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**STATEMENT OF  
DELPHINE METCALF-FOSTER  
DAV NATIONAL COMMANDER  
BEFORE THE  
COMMITTEES ON VETERANS' AFFAIRS  
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C.  
FEBRUARY 27, 2018**

Chairman Isakson, Chairman Roe and Members of the Committees on Veterans' Affairs:

Thank you for providing me the honor of presenting the 2018 legislative program of DAV—Disabled American Veterans—an organization with more than one million members, all of whom were injured or became ill during wartime service.

Messrs. Chairmen, this year will mark the 100th anniversary of the end of World War I in November 1918. Called the war to end all wars, it took over 130,000 American lives and wounded 300,000 others; worldwide, it cost 18 million lives with another 23 million wounded.

At the end of that World War, the United States was a very different country from the one we have the privilege of living in today. Women were still fighting for the right to vote, African Americans were just beginning the long, hard road to achieve full civil rights and DAV would not be founded for another two years. Despite our continued struggles as a nation, we've come a long way.

Today, I am grateful and humbled to be here in front of you as the first—but I am confident not the last—woman to lead as National Commander of DAV. But I am not speaking to you today as a woman veteran, but as a leader in DAV. And like all who are called to positions of great responsibility, I recognize that as I sit here today, I stand on the shoulders and the legacies of so many women and men who came before me.

Legacies like my father's, Joseph Robert Taylor, who was a Buffalo Soldier in the renowned all-black cavalry. He served honorably during the Spanish American War before being discharged in 1903 at the Presidio, where he would settle down and raise his family. Recently, I learned that my father was also something of an advocate for veterans himself. According to an article I uncovered from the *Vallejo Times Herald* in 1934, he was a leader in the effort to allow African American veterans the right to use a Veterans Hall in my hometown in California. In an interesting coincidence, I found out

that he and other members of the “Captain Charles Young” Camp No. 21 of the United States Spanish War Veterans were successful in getting the Vallejo Building Association to provide them with access to a veterans hall in Vallejo. Many decades later I would become a member, and later Commander, of DAV Chapter 21 in Vallejo, not far from that very spot.

Messrs. Chairmen, in 1976, as a 34-year-old mother of three, I found myself following my father’s path and joining the United States Army. I had been recruited by my supervisor while working as a civilian nursing aid at the Presidio. Much to my family’s surprise, I enlisted, made it through boot camp at Fort Jackson in South Carolina and eventually went on to serve 21 years in the Army Reserves, where I retired at the rank of first sergeant.

I trained as a medic at Fort Sam Houston in Texas and served in a number of Army Reserve units, including the 689th Quartermaster Unit, 6253rd Hospital Unit and the 6211th Transportation Unit, at Letterman Army Medical Center. In 1990, I was called up and deployed to serve in Saudi Arabia in support of Operation Desert Storm/Desert Shield, supporting the Grave Registration Company mission. I look back with great pride on this solemn service that my soldiers and I performed for those who paid the ultimate sacrifice for our great nation. At the time, I did not recognize the heavy burden we bore in having to look directly at the true human cost of war, but I have come to realize just how deeply that experience affected us, in ways that cannot easily be seen.

In 1991, after suffering an injury, I was medically evacuated to Landstuhl, Germany for care and treatment and subsequently returned stateside. I spent a year on medical hold at Letterman Army Medical Center and, after serving four more years in the Army Reserve, I retired from the military in 1996, subsequently returning to my civilian job at the Alameda Naval Air Station.

It was during my time at Letterman in 1991 that I first met someone from DAV who changed the trajectory of my life. He talked to me about my veterans benefits, helped me file a claim for disability compensation for my service-connected injuries and assisted in my transition back home. Soon after, I went to my first DAV chapter meeting. This was a time when there were few woman veterans in DAV – or any of the other veterans organizations. In a scene that most of my sisters here today can appreciate, the first time I arrived at a DAV chapter meeting I was politely greeted by the gentleman at the door and then quickly escorted to the DAV **Auxiliary** meeting. I realized these men had never had a female veteran come to a chapter meeting before.

Well, I soon found my place and my role in DAV, and although there would not be another woman veteran to join DAV Chapter 21 in Vallejo for eight more years, they eventually did start coming. I found a home at DAV and went on to serve as chapter commander, district commander, commander of the Department of California and as a member of the DAV National Executive Committee. Last year, I was elected by my comrades to serve as national commander, something my father a century earlier could never have fathomed. It is my privilege to serve in this esteemed role, and to ensure

that the promises made to those who served and suffered disabilities are fulfilled by the federal government. And that's why we are here today: to continue that legacy of service to the men and women who so selflessly defend our freedom.

## **Strengthen and Modernize Veterans Health Care**

Messrs. Chairmen, perhaps the most critical promise that we must fulfill is caring for the wounds, injuries and illnesses that our veterans have suffered due to service in our Armed Forces. As all of you are aware, since the access crisis and waiting list scandal erupted four years ago, the VA health care system has been under tremendous scrutiny and stress. In response to the crisis, Congress quickly passed legislation creating the veterans Choice Program in 2014. Since then there has been an ongoing debate about the role of "choice," the value of the VA health care system and how best to modernize, reform and strengthen the system for veterans today and in the future.

Over the past couple of years, a broad consensus developed about the next evolution of VA health care. Veterans and their representative organizations, independent experts, VA leaders and many members of Congress have come to agree on the need for a system that is comprised of integrated networks, with VA acting as the coordinator and primary provider of care, and community providers filling access gaps whenever and wherever they may occur. The debate has now shifted to finding agreement on the details to ensure that the future health care model will result in more timely access and better health outcomes for enrolled veterans.

In 2017, both of your Committees developed, debated and approved separate comprehensive bills to establish a new consolidated VA community care program and to restructure VA so that veterans can seamlessly access high-quality care that is most appropriate for them. VA also put forward its own comprehensive plan, and subsequent bill language, to accomplish the same goal, as did a few other members of the Senate and House. All of these bills have merit and some contained innovative provisions that could strengthen the VA health care system. We particularly appreciated all the collaborative efforts and work that went into Chairman Roe's *VA Care in the Community Act* (H.R. 4242) but on balance we found Chairman Isakson's *Caring for our Veterans Act* (S. 2193) to be the most comprehensive and promising approach for meeting the needs of all enrolled veterans, particularly those who choose and rely on VA for their care, including DAV members.

The *Caring for our Veterans Act* would expand access for enrolled veterans by creating an integrated network that consolidates all of VA's existing community care programs—including Choice—into a single, seamless program. Importantly, decisions about when and where to receive necessary medical care would be made by veterans and their doctors, not by bureaucrats relying solely on arbitrary time and distance standards.

To assure quality, VA would remain the coordinator of care whether it is delivered inside VA facilities or through community providers. Furthermore, the bill would require

VA to provide training to community providers in the extended care network so they can benefit from VA's expertise in treating military-related injuries and illnesses.

In addition to expanding external access and offering veterans more options, the bill would bolster VA's internal capacity to deliver timely, quality care through critical new investments in infrastructure and the expansion of telemedicine across state lines. The legislation would significantly improve VA's ability to recruit, hire and retain medical professionals through new incentives, scholarships and personnel enhancements. The bill would also finally correct the inequity in VA's Program of Comprehensive Assistance for Family Caregivers, which today is available only to caregivers of veterans injured on or after September 11, 2001. I'll talk more about that critical priority below.

The *Caring for our Veterans Act* was a true bipartisan compromise from the beginning, put together under the leadership of Chairman Isakson in partnership with Ranking Member Tester, as well as input from many other members of the Senate Committee. Further, it builds on a similar proposal put forward by VA Secretary Dr. David Shulkin and has strong support from virtually every major veterans service organization. We look forward to final Congressional approval of this legislation so that VA can finally move forward and begin creating the veterans health care system of the future—one that will provide the men and women who served with the care they have earned and deserve.

However, I must caution that no reform plan for VA can hope to succeed unless adequate resources are provided to carry out the final proposal. For most of the past decade, DAV, our *Independent Budget (IB)* partners and other independent health care budget experts have warned that inadequate funding would lead to rationing of care to veterans, as was clearly manifested by the waiting lists scandals of 2014. Further, both the recent Independent Assessment and Commission on Care reports concluded that the primary cause of these access problems is a persistent "misalignment of demand with available resources" inside the VA health care system. Simply put, the number of veterans coming to and relying on VA health care continues to rise, as does the complexity and cost of that care, at such a rate that even increasing VA health care budgets can't keep up.

Moving forward, it will be absolutely critical that VA request and Congress appropriate the full level of funding necessary to ensure that VA can be modernized, strengthened and expanded when and where it makes sense. There must also be sufficient and separate funding appropriated for community care programs so that no VA director or manager is ever again forced to choose between filling critical staff vacancies and authorizing necessary non-VA care, a conflict that always harms veterans. Further, Congress can no longer deny or delay significant new investments in VA's physical, IT and human capital infrastructure that will be necessary to provide high quality care and timely access for all enrolled veterans.

## Improving and Expanding Caregiver Support for Severely Disabled Veterans of All Eras

Another top priority I embraced as national commander is seeking equity for caregivers of veterans of all eras. Enactment of The Caregivers and Veterans Omnibus Health Services Act of 2010 (PL 111-163) was celebrated throughout the caregivers' community as an important acknowledgement of the difficult labor and sacrifice required of family members who take on caregiving roles. In the 111th Congress, many of you supported this groundbreaking legislation giving family members of post-9/11 era veterans with severe service-related injuries access to an important array of benefits that allowed them to serve as primary caregivers. Unfortunately, the bill did not include the same comprehensive set of supports for family caregivers of veterans of earlier eras—many of whom have been in a caregiver role assisting their loved ones for decades with little or no support from the federal government. As these veterans **and** their caregivers age and become more debilitated, it is increasingly urgent for them to also receive the support and training they need in order to keep their disabled veteran at home.

This past June, DAV released an important report, *America's Unsung Heroes: Challenges and Inequities Facing Veteran Caregivers*. Included in this report is a qualitative online survey DAV conducted of over 1,800 family caregivers and veterans of all eras. The survey confirmed what other surveys of military caregivers have found—caregivers' duties between pre-9/11 and post-9/11 veterans are somewhat different. Post-9/11 era caregivers are more likely to offer supervision and assistance with instrumental activities of daily living such as managing finances and administrative tasks such as filing insurance claims or applications for benefits. This is perhaps due to the nature of their disabilities—traumatic brain injury and post-traumatic stress disorder—both of which affect executive functioning and were hallmark injuries of the wars in Iraq and Afghanistan. While both groups of caregivers offer support with activities of daily living such as bathing and dressing, pre-9/11 era caregivers provided greater physically demanding assistance such as with shopping and homemaking, meal preparation and coordinating medication and health care.

These findings for pre-9/11 era caregivers are concerning, especially as the in DAV survey showed pre-9/11 caregivers are also, on average, older than post-9/11 peers (60.9 versus 43.1 years of age) and have provided more years of care to their loved ones (10.5 versus 6.8 years). More than 80 percent of caregivers provide care to veterans of pre-9/11 eras. Aging caregivers are struggling to maintain physically demanding duties such as lifting and transferring their loved ones in addition to maintaining the household. Some of these caregivers have now assisted their loved ones for up to four decades. Caregivers in our survey report that there is a significant impact of caregiving, particularly on their relationships with other family members and friends. They indicate that their healthful habits of preventive care, exercise and diet are often delayed or sacrificed for their loved ones. Help for them seems long overdue.

It is widely recognized that VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), implemented after enactment of Public Law 111-163, is groundbreaking public policy. Many family caregivers must leave or curtail paid employment in order to assist their family members often under very stressful situations. VA's comprehensive caregiver program offers access to mental health care, respite, peer support, medical training and caregiving education. It also offers a modest stipend and health insurance through CHAMPVA. These benefits may at least partially mitigate the impact family caregivers experience meeting their loved one's needs.

After nearly seven years since the comprehensive caregiver support program was implemented, we are pleased to report there is mounting evidence that the program is achieving its intended goal. DAV has advocated since the program's inception to integrate a research component and VA should be commended for embarking on a research initiative and funding the Caregiver Support Program Partnered Evaluation Center in April 2014. This three-year collaborative partnership project was to evaluate the short-term impacts of the Comprehensive Program and the General Program along four aims, of which findings on two have been made available. The study found the short-term impact of program participation resulted in increased use of VA primary, mental health, specialty care, and long-term services and supports. However, what caused the increased use of these services remains unclear as well as whether it will lead to better health outcomes and thus fewer health care costs in the long term. An equally important finding is when comparing caregivers who are enrolled versus not enrolled in the comprehensive support program. Those enrolled indicate they felt more confident in their caregiving and had greater awareness of available resources.

With DAV's support, VA extended this research initiative with a long-term evaluation project to examine the effect of the comprehensive caregiver support program on several issues, including a veteran's total health care costs at three years; the impact of the application process to identify areas and approaches for improving consistency across VA; and examination of the potential changes in the level of stress of caregivers participating in the Comprehensive Program. We eagerly await the deliverables of this project in 2019.

DAV's efforts made by my predecessor, DAV past National Commander Dave Riley, to improve and expand caregiver services and supports to all eras of severely injured and ill veterans, laid the foundation for the work I continue today. His wife, Yvonne Riley, has provided care for Dave, a quadruple amputee, for more than two decades. Unfortunately, Dave and Yvonne fall into the 80 percent of caregivers who are ineligible for many of the most important services and supports in the comprehensive caregivers' package. Under Dave's leadership as national commander, DAV made enormous strides in raising awareness about this issue, particularly at a panel discussion on Capitol Hill for more than 100 congressional staff members at our launch event this past summer. This fall, DAV, our VSO colleagues and strategic partner PL+US (Paid Leave for the United States) delivered a petition with almost 200,000 signatures asking Congress to extend this benefits package to caregivers of disabled

veterans of all eras. As national commander, I plan to continue this important Unsung Heroes Initiative.

Since the start of this Congress, there have been a number of caregiver bills introduced in both the House and the Senate. DAV applauds the Senate Veterans' Affairs Committee for approving S. 2193, the *Caring for Our Veterans Act of 2017*, which includes provisions to improve and phase-in expanded eligibility for the VA's Comprehensive Program for family caregivers. According to the Congressional Budget Office, stage one of the expansion under this bill to eligible veterans injured during service on or before May 7, 1975, would carry an average cost per participant of \$30,000 in 2020. Stage two of the expansion to remaining eligible veterans—those injured during service after May 7, 1975, and before September 11, 2001—would carry an average cost per participant of \$29,000 in 2022.

We note these costs pale in comparison to the federal cost of nursing home care for severely injured veterans of over \$60,000 in State Veterans Homes (matched by state funding), over \$100,000 in community nursing homes and more than \$400,000 in VA nursing homes. And without access to these supports, greater costs will be realized. DAV's survey of family caregivers of all eras indicated that without their support, three out of four veterans they care for would need nursing care now or in the future.

I believe my predecessor Dave Riley said it best, "...a lot of people ask about and thank me for my service. No one ever stops to thank my wife for the decades of service she's given this country in taking care of me." As they say, actions speak louder than words. We simply must pass legislation to show our support for the many deserving caregivers whose duties so often go unheralded and unrewarded. I call on these esteemed Committees, charged with championing the needs of our nation's ill and injured veterans, to extend the caregiver support program to caregivers of veterans of all eras before the end of the 115<sup>th</sup> Congress.

## **Women Veterans**

Messrs. Chairmen, as the first woman to serve as DAV's national commander I have pledged to continue our advocacy efforts to address the health care, benefits and transition needs of women veterans. As a service-disabled woman veteran who uses the VA health care system, I understand that while VA has made significant progress in meeting the needs of a rapidly growing women veterans' population, there is far more to be done to ensure that programs and services are designed to meet our unique needs and that women veterans have access to timely, comprehensive health care services at all VA points of care or with a designated community provider.

Today, women are serving in greater numbers in the U.S. military and likewise, the number of women veterans seeking VA health care services continues to increase—more than doubling over the past decade. By 2019, VA estimates it will treat more than 500,000 women veterans annually.

Because women are now eligible to serve in all military occupations, they have increased exposure to combat and hazardous occupations and thereby an increased risk for serious war-related injuries such as limb loss, traumatic brain injury, as well as the consequent risks of developing post-traumatic stress or other post-deployment behavioral health issues. VA research indicates women veterans are higher users of VA outpatient services and mental health services compared to their male veteran counterparts, and are at higher risk for homelessness and suicide relative to non-veteran women. Notably, 57 percent of women veteran patients in VHA have a service-connected disability, and are eligible for a lifetime of treatment, compensation, education and other VA benefits. Current wartime deployments and the recent integration of women into all military occupations have resulted in a number of new transition and reintegration challenges for women veterans.

The unprecedented growth in the number of women coming to the VA for care over the past two decades spurred the Department to make significant changes to improve access and the quality of care. For example, VA has dedicated significant resources to train hundreds of health providers who are interested in treating women patients. To ensure they have the necessary skills and are proficient in women's health VA holds mini-residencies that provide hands-on experience and mentoring. VA researchers have been looking at the specific demographic characteristics, health care utilization patterns and medical conditions of women veteran patients to help policymakers determine how they can improve health outcomes and better serve them.

VA notes that its patient population of women is made up of two distinct cohorts that have very different health care needs—younger women who are still of child-bearing age and a larger older population of women between the ages of 55 and 64. This diverse population coupled with the rapid increase in the number of women veterans seeking VA care resulted in challenges for the Department in providing women patients gender-specific primary care at all VA facilities. Further complicating the situation is VA's current shortage of more than 700 women's health providers resulting from an increased demand for services, high rates of turn-over due to burnout among these clinical professionals and difficulty attracting women's health providers based on current pay levels.

In 2014, DAV published a special report: *Women Veterans: The Long Journey Home*. The report found significant gaps for women veterans across the federal landscape and resulted in a number of bills being enacted in the 114<sup>th</sup> and 115<sup>th</sup> Congress that improve programs and services for women veterans. Legislation passed included provisions to improve suicide prevention efforts and programs for homeless women veterans with children and establish pilot programs providing access to child care and woman-focused counseling services in retreat settings.

While progress has been made there are still many issues to be addressed. One of the most persistent problems identified in our report is a military and veterans' culture that is not perceived by women as welcoming or affording them equal consideration. In addition, the report noted significant differences in the way women and men experience



post-deployment reintegration. For example, women veterans in general are younger, more likely to be single and have less social support and networking opportunities with other veterans post-deployment. Women veterans with families frequently expressed difficulty in reconnecting with their children and returning to the role of mother and family caretaker. They also reported feeling isolated and felt their wartime experience was not acknowledged or understood by their families or the public. For women, these problems during transition and reintegration have yielded higher rates of homelessness and suicide than non-veteran women as well as significantly higher use of public assistance and VA mental health services. Following the report, DAV urged VA to re-evaluate all of its transition programs and services to better meet the unique needs of the women it serves.

I am pleased to announce that this Spring DAV will publish a new women veterans' report that will offer an update on the progress VA and other agencies have made since the release of our 2014 report. As an organization, DAV will continue its efforts to raise awareness and inform health care providers, Congress and the public about the role of women in our armed forces and the challenges they often face in accessing VA care and benefits following military service.

VA must be prepared for continued growth in the number of women seeking VA care and ensure it has appropriate infrastructure, staffing levels and capacity to provide high-quality primary and specialty care services to women. These veterans should have equitable access to the same services and programs as male veterans including VA's specialized services for PTSD, substance use disorders, homelessness and treatment for combat-related and military sexual trauma. Most importantly, these programs must be tailored to meet the unique needs of women veterans. In addition, VA must improve coordination of care for women patients who must frequently access gender-specific services in the community for maternity care and especially for women veterans with war-related injuries who may split their care between VA and community providers through the Choice Program.

Early on, as women veterans were returning from the wars in Iraq and Afghanistan, DAV recognized the importance of providing women veterans new ways to address their post-deployment challenges. Based on one of DAV's recommendations, legislation was enacted to provide non-medical counseling services in a retreat setting. This successful pilot sponsored through VA's Vet Center program offers women veterans the opportunity to bond with other female veterans who have had similar experiences and establish a peer support network.

In this spirit, on December 1, 2017, DAV sponsored its first all-women veterans "Post Traumatic Growth" training at Boulder Crest Retreats in Bluemont, Virginia. This unique program uses PATHH (Progressive and Alternative Training for Healing Heroes) guides, who are combat veterans and innovative wellness professionals. The program includes daily group discussion, journaling and therapeutic practices like equine therapy, Transcendental Meditation and exercise. The days end with a nightly fireside reflection with PATHH guides and participants.

The retreat curriculum is set up in a way that fosters a non-traditional, non-medicinal approach to treating PTSD, depression and anxiety by taking those life and military experiences that are often at the root of mental illnesses and turning them into “Post-Traumatic Growth.” This philosophy encourages veterans to make peace with the past, live in the present and plan for a new future. There is a focus on anger management and learning to trust a newly-forged network of veteran peers for strength and support. One participating veteran described it as a “seven-day, life-changing event” and “transformative experience.” She stated, “I can’t help but wonder how different my life would have been had I had the opportunity to experience training like this as a requirement, either at the end or within a year or so after my discharge from the military. It may have saved me years of stress, broken relationships, heartache and pain. The struggle isn’t over, but now I have learned to struggle well.”

Hundreds of thousands of women have answered the call of duty and put themselves at risk to preserve our nation’s security. They have kept their promise and served faithfully; now it is time we keep our promise to them. We can do this by acknowledging and celebrating their contributions in military service, by treating them with the respect and dignity they deserve and by providing equal access to high quality health care tailored to meet their unique needs. Additionally, we encourage Congress to increase its oversight of the VA’s Women Veteran’s Health Program and dedicate appropriate resources specifically to help VA address identified deficiencies and improve programs and services for women veterans.

## **Defending Our Benefits and Protecting Our Future**

Messrs. Chairmen, last year, Congress and the Administration proposed and enacted many pieces of bipartisan legislation advantageous to veterans and their families, such as the Appeals Modernization Act of 2017 and the Forever GI Bill. We are grateful for all of this progress; however we have grave concerns about several policy proposals that surfaced last year which if enacted would have actually reduced or eliminated existing veterans’ benefits.

In May 2017, the Administration's fiscal year (FY) 2018 budget submission contained a proposal to eliminate eligibility for Total Disability Based on Individual Unemployability, commonly referred to as IU, for thousands of disabled veterans. It would have terminated existing IU ratings for veterans when they reached the age of 62, as well as cut off IU benefits for any veteran already in receipt of Social Security retirement benefits.

DAV and other VSOs strongly opposed this proposal. Current VA regulations state the VA is precluded from considering the veteran’s age in their determination of individual unemployability since it is not a retirement or pension program and is neither similar nor related to Social Security retirement benefits. Likewise, a VA determination of IU is not the same nor is it similar to federal unemployment insurance; it is a disability compensation benefit. We are pleased that your Committees did not support this

proposal; however we remain concerned that this proposal or something like it could resurface in the future.

In recent years, there have also been a number of attempts to round down the cost-of-living adjustment (COLA) for veterans' benefit payments to "pay for" proposed new or expanded veterans benefits. As these Committees are aware, current Congressional budget rules, referred to as PAYGO, require that any legislation containing new programs or benefits that would increase federal spending must be offset by an equal amount of spending reductions in veterans' programs or new revenues. DAV firmly rejects the concept that veterans themselves should be required to "pay for" new or expanded benefits for ill or injured veterans. All Americans have benefited from the sacrifice of veterans and collectively, as a nation, we should all be part of "paying for" veterans benefits that were earned in service.

Last November there was discussion in the House about rounding down the veterans' COLA for the next eight to 10 years to pay for H.R. 299, the *Blue Water Navy Veterans Act*, legislation that DAV strongly supports. While we believe it is time for Congress to do the right thing for Blue Water Navy Veterans, it is simply unconscionable to "pay for" it by cutting \$1.2 billion from veterans' disability benefit payments. While some veterans may be able to absorb the impact of a COLA round down for a single year, the cumulative effect over many years is much more severe. We were pleased that this ill-conceived proposal was dropped and we call on Congress to fund critical new or expanded veterans' benefits without cutting existing benefits.

In December 2016, the Congressional Budget Office (CBO) published its biennial report entitled "Options for Reducing the Deficit: 2017 to 2026," which included some extremely harmful proposals to reduce veterans' benefits, including the elimination of concurrent receipt of military retirement and disability compensation; excluding disability compensation for certain disabilities deemed unrelated to military service; and including all disability compensation as taxable income. While CBO periodically publishes this report and most of the proposals are never acted on, the recent budget proposal on individual unemployability raises the possibility that other benefit reduction options could be on the table on the future. We call on Congress to ensure that existing veterans' benefits are defended from reductions and eliminations, particularly when they are being cut for the sake of budgetary savings.

While there has long been a consensus about our nation's sacred obligation to provide veterans with the benefits and services they have earned, the increasing constraints on federal spending are putting undue pressure on Congress to reduce or end programs across all departments, even for veterans. We appreciate Secretary Shulkin's interest in having a comprehensive review of veterans' benefits. We are confident that a review of these programs will reach the same conclusion that prior commissions and task forces found: while not perfect, current veterans benefits have been earned and appropriately provide compensation and transition assistance to the men and women who served.

## FISCAL YEAR 2019 AND 2020 VA BUDGET RECOMMENDATIONS

VA has generally enjoyed strong bipartisan support in the Congressional appropriation process resulting in the Department's budget being enacted before the start of the fiscal year (FY). Such bipartisanship will be needed over the next several years to support significant VA reform efforts underway. Congress will need to ensure VA's budget for FY 2019 and FY 2020 advance appropriations will be sufficient to accomplish these reforms, meet any new requirements imposed on VA, and deliver timely benefits and services to veterans, their dependents and survivors.

As of this writing, Congress has yet to pass VA's FY 2018 and FY 2019 advance appropriations budget. Today, VA is forced to operate with last fiscal year's funding levels under a continuing resolution through the first half of FY 2018. Such an auspicious start is gravely concerning in light of all the reforms being developed, proposed or otherwise underway.

VA's funding request for FY 2019 indicates the agency will implement its own health care reform plan known as Veterans Coordinated Access and Rewarding Experiences (Veteran CARE). In order to successfully reform the VA health care system and all community care programs, VA requires \$3.7 billion of FY 2018 funds primarily from the temporary Choice program authorized in the Veterans Access, Choice, and Accountability Act of 2014 (VACAA, Public Law 113-146), which was created to address a 2014 crisis in veterans' access to medical care. Of this amount, \$1.8 billion would come from changing some accounting practices. Another \$1.8 billion is proposed to be carried over from unspent funds in the Choice program, which is currently projected to last until July 2018. Another \$34 million will require legislation to be enacted that would cut veterans' compensation benefits by rounding down to the next lowest whole dollar their cost-of-living adjustment. Unless these funds are realized, Congress will need to provide the needed resources.

For FY 2019, DAV and *The Independent Budget* (IB) recommend \$53.6 billion for veterans' health care and \$14.8 billion for veterans' care in the community, resulting in the total medical care funding for VA of \$82.6 billion. For FY 2020 advance appropriations, the IB recommends \$84.5 billion for total medical care. Our recommendations for FY 2019 and FY 2020 advance appropriations includes \$1.2 billion and \$1.5 billion respectively for initiatives important to DAV, including women's health care programs; expanding eligibility to the Comprehensive Caregiver Support Program; Prosthetics and Sensory Aids Service; long-term services and supports; reproductive services; and emergency care reimbursements.

For Medical and Prosthetic Research, DAV and the IB proposes an increase of nearly \$96 million over VA's request. Our recommendation of \$823 million includes an additional \$65 million of dedicated funding for the Million Veteran Program (MVP), a DNA repository research program focused on veterans' health. More than 620,000 veterans, including many DAV members, have enrolled in MVP. The VA estimates it

currently costs around \$75 to sequence each veteran's blood sample and our recommendation of \$65 million will enable VA to begin processing the MVP samples collected. Congress must begin a targeted investment to go beyond basic, surface level genetic information and perform deeper sequencing to begin reaping the benefits of this program.

Messrs. Chairmen, DAV is concerned that VA's infrastructure needs are underfunded and require legislative relief. The IB recommends \$2.5 billion for major and minor construction for FY 2019, an increase of about \$657 million over VA's request. This will fund either the next phase or fund through completion all existing major construction projects, and begin advance planning and design development on six major construction projects that are ranked the highest on VA's priority list, update aging research infrastructure and put VA on track to close all identified minor construction gaps within 10 years.

In order to successfully address and reform VA's health care infrastructure, capital leasing offers the Department needed flexibility to locate services where needed and adjust to changes in the health care delivery landscape in order to meet the constant demographic and service demand shifts of veterans across the country. Between 2012 and 2017, however, Congress did not, through regular process, authorize any major VA medical facility leases due to Congressional budget scoring rules that require the full cost of the lease to be paid for in the first year. Last August, Congress finally authorized 28 major medical leases subject to available appropriations (Public Law 115-46). Unfortunately, the authorization did not appropriate any real dollars to execute the leases.

Over the past few years, the Veterans Benefits Administration (VBA) has undergone significant transformation to modernize the claims process. Given VBA's concentrated efforts to reduce the disability compensation claims backlog, appeals were considered a lesser priority, which resulted in a growing volume of pending appeals.

We estimate VBA will require 1,043 additional Full-Time Equivalent Employees (FTEE): 500 of which would be dedicated to processing pending and future appeals in VBA, 350 for non-rating related work such as dependency claims, 300 to work the claims inventory and backlog and 50 for the fiduciary program. Last year, Congress passed Public Law 114-223, recognizing the need for a more balanced counselor-to-client ratio of 1:125 in the Vocational Rehabilitation and Employment (VR&E) program. To achieve and sustain this optimal ratio, we therefore recommend an additional 143 new vocational rehabilitation staff, for a total workforce of 1,585.

The IB recommends \$3.1 billion for VBA, an increase of nearly \$235 million over VA's FY 2019 funding request to keep pace with incoming, existing and projected workload for the Compensation Service and the VR&E program. We recommend no additional increases in FTEE for the Board; however, the Board must complete the hiring and training of new personnel as rapidly as possible.

VA's historical appeals rate remains constant, with approximately 11 to 12 percent of all claimants initiating an appeal and four to five percent completing an appeal to the Board, which can now take upwards of three years or longer to complete. As the number of claims processed annually continues to rise as a result of the increased capacity of VBA, the number of appeals is also expected to rapidly grow. For example, the number of appeals certified to the Board is projected to increase by 31 percent by the end of FY 2019.

For FY 2017, the Board had a FTEE of 840 and completed over 52,000 decisions, but at the close of FY 2017 there were 153,000 appeals certified to the Board. Today, the Board's total FTEE strength is close to 1,000. For FY 2018, the Board is projected to average approximately 79 appeal dispositions per FTEE. If the Board reaches its projected 1,105 FTEE, at 79 appeal dispositions per FTEE, they could be expected to issue close to 81,000 decisions. However, even if the Board is able to accomplish that number of decisions, the projected number of appeals certified to the Board at the close of FY 2018 is 165,000. In order for the Board to address legacy appeals and implement the Appeals Modernization and Improvement Act, it is critical that the Board complete the hiring and training of new personnel as rapidly as possible. Further, it will be critical for VA and Congress to carefully and regularly monitor workload, timeliness, quality and other metrics to ensure that the Board is and remains appropriately staffed in the future.

## **Claims and Appeals Reform**

Another major priority for DAV is working closely with VA and Congress to ensure that veterans and their families receive timely and accurate VA benefit decisions. We greatly appreciate all of the support from these Committees in recent years to help reduce the backlog of claims within the Veterans Benefits Administration (VBA) and enact the Veterans Appeals Improvement and Modernization Act.

Over the past few years, VBA has undergone significant transformation to modernize the claims process. The claims backlog peaked in March of 2013 at 611,000 claims. VA defines a backlogged disability claim as one pending for more than 125 days. VBA programs such as Fully Developed Claims (FDC), the Veterans Benefits Management System (VBMS), the National Work Queue (NWQ) and most recently Decision Ready Claims (DRC) are designed to shorten the processing times, while improving quality. With VBA's commitment to reducing the claims backlog and these new programs, today 79,000 claims are considered backlogged.

In the past five years, the number of backlogged claims has been reduced by 500,000, accompanied by a vast improvement in the timeliness of claims; however, much more work lies ahead for VBA, Congress and stakeholders in the continued effort to address pending claims. Going forward, we urge VA to honestly evaluate its need for adequate resources to eliminate the backlog and Congress to provide that funding. Providing adequate resources and having employees focused on all areas of VBA will improve the overall functioning at all phases. Taking resources from appeals to use for

claims processing or vice versa, as has been done in the past, will have a negative effect in the long-term effort to ensure veterans and their families receive timely and accurate VA claims and appeals decisions.

While VA was concentrating its resources to reduce pending claims, appeals processing languished and that backlog continued to grow. As a longtime advocate of appeals reform, DAV helped lead a workgroup in 2014 to help build consensus for commonsense ways to improve appeals processing. Building on this work, in 2016 VA reconstituted a workgroup comprised of DAV, other VSOs and stakeholders, and the Board, to develop a new framework that would streamline and reform the appeals system. After months of intensive collaboration, legislation was introduced and passed in both the House and Senate, and on August 23, 2017, the Veterans Appeals Improvement and Modernization Act of 2017 became law. We thank the Senate and House Veterans' Affairs Committees for your dedicated efforts to make this legislation a reality. This is an example of true partnership among Congress, VA and VSOs.

In order to test assumptions and begin implementing the law as soon as possible, VA launched the Rapid Appeals Modernization Program (RAMP) in November 2017. RAMP offers veterans with legacy appeals the opportunity to opt-in to the new appeals program with the ability to choose the Higher Level of Review or Supplemental Claims options, while preserving their effective dates. RAMP is designed to address the backlog of legacy appeals and test the new appeals system, which will not be in full effect until February 2019.

Starting on November 1, 2017, VA gave the 500 oldest appeals cases the opportunity to opt-in. In December 2017, RAMP was offered to the 5,000 oldest appeals. In January 2018, 10,000 were offered RAMP, and in February VA invited another 37,500 pending appellants to opt into the program.

Although RAMP is still in its infancy, the earliest results as of February 13, 2018, resulted in 714 claimants electing to opt-in, with 381 choosing Higher Level of Review. Of those cases, the VA is reporting an average of 38 days to completion. RAMP decisions have resulted in over \$2.9 million in compensation payments. A total of 42 veterans represented by DAV had their decisions completed in an average of 35 days and with approximately \$1 million in compensation benefits.

Although the number of decisions may be relatively low, the impact for some veterans has been substantial. One of those legacy appeal grants was a Gulf War Era veteran who had been pursuing redress since June 2008 after his claim for a mental health disorder was denied. Following many years of appealing to the VARO and remands from the Board, the veteran opted-in to RAMP on November 16, 2017. Based on the *de novo* review by VA, a grant of service connection with a 100 percent evaluation was completed in 48 days. The decision was established effective June 2008 and resulted in \$276,489.68, in retroactive benefits. After 10 years of waiting to receive his earned benefits, RAMP was finally able to grant life-changing benefits to this veteran

in less than two months. This and other early successes demonstrate the tremendous impact of RAMP and its potential to assist in reducing the appeals backlog.

Furthermore, in order to provide fairness and equity to all veterans with legacy appeals, the Board must focus on other means to reduce the number pending appeals. As of February 14, 2018, there were 85,331 total hearings pending with the Board; 65,844 video conference hearings, 17,526 travel board hearings, and 1,964 in-person hearings in Washington D.C. While RAMP is helping to address the backlog of legacy appeals inside VBA, we urge the Board to develop and execute a plan aimed at reducing all legacy appeals and hearing requests in a timely and efficient manner.

In FY 2017, the Board completed over 52,000 appeals decisions. In January 17, 2018, testimony before the Senate, Secretary Shulkin stated there were over 470,000 pending appeals at various stages within VBA and the Board. Secretary Shulkin noted that the Board has completed over 21,000 appeals and is on pace to complete over 81,000 appeals in FY 2018.

As part of the Veterans Appeals Improvement and Modernization Act, the Board is required to maintain separate dockets to address appeals entering the new system while continuing to maintain the legacy appeals docket. The legislation also required the Board to upgrade its appeals tracking and docketing systems, which need to be integrated prior to the February 2019 implementation date. We urge the Committee to perform vigorous oversight of the Board to ensure that these IT upgrades and integrations are on track.

Ultimately, when a veteran is not satisfied with a decision from the Board, in addition to these new options, they have the right to appeal to the next higher judicial level, the U.S. Court of Appeals for Veterans Claims. Instrumental to veterans and their families receiving timely and accurate decisions from the Court is the efficiency of the appellate review process performed by the Court. Currently, the Court has eight active judges and has the fifth highest caseload per active judge of the 13 Circuit Courts of Appeals. While the temporary expansion of the Court's judges authorized by the passage of Public Law 114-315 allows for an increase from seven to nine judges, this expansion expires on January 1, 2021. As noted above, Secretary Shulkin stated the Board is on pace to complete over 81,000 appeals for FY 2018, an increase of almost 30,000 appeals over FY 2017, some percentage of which will appeal to the Court. In order to keep pace with this increasing workload, Congress must enact legislation to permit a permanent increase of judges.

Furthermore, Congress must provide all necessary funding to construct or renovate a courthouse and justice center in a location of honor and dignity; a location befitting the authority and prestige of the Court and the veterans whom they serve. Since 1990, the Court has been housed in a leased spaced at 625 Indiana Ave, NW, a commercial office building. It is the only Article I court that does not have its own courthouse to conduct its constitutional obligations to our nation's veterans and their families. For over fifteen years, DAV has strongly supported the designation of an



independent location for the Court. As all other Article I appellate courts have their own courthouses, it is only fitting veterans have one for their Court, and we urge Congress to take all actions necessary to make this happen.

## **DAV NATIONAL SERVICE PROGRAM**

### **Claims Assistance**

Messrs. Chairman, while much of our focus in Washington, D.C. is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV directly employs a corps of more than 260 national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through VA's Vocational Rehabilitation and Employment (VR&E) Service. The military experience, personal claims and treatment experiences of DAV NSOs through military and VA health care not only provide a significant knowledge base, but also help promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in space provided by VA in all its regional offices as well as other VA facilities throughout the nation.

With the addition of our chapter service officers, department service officers and transition service officers, all totaled DAV has 4,480 service officers, including county veteran service officers accredited by DAV, all of whom are on the front lines providing much needed claims services to our nation's veterans, their families and survivors. With the generous support of a grateful American public and public-spirited businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

I can proudly state that DAV has the largest and most well-trained service program in the country. No other organization has more impact on empowering disabled veterans to become productive members of society again. We are the only VSO that holds over one million powers-of-attorney (POAs) to represent veterans and their survivors. During 2017, DAV NSOs interviewed over 300,000 veterans and their families, filed over 196,000 new claims for benefits and obtained more than \$4.3 billion in new and retroactive benefits for the injured and ill veterans we represented before the VA.

### **Appellate Representation of Denied Claims**

In addition to our work at VA Regional Offices, DAV employs 10 national appeals officers (NAOs) who serve appellants in the preparation of written briefs for Board of Veterans' Appeals (BVA/Board) review and represent them in formal hearings before Veterans Law Judges. The BVA is the highest appellate level within the VA responsible for the final decision concerning entitlement to veterans' benefits. More than 96 percent of the claims before the Board involve disability compensation issues.

In FY 2017, DAV NAOs provided representation in 31 percent of all appeals decided by the Board, which is a caseload of approximately 16,400 appeals. Of appeals represented by DAV at this level, 72 percent were overturned or remanded to the Regional Office for additional development and re-adjudication.

DAV also has a *pro bono* representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims (Court). DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Of the cases taken action on by our national appeals office in calendar year 2017, each case was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our *pro bono* program, 1,496 of these cases previously denied by the BVA were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner, LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's *pro bono* program, our attorney partners have made offers of free representation to more than 11,017 veterans and have provided free representation in over 9,384 cases.

### **Transition Services for New Veterans**

DAV continues to provide direct on-site assistance to injured and ill active duty personnel through our Transition Service Program, now in its 17th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA. DAV currently employs 33 transition service officers (TSOs) who also provide free assistance to those who need it. Our TSOs have been trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States. In 2017, our TSOs conducted over 1,070 briefing presentations to groups of separating service members, with 42,229 total participants in those sessions. They also counseled 18,408 persons in individual interviews, reviewed the military service treatment records of 15,997 individuals and presented 24,200 benefits applications to DAV NSOs for filing with the VA.

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

## **DAV Mobile Service Office Program**

DAV also has a fleet of 10 Mobile Service Offices (MSOs) to assist veterans wherever they live and increase accessibility to their earned benefits. These specially equipped mobile offices visit communities across the country on an advertised and scheduled basis. This outreach effort generates a considerable amount of claims work from veterans who may not otherwise gain an opportunity to seek assistance at a DAV national service office.

DAV also uses its MSOs for outreach to veterans at other public events, including Native American reservation events, military retiree conventions, homeless veterans “stand-downs,” community fairs and parades, Veterans Day and Memorial Day activities, veterans job fairs, and various information seminars. During 2017, our MSOs traveled 56,318 miles and visited 665 cities and towns. DAV NSOs interviewed 6,335 veterans and other potential claimants during these visits, which resulted in 3,507 claims being filed with the VA.

## **Service Seminar Program**

Another important tool to provide outreach to veterans are DAV’s Information Seminars, which are held to educate veterans and their families on specific veterans’ benefits and services. With the support of departments and local chapters, these free seminars are held by DAV national service officers around the country. During 2017, we conducted 128 seminars with 7,038 attendees and 1,502 interviews conducted with veterans and other potential claimants. These seminars also resulted in 446 claims for benefits being filed through the VA.

## **College and University Outreach**

We are in our third year of deploying MSOs to colleges and universities and conducting Service Seminars for student veterans on campuses throughout the nation. In calendar year 2017, our efforts with these programs resulted in more than 60 events being conducted throughout 41 states and Puerto Rico where many of your constituents are attending institutions of higher education. We interviewed a total of 449 student veterans and dependents, helping them file 236 claims for benefits.

When a DAV MSO visit or Service Seminar occurs in your state or district, I encourage you and your staff to stop by to learn first-hand about the free services that DAV is providing to your student veteran constituents. I would also highly recommend that you refer any of your constituents who may need assistance with their VA claims to a local DAV national service office.

## **Disaster Relief Program**

When disaster strikes, our national service officers, along with departments and local chapters, deploy into devastated areas enabling DAV to provide much-needed monetary assistance, conduct benefit counseling and offer referral services for veterans, service members and their families in need. Our Disaster Relief Program provides grants and supply kits in the aftermath of natural disasters and emergencies in various areas around the nation to help veterans and their families secure temporary lodging, food and other necessities. Our supply kits include backpacks, blankets and hygiene kits to provide an additional resource for safety, comfort and self-sufficiency in an extended emergency, disaster or evacuation. The hygiene kit includes basic necessities like a toothbrush and toothpaste, razors and shaving cream, hand sanitizer, deodorant, shampoo and soap.

During 2017, a total of 3,988 drafts totaling in excess of \$1.3 million were granted, and 2,215 supply kits, were provided to hurricane, tornado, flood and fire victims throughout Texas, Puerto Rico, Florida, Georgia, Louisiana, California, Missouri, Oklahoma, Colorado, Nebraska, New Hampshire, Wisconsin, Arkansas, Virginia, Alabama, Utah, Montana, and North Carolina. Since the program's inception in 1968, over \$11 million has been disbursed to veterans in need.

## **DAV NATIONAL VOLUNTARY SERVICE PROGRAM**

Equally vital to the success of DAV's mission are the activities of nearly 13,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist America's injured and ill veterans. Our Voluntary Services Programs ensure that sick and injured veterans are able to attend their medical appointments, and that they receive the comfort, companionship and care they need and deserve. Our volunteers are at their posts in VA medical centers, clinics and community living centers. They also visit and provide services to veterans within their communities and in some cases, go beyond the current scope of government programs and services. They empower veterans to lead high quality lives and provide a special thanks for our nation's heroes.

DAV and DAV Auxiliary volunteers serve our nation by providing nearly 1.4 million volunteer hours of essential services to hospitalized veterans in VA facilities; saving taxpayers more than \$33.7 million in costs if federal employees had been required to provide similar services. Many DAV members serve as hospital service coordinators and drivers in DAV's nationwide Transportation Network or volunteer to help veterans in their homes and in the community. In addition, DAV chapters and Auxiliary units have donated items valued at more than \$3.5 million to their local VA facilities.

## **DAV Local Veterans Assistance Program**

DAV created the Local Veterans Assistance Program (LVAP) in order to meaningfully touch the lives of more veterans in need of assistance. A variety of

opportunities have always existed for individuals to assist veterans and their dependents—and DAV and Auxiliary volunteers have answered that call in full measure. We see examples of this each and every day highlighting the principal objective of our organization—to fulfill our promises to the men and women who have served.

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

- Chapter and department service officer work;
- Outreach at events, such as, the DAV 5K, Walk and Roll, homeless stand downs and a volunteer presence at National Guard mobilization and demobilization sites; and
- Direct assistance to veterans, families and survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

Since its inception in 2007, 14,977 volunteers have participated in DAV's LVAP for a total of nearly 6.2 million hours of voluntary service. We believe this important program makes a difference in the lives of all of those we serve.

### **DAV National Transportation Network**

DAV relies on 162 hospital service coordinators at VA medical centers across the country to oversee the DAV Transportation Network. This program provides free transportation to and from VA health care facilities to veterans, who otherwise might not be able to obtain needed VA health care services.

In 2017, DAV volunteer drivers spent nearly 1.5 million hours transporting veterans to their VA medical appointments. These volunteers logged nearly 18.5 million miles and transported nearly 615,000 veterans to VA health care facilities, saving taxpayers an additional \$36 million. Since our national transportation program began in 1987, more than 18.4 million veterans have been transported over 717 million miles.

I am very pleased to report that, in 2017, DAV donated 99 new transport vehicles to VA facilities at a cost of nearly \$3 million. In 2018, we plan on donating an additional 116 vehicles to the VA at a cost of over \$3.5 million.

DAV's efforts were aided in 2017 by the support of Ford Motor Company with the presentation of eight new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated nearly \$5 million towards the purchase of 215 vehicles to support this critical program. DAV is very thankful for Ford Motor Company's collaboration and its continued support and commitment to the men and women who have served our nation in uniform.

DAV's commitment to our National Transportation Network is lasting. We have deployed DAV vehicles in every state and nearly every Congressional district serving our veterans, many of whom are your constituents. Since 1987, a total of 3,393 vehicles

have been donated to the VA for transporting veterans to their medical appointments, at a cost of over \$76.3 million.

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

### **Boulder Crest Mentoring Retreat**

In 2015, DAV began our Mentorship Program in collaboration with Boulder Crest Retreat in Bluemont, Virginia. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military, veterans, first responders and their family members. They deliver short-duration, high-impact programs based on the science of post-traumatic growth. Since its inception, this program has helped severely injured, amputee veterans rebuild their lives through a week-long program where they are introduced to yoga, meditation, equine therapy, archery and career building exercises.

DAV leaders, including Past National Commanders James Sursely, Roberto "Bobby" Barrera, Dennis Joyner, Richard Marbes and Dave Riley, have served as mentors to the latest generation of seriously injured veterans. Their spouses, Maricelia Barrera, Donna Joyner, and Yvonne Riley, have also served as mentors to the caregivers of participants, and imparted the knowledge and understanding that comes with decades of service as caregivers to their spouses.

In 2017, DAV funded our first all-female veteran retreat, and Boulder Crest expanded its efforts with a second location in Sonoita, Arizona. DAV is proud to explore and collaborate on new and holistic ways to help the veterans we serve overcome the challenges that often follow military service.

### **Adaptive Sports Programs**

DAV is a collaborator in another outstanding program that directly impacts the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to be the long-time co-host of the National Disabled Veterans Winter Sports Clinic. As of 2017, we have also joined the VA as co-hosts of the National Disabled Veterans Training, Exposure, Experience (TEE) Tournament.

Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives.

Often referred to as “Miracles on the Mountainside,” the Winter Sports Clinic – which is offered to veterans free of charge – promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are not barred from adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

The TEE Tournament provides legally blind and eligible disabled veterans an opportunity to develop new skills and strengthen their self-confidence through adaptive golf, bowling, horseback riding and other events. The event gives veterans the chance to participate in therapeutic adaptive sports activities that demonstrate having a visual or physical disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan.

For anyone who has attended these clinics and observed our participants and their efforts, it is an inspiring moment, unlike anything you will experience anywhere in the world. Through adaptive sports programs, these injured heroes’ lives are forever changed as are all the inspired observers, family members and volunteers who participate.

I invite all Members of these Committees to come and experience these miracles with DAV leaders this year. The 32<sup>nd</sup> National Disabled Veterans Winter Sports Clinic is scheduled for April 1-6, 2018, in Snowmass Village, Colorado. The 25<sup>th</sup> National Disabled Veterans TEE Tournament will take place in Iowa City, Iowa from September 9–14, 2018. If you want to believe in miracles, please join us for these awe-inspiring events.

### **The Next Generation of Volunteers**

Sadly, Messrs. Chairmen, as we are rapidly losing our veterans from the World War II and Korean War eras, DAV and other veterans organizations are witnessing the significant loss of veteran volunteers from that population. DAV is constantly seeking new ways to recruit and engage DAV members and volunteers, and has begun identifying and developing a new generation of younger VA volunteers. As part of that effort and in remembrance of former VA Secretary and former DAV Executive Director, Jesse Brown, we launched a memorial scholarship program. Annually, the DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV’s Local Veterans Assistance Program, donating their time and providing compassion to injured and ill veterans.

Since its inception, DAV has awarded 179 individual scholarships valued at over \$1.3 million, enabling these exceptional young people to pursue their goals in higher education and experience the significance of volunteering. We at DAV are very proud of the Jesse Brown Memorial Youth Scholarship Program and we thank the Ford Motor Company for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Another corporation that has stepped forward to help veterans of all eras is Golden Corral, which this past November opened its doors again to all veterans for “Military Appreciation Night,” serving more than 315,000 free meals to veterans as a means to thank them for their military service. Golden Corral events also yielded more than \$1.4 million in donations to support DAV chapters and departments. Since 2001, Golden Corral restaurants have served more than 5.4 million thank-you meals to our nation’s veterans, and raised more than \$14.3 million in donations for DAV chapters and departments to use in outreach and service programs in their communities.

Another initiative DAV is undertaking to recruit new volunteers is DAV’s Forward March challenge. During the month of March, veterans and members of the public are encouraged to pay it forward through volunteering. The campaign is designed to introduce new volunteers to recognize veterans by donating an hour of time in a meaningful way that serves those who’ve served. Last year, with the encouragement of DAV members, the organization recruited 100 new volunteers. This year, participating volunteers will enjoy a new platform, Volunteer for Veterans—a unique online space dedicated solely to volunteerism through DAV. We are hoping the website, [volunteerforveterans.org](http://volunteerforveterans.org), will infuse our Forward March efforts and help promote volunteerism throughout the entire year by better identifying volunteer needs and providing real-time online matching of volunteers with opportunities to assist.

Well beyond volunteerism itself, generous fundraising efforts by Golden Corral, Ford and others continue to help support DAV’s critical initiatives and programs throughout the year, and provide our organization the resources needed to continue our mission of assisting veterans in getting the benefits and services they earned and deserve as a result of their military service on behalf of this nation.

## **NATIONAL EMPLOYMENT PROGRAM**

DAV recognizes the challenges that many veterans, especially our service-disabled veterans, continue to face in the employment marketplace, be it unemployment or underemployment. Our National Employment Program, established in 2014, has firmly positioned itself at the forefront of veterans service organizations in providing assistance to veterans and their spouses seeking a new or better career. DAV understands that the journey from injury to recovery cannot be completed until a veteran is able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Thousands of men and women continue to make the transition from military to civilian life, with 250,000 more expected to leave military service again



this year. DAV remains dedicated and vigilant with our services to all the men and women who have served and we are fully committed to ensuring that these new veterans gain access to the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

One primary component of this mission was DAV forming strategic partnerships with RecruitMilitary<sup>®</sup>, a veteran-operated full-service military-to-civilian recruiting firm, and Veteran Recruiting, the industry leading provider of virtual career fairs for veterans. Working alongside our partners, DAV uses a multitude of online and offline resources to connect employers, franchisers and educational institutions with active duty, Guard and reserve members, veterans and their spouses.

In less than four years, our National Employment Program has already made a significant impact toward reducing the number of unemployed and underemployed veterans. In fact, from June 2014 through December 2017, DAV sponsored 318 traditional and virtual career fairs, with nearly 119,000 active duty, Guard and reserve members, veterans and their spouses attending, resulting in more than 57,000 job offers. In 2018, DAV will again increase our efforts by sponsoring more than 150 traditional and virtual career fairs, including 20 events on military bases such as Joint Base Lewis-McChord, Fort Bragg, Fort Hood, and Camp Pendleton. Virtual career fairs afford active duty, Guard and reserve members, veterans and their spouses who cannot attend our traditional career fairs the opportunity to connect with employers without the need to travel. Likewise, our sponsorship of Veteran Recruiting's virtual Veteran Recruitment Center, available 24 hours a day, 7 days a week, allows veterans to optimize their career search and interaction with employers.

We note that, last year, DAV again sponsored four virtual career fairs that were specifically for veterans with service-related disabilities as part of our 10KDAV Hiring Challenge. Through this challenge, employers pledge their commitment to hire veterans with service-related disabilities and take part in reaching the goal of helping at least 10,000 service-disabled veterans overcome employment obstacles or barriers and secure meaningful employment by the end of 2018. Additionally, DAV is extremely pleased to expand our efforts with Veteran Recruiting by sponsoring the VetFriendly Jobs Initiative with the goal of helping 100,000 veterans to secure meaningful employment by 2020. As the excitement continues to build from our DAV-sponsored events, we invite each of you, or members of your staff, to attend any of our career fairs to see first-hand the work of DAV in connecting veterans and their spouses with meaningful employment.

DAV's National Employment Department also works directly with companies who are seeking the many talents and skills possessed by veterans. Our program provides a multitude of resources that veterans can access through our employment resources web page ([www.jobs.dav.org](http://www.jobs.dav.org)); including a job search board boasting more than 250,000 current employment opportunities around the world and direct links to company website job boards. We are very happy to report that our employment resources website has grown in content, with nearly 16,000 visits monthly, which is indicative of veterans and

employers recognizing DAV as a valuable resource in the employment sector. With online resources constantly evolving, we continue to improve and add new content to our website to highlight a variety of useful employment and educational resources. This year, we will be adding our '*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans with Disabilities*' (Guide). Through interaction with hundreds of companies, we began to see recurring questions about best practices and strategies when hiring veterans with disabilities. Our guide is aimed at providing companies, hiring managers or other HR professionals, a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities.

Lastly, we have launched a new partnership with Hiring America, which is the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran hiring initiatives, shares insights from CEOs, career counselors, and HR specialists, and provides valuable information to help ease the transition for veterans entering the civilian workforce. With a projected reach of nearly three million viewers including military broadcast services, we are very excited about this particular addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies who want to hire them.

Messrs. Chairmen, despite having launched DAV's National Employment Program less than four years ago, the excitement surrounding this new program and its accomplishments are notable. DAV is extremely optimistic about the future of this important program and its mission of providing vital employment assistance, not only to ill and injured veterans, but all veterans and their spouses, as well as active duty, Guard and reserve members.

## **DAV CHARITABLE SERVICE TRUST**

Organized in 1986, the DAV Charitable Service Trust (Trust) is a tax-exempt, not-for-profit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of injured and ill veterans through financial support of direct programs and services for veterans and their families.

DAV established the Trust to advance initiatives, programs and services that might not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other VSOs in the community. Not-for-profit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than \$104 million has been invested to serve the interests of our nation's heroes. In an effort to fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injury, substance-use challenges, amputations, spinal cord injuries and other combat-related injuries. It also supports efforts to combat hunger and homelessness among veterans and priority is given to long-term service projects that provide meaningful support to

unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

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

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

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

## **DAV NATIONAL LEGISLATIVE PROGRAM**

Messrs. Chairmen, the goal of DAV's Legislative Program is to promote meaningful, reasonable and responsible public policy for wartime service-disabled veterans, their dependents and survivors. Outlined below is a partial list of DAV's legislative priorities for the remainder of this year, based on resolutions adopted by our membership at our most recent national convention. On behalf of DAV, I ask the members of these Committees and your staffs to consider the merit of these proposals and use them to enact legislation to help improve the lives of injured and ill veterans.

Regardless of politics and whether we agree or disagree with our government's foreign policies or military deployments, our service men and women put their lives on the line to ensure the safety of the Republic and to protect the basic freedoms we enjoy as citizens of the United States. In turn, as a nation, it is our obligation to take care of those who served and sacrificed on our behalf. We do this by keeping our promise to them by ensuring they have the resources, benefits and services they need to achieve the best quality of life possible, as they make the often challenging transition back to civilian life. DAV represents wartime veterans of all ages and all periods of service. As you go about your work we urge the Committees to ensure your legislative proposals are fair to *all* eras of veterans who have served. Despite when they served, our service disabled veterans have all sacrificed.

The complete text of our Legislative Program is available for you and your professional staffs to review on DAV's website, at <https://www.dav.org/wp-content/uploads/ResolutionBook.pdf>.

### **Disability Compensation and Other Benefits**

- Support meaningful claims and appeals processing reform.
- Support legislation to remove the prohibition against concurrent receipt of military retired pay and VA disability compensation.
- Support legislation to provide realistic cost-of-living allowances.
- Seek legislation to exclude veterans disability compensation from countable income for government programs.
- Oppose any proposal that would reduce payments of VA disability compensation by receipt of Social Security Disability Insurance benefits or any other federal benefit.
- Oppose any scheme to means test disability and death compensation.
- Oppose any change that would redefine service-connected disability or restrict the conditions or circumstances under which it may be established.
- Oppose any long-term rounding down of Cost-of-Living Adjustments in veterans benefits.
- Oppose any recommendations by any commission to reduce or eliminate benefits for disabled veterans.
- Support legislation to remove the offset of Survivor Benefit Plan payments and VA dependency and indemnity compensation.
- Support legislation that recognizes service in the waters offshore of Vietnam as presumption of exposure to Agent Orange.
- Support exemption of benefits paid to service-connected disabled veterans from "PAYGO/CUTGO" provisions.

### **Health Care Services**

- Expand access to comprehensive caregiver supports for caregivers of all severely ill and injured veterans.
- Strengthen, reform and sustain the veterans health care system.
- Improve and expand women veterans health care programs and services.
- Develop and build support for a comprehensive plan to address VA's aging health care infrastructure needs, including VA research facilities.
- Improve and expand cost-effective VA long-term services and supports that allow veterans to live safely and actively in their communities.
- Ensure timely access to mental health care and counseling for veterans suffering from TBI and PTSD, with particular focus on newer veterans in transition.
- Provide priority access and timely, quality health care services to service-connected disabled veterans.
- Repeal VA and Department of Defense co-payments for medical care and prescription medications.

- Establish urgent care benefit and improve emergency care benefits for service-connected veterans.
- Improve health care services for veterans living in rural and remote areas.

### **Employment and Economic Opportunities**

- Enact legislation that will allow veterans to transfer their military skills and credentials to the civilian sector to enhance their economic opportunities.
- Strengthen veterans' vocational rehabilitation and employment programs by ensuring adequate funding for increased staffing and IT enhancements to meet increases in VR&E demand.
- Remove the 12-year delimitating date imposed on Chapter 31 (vocational rehabilitation) entitlement.
- Improve delivery of transition services to all separating service members.
- Provide educational benefits for dependents of service-connected veterans rated 80 percent or more disabled.

### **General Issues**

- Extend military commissary and exchange privileges, and space-available travel to certain service-connected disabled veterans.
- Support legislation to reduce the premiums for Service-Disabled Veterans Insurance to be consistent with current life expectancy.
- Seek the immediate release of any American Prisoners-of-War and seek the immediate return of the remains of any American who died during any conflict.
- Support the Defense POW/MIA Accounting Agency (DPAA) and the Armed Forces DNA Identification Laboratory.
- Support the construction of a court house for the United States Court of Appeals for Veterans Claims.

### **CONCLUSION**

Finally, as I reflect on the accomplishments and legacy of DAV over its first century, and think about what we hope to achieve in the next hundred years, I am reminded of a quote by former Senator and Attorney General Robert F. Kennedy. Kennedy, who was assassinated 50 years ago in 1968, a tumultuous year that was also remembered for the assassination of Martin Luther King and severe setbacks in the Vietnam War, said that:

“Every generation inherits a world it never made; and, as it does so, it automatically becomes the trustee of that world for those who come after.”

Messrs. Chairmen, we must all act as trustees for the men and women who willingly answered the call to serve our nation, no matter the risk or cost to themselves. We must ensure that each and every one of them is able to receive all of the benefits and services they earned when they transition from the military back into the civilian

world. We must provide the support and assistance they require to lead high quality lives, with dignity and respect. These are sacred obligations we have inherited, and as leaders we must work together to faithfully fulfill them.

To paraphrase another Kennedy and DAV Life Member, President John F. Kennedy, 'ask not what our veterans can do for us, ask what we can do for our veterans.' That is a mission truly worthy of every generation.

May God bless all of the women and men who have served, who are serving and who will serve on behalf of this great country. And may God bless the United States of America. This concludes my formal statement. Thank you for the opportunity to testify and provide information about DAV's mission of service to our nation's wartime disabled veterans and their families.