



Statement for the Record

Horace Johnson
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans Affairs

February 25, 2025

Chairman Bost, Chairman Moran, Ranking Member Takano, Ranking Member Blumenthal, and distinguished members of the House and Senate Committees on Veterans Affairs,

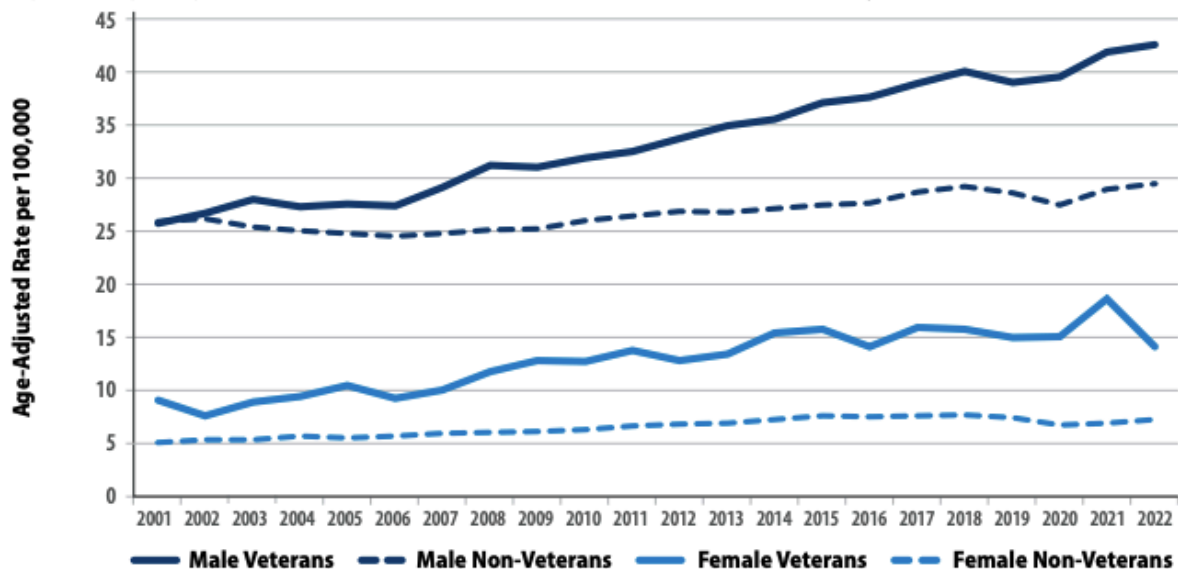
The Department of Veterans Affairs was created with a singular mission: to care for those who have served our country. Yet, today, too many veterans are being lost to suicide, struggling with untreated injuries, and navigating a system that is failing them at every turn. We are in the midst of a crisis—one that is costing lives. Despite a mental health budget that has grown from \$600 million at the start of the wars in Iraq and Afghanistan to more than \$17.1 billion in 2025, the VA's approach to suicide prevention and mental health care has failed. Veterans are not receiving the care they need, and the results are devastating.

At the same time, the VA is spending billions of dollars on mismanaged programs, ineffective contracts, and bureaucratic inefficiencies that do little to directly serve veterans. Instead of investing in innovative solutions that empower veterans to build successful, fulfilling lives, too many resources are directed toward entrenched government contractors that overpromise and underdeliver. The absence of a clear, outcomes-driven strategy has resulted in a system focusing more on maintaining itself than serving those it was built to support.

It is time for a fundamental shift. AMVETS calls for Congress and the VA to take immediate, decisive action to address the crisis taking place at the VA—not through more of the same failed approaches, but through real reform. We are proud to work with you all on two new approaches to veterans' mental health: the Veterans Continuum of Wellness and the expansion of integrative traumatic brain injury (TBI) care. These proposals offer common-sense,

results-driven solutions to save lives and ensure taxpayer dollars are effectively allocated to save veteran lives.

Figure 3: Age-Adjusted Suicide Rate, Veteran and Non-Veteran U.S. Adults, by Sex, 2001–2022



These two initiatives will transform how the VA delivers mental health and traumatic brain injury care, shifting from crisis-driven, reactionary approaches to a proactive model that prioritizes prevention, resilience, and post-traumatic growth. Together, these efforts present a vision for a VA that is not simply a safety net for those in crisis, but a system that helps veterans become the best versions of themselves.

The VA's broken procurement system is another area of needed reform, rewarding inefficiency and waste, sidelining veteran-owned businesses and small enterprises that could deliver better outcomes at lower costs. VA contracting has favored large corporations for too long at the expense of innovation, competition, and, most importantly, the veterans it serves. The failures of major IT modernization and healthcare service contracts illustrate systemic issues—poor oversight, unchecked cost overruns, and a lack of meaningful accountability. The VA doesn't need more funding; it needs better priorities. A National Veterans Strategy is essential to refocus the department on what truly matters: improving health outcomes, strengthening benefits, and ensuring that every dollar spent directly benefits veterans.

Given these longstanding challenges, we are deeply concerned by recent actions taken by the Department of Government Efficiency (DOGE) and the lack of transparency surrounding them. Reports of new employees being abruptly terminated have raised alarms, yet clear information has not been shared with veterans service organizations (VSOs). While we are not here to wade through speculation, one fact remains: we expect greater transparency and communication from Congress, the VA, and the White House when fundamental changes are made to the department. Rather than contributing to uncertainty, DOGE should prioritize renegotiating major prime contracts to drive efficiency and accountability. **We recommend finding \$16 billion in savings by renegotiating, eliminating, and/or recompeting these**

primes to numerous mid/Service-Disabled Veteran-Owned Small Businesses (SDVOSB) firms.

Additionally, any effort to eliminate contracts with SDVOSBs is wholly unacceptable, and if such actions occur, they must be corrected immediately. Now is the time to break from the status quo and establish a vision for a VA that prioritizes veterans over bureaucracy at every operational level.

Implement the Veterans Continuum of Wellness – A New Model for Mental Health and Suicide Prevention

The VA's mental health system is built on a flawed model that waits until veterans are in crisis before providing them with care. This approach does not work. Veterans need a system that equips them with the tools to build resilience before they reach a breaking point.

The Veterans Continuum of Wellness, a multi-layered approach to engaging veterans at every stage of their mental health journey, fundamentally reshapes how the VA delivers mental health care. It creates a six-tier framework that prioritizes early intervention, self-sufficiency, and post-traumatic growth, ensuring that veterans have access to the proper support before they need crisis intervention.

The framework establishes:

- Proactive training for all transitioning service members, ensuring they have foundational skills in emotional regulation, mindfulness, financial literacy, and relationship building.
- Expanded access to alternative therapies, including peer-led counseling and community-driven mental health support.
- A shift away from long-term medication as the default treatment ensures veterans explore non-pharmaceutical interventions before being placed on psychotropic drugs.

This model offers a cost-effective alternative to the VA's high-cost, low-return mental health model. By focusing on prevention rather than crisis response, the framework reduces reliance on expensive inpatient care while improving veterans' mental health outcomes.

Encourage A New VA Approach to TBI Treatment and Neurorehabilitation

For too long, traumatic brain injury has been misunderstood and poorly treated within the VA system. TBI is often misdiagnosed or mistaken for mental health conditions such as post-traumatic stress disorder (PTSD), leading to ineffective treatment plans that fail to address the underlying injury.

The Defense Health Agency has reported that more than 492,000 service members sustained at least one traumatic brain injury between 2000 and 2023. More than 100,000 veterans with TBI rely on the VA for care each year. Yet, they are often placed on long-term medication without access to regenerative, rehabilitative, or non-pharmaceutical therapies that could improve their cognitive and psychological recovery.

The VA must establish a competitive grant program within the VA to fund organizations that provide advanced, patient-centered neurorehabilitation treatments for mild-to-moderate TBI. Under this initiative, funds from the VA's existing mental health budget would be reallocated to pilot and evaluate the most effective alternative approaches for treating TBI-related conditions, including post-traumatic stress disorder and suicidality.

Key provisions of this proposal include:

- The creation of a grant program, awarding \$30 million annually over three years to nonprofit organizations, academic institutions, and private healthcare providers specializing in neurorehabilitation.
- A pilot program to integrate best practices developed by grant recipients into VA medical facilities.
- Prioritization of non-pharmaceutical treatments, such as innovative prevention, detection, and treatment approaches for TBI, with particular attention to non-pharmacological solutions.
- Continuous monitoring and follow-up care to ensure that veterans receive sustained support and long-term treatment for the neurological effects of TBI.

By introducing and passing legislation establishing these programs, Congress will ensure that veterans with brain injuries receive effective, modernized care that leads to long-term recovery rather than dependency on medication and crisis-driven interventions.

Revolutionizing Federal Procurement to Reduce Waste, Empower Small Businesses, and Improve Accountability

The VA and other federal agencies continue to face challenges with underperforming contractors in key areas such as IT modernization, health care services, benefits delivery, and infrastructure. Excessively large, bundled contracts, poor oversight, inflated cost estimates, and limited contractor accountability have wasted billions of dollars on projects that fail to deliver for our Nation's veterans.

Key findings in federal procurement include:

- Multiple billion-dollar contracts have experienced severe cost overruns.
- Large bundled contracts reduce accountability and restrict competition.
- The VA systematically favors large prime contractors over Service-Disabled Veteran-Owned Small Businesses (SDVOSBs), limiting opportunities for small businesses and reducing service quality.
- Federal procurement frequently prioritizes large corporations that rely on international suppliers, missing opportunities to strengthen domestic manufacturing and national security.

Several major VA contracts illustrate these failures, including:

1. Accenture Federal Services' \$453 million contract for the Digital GI Bill Delivery Program suffered massive cost overruns.

2. Booz Allen Hamilton's \$1.1 billion Benefits Integrated Delivery task order was awarded despite poor performance on a preceding \$410 million contract.
3. SAIC's acquisition of Halfaker & Associates, an SDVOSB, led to performance failures in key VA IT contracts.

Congress must take action to improve federal procurement by:

- Promoting smaller, more manageable contracts to increase accountability and competition.
- Reducing barriers for small and mid-sized businesses, particularly SDVOSBs, by eliminating excessively high past performance requirements.
- Strengthening contractor accountability through clear performance metrics, penalties for cost overruns, and mandatory periodic audits.
- Increasing transparency by requiring third-party evaluations of large contracts and leveraging end-user feedback to identify underperforming vendors.

These reforms will ensure that taxpayer dollars are spent responsibly while improving service quality for veterans. Congress can modernize federal procurement and ensure that VA services meet the highest standards by enhancing competition, increasing oversight, and reducing reliance on underperforming contractors.

Support for Electronic Health Record Modernization

The Department of Veterans Affairs has faced significant challenges in modernizing its Electronic Health Record (EHR) system. While the initial rollout under Cerner was marked by inefficiencies, cost overruns, and implementation failures, we recognize the substantial improvements made under Oracle's leadership. Oracle's acquisition of Cerner represents a turning point in this effort, transforming a struggling program into one that now promises to deliver a fully integrated, secure, and effective health record system for veterans.

AMVETS and our partner organizations fully support the VA's continued commitment to EHR modernization. A seamless, interoperable healthcare system that connects the VA, Department of Defense, and community healthcare providers is critical to ensuring continuity of care for veterans, particularly those transitioning from active service. The modernization of the EHR system is a matter of efficiency, patient safety, data security, and the long-term viability of VA health care.

Lessons from Past Procurement Failures

The EHR modernization project's struggles under Cerner are a stark example of the consequences of poor federal acquisition and oversight. The program suffered from weak contract management, inadequate technical oversight, and insufficient accountability mechanisms—challenges that mirror broader procurement failures across the VA and other federal agencies. The shift to Oracle's leadership, coupled with more aggressive oversight and accountability, demonstrates the importance of ensuring that major federal contracts are managed with transparency and strategic control from the start.

Key Advantages of the Modernized Oracle EHR System

The transition from the legacy VistA system to a modern, cloud-based EHR provides multiple advantages:

- Interoperability – Ensures seamless data exchange between the VA, Department of Defense, and community health care providers, improving care coordination.
- Clinical Decision Support – Provides clinicians with real-time insights and analytics to enhance patient outcomes.
- Patient Access and Empowerment: This initiative enhances veterans' access and management of their health records through an improved patient portal.
- Scalability and Security – Ensures the system remains adaptable to future demands while maintaining the highest cybersecurity and data integrity standards.

Moving Forward with Strong Leadership and Oversight

To maximize the success of this initiative, the VA must exercise strong command and control over the contract, ensuring that taxpayer resources are protected and veterans receive the quality care they deserve. The entire EHR codebase has been extensively rewritten to improve functionality, security, and usability. The successful implementation at the Lovell Federal Health Care Center—one of the most complex joint VA/DoD health care facilities—demonstrates that the system can work when properly managed.

We urge the VA and Congress to:

- Maintain strict oversight and accountability to ensure continued progress.
- Visit Lovell Federal Health Care Center to see firsthand the impact of the Oracle EHR rollout.
- Provide clear leadership and direction to prevent past failures from recurring.

Modernizing the VA's health care system is a critical investment in the future of veteran care. Abandoning this project would set the VA back decades and leave veterans stuck with an outdated, inefficient system. We stand firmly behind the continued rollout of the Oracle EHR and look forward to working with the VA to ensure its long-term success.

Increase Dependency and Indemnity Compensation (DIC) for Survivors

Military surviving spouses and families have long been denied the financial security they deserve. VA Dependency and Indemnity Compensation payments remain significantly lower than those received by federal civilian spouses, leaving military families with fewer resources despite their sacrifices.

Congress must align DIC benefits with federal civilian survivor benefits, ensuring that surviving military families receive equal treatment and financial stability.

Pass the Major Richard Star Act

Many combat-disabled retirees continue to lose portions of their hard-earned retirement pay due to outdated policies that reduce benefits for medically retired veterans. The Major Richard Star

Act corrects this injustice by ensuring that medically retired veterans receive both their full DoD retirement pay and VA disability compensation.

This legislation must be passed immediately to ensure that combat-wounded veterans are not financially penalized for injuries sustained in service to this nation.

Expand Access to VA Care While Strengthening the VA Health Care System

AMVETS strongly supports ensuring that all veterans receive high-quality, timely health care. While seeking care in the private sector through community care programs is vital for those facing excessive wait times or geographic barriers, the primary focus must be strengthening the VA healthcare system to ensure it remains the gold standard for veteran care.

Several studies have shown that VA specialized care is as good as or better than private sector care while costing less, making it more cost-effective for the taxpayer.

Examples of this care designed specifically for veterans include expertise in service-connected injuries, military-related physical traumas, TBI, blast injuries, and other combat-related physical maladies that private-sector providers often lack the experience to address effectively. Ensuring veterans receive the best care means prioritizing investments in the VA system before shifting resources to outside providers. Women's health care within the VA is a critical area that demands investment. Women are the fastest-growing segment of the veteran population, yet VA medical centers still lack adequate resources, staffing, and infrastructure to support their needs fully. AMVETS strongly urges Congress to ensure that VA facilities are fully equipped to provide comprehensive, gender-specific care, including:

- Expanding women's health clinics and dedicated care coordinators at every VA facility.
- Increasing access to specialized mental wellness & health services tailored to women veterans, including support for military sexual trauma (MST) survivors.
- Improving maternity care and childcare options to ensure continuity of care for veteran mothers.

VA healthcare should be the first and best option for veterans, and strengthening the system must remain the top funding priority. Expanding choice should never come at the expense of weakening the VA's ability to provide world-class, veteran-specific health care.

Develop a National Veterans Strategy to Align Care and Benefits with Outcomes

The VA spends over \$300 billion annually, yet no comprehensive strategy ensures these funds translate into meaningful improvements for veterans. Congress must establish a National Veterans Strategy that:

- Holds the VA accountable for improving veteran outcomes, not just expanding its budget.
- Eliminates ineffective programs and redirects funds to initiatives that produce measurable success.
- Ensures that all care and benefits align with long-term health and economic success for veterans.

Honor POWs and MIAs

The United States must remain committed to recovering the remains of missing service members and ensuring their sacrifice is never forgotten. AMVETS supports:

- Enforcing the requirement to display the POW/MIA flag outside Congressional offices.
- Funding recovery efforts to bring closure to the families of missing service members.

Conclusion

For too long, we have asked veterans to wait for a system that is failing them. We have poured billions of dollars into mental health programs without actual improvement. We have allowed preventable suicides to continue at staggering rates. We have watched as massive government contractors absorbed billions in taxpayer money while veterans struggled to access basic services.

That cannot continue.

Congress must act now. Energetically pursuing the Veterans Continuum of Wellness and integrative TBI care is not just about reforming policies—it is about saving lives and ensuring every veteran has the opportunity to thrive. These efforts provide a path toward a VA that serves its core mission: equipping veterans with the tools they need to succeed, not just survive.

At the same time, we must end the cycle of wasteful government contracting and failed procurement strategies. By reforming how the VA awards and manages contracts, holding underperforming vendors accountable, and prioritizing veteran-owned and small businesses, we can ensure that VA resources are used efficiently and effectively.

This is a pivotal moment. Congress can correct course and build a VA that genuinely serves those who have served. AMVETS stands ready to work with lawmakers, the administration, and the VA to implement these reforms and make lasting improvements.

Veterans do not need more bureaucracy. They do not need more failed programs. They need leadership, vision, and a commitment to delivering actual results. The time for action is now.

National Commander, Horace Johnson

National Commander Horace Johnson was elected to the organization's highest office by his peers in August 2024 at the AMVETS National Convention in Springfield, Illinois.

A retired Sergeant Major and Vietnam War Veteran, Commander Johnson served in the U.S. Army and National Guard for 22 years, including time as a senior combat medical specialist in Vietnam and an operations sergeant major with the 37th Armored Brigade.

Commander Johnson's military awards include the Army Commendation Medal, the Armed Forces Reserve Medal, the Army Good Conduct Medal, the Republic of Vietnam Campaign Medal, and the Army Reserve Components Achievement Medal.

After retiring from the Army as an E-9 in 1998, Commander Johnson had a 38-year career in the United States Postal Service, starting as a letter carrier in Cleveland, Ohio, working all the way up to officer-in-charge of the Painesville Post Office in Ohio.

Commander Johnson has led with distinction at every level in the AMVETS organization, including commanding AMVETS' National III District, the Department of Florida, and Post 4 in Tampa, Florida. Commander Johnson served for eight years on the AMVETS National Service Foundation Board of Trustees and was treasurer of AMVETS National Charities. He also served as executive director of the Department of Florida. Commander Johnson is a past chairman of the AMVETS National Diversity Committee.

Commander Johnson is a native of Cleveland, Ohio. His wife Toni and he live in Tampa, Florida. Together, they have nine children, 27 grandchildren, and nine great-grandchildren.

About AMVETS

AMVETS is the most inclusive congressionally chartered veterans service organization in the United States. Our membership is open to all active-duty service members, reservists, guardsmen, and honorably discharged veterans. As a result, AMVETS members have played a vital role in defending our nation in every conflict since World War II.

Our dedication to these men and women dates back to the post-World War II era, when countless returning service members sought access to the health, education, and employment benefits they had earned. Navigating the government bureaucracy to secure these benefits proved challenging for many, prompting experienced veterans to form local groups to assist their peers. As the veteran population surged into the millions, it became evident that a national organization was needed—one distinct from groups that had been established to serve veterans of previous wars. The emerging generation of veterans sought an organization of their own.

With this vision in mind, 18 delegates from nine veterans' clubs convened in Kansas City, Missouri, on December 10, 1944, to establish The American Veterans of World War II. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, officially recognizing AMVETS as the first congressionally chartered organization for post-World War II veterans.

Over the years, our congressional charter has been updated to welcome veterans from subsequent conflicts. AMVETS has also evolved to better meet the needs of newer generations of veterans and their families. To further this mission, we maintain partnerships with other congressionally chartered veterans' organizations as part of the "Big Six" coalition. Additionally, we collaborate with newer groups such as Iraq and Afghanistan Veterans of America and The Independence Fund. Our commitment to veterans' well-being is further demonstrated through our partnership with the VA's Office of Suicide Prevention and Mental Health, working to combat the tragic epidemic of veteran suicide.

As AMVETS looks toward the future, we remain steadfast in our dedication to serving those who have defended our nation. We urge the 119th Congress to join us in this commitment by making policy decisions and casting votes that protect and support our veterans.

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

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

Fiscal Year 2024 - None

Fiscal Year 2023 - None

Fiscal Year 2022 - None

Fiscal Year 2021 - None

Fiscal Year 2020 - None

Fiscal Year 2019 - None

Disclosure of Foreign Payments – None