. Through his work, we have discovered the true rational for the Army's hesitance – the budgetary burden that would come with identifying these veterans. Cost should never be a factor when considering benefits that veterans deserve. Their sacrifice to our country outweighs any cost. These veterans have waited long enough. It is time for Congress to pass H.R. 2622, the Fort McClellan Health Registry Act.

Burn Pits: The use of open air burn pits in combat zones has caused invisible, but grave health complications for many service members, past and present. Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins – the destructive compound found in Agent Orange – and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds that are unavoidable to those in close proximity.

The VFW has learned that several epidemiologic studies sponsored by VA and DOD have been unable find a direct cause and effect relationship between exposure to burn pits in Iraq and Afghanistan and abnormal pulmonary conditions prevalent among Iraq and Afghanistan veterans. The VFW is concerned about the impact of sampling error on the results of these studies. Specifically, several VA and DOD-sponsored epidemiologic studies compare the difference in pulmonary health conditions between veterans who deployed to Iraq and Afghanistan and those who did not deploy. However, such studies do not control for the realities of deploying to combat zones. Often, the deployed veteran's sample included veterans who were deployed, but whose duties did not require them to work in or near burn pits.

Additionally, non-deployed samples include veteran who may have deployed in support of previous operations such as the Gulf War, where they may have been exposed to other toxins.

Current VA and DOD-sponsored epidemiologic studies also lack specific location and event data to properly control for veterans who were directly exposed to hazardous chemical compounds created by burn pits. The Defense Health Board's study, *"Pre- and Post-Deployment Evaluation of Military Personnel for Pulmonary Disease Related to Environmental Dust Exposure,"* found that "Epidemiologic studies are compromised by the lack of access to classified individual deployment location data." In order to properly evaluate the health effects of burn pit exposure, VA and DOD must conduct event and location specific research.

Gulf War Illness: A recent IOM study found that medical research has not made progress in identifying the cause of Gulf War Illness, and that future research is unlikely to produce more clarity. However, what is certain is that more than 200,000 Persian Gulf War veterans suffer from conditions that cannot be explained by medical or psychiatric diagnoses, such as chronic widespread pain, cognitive difficulties, unexplained fatigue, and gastrointestinal problems. While the VFW supports IOM's recommendation that VA's top priority must be to identify effective treatments for Gulf War Illness, we do not believe that future medical research should focus on the connections between brain and body function. The VFW believes that future research efforts must continue to study all symptoms and conditions associated with Gulf War Illness. That is why the VFW urges Congress to continue to properly fund the Gulf War Veterans' Illnesses Research Program within the Army Medical Research and Material Command's Office of Congressionally Directed Medical Research Programs (CDMRP).

Additionally, veterans who have served in the Southwest Asia Theater of military operations since August 2, 1990, including Operation Iraqi Freedom and Operation New Dawn are eligible for a Gulf War Registry health exam. This comprehensive exam evaluates exposure and medical history to identify possible long-term health problems that may be related to environmental exposures during their military service. While veterans who served in Afghanistan after 2001 are eligible for VA's Airborne Hazards and Open Burn Pit Registry, they are not eligible for the Gulf War health exam. The VFW believes that Afghanistan veterans served under circumstances similar to those served in Operation Iraqi Freedom, Operation New Dawn. That is why we urge VA and Congress to expand eligibly for the Gulf War Registry health exam to veterans of the war in Afghanistan.

Camp LeJeune: The VFW is pleased that VA has recently announced it will classify eight medical afflictions as presumptive disabilities for purposes of adjudicating compensation benefits for veterans who were exposed to contaminated water at Camp Lejeune between 1953 and 1987. Additionally, National Guard and Reserve service members who did not serve on active duty, but conducted training at the base will be considered as part of this expanded policy. This means that VA will now presume that a veteran's exposure entitles that veteran to VA disability compensation benefits for any of the eight covered conditions. This is a major step towards ensuring veterans who suffer from health conditions that stem from their military service on Camp Lejeune receive the health care and benefits they deserve.

Thanks to efforts by the Senate and House Veterans' Affairs Committees, particularly Senator Burr, the former Ranking Member, VA is authorized to provide no-cost health care to veterans and their families for 15 health care conditions that have been found to be associated with exposure to contaminated water on Camp Lejeune. However, VA only expanded presumptive disability compensation for six of them.

As a result, veterans who served 30 or more days at Camp Lejeune between 1953 and 1987 and have been diagnosed with esophageal cancer, breast cancer, renal toxicity, female infertility, lung cancer, bladder cancer, hepatic steatosis, miscarriage, and neurobehavioral effects are eligible for no-cost VA health care, but are not presumed to be eligible for VA disability compensation benefits. The VFW urges Congress and VA to review the medical research linking these maladies to the contaminated water at Camp Lejeune to determine if VA's presumptive list is accurate.

Capital Infrastructure

For more than 100 years, the government's solution to provide health care for our military veterans has been to build, manage and maintain a network of hospitals across the nation. This model allows VA to deliver care at 1,753 facilities, but has left it with more than 5,600 buildings, many of which are past their building lifecycle. Many of these facilities need to be replaced, some need to be disposed of, others need to be expanded, and all of them need to be maintained. The process to manage this network of facilities is the Strategic Capital Infrastructure Plan, or SCIP. SCIP identifies VA's current and projected gaps in access, utilization, condition, and safety. Then it lists them in order based on the gaps priority. In VA's FY 2017 Budget Submission, the 10-year full implementation plan to close these gaps is estimated to cost $52 to $63 billion, including $11 to $13 billion in activation costs.

Major Construction: Congress and VA needs to realign the SCIP process to allow VA to enter into public-private partnerships and sharing agreements – both federal and private – to right size VA's footprint. It must continue to fund the projects it currently has partially funded, and begin the advanced planning and design of those project it knows it will need to fund through the traditional appropriations process.

Currently, VA has 30 major construction projects that are partially funded, some of which were originally funded in FY 2004, that need to be put on a clear path to completion. Outside of the partially funded major projects list are major construction projects at the top of the FY 2017 priority list that are seismic in nature. These projects cannot take a strategic pause while Congress and VA decide how to manage capital infrastructure long-term.

Of those 30 partially funded projects, VA will need to invest more than $3 billion to complete them all. Of the top five projects on the priority list, two of them are seismic deficiencies, two are the core mission of VA – a mental health clinic and a spinal cord injury center – and one that is an addition to an existing facility. The total cost of these projects is $1.2 billion.

The VFW recommends that Congress appropriate $1.5 billion for FY 2017. This amount will fund either the "next phase" or fund "through completion" all existing projects, and begin advance planning and design development on six major construction projects that are the highest ranked on VA's priority list.

Minor Construction: In FY 2016, Congress appropriated $406 million for minor construction projects. Currently, there are still approximately 600 minor construction projects that need funding to close all current and future year gaps within 10 years. To complete all of these current and projected projects, VA will need to invest between $6.7 and $8.2 billion over the next decade.

In August 2014, the President signed the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), Public Law 133-146. In this law Congress provided $5 billion to increase healthcare access by increasing medical staffing levels and investing in infrastructure. VA has developed a spending plan that will obligate $511 million for 64 minor construction projects over a two-year period.

VA planned to invest $383 million of these funds in FY 2015, leaving $128 million for minor projects in FY 2016. It is important to remember that these funds are a supplement to, not a replacement of, annual appropriations for minor construction projects. To ensure that VA funding keeps pace with completing all current and future minor construction projects, the VFW recommends that Congress appropriate an additional $749 million to expand opportunities to complete minor construction projects.

Leasing: Historically VA has submitted capital leasing requests that meet the growing and changing needs of veterans. VA has again requested an adequate amount, $52 million for its FY 2017 leasing needs. While VA has requested adequate resources, Congress must find a way to authorize and appropriate leasing projects in a way that precludes the full cost of the lease being accounted for in the first year. There are currently 18 major medical leases from FY 2016 that Congress must still authorize. Delays in authorization of these leases has a direct impact on VA's ability to provide time care to veterans in their communities. Congress must authorize these leases.

Nonrecurring Maintenance: Even though non-recurring maintenance (NRM) is funded through VA's Medical Facilities account, and not through a construction account, NRM is critical to VA's capital infrastructure. NRM embodies the many small projects that together provide for the long-term sustainability and usability of VA facilities. NRM projects are one-time repairs, such as modernizing mechanical or electrical systems, replacing windows and equipment, and preserving roofs and floors. Nonrecurring maintenance is a necessary component of the care and stewardship of a facility. When managed responsibly, these relatively small, periodic investments ensure that the more substantial investments of major and minor construction provide real value to taxpayers and to veterans as well.

Just to maintain the status quo, VA's NRM account must be funded at $1.35 billion per year, based on the estimated Plant Replacement Value (PRV). The Administration is requesting $1.057 billion for NRM in FY 2017. While this amount falls short of the PRV guideline, it is much closer to the actual need than VA has requested over the past several years. While it will take more than the baseline $1.35 billion per year to reduce the more than $20 billion of identified gaps within NRM, VA is investing more than $800 million in NRM from funds that were made available through the Veterans Access, Choice, and Accountability Act in FY 2016 and FY 2017.

As VA works to close these gaps, they and Congress must make it a priority to maintain what we have, finish what has been started, and chart a long-term plan to effectively close future gaps.

VA's Strategic Capital Investment Planning program clearly identifies the current and projected 10-year gaps in delivery of health care. What is missing is a long-term strategy to effectively close these gaps in the most veteran-centric and cost effective way. This must include a strategic plan for removing unutilized or underutilized space so VA can invest the funds used to maintain these building into facilities that can provide direct care for veterans. Facilities will need to be replaced, improved and reduced over the years, and the method used to decide when and how to move forward with these projects must be comprehensive. VA can no longer afford to build a new facility and within three years

have a need to expand the facility because VA didn't properly forecast the need. Nor should VA feel compelled to maintain a specialty that is so underutilized that it becomes cost prohibitive.

Veterans Benefits Administration

Workload: Over the past few years, the Veterans Benefits Administration (VBA) has made significant progress in reducing its backlog of disability claims. The current workload, defined by VBA as original and supplemental disability and pension claims pending is 352,666 as of February 1, 2017. The "backlog" of disability claims over 125 days stands at fewer than 80,000, having fallen from over 242,000 one year ago and a high of over 600,000 in 2013. This backlog reduction has inarguably improved the VA experience for many claimants and, for that, VBA deserves praise.

That progress, however, came at the expense of other work that VBA does not define as part of its workload. The total amount of work VBA is responsible for totaled nearly 1.6 million claims.[1] While VBA drove down its disability claim backlog, other significant work, such as dependency claims and appeals, increased.

In particular, the total number of pending appeals continued to climb, increasing by almost 36,000 in the past year. While only 22 percent of disability claims are pending over 125 days, appellants continue to wait an average of over three years before the Board of Veterans Appeals makes its first decision on their appeals.

According to VA, the increase in pending appeals is purely a function of a greater number of disability claims processed. While the VFW acknowledges this as a factor, we believe that to achieve that success, in 2013-2014 VBA diverted nearly all of its Regional Office employees, including Decision Review Officers (DRO), to work only on disability claims, in an effort to defeat what it defined as the backlog. This resulted in VBA focusing on only disability claims, while others were neglected.

VA recently made statements that appeals backlog will be a major focus in the future. While this is encouraging, we believe that VBA must begin defining its workload to include all pending claims and appeals. The old adage, "you get what you measure" applies to VBA in spades. If VA declares victory on the claims backlog and begins focusing solely on appeals, disability claims may begin to backslide. It is clear that VBA must begin defining its workload as all pending work, in order to avoid a perpetual state of "whack-a-mole." Managers must learn how to manage all of the work allocated to VBA.

Quality of Claims Processing: It is not just the process and workload that VBA is trying to redefine. Traditionally, VA measured quality by determining whether any decision made in a claim was in error. More recently, it has chosen to redefine quality by giving a thumbs-up, thumbs-down by issue. Under this schema, if a claim has 5 issues and only one is wrong, than the decision isn't wrong, it's 80 percent right. Using this methodology, VBA asserts that issue based quality in 2014 was 96 percent correct (4 percent in error). VBA reports claims based accuracy at 90.3 percent.

The VFW conducts random reviews of VA rating decisions when performing staff visits to VFW offices. These reviews reveal error rates 7-10 points higher than what VA finds in its own quality

[1] Monday Morning Workload Report, http://benefits.va.gov/REPORTS/detailed_claims_data.asp, February 1, 2016. Examples of total work include disability, pension and education claims, as well as appeals, accrued and burial claims.

reviews for those offices. What this suggests is that for whatever reason, VA quality reviews are not as rigorous as needed to identify all errors in the decisions it makes.

The VFW believes that the VBA quality assurance program should be reviewed by an independent team of quality experts to ensure that the methodology for sampling decisions, as well as the actual review of ratings, is sufficient to identify all the errors present in those cases.

Additionally, VBA has stopped releasing detailed quality reports. The VFW strongly believes that these reports are needed for these Committees to exercise effective oversight, as well as a tool to demonstrate the effects of any improvements to its processes. Rather than attempting to redefine how quality is measured, and in doing so, make itself look better than it is, VBA should be setting achievable goals for each year, with the objective of achieving incremental progress. We recognize that VBA will never achieve 98 percent accuracy. That said, we do expect them to improve.

Appeals: In January 2016, VA reported that it had over 444,500 appeals pending. This number includes nearly 40,000 appeals pending at the Board of Veterans Appeals (BVA). While appeals may take 1,000 days to go from the Notice of Disagreement (BVA) to a BVA decision, 237,763 (72 percent) of those cases pending in VA regional offices sit an average of 396 days waiting for the issuance of a Statement of the Case (SOC).

There are a number of reasons for the increase in the number of pending appeals. In two years, from December 2013 to December 2015, appeals in VA regional offices increased 22 percent from 284,140 to 347,349. VA argues that the increase in appeals was a result of the increased number of decisions made in the past several years. While that is a factor, it only accounts for half of the increase documented in the past two years. The other half of the increase is the result of poor management decisions.

One factor is that VA allocates inadequate resources to appeals processing at regional offices. In a 2012 review of appeals processing in eight VA regional offices, the VA Office of Inspector General found that while appeals comprised 19 percent of the claims workload, only 8 percent of empolyees were assigned to processing appeals. This is not surprising, considering that far more emphasis is placed on claims production than appeals processing in Service Center managers' performance evaluation standards. While VBA moved to increase Appeals Team staffing in FY 2015, the movement of personnel was not effected until the end of the fiscal year.

Similarly, VA allocates inadequate resources to staffing BVA. According to the most recent annual report of the BVA, it completed 55,532 decisions in FY 2014. While that sounds impressive, over 25,000 (45.5 percent) of those cases were remanded for additional action at the AMC or in VA regional offices. Unless resolved, most of those 25,000 appeals are returned to BVA for another decision. With only 30,000 appeals finalized each year, it would take the BVA approximately 12 years to work its way through the existing backlog of pending appeals. Clearly, BVA is understaffed.

To address these problems, the VFW would like to offer what we believe are two creative solutions:

- First, VBA should establish model criteria for staffing appeals teams. This should be based on an analysis of data, including optimum caseloads per DRO or appeals team support staff. Simply put, VA has never studied how long an appeal should take to process under the current appeals

regime in a properly staffed and functioning unit. This must happen in order to understand what proper staffing levels are required.

- Second, any increase or reallocation of staff to appeals processing would inevitably create a learning curve. To mitigate this, we suggest utilizing retired annuitants at both VBA and BVA to expand experienced personnel to process appeals. These suggestions, along with proper funding from Congress and a commitment from VA to prioritize appeals processing, would go a long way towards reducing the time it takes to complete an appeal.

Another example of inefficient VBA management is the systemic failure to issue SOC to appellants. VBA Service Center Managers have, until recently, exhibited little interest in effectively managing appeals. Because of the veteran friendly law which allows veterans to submit evidence throughout the length of an appeal, it is axiomatic that the longer an appeal pends the more evidence is submitted, and the longer it will take to finally resolve the appeal.

Therefore, it is in the best interest of both the veteran and VA to legally resolve an appeal at the earliest opportunity. Once VA issues a Statement of the Case, a veteran has the remainder of the one-year appeal period or 60 days, whichever is longer, to submit a Form 9. Failure to submit a Form 9 in time means the appeal is closed out. New evidence received on the 61st day following issuance of a SOC may start a new claim; however, VA cannot reopen the appeal. Since roughly half of all appellants do not return a Form 9 within the allotted period, it is to the advantage of the VA to issue the SOC as quickly as possible. With 234,314 NODs pending in December 2015, issuance of SOCs to those appellants would likely result in the reduction of 117,000 appeals within 60 days.

Finally, VA has consistently failed to train, encourage and monitor the use of difference of opinion authority by DROs. This authority allows the DRO to conduct a de novo review of the evidence of record and, if they choose, grant some or all of the benefit sought on appeal on their own initiative, without the need of new evidence.

Historically, DROs have received scant training in the use of their expanded authority. As a consequence, many DROs infrequently exercise their difference of opinion authority. Since management, both in the regional office and in VBA, has ignored appeals, this problem has not been addressed. In fact, in 2014 VBA leaders said that they were considering eliminating the DRO position because it was ineffective in reducing appeals.

To the contrary, the VFW strongly believes that the DRO position should be revitalized by determining which DROs nationwide are high and low outliers when using the difference of opinion authority. Once low outliers are identified, VBA should provide specialized training to ensure they understand how to use the full extent of their authority. Next, VFW has urged VA to continue monitoring the use of this authority and to replace those DROs who do not use that authority to its fullest extent. Finally, we believe that the extension of the National Work Queue to appeals will enable, rather than hinder, DROs in their work as they will not, in many cases, know the rating specialist who made the original decision. It is our position that the DRO can make a significant impact on eliminating appeals early in the appeals process.

The VFW believes that these changes to the way VBA handles appeals at the RO level would have an immediate, substantial impact on the appeals process as a whole, without the need for radical changes that may threaten veterans' due process rights. We acknowledge, however, that VBA will not be able to execute these suggestions given its current resources without sacrificing productivity in other areas of focus, such as disability and dependency claims. In order for VBA to process appeals timely, accurately, and efficiently, it must be granted adequate resources at both the RO and BVA.

The Administration's FY 2017 budget request includes 300 additional FTE for VBA and 242 additional FTE for BVA. While the VFW doesn't object to these FTE increases at the Board, we are concerned that none of the VBA FTE request is clearly allocated to appeals processing. For this reason, we ask Congress to authorize additional VBA employees dedicated to appeals processing at VBA, beyond the Administration's request.

To reiterate, the only variable that VA has only indirect control over is the rate of appeal. All the other factors, listed above, are and have been well within the ability of VA to manage. That it has failed to do so says much more about inadequacies and failures in management than it does about the inefficiencies built into the appeals process. That said, there are several ways the process could be effectively streamlined.

One simple step that VBA could take to reduce the number of unnecessary appeals would be to toll, or pause, the appeal period while a decision is being reconsidered at the regional office. In 2015, VA formally created a reconsideration process following a VA decision. During the one-year appeal period a claimant may ask VA to reconsider its decision. This process is intended to reduce appeals by providing a claimant a prompt review of the decision denying benefits. However, because reconsideration reviews often take too long and extend beyond the end of the one year period, knowledgeable claimants will ask for reconsideration and, when they don't get a timely response, file an appeal in order to preserve their appeal rights. VA would be better served if the remainder of the appeal period is tolled upon receipt of a request for reconsideration. Once the new decision is mailed, the claimant would have the remainder of the original appeal period in which to submit an appeal. This would eliminate prophylactic appeals.

Unnecessary appeals could be further reduced with a modest improvement to VA Form 9. This form allows the appellant to either name a specific issue that he or she wants to appeal, or check a box to appeal "all of the issues listed on the Statement of the Case." We would suggest eliminating the "appeal all issues" option. This would encourage the claimant to think about the issues more carefully and, in some cases, reduce the number of issues on appeal.

Similarly, improvements could be made to the Notice of Disagreement, VA Form 21-0958. Currently, the form provides boxes which can be filled in with the issue being appealed. It also provides boxes which can be checked for service connection, effective date, evaluation, and other. Customizing the form would eliminate confusion and extra effort by VA appeals personnel. We suggest that each condition considered in a rating be listed, and only those issues pertinent to that decision be provided as an option for the claimant. For example, if service connection for diabetes was denied, offer "service connection" as the only option to choose. If an evaluation was increased from 10 to 30 percent, offer only "evaluation" (since a higher evaluation might be possible) and "effective date" since the veteran might believe an earlier effective date is warranted. These changes can be done with proper computer programming and, through greater specificity, reduce confusion on the part of the claimant and work on

the part of VA personnel. Further, this customized form could be provided through a veteran's eBenefits account, resulting in greater efficiencies through the submission of NODs electronically.

While there are clearly many ways to streamline and improve the appeals process, the VFW will adamantly oppose any attempts to change the process by reducing or eliminating the rights veterans currently enjoy under the law. Specifically, the open record, the right to DRO review, and the right to a hearing must not be eliminated. Similarly, the length of time veterans have to file an appeal or submit a form 9 must not be arbitrarily shortened. While changes such as these might speed up the process, they would only do so by generating quicker denials. VBA must fix the appeals process by reducing inefficiencies and allocating sufficient staff to process appeals. If it does not have sufficient staff to handle all its work, Congress must provide them with the resources for additional personnel. Above all, veterans must not be forced to pay for inadequate staffing and poor management through the increased denial of benefits that would result from a curtailment of rights.

Fully Developed Appeals: One idea that has been gaining significant traction in Congress is that of Fully Developed Appeals (FDA), as envisioned by H.R. 800, the Express Appeals Act. Sponsored by Congressman O'Rourke, and cosponsored by both Chairman Miller and Ranking Member Brown, this legislation would direct VA to carry out a five-year pilot program to provide veterans with the option to appeal claims for disability compensation through an expedited process.

While the VFW supports the concept of the FDA initiative, and appreciates the Committee's bipartisan work on this issue, we remain concerned that notification letters currently issued by the Veterans Benefits Administration (VBA) contain insufficient information to allow veterans to make educated decisions on whether to participate in the pilot or file through the traditional appeals process.

Under the Express Appeals Act, the FDA initiative would give the claimant the choice to waive receipt of a Statement of the Case, Decision Review Officer review, a hearing before a Board of Veterans Appeals (BVA) panel and other developmental and review opportunities currently available in the VA appeals process. The claimant, at the Notice of Disagreement stage, would have a one-time opportunity to submit additional evidence and argument. In exchange for this waiver, the appeal would bypass all regional office activity and move directly to the BVA, where it would be placed on a separate docket to be considered in the order it was received. This approach has the advantage of bypassing nearly three years of delay at the regional office.

However, it must be recognized that a speedy decision by the BVA may not be advantageous to all claimants. During that three-year wait at the regional office, claimants have an unlimited opportunity to submit additional evidence, undergo new treatment and examinations, produce fresh argument, and in other ways help perfect the record prior to BVA review. Under law favorable to veterans, the record remains open and subject to amendment almost up to the point of decision by the BVA. In addition, the BVA has unrestricted authority to remand appeals to correct deficiencies in development by VA and to acquire new evidence.

To be successful, the FDA initiative must be an avenue for veterans who truly do not need to submit additional evidence, and not simply an expedited path to denial for those who do. The VFW strongly believes that improving the current notification letter is the lynchpin to ensure this happens. Veterans and other claimants must have sufficient information to understand what VA decided, what specific

evidence was used, how it was weighed and the reasons (not conclusions) for the decision. Simply put, without adequate notice, there can be no knowledgeable waiver.

In recent years, VBA has significantly restricted the amount of information it provides in decision letters to claimants. Starting with the Simplified Notification Letter initiative by VBA in 2012, VA worked to reduce most notice letters to pattern words and phrases instead of original claims specific content. In testimony before the House Veterans' Affairs Committee at the time, the VFW protested this move in strong terms. While VA made cosmetic changes, the Simplified Notification Letter and its progeny remain largely in place.

The VFW continues to believe that most current notice letters are deficient and certainly inadequate for the purposes of the FDA initiative. In a Simplified Notification Letter, the "summary of evidence" is simply a list of documents, such as treatment records. The "reasons for decision" in the notice letters are almost always simple conclusions that lack an adequate explanation of the evidence considered, how it was weighed and reasons for the decision. VA must improve these letters in order to provide information which allows claimants to understand the evidence used in making the decision, an explanation of the analysis, and reasons and bases for the decision. A claimant cannot knowledgeably waive his or her rights without first knowing what evidence was used, how it was analyzed or why VA made its decision.

One could argue that veterans need only ask for a copy of their claim file to obtain all the evidence VA used in making its decisions. However, VA hospital and outpatient records are not included in the electronic claim file. Disability Benefit Questionnaires (DBQs) are not include, either. Consequently, veterans are denied access to much of the evidence critical to understanding the decision made in her claim.

Private Medical Evidence: The VFW strongly supports amending title 38 USC to require VA to accept sufficiently complete private medical evidence provided by veterans when filing disability claims. VA already has the authority to do so under Section 5125, but in our experience, rarely uses it. In our view, there is absolutely no reason why a veteran should have to wait additional weeks or months for an examination from a VA physician if evidence provided by a non-VA physician is sufficient to make a determination. Superfluous examinations slow down the process, not only for the veteran who does not need them, but also for other veterans who legitimately do.

For this reason, we strongly support the Quicker Veterans Benefits Delivery Act, introduced as H.R. 1331 by Congressman Walz and S. 666 by Senator Franken. This legislation would require VA to accept private medical evidence, so long as it is "competent, credible, probative, and containing such information as may be required to make a decision on the claim for which the report is provided." The VFW views this as common sense legislation, and we urge its swift passage by both committees.

Economic Opportunity

Veterans have historically performed better in the civilian workforce than their civilian counterparts. After suffering setbacks due to the economic downturn in 2008, recent employment numbers from the U.S. Bureau of Labor Statistics indicate that today's veterans are once again keeping pace with their civilian counterparts. The VFW attributes this turn-around to significant investment in improved

transitional resources and concerted efforts on the part of employers to seek out quality veteran candidates.

However, behind the numbers the VFW knows that certain cohorts of veterans continue to face significant barriers to securing quality employment opportunities. This is why Congress must remain vigilant in ensuring that military transitional programs and veterans economic development programs remain relevant and effective.

The VFW believes that improving access to education and relevant workforce skills while in uniform remains a critical priority to ensure a smooth transition into the civilian workforce. The VFW also believes that veterans should have easier access to resources with which to start small businesses in addition to the full suite of economic benefits currently available.

Over the past few years, the VFW has worked closely with your committees to consistently improve veterans' economic development programs through initiatives like in-state tuition for veterans and the transition assistance program participation mandate. But these were just the next logical steps in fostering a successful transition for our service members into the workforce. Below are our continuing recommendations to improve on these successes.

Transition Assistance Program: The VFW currently has 20 professional staff members serving 20 military installations, to help transitioning service members access their earned Department of Veterans Affairs (VA) benefits in a timely manner through the Benefits Delivery at Discharge (BDD) program. Though the primary purpose of the BDD program is to provide transitioning service members with free assistance in filing claims for VA benefits, the VFW also works closely with military transition managers, agency officials, and contract facilitators to ensure that each service member is properly informed of all their options and benefits prior to leaving military service.

Over the past two years, the VFW Washington Office has worked closely with the agencies of jurisdiction – specifically the Department of Labor (DOL) and Department of Veterans Affairs – to ensure that the curriculum provided to transitioning service members remains relevant. Since the newly-designed Transition Assistance Program was deployed, the VFW believes we have seen a significant improvement in the way we prepare separating service members for post-military life. However, nothing is perfect, and the VFW believes there is still significant room to improve this experience.

To ensure we provide the best service we can to transitioning service members, the VFW commissioned a voluntary online survey for our BDD clients. Through this survey, the VFW not only evaluates the performance and reputation of our BDD representatives on military installations, we also are able to evaluate service member perceptions on TAP.

Since our survey launched in 2014, more than 1,400 transitioning service members have participated, offering substantial feedback on their transition experience. Earlier this year, DOL reached out to the VFW for our feedback on the Transition Assistance Program redesign. The VFW was able to lean on our data to provide DOL with informed qualitative feedback on their program.

The VFW's survey indicates that service members who seek out our services are generally satisfied with the new curriculum, and that they feel confident going into their transition. However, more than half of

the VFW's clients reported that they did not have an opportunity to participate in any of the voluntary transition tracks. This is a worrisome trend for the VFW, as we believe that most transitioning service members would benefit from exposure to these in-depth courses – particularly the Accessing Higher Education track, which includes practical exercises designed to encourage veterans to make responsible choices on how to use their earned education benefits.

When asked what they would like to share about their transition experiences, many clients said that the training was too short and did not focus enough on practical exercises. In discussing the current TAP curriculum review with DOL, the VFW is encouraged to hear that the curriculum set to launch in early 2016 will focus less on conveying information and more on practical work.

Though the VFW's survey gives a good snapshot of how veterans feel going into their transition, we recognize two critical liabilities to our data set. First, our clients fill out this survey before they take off the uniform. This means that they have no reasonable way to anticipate the challenges they may face in civilian life. To correct this, the VFW is looking at ways to encourage our clients to take the survey once they have received a VA rating decision, which usually occurs several months after separating from service.

Second, the VFW's average client is older and has served longer than the average transitioning service member. Based on our internal reporting, the majority of VFW BDD clients are more than 35 years old with more than 12 years of service. What worries the VFW is that this means that many younger transitioning service members, who are more likely to need the kinds of transitional services offered by the VFW, do not seek out our services, and more likely than not, do not seek out other available transitional assistance.

Over the past year, the VFW has made a concerted effort to target younger transitioning service members by creating new collateral materials and publishing targeted op-eds and articles to encourage utilization of our services. But the VFW believes that information and awareness are not a silver bullet to solving this dilemma. Instead, the VFW believes that our data could serve to reinforce anecdotes that younger service members still are not afforded proper time and support from small unit leaders to complete their transition tasks.

The VFW testified about this issue last year before the House Veterans' Affairs Subcommittee on Economic Opportunity, noting that it is neither senior commanders nor senior non-commissioned officers (NCOs) who seem to be discouraging young service members from seeking transitional services, but instead small unit leaders, junior officers and junior NCOs who likely have no concept of the transition at hand, and may even view with derision those seeking to leave the military after a short stint.

The VFW has also acknowledged in the past that combatting this mentality would be nearly impossible, which is why we have consistently supported the Military Lifecycle model to deliver transitional services. What this means to the VFW is that the capstone program that we now refer to as TAP would no longer be viewed as the only critical intervention point at which service members start to plan for their post-military lives. Instead, service members will be exposed to civilian skills-attainment opportunities earlier in their military careers, and begin planning for post-military life according to a practical career development plan that focuses on both military and civilian objectives.

To the VFW, the Military Lifecycle model is an encouraging proposition, but one that will also require a shift in military thinking. Thankfully, it has already started to take root on certain installations where service members are afforded educational and professional certification opportunities long before separation. In the long run, these kinds of opportunities will make it easier for the military to partner with private entities to foster successful transitions. It will also make it easier for service members to develop professional networks long before they complete their military service.

Fortunately, the VFW believes the transition experience is improving for service members. Veterans' unemployment is below the national average and at its lowest point since 2008; more companies are hiring and retaining veteran employees; and most importantly, the agencies responsible for transition training are heeding the advice of the veterans' community. The VFW is encouraged by the plans to annually review and update the TAP curriculum with stakeholder input. We are encouraged that the Department of Defense, VA, and DOL have worked to make the curriculum publicly available after military service. We are also encouraged that the military is offering service members an opportunity to prepare for their transition early on.

Education: For many service members, higher education after service is the gateway to a successful civilian career. For this reason, the VFW remains firmly committed to protecting the integrity of the Post-9/11 GI Bill, which we view as one of the most significant benefits this nation provides to our most recent generation of veterans. Still, we continue to identify ways to improve the program, and would like to offer on how to strengthen it going forward.

One aspect of Post-9/11 GI Bill that should be changed is the way eligibility is determined for veterans who serve in combat. Currently, only those veterans who serve 36 months on active duty after September 11, 2001, qualify for the benefit at the 100 percent rate, regardless of whether they served in combat or not. As the nation's oldest and largest major organization of war veterans, we strongly believe that all veterans who deployed to combat as part of the Global War on Terrorism should qualify for the Post-9/11 GI Bill at the 100 percent rate.

The current eligibility system is especially inequitable for combat veterans of the Reserve Component (RC). The Post-9/11 era saw unprecedented numbers of Guardsmen and Reservists deployed in harm's way. Typically, they were activated only for short training periods before their deployments, saw combat, and were deactivated shortly after returning home. Under the current system, it would be possible for a RC member to have completed two one-year tours, or as many as five six-month tours in Iraq or Afghanistan and still not qualify for 100 percent of the education benefit named after the era in which they fought. Frankly, the Post-9/11 GI Bill eligibility requirements do not properly reflect the way the U.S. military fought the Post-9/11 wars.

The VFW strongly believes that this must change. We are not shy in our belief that that more weight should be granted to combat service than to non-deployed active service when determining eligibility for the Post-9/11 GI Bill. We note that current era veterans are entitled to five years of VA medical care, only if they "served on active duty in a theater of combat operations during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities." We urge Congress to similarly amend the Post-9/11 GI Bill to fully honor the combat service of all Post-9/11 combat veterans.

One issue that has become the topic of much discussion in the past year is that of third-party contractors who enter into agreements with public institutions of higher learning. Currently, third-party training programs that contract with public schools are able to charge unlimited fees, since public schools have no set dollar amount cap. The law states only that the Post-9/11 GI Bill covers the actual cost of in-state tuition and fees. Last year, it came to light that some contracted flight training programs were charging exorbitant fees, which far exceeded the cost of an average in-state education. The VFW believes this is a loophole that must be closed by placing reasonable caps on these sorts of training programs. To us, this is a matter of preserving the integrity of the Post-9/11 GI Bill. The House Veterans' Affairs Committee has already advanced legislation to correct this problem, and we ask that the Senate do the same.

Another issue that has come to our attention is the frequency of VA overpayments to institutes of higher learning under the Post-9/11 GI Bill. An October 2015 GAO report found that in FY 2014, VA made $416 million in overpayments, affecting approximately 25 percent of all veteran beneficiaries. The VFW finds these numbers staggering, and fully supports GAO's recommendations that VA should improve its enrollment verification processes and training of school officials. More troubling, however, was the finding that veterans are most often held responsible for overpayments of tuition and fees that VA makes directly to schools. This leaves veterans in situations where they have to receive a reimbursement from the school for money they never had control over, to repay VA. The VFW believes that in these cases, VA should request repayment directly from school, without placing unnecessary economic and bureaucratic hardships on the veteran.

Finally, the VFW thanks both Committees for advancing several key provisions for which we have consistently advocated. These include important modernizations and authorities for State Approving Agencies, counting time that Reservists spend under medical care towards Post-9/11 GI Bill eligibility, and extending eligibility for the Yellow Ribbon Program to Fry Scholarship beneficiaries. We now call on the full House and Senate pass these important measures before the end of the 114th Congress.

Vocational Rehabilitation and Employment (VR&E): VR&E must be viewed as a cornerstone of VA services. Service members who have been wounded or injured, or have fallen ill desire to return to civilian life as a productive member of society. VR&E is the bridge to get them there.

VA must conduct a comprehensive work measurement study to ensure appropriate staffing levels are found, that VR&E counselors have the wide array of skills and competency levels to fully assist veterans, and extend the tracking of success rates further into employment to ensure full reintegration. For this reason, we support S. 2106 and H.R. 356, the Wounded Warrior Employment Improvement Act, introduced by Senator Brown and Congressman Maloney.
This bill would require VA to analyze and develop a plan to remedy VR&E workload management challenges. Recent figures indicate that the workload for VR&E counselors at many Regional Offices often exceeds the VA standard of one counselor for every 125 veterans. The VFW believes that VA must hire additional counselors to meet this standard and then evaluate if 1:125 is truly an effective ratio, especially for counselors that assist veterans with severe cases of PTSD and TBI. VR&E must focus on building careers for veterans – not just placement into jobs. To do this, counselors must be able to invest the time necessary to achieve a higher standard of success. The VFW also believes that VA must change its current veterans' success rate tracking model from the current 60-day threshold to the end of the veterans' probationary period.

Additionally, the VFW strongly supports Vocational Rehabilitation for Life now more than ever. The VFW has long believed that any time restrictions on utilizing such an important program prevents independence and an enhanced quality of life for veterans. Recent economic conditions have demonstrated exactly why our disabled veterans must always have access to this critical program. Industries evolve and some jobs go away. The VFW believes that America has an obligation to ensure that service-disabled veterans can secure meaningful careers regardless of how long they have been out of the military. Eliminating the current 12-year delimiting date and offering Vocational Rehabilitation for Life will ensure VA can uphold this obligation.

Licensing and Credentialing: When we recruit American men and women to serve in the military, we promise them highly technical skills and experience that employers will value. With this in mind, it seems incomprehensible that our veterans continue to struggle to find comparable civilian careers after leaving the military.

The VFW recognizes that this is largely a state by state issue, and we will continue to work at the state level to advance the acceptance of military training and experience. Thankfully, Congress and many states have taken steps over the past few years to improve the situation. In federally-licensed fields like aviation, military credentials easily transfer into federal licenses, and in fields like transportation and health care, the states are starting to fill in the gaps.

Still, many veterans will need to take licensure and certification tests in order become credentialed in their home states. Currently, veterans may use the Post-9/11 GI Bill to pay for these tests; however, they are charged a full month of benefits for each test. This is not the case under the Montgomery GI Bill, which subtracts only the exam fee from the overall entitlement to education assistance. This is a more favorable system for the veteran, since license and exam fees typically cost far less than a month of full time tuition and fees at an institution of higher learning. The VFW urges Congress to allow for a similar system under the Post-9/11 GI Bill, either by deducting the actual cost of the exam or by prorating eligibility time. This would allow veterans seeking licenses and credentials to retain the maximum amount of educational assistance with which to achieve other academic and professional goals.

Veterans Small Business: Upon separation, veterans have several possible paths to achieving a successful transition. While the path of higher education and training is supported by programs like the GI Bill and the Vocational Rehabilitation & Employment program, and the path to immediate employment following service is supported by the Department of Labor, considerably fewer resources exist for veterans seeking to start their own businesses. The VFW strongly believes that veteran entrepreneurs should be supported during the startup phase, and has suggestions how to achieve this.

One possible solution could be to reauthorize an improved version of the Patriot Express Loan program, which would include proper oversight and training to review veteran business plans prior to participation. By providing such oversight, we ensure that the Small Business Administration can mitigate the default problems experienced during the Patriot Express Loan pilot program, as identified by the September 2013 report by the Government Accountability Office. Another solution could be to support veteran-centric business incubators that provide veteran entrepreneurs with education and mentorship, as well as helping them to obtain startup capital. These models already exist in several locations across the United States and have been proven valuable in creating peer-to-peer environments

that allow veteran entrepreneurs to mutually support each other to achieve their business goals, similar to the way on-campus veteran resource centers allow them to support each other to achieve their educational goals.

USERRA: For the past few years, the VFW has continued to point out that many service members, veterans and their employers fail to understand their most basic rights and responsibilities under USERRA, which causes many service members to unknowingly waive those rights by signing binding, pre-dispute arbitration agreements upon employment. To change this, Congress must first create a USERRA exemption for such agreements. We must also better educate veterans on their rights, and equip both service members and employers to understand USERRA.

Finally, the VFW has long supported veterans' hiring preferences within the federal workforce. At a time of federal hiring freezes and budget constraints, the VFW believes that Congress must ensure the federal government serves as a model employer of veterans, working proactively to recruit, hire and retain the best possible veteran recruits.

Other Benefits

Survivor Benefit Plan-Dependency and Indemnity Compensation: SBP is a purchased insurance that pays a percentage of military retiree pay to a surviving spouse, whereas DIC is a modest indemnity compensation of $1,215 per month that is paid to surviving spouses whose loved one died from a service-connected condition. The amount of SBP paid to the survivor, however, is offset dollar-for-dollar by any DIC payment received.

Congress recognized the offset as unfair and created a Special Survivor Indemnity Allowance (SSIA) to reduce some of the offset. SSIA is a graduated payment that will be raised yearly up to $310 through FY 2017. However, SSIA is only a temporary fix and does not address the VFW's ultimate goal, which is for Congress to repeal the SBP/DIC offset that currently adversely affects more than 63,000 surviving military spouses.

Concurrent Receipt: Military retirees with 20 or more years of service and disability ratings of 50 percent or higher now receive both their military retirement pay and their VA disability compensation without offset. Chapter 61 retirees (medically retired with less than 20 years), and retirees with VA ratings at 40 percent and lower continue to suffer the injustice of their retirement pay being reduced by the same percentage as their VA compensation.

The VFW calls on Congress to pass legislation to allow all military retirees to receive their retirement pay and VA disability without offset.

VA Adaptive Grants: VA adapted-housing grants currently given to eligible veterans are provided on a one-time basis. This becomes problematic when the veteran sells his or her home. Upon purchase of a new home, the veteran is responsible for the full cost of modifying the home to meet his or her disability. Veterans should not be forced to choose between surrendering their independence by moving into an inaccessible home or stay in a home simply because they cannot afford the cost to modify a new one. The VFW believes Congress should establish a supplemental housing grant that covers the cost of new-home adaptations for eligible veterans who have already used their initial grant.

VA Insurance Programs: VA insurance programs are designed to provide coverage to veterans and service members who may have difficulty obtaining affordable coverage in the private sector due to service-connected disabilities. The Service Disabled Veterans Insurance (SDVI) program has not been updated to reflect changes in life expectancy since the program started in 1951. Since that time, reductions in commercial mortality rates reflect an improved life expectancy, as shown in updated mortality tables. The use of outdated tables results in rates and premiums that are no longer competitive with private industry, and therefore, no longer provide the intended benefit for eligible veterans. Congress should pass legislation that authorizes VA to revise and update its premium schedule for SDVI based on current mortality tables.

VFW encourages Congress to pass legislation that will exempt the cash value of VA life insurance policies and all dividends and proceeds from being considered as income when determining eligibility for other government programs like a veterans' entitlement to health care under Medicaid.

Military Morale, Sequestration, and Quality of Life

Although the following falls under the purview of the Armed Services Committees, the VFW must relay what the troops are telling us time and time again. The troops are concerned. They are concerned about the dwindling size of the force and whether there will be a place for them if they choose to make it a career. They are concerned about quality of life programs, their families, and the future of the GI Bill and its transferability provision. Their commanders are concerned about uncertain budgets, a high operations tempo that never eases, and the need to do everything with fewer and fewer personnel.

The passage of the two-year budget deal provides some stability, but sequestration is still the law of the land, and that big question mark has led to a widespread belief that their elected and appointed leaders in Washington just don't get it. How can everyone in Washington be publically against sequestration without anyone proposing any way to end it? That sends a very wrong message to an All-Volunteer Force that no one prior to 9/11 would have dreamed capable of fighting a two-front war for 15 years without instituting a draft.

Morale is perhaps the ultimate motivator in the military, but it cannot be taken for granted, especially if the troops and their families overtasked and unappreciated. Our magnificent military has accomplished everything—and I repeat—everything it has been asked to do, but now they must continually do it with less people, less funding, and old equipment and weapons platforms. Being on the frontline so long also means the troops are also very cognizant of the threat that ISIS presents. ISIS cannot destroy the United States like Russia could and still can, but ISIS can destroy America's way of life—to the point that our civil liberties could be temporarily suspended. Our military recognizes the global threat that is ISIS, which is why it and every other terrorist wannabe must be destroyed over there.

Regarding military quality of life programs, the VFW supported many of the recommendations made last year by the Military Compensation and Retirement Modernization Commission. However, we will continue to support raising the government match to 5 percent on individual Thrift Savings Plan accounts, and that the match continue throughout a service member's career, and not just arbitrarily stop after the 26-year point. We also support, as stated earlier, eliminating the SBP-DIC offset, and not just to subsidize it through higher SBP payments, which the commission recommended. The VFW is totally aware that the SBC-DIC offset exists just to save the government money, to prevent the appearance of

duplicative monetary benefits, but we also believe that financially penalizing widows and widowers is perhaps the ultimate insult our government can inflict on surviving spouses, because the two payments are mutually exclusive and paid for two different reasons from two different federal departments.

The VFW looks forward to continuing this most important conversation with Congress and the American people about what it means to properly take care of veterans, service members and their families, but all is for naught as long as sequestration remains the law of the land. The VFW looks to this Congress to end it or replace it so that America's military can concentrate on the future—not the rearview mirror.

POW/MIA Full Accounting Issues

In closing, I would be remiss if I didn't mention how important America's POW/MIA mission is to the VFW and our nation's veterans, service members and families everywhere.

The VFW supports the Defense POW/MIA Accounting Agency, its new public-private partnerships, and the ongoing disinterment and identification program of unknowns buried in our nation's cemeteries here and abroad. We will always support full mission funding for DPAA and every supporting agency, such as the Armed Forces DNA Lab and the military service casualty offices. We will also seek your support to increase the necessary resources to expand recovery operations into North Korea—if and when it becomes safe to do so.

Recovering fallen Americans from long-ago battlefields is demanding and often dangerous work for investigation and recovery teams, but it is the most sacred of missions. It is our government's fulfillment of a soldier's pledge to never leave a fallen comrade on the battlefield, which is a promise that spans all generations. I know supporting this mission is something we can all agree on.

In closing, I want to thank you again for the opportunity to represent America's largest war organization today, and I look forward to any questions you may have.