STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

1st SESSION of the 117th CONGRESS

before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

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EXECUTIVE SUMMARY

MOAA thanks the committees for always putting veterans first. You remain committed to working hard in a bipartisan and bicameral way for our nation's heroes as their staunchest advocates for health and well-being.

Once again, the committees came through in the 116th Congress, championing a record number of bills to provide health care and economic relief for veterans, their families, survivors, and caregivers during one of the bleakest periods in American history. The COVID-19 pandemic will forever change how we as a country deliver health care, to include how the VA delivers care to our nation's veterans.

We start the new Congress with the pandemic still affecting the nation and the accompanying economic challenge still hurting millions, but with hope on the horizon that we can bring all this hardship to an end. We look forward to working with you and all members of the House and Senate Committees in the 117th Congress.

MOAA's Overarching 2021 Legislative Priorities:

Sustain VHA foundational missions and services through:

- Strengthening and modernizing VA's workforce.
- Eliminating health disparities for women and minority veterans to ensure health equity in accessing timely, compassionate, and quality care.
- Expanding access to caregiving, palliative care, geriatric care, extended care, and hospice programs and services for veterans and wounded warriors, and their caregivers.
- Improving veteran suicide prevention programs and increasing access to behavioral health care services.

Expand and improve VBA care and services by:

- Improving medical exam and claims processing to meet pandemic-related and enduring challenges.
- Supporting our nation's economic recovery through increased educational opportunities and protections to get veterans back to work.
- Passing comprehensive toxic exposure reform.
- Strengthening and protecting service-connected disability compensation.

CHAIRMEN TAKANO AND TESTER AND RANKING MEMBERS BOST AND MORAN, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present testimony on our major 2021 legislative priorities for veterans' health care and benefits. MOAA offers our congratulations to Chairman Tester for assuming leadership of the Senate Veterans' Affairs Committee, and Ranking Member Bost for his new leadership role on the House Veterans' Affairs Committee.

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

VETERANS' HEALTH PRIORITIES

SUSTAIN VHA FOUNDATIONAL MISSIONS AND SERVICES

Since the VA MISSION Act was signed into law in 2018, the Veterans Health Administration (VHA) has aggressively pursued the implementation of one of the most historic shifts in how the VA will deliver care in the coming years — a system virtually untouched by major transformation in more than 25 years.

Myriad challenges face the VA as it attempts to sustain its four health care missions (clinical, research, education and training, and emergency management response) and associated programs and services that have earned VHA its reputation as a high-quality health care system.

The MISSION Act took a village to implement — Congress, military and veterans service organizations like MOAA, the administration, and countless other stakeholder groups working on behalf of veterans to implement this massive piece of legislation. This same extraordinary cooperation, transparency, and attention must continue if we are to fully implement the provisions of the act as intended by Congress.

Too much progress has been made, as we enter the third year of implementing the MISSION Act, not to remain focused on delivering the modernized health care system our nation promised veterans for their service. Consolidating VA's community care programs, expanding its Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras, strengthening the department's ability to recruit and retain quality health care professionals, and modernizing medical facilities must continue moving forward to restore veterans' confidence in a health care system they can trust and call their own.

MOAA is confident VA cooperation and transparency will be restored under Secretary Denis McDonough. The secretary pledged his support and cooperation during his confirmation, assuring members — and, most importantly, veterans and their families — that any veteran-related decision he and his staff makes will be guided by two questions:

- Does it improve access to care?
- Will it result in better outcomes for veterans?

The following are top priorities for MOAA in the 117th Congress:

VHA's Workforce

The VA Office of Inspector General (OIG) and the Government Accountability Office (GAO) continue to report widespread, severe staffing shortages in many occupations throughout the VHA. Most of the human capital challenges faced by the VA are long-standing, systemic problems — the VHA alone has been dealing with chronic health care professional shortages since 2015. If not addressed, veterans' access to quality care likely will be compromised, which could negatively impact their health outcomes.

VHA's workforce is at the core of who the VA is — how it has earned its reputation as a leader in quality health care delivery. Yet the system is only as strong as the pipeline for recruiting and retaining high quality health care professionals who want to care for and serve veterans. VHA's workforce is central to ensuring system changes result in improving access to high quality care for veterans when and where they need it.

While the VHA has acknowledged its human capital shortfalls and difficulty competing with the private sector for clinical professionals, it has not gone far enough to put a solid framework and human resource plans in place to once and for all get out in front of these critical workforce issues.

The VHA has yet to develop a staffing model at the national level that allows tailoring at the local level, or to prepare a department-wide succession plan since 2009, or to consider schedule arrangements as an alternative to higher salaries to attract employees who are more interested in their work/life balance — guidance repeatedly recommended by OIG and GAO. According to GAO, the VA has been unable to produce a succession plan due to leadership turnover — a problem when you consider about a third of leadership will be eligible to retire in the next two years.

The national pandemic and constant system reforms are taking a toll on the VA's health system, not the least of which are the pressures being placed on the dedicated medical providers and support staff. The VA has taken extraordinary measures during the pandemic to use existing authorities to implement rapid hiring initiatives to reduce the time to bring on new hires or former VHA or other federal health care professionals, yet it is not clear how much progress the VA has made toward bringing down the 49,000 vacancies the department had going into the crisis.

MOAA recommends strengthening and modernizing VHA's workforce by:

- ***Establishing national operational predictive staffing and competitive salary and benefits structure models that cover all critical health care occupations so the VHA is equipped to assess and implement effective measures to address staffing needs at the national level while supporting flexibility at the local level.***
- ***Congress pursuing strict oversight to ensure VHA improvements result in eliminating vacancies and ensuring funds are available to strengthen recruiting, retention, and workforce development programs for long-term system stability.***

Women and Minority Veterans

Women transitioning out of uniform face unique challenges because of their experiences in service. They are also the fastest growing population of veteran patients, according to the VA. The department expects women health care enrollees to grow from the current 10 percent to as high as 19 percent by 2025. VA has a comprehensive primary care strategy model it has successfully implemented; however, there remain several administrative, operational, governance, and organizational gaps preventing women from accessing the quality health care and services they need.

Additionally, according to GAO, the VA has taken steps to reduce disparities in health care outcomes linked to race and ethnicity but lacks the mechanisms to measure progress and ensure accountability[1]. VA funds research that has identified disparities in health care outcomes involving minority veterans but relies on data that department officials and researchers identified as being weak, incomplete, and inaccurate.

Despite recognizing the lacking quality of race and ethnicity data, the VA has not implemented corrective actions. The pandemic has placed a spotlight on the barriers and disparities facing women and minority veterans when seeking access to VA health care and services.

MOAA recommends eliminating health disparities for women and minority veterans to ensure health equity in accessing timely, compassionate, and quality care by:

- ***Accelerating initiatives for the VA to fully embrace a culture of equity, diversity, and inclusion with respect to all veterans, including women and minority veterans, to assure they are valued, respected, and recognized for their service and contributions.***
- ***Applying lessons learned during the pandemic to identify and accelerate the VA's efforts to eliminate disparities and achieve health equity to meet the unique needs of high-risk veteran groups.***

[1] https://www.gao.gov/assets/710/703145.pdf

- ***Pursuing joint VA-DoD research and collecting and evaluating health record information to determine the impact of service on the health of women and minorities and ensure continuity of health care for women as they leave uniformed service.***
- ***Targeting funding for research, treatment, data management, medical care, and staffing to provide gender-specific and culturally competent care.***
- ***Expanding the roles and responsibilities of the VA Offices of Health Equity and Rural Health to include enhanced outreach to veterans in local communities.***
- ***Redesigning VHA delivery systems and facilities to remove barriers to ensure privacy and a safe environment for women and minority veterans accessing care, including veterans with special needs such as: those living in rural areas; homebound; aging; amputee; cognitively and physically impaired; and veterans with cultural and language differences.***
- ***Expanding VA sexual assault and harassment prevention efforts to eliminate problems enterprise-wide.***

Caregiving and Long-Term Care

According to GAO, veterans rely on long-term care from the VA for everything from occasional help around the house to around-the-clock care[2]. Eligibility is primarily based on the extent of a service-connected disability.

From FY 2014 to FY 2018, demand for long-term care increased 14 percent and VA's expected spending went up 33 percent. The VA projects demand will continue to grow, with spending set to double by 2037.

Additionally, the VA published its final regulation to improve and expand its Program of Comprehensive Assistance for Family Caregivers (PCAFC) as mandated in the VA MISSION Act, with the final regulation effective on Oct. 1, 2020. The rollout of the expanded PCAFC and other caregiver service improvements will take place over a three-year period — beginning Oct. 1, 2020, by expanding eligibility to veterans entering service on or before May 7, 1975; then, two years later, expanding services to veterans of all eras. The delay in rolling out the program, and how the VA has written the regulations limiting eligibility, has created a great deal of frustration and angst among veterans and their caregivers. MOAA urges the secretary and his team to review and reconcile these issues.

Finally, the pandemic has exposed a significant number of vulnerabilities with veterans living in state veterans' homes and VA community living centers, Homebound veterans and their caregivers are also impacted by these vulnerabilities. The VHA will need to identify shortfalls in

[2] https://www.gao.gov/assets/710/704690.pdf

health care and expeditiously apply lessons learned to further protect this highly vulnerable veteran population.

MOAA recommends expanding access to caregiving, palliative care, geriatric care, extended care, and hospice programs and services for veterans and wounded warriors and their caregivers by:

- ***Requiring the VHA to develop measurable goals for its efforts to address key challenges in meeting the demand for long-term care such as workforce shortages, geographic alignment of care (particularly for rural veterans), and limitations in providing specialty care.***
- ***Expanding long-term residential or home care program options through community partnerships such as state veterans' homes and non-VA medical foster homes to ensure capacity to meet demand.***
- ***Strengthening VHA's engagement in monitoring and assessing state veterans' homes through documentation of failures in meeting quality standards during facility inspections and reporting resolution of documented discrepancies.***
- ***Monitoring and addressing legislative discrepancies during the implementation of VA's PCAFC and other caregiver support services to ensure programs meet the intent of Congress.***

Suicide Prevention and Behavioral Health

MOAA is grateful for the bipartisan, bicameral support in the 116th Congress to enact critical legislation to address mental health needs and suicides within the uniformed service and veteran communities. Thanks to the committees' leadership and member commitment, some significant and transformative legislation became law last year; MOAA will be monitoring the implementation of new laws such as:

- **S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019** (Public Law No: 116-171, Oct. 17, 2020). Improves mental health care and suicide prevention programs in the VA.
- **H.R. 2372, Veterans' Care Quality Transparency Act** (Public Law No: 116-177, Oct. 20, 2020). Requires the comptroller general to assess the effectiveness of all agreements the VA has entered, including non-VA organizations related to suicide prevention and mental health services.
- **H.R. 1812, Vet Center Eligibility Expansion Act** (Public Law No: 116-177, Oct. 20, 2020). Requires VA to expand readjustment counseling and mental health services through its Vet Center Program.
- **H.R. 8247, Veterans Comprehensive, Prevention, Access to Care, and Treatment (COMPACT) Act of 2020** (Public Law No: 116-214, Dec. 5, 2020). Enhances transition

assistance services and suicide prevention programs, and improves care and services for women veterans.

- **H.R. 7105, Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020**. Provides the VA more flexibility in caring for homeless veterans during a covered public health emergency and directs the agency to carry out a retraining assistance program for unemployed veterans, among other improvements.

The tragic loss to suicide of veterans and currently serving members of the uniformed services, the National Guard and Reserves is arguably one of the most critical and confounding health care dilemmas facing leaders at all levels of our government and the public sector. MOAA continues to join with the committees, the VA, and the administration to seek new and innovative solutions to meet veterans and their families where they are and resolve their pain and psychological wounds.

Much has been done by the VHA, including expanding telehealth and tele-mental health services during the pandemic, but so much more is needed to address the growing demand for behavioral health care services if we are to stem the tide and mitigate the rising rates of mental health diagnoses and suicides.

As mentioned last year in MOAA's statement, we remain concerned outreach and community coordination efforts are not as robust and targeted at strengthening relationships with veterans and establishing partnerships outside of the VA. Rather than the VA actively enrolling veterans in health care and providing them with earned benefits where they are needed, veterans continue to struggle with navigating VA systems. The pandemic makes it even more challenging for veterans to engage effectively with the VHA, with appointment cancellations, long wait times for appointments or in-person assistance putting their health and welfare in jeopardy. Veterans and their caregivers often give up trying to get care, feeling as though their VA has given up on them.

MOAA recommends improving veterans suicide prevention programs and increasing access to behavioral health care services by:

- ***Ensuring full implementation of the above-mentioned legislation through ongoing congressional and VA oversight.***
- ***Expanding government and non-government funding for preventative programs and services, including research to identify underlying causes and significant risk and protective factors for each of these populations.***
- ***Ensuring VA and DoD transparency and data sharing surrounding their annual suicide reports.***
- ***Accelerating effective prevention, treatment, and training programs to address military sexual trauma (MST) experienced by women and men during and after service, and***

seeking joint congressional oversight hearings to improve VA and DoD policies and procedures to care for and compensate veterans suffering from MST.

- ***Supporting expansion of evidence-based and complementary integrative medical treatment approaches to improve delivery of care and veteran's health outcomes.***
- ***Investing in resources and programs to aggressively promote prevention before crisis, incorporating self-help tools and services for empowering, educating, and engaging veterans in managing their individual health care.***
- ***Continuing the PREVENTS Roadmap initiatives incorporating national engagement to ensure clinical and non-clinical approaches to preventing suicides by assuring intervention touchpoints are available to help veterans in communities, including those not enrolled in the VHA.***

VHA COVID-19 Lessons Learned

Like many federal agencies, the VHA has been challenged by the pandemic, placing new and unimaginable stressors on the system as it responds to the national health crisis and other natural disasters simultaneously. VA's Fourth Mission was activated to provide an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of the emerging health risk brought about by the coronavirus. In doing so, the VA works directly with the CDC and other federal partners to monitor and respond to the outbreak of the virus as required. The VA has stated its intent to share lessons learned and best practices from the pandemic with other federal partners[3].

The VA has also highlighted in congressional testimony and public statements several best practices the agency plans to employ post-pandemic. The VA must ensure it fully assesses and documents lessons learned, establishes a plan for addressing shortfalls, and implements best practices to ensure lessons learned do not become lessons forgotten.

MOAA recommends the VHA fully capture lessons learned and implement best practices from the pandemic such as telehealth services and other technological advances, rapid workforce hiring processes and policies, medical supply change management enhancements, and collaborative efforts with DoD and other federal, state, and local government and non-government entities.

Challenges are extensive for the 117th Congress, but it is reassuring to know the health care priorities for the new secretary, Congress, and MOAA are aligned on critical issues. We are optimistic 2021 will provide a unique opportunity to partner and strengthen our collective relationships as we work together to improve the health and well-being of veterans, their families, caregivers, and survivors.

[3] https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5405

VETERANS' BENEFITS PRIORITIES

Eliminate the Pandemic-Caused Claims Backlog

The claims backlog has doubled in the past year, to over 200,000 claims[4]. While this is no fault of the VA's, it is the department's duty to help fix the backlog and get back to pre-pandemic levels. An adjudicated claim is the gateway to benefits and health care; these delays postpone veterans' ability to recover from our national emergencies. In MOAA's view, several areas require additional focus to resolve claim levels and restore them to pre-pandemic levels.

The recent VA decision to outsource nearly 100 percent of its compensation and pension exams to contractors requires additional scrutiny, especially with exams bottlenecking the claims process[5]. There is a claims backlog, and VHA-conducted exams will get veterans claims processed faster. We should be using them to help.

Questions remain about the optimum distribution of exams (contract or VHA), but making changes when we need as many exam options as possible often slows down veterans' access to timely exams. Reports of veterans traveling hours for exams despite having a VA hospital nearby contradict the espoused principles of doing what is best for the veteran.

One Example:

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A veteran living in New York City needed a hearing test and was scheduled with a contract exam provider in Greenwich, Connecticut, a 45-minute drive from the veteran's Manhattan home.

When the veteran reached out to the contract examiner to request a closer location, he was rescheduled with a provider in Oceanside, New York – even farther away. He was scheduled this way despite having a clinic within walking distance of his home and two VA hospitals closer to his residence than the exam sites.[6]

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An example like this reduces access and means a veteran is less likely to use VA care if they believe they will need to travel hours to do so, leading to worse health outcomes. Regardless of whether the VHA or a contractor provides the exam, veterans deserve timely and convenient exams from qualified professionals to help them through the claims process.

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[4] https://www.benefits.va.gov/reports/mmwr_va_claims_backlog.asp
[5] https://www.stripes.com/va-plans-to-outsource-all-compensation-and-pension-exams-1.649356
[6] https://twitter.com/AlexanderMcCoy4/status/1351699587631820802

Another area for concern comes at the end of the claims process. As claims are finalized, the vital ability for VSOs to receive notifications about a veteran's claim was removed from the Veterans Benefits Management System (VBMS). These notifications in VBMS help VSOs follow veteran's claims and provide a final check for minor inaccuracies that may otherwise need to be appealed. We are encouraged VBA has come back to the table with VSOs to seek a path forward on this issue and ask for Congress' continued oversight and support to fix it.

As the death toll from COVID-19 passes 10,000 veterans and 500,000 individuals nationally, our concerns grow for survivors seeking dependency and indemnity compensation (DIC)[7] [8]. As our health care system is stressed from the pandemic, there is the increased possibility to overlook service-connected conditions as principal or contributory to the deaths of veterans who pass from COVID-19. To mitigate the risks of denied DIC claims for survivors, we ask Congress to pass legislation to require an additional medical opinion of our fallen heroes whose survivors would benefit from the additional review for their veteran's claim.

MOAA recommends improving the medical exam and claims processing to meet pandemic-related and enduring challenges by:

- ***Maximizing the capacity for quality compensation and pension exams through the combined use of VHA and contract exams to eliminate the pandemic-caused backlog.***
- ***Reinstating the disability claims notifications in VBMS for VSOs.***
- ***Passing the "Ensuring Survivor Benefits During COVID–19 Act of 2021" (S. 89) to ensure service-disabled veterans who die from COVID receive an additional medical opinion.***

Help Get Veterans Back to Work

As the health emergency ends, our ability to tackle the economic fallout of the pandemic truly begins. Unemployment has spiked, and veteran unemployment is not an exception, with nearly 5 percent of veterans out of work[9]. When you peel back the data further in the veteran population, Black and Hispanic veterans are unemployed at higher rates than the veteran average, but have higher employment rates than non-veteran members of those groups.[10].

We still have room for improvement, especially among minority veterans, but it is important to recognize the committees' bipartisan work has helped veterans fare better than the national average in terms of job loss. We can continue to improve on that hard work.

The bipartisan Veterans Rapid Retraining Assistance Program included in the budget reconciliation is an inspiring step forward to helping even more veterans get back to work and

[7] https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary
[8] https://covid.cdc.gov/covid-data-tracker/#datatracker-home
[9] https://data.bls.gov/timeseries/LNS14049526&series_id=LNS14049601
[10] https://ivmf.syracuse.edu/article/the-employment-situation-of-veterans-january-2021/

improve their lives. Veterans who need help but no longer have access to the GI Bill are captured through this program and can help fill vital jobs for our nation.

As we respond to the economic crisis caused by the pandemic, our pre-pandemic challenges remain unaddressed; in many cases, the pandemic has highlighted and worsened these existing problems. The deployment of reserve component servicemembers has been essential to our nation's COVID-19 response. These servicemembers have supplemented our national health care system when cities were at the breaking point, supported long-term care facilities, and distributed food to those in need. Despite these actions, our nation may not be properly recognizing their service if it was not performed in the proper duty status.

GI Bill Challenges for the Reserves

Duty status reform is necessary to support our nation's total force concept. It requires the involvement of many stakeholders, including the committees with jurisdiction over a number of benefits like the GI Bill, where parity is essential for sustaining an all-volunteer force. A day of federal service should be recognized and rewarded as such. Fixing GI Bill parity will bring us one step closer to properly recognizing and supporting our reserve component servicemembers.

An emerging issue MOAA has been following is administrative errors regarding GI Bill transferability. Confusion and lack of transparency for reserve servicemembers stemming from technology problems means they separate and retire believing they have completed the required service obligation to allow dependents to use transferred GI Bill benefits. Years later, they find that is not the case and owe tens of thousands of dollars to the VA.

One example, in the words of a Massachusetts veteran denied an appeal by the Army Board of Corrections:

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"I have put over 20 years of honorable service including multiple deployments. My family and I have been waiting many years to use this benefit which is a matter of my daughter's education.

Our decision on her education path was decided based on the benefits we assumed we would be receiving. I clearly made a conscious effort to stay in and actively drill well past my retirement date specifically to ensure that I had met any and all requirements.

Had it been conveyed to me that I would be 24 days short of eligibility for this benefit, I would have continued drilling. I believe that my circumstances meet and exceed a preponderance standard in this case."

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MOAA expects stories like this to increase as more children attempt to take advantage of their expected education benefits transferred to them by their parents who served.

While this issue stems from a lack of clarity around the "end of obligated service" date in DoD personnel systems, VA involvement is an essential part of the solution for those who are already harmed. We need to stop this population from growing, and to forgive debt where servicemembers are months or days short of the obligation dates due to the government's inaccurate and failed technological support.

Last year, the committees passed important legislation to support GI Bill students that will make a big difference for decades to come. We urge the committee to continue to push for a longstanding priority for MOAA and many in the VSO community and close the 90/10 loophole. This decades-old accident means students using the GI Bill have a target on their back from predatory schools.

We support the bipartisan work by Sens. Tom Carper (D-Del.), James Lankford (R-Okla.), Bill Cassidy, M.D. (R-La.) and Jon Tester (D-Mont.) to close the 90/10 loophole. Fixing this issue through their bill or by other means is essential to helping students who use the GI Bill or tuition assistance.

MOAA recommends supporting our nation's economic recovery and our veterans through:

- ***Passing the Rapid Retraining Assistance Program to expand educational opportunities for more veterans.***
- ***Passing GI Bill parity for our reserve component servicemembers.***
- ***Fixing administrative issues to support clarity around service obligations for GI Bill transferability, and forgiving debt incurred by servicemembers through no fault of their own.***
- ***Closing the 90/10 loophole for students using the GI Bill or tuition assistance.***

Pass Comprehensive Toxic Exposure Reform

Oct. 31, 2021, will mark the 50th anniversary of the final helicopter flight where Agent Orange was used in Vietnam[11]. Almost 30 years have passed since Gulf War veterans were exposed to myriad hazardous materials and toxins. About 20 years ago, the first troops were deployed to fight the Global War on Terror.

Each war poses unique hazards and exposures for servicemembers, and each conflict has led to tens of thousands of veterans suffering from illnesses or disabilities long after they returned

[11] https://www.nap.edu/read/2141/chapter/3#27

home. Despite understanding the documented history of potential health consequences for exposures, many servicemembers are not receiving health care and benefits after clear risks and exposures during their service.

The time for comprehensive toxic exposures reform is here and must contain three essential components that are of the utmost urgency:

- Conceding exposure for servicemembers that deployed to Southwest Asia in accordance with the "Veterans Burn Pit Exposure Recognition Act"[12].
- Expanding health care access for servicemembers who experienced toxic exposures in Southwest Asia.
- Creating an advisory committee to provide recommendations to the VA secretary, and increased transparency and reporting for presumptive claims.

The first step toward supporting servicemembers who fought in Southwest Asia is to concede exposure to toxic substances. The Veterans Burn Pits Exposure Act will support claims by acknowledging exposure based on the time and place of deployment. This crucial step will support servicemembers who were exposed to burn pits and other hazardous conditions when they make claims to the VA. Currently, these claims are approved at a rate just over 20 percent[13]. Conceding exposure will help servicemembers who seek support for service-related illnesses.

As the health consequences of burn pits and other toxic substances continued to be studied, the veteran community is witnessing a wave of conditions of rare cancers and other illnesses. While the scientific community is hard at work, we must ensure our veterans receive health care to keep them alive. By expanding access to servicemembers who fought in the Global War on Terror and served in Southwest Asia, we can help support veterans who need that care.

In addition to expanded access, the creation of a formal advisory committee to offer the VA secretary recommendations for research areas, illnesses, and possible presumptives is a major step Congress could take to improve the presumptive process. The proposal in the TEAM Act of 2020 expounds on the work of the National Academies of Sciences, Engineering, and Medicine (NASEM) and offers a framework supported by many veterans organizations[14].

Finally, we must increase reporting on presumptive conditions. On Feb 3, 1995, the first rules were finalized for many conditions related to many different diseases that could not be diagnosed following service in the Southwest Asia theater during the Persian Gulf War[15]. Over two decades after the establishment of presumptives, a 2017 GAO report established many faults with the VA's handling of Gulf War Illness (GWI) claims[16]. GAO found only 44% of GWI claims were

[12] https://www.congress.gov/bill/116th-congress/senate-bill/2950
[13] https://www.congress.gov/116/meeting/house/111024/witnesses/HHRG-116-VR09-Wstate-CarsonL-20200923.pdf
[14] https://www.congress.gov/bill/116th-congress/senate-bill/4393
[15] https://www.govinfo.gov/content/pkg/FR-1995-02-03/html/95-2764.htm
[16] https://www.gao.gov/products/GAO-17-511

granted. A report three years later found additional challenges for Gulf War veterans[17]. The FY 2021 Consolidated Appropriations Act (H.R. 133) is requesting another GAO report on what improvements can be made to support the granting of claims[18].

Claim data limitations are not limited to presumptives. In testimony, the VA shared the denial rate was 78% for claims, and the department recognized the method it used to calculate this information was based on keyword searches, not conditions[19] [20]. This instance reveals that even the VA has challenges when examining claims data. Congress should require the VA to provide a public, quarterly report on all future veterans' claims submitted to the VA for presumptive conditions or "special interest conditions," like burn pits.

Conceding exposure, providing health care, and establishing an advisory committee are important, but a feedback loop is necessary to ensure Congress' intent and the VA planning, training, and implementation are effective. A reporting requirement would help answer gaps identified, as we have highlighted, in GWI and burn pit claims.

Our veterans have waited long enough. We must take action to improve the current claims system for veterans and survivors to receive a service connection determination for toxic exposures and hazards. This process requires significant improvements, which we can make if we take a holistic approach that supports establishing direct service connection and improves the presumptive process. Comprehensive reforms are needed.

MOAA recommends passing comprehensive toxic exposure reform that helps veterans by:

- ***Conceding exposure for service in Southwest Asia.***
- ***Expanding health care for those who served in Southwest Asia and establishing an advisory committee on toxic exposures.***
- ***Improving the reporting requirements for presumptive conditions.***

Strengthen and Protect Service-Connected Disability Compensation

As we discuss above toxic exposures, we are reminded of the recent loss of a champion for veterans, Maj. Richard Star, who passed away after a battle with metastatic lung cancer[21]. His passing leaves questions about the role toxic exposures played in his young passing, but also beckons us to address the injustice of concurrent receipt.

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[17] https://www.gao.gov/products/GAO-21-253T
[18] https://docs.house.gov/billsthisweek/20201221/BILLS-116RCP68-JES-DIVISION-J.pdf
[19] https://www.congress.gov/116/meeting/house/111024/witnesses/HHRG-116-VR09-Wstate-CarsonL-20200923.pdf
[20] https://veterans.house.gov/events/hearings/toxic-exposures-examining-airborne-hazards-in-the-southwest-asia-theater-of-military-operations
[21] https://www.moaa.org/content/publications-and-media/news-articles/2021-news-articles/advocacy/maj.-richard-star,-a-voice-for-disabled-veterans,-loses-battle-to-cancer/

After his diagnosis and the discovery of the offset, Major Star spent his final year advocating for concurrent receipt of earned DoD retirement pay and VA disability pay for those forced to medically retire under Chapter 61 from injury in a combat zone. Major Star is survived by his wife Tanya, who has promised to carry on this fight.

It is unjust to shortchange a veteran's DoD retirement pay because they are compensated for service-connected disability from the VA. Retirement pay and VA disability are provided for different purposes. DoD retirement pay is earned through vested years of service. VA disability pay is provided for lifelong service-connected injury. To deny retired pay because of a disability is an injustice.

The Congressional Budget Office (CBO) recently provided options for reducing the deficit by decreasing benefits[22]. These savings-focused options do not take into consideration the harm to our military community and veterans with service-connected disabilities. A veteran, like all Americans, worked for their retirement savings and they worked for their Social Security. We should not reduce the retirement pay of a veteran harmed during service simply to find savings.

MOAA recommends strengthening and protecting service-connected disability compensation by:

- ***Enacting the Major Richard Star Act and eliminating all other concurrent receipt offsets.***
- ***Rejecting recommendations to balance our budget off the backs of veterans by cutting service-connected disability compensation or individual unemployability payments.***

CONCLUSION

The pandemic has shined a spotlight on how quickly a health crisis can become an economic crisis. While this is happening on the global level, these links have always been there; they show the need for us to take a systems-based view of how we care for our veterans. We must not just take this view within the VA, but also include DoD. The path to veteran status starts when a civilian raises their right hand and takes an oath, beginning a commitment that must be appreciated by our government and our nation.

Thank you for the opportunity to present MOAA's legislative priorities and recommendations for veterans and their families. MOAA recognizes, as do the Committees, the importance of being united and collaborative in our advocacy of those who serve this great country, their caregivers, families, and survivors. MOAA looks forward to working with the Committees, VA, VSOs, and other stakeholder groups this year to address these critical priorities.

[22] https://www.cbo.gov/publication/56783

Biography of Cory Titus
Director, Government Relations for Veterans' Benefits and Guard/Reserve Affairs

Cory Titus separated from the Army in 2017 after seven years of active duty service. He served as an Infantry and Signal Officer in leadership and staff positions all over the world. His assignments included Fort Benning, Ga.; the Republic of Korea; Fort Knox, Ky.; Afghanistan; Fort Gordon, Ga.; and Fort Detrick, Md.

Titus' final assignment was as a Company Commander for Headquarters and Headquarters Company, 21st Signal Brigade, where he oversaw a communications team that provided signal support to the Secret Service guarding the candidates for the 2016 presidential election.

Following his separation from the Army, he returned to graduate school at George Mason University, where he is studying social entrepreneurship through their interdisciplinary studies program. His studies are focused on improving financial education for the military and spouse community.

Titus is a Minnesota native and has a Bachelor of Arts degree in international studies from the University of Saint Thomas in Saint Paul, Minn. He joined MOAA in January 2019 as an intern and joined the Government Relations team full time as an Associate Director for Currently Serving and Retired Affairs in June 2019.