STATEMENT OF
WILLIAM J. "DOC" SCHMITZ
COMMANDER-IN-CHIEF
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

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

WEDNESDAY, MARCH 4, 2020
WASHINGTON, D.C.

Chairmen Moran and Takano, Ranking Members Tester and Roe, members of the Senate and House Committees on Veterans' Affairs, it is my honor to be with you today with representatives of the more than 1.6 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary — America's largest war veterans organization.

I would like to begin by thanking the members of the committees for your willingness to dare to care for our nation's veterans. During a time of divisive partisanship, you have worked across the aisle and across chambers to pass legislation to improve care and benefits for America's veterans and our families. As a Vietnam veteran, I am personally thankful for your leadership in passage of the *Blue Water Vietnam Veterans Act of 2019*. I have many friends, several whom are in the audience today, who would like me to extend their thanks for the long-overdue benefits and recognition.

We would equally like to thank you for the bipartisan work to eliminate the Widow's Tax, which placed undue financial hardship on the survivors of the brave men and women who have made the ultimate sacrifice. With the elimination of the Widow's Tax, military survivors can focus on healing from the loss of their loved ones and taking care of their families, without a congressionally imposed financial hardship.

Toxic Exposures and Other Environmental Hazards: The brave men and women who wear our nation's uniform are asked to serve in the most dangerous and austere environments on earth. They faithfully serve our country with an implicit understanding that any health conditions arising in service or resulting therefrom will be treated by the Department of Veterans Affairs (VA). This understanding is one of the many components of a social contract, the terms to which our nation mutually assents whenever an individual answers the call to service in the armed forces. The obligations of this agreement are no less binding when a veteran has a health condition related to an airborne hazard, a toxic exposure, or the environment in which that individual served.

During the last century, veterans returned home from war with an array of unexplained health conditions and illnesses associated with the toxic exposures and environmental hazards they encountered in service. Today is no different, and "toxic exposure" has become synonymous

with military service. For this reason, it is time for Congress to change the framework through which VA benefits are granted for individuals with conditions associated with toxic exposures and environmental hazards.

First, the VFW recommends that a commission, independent from the Department of Defense (DOD) and VA, be established to identify toxic and environmental exposures incident to military service. Once sufficient information exists regarding the presence of a toxic or environmental exposure, the commission would be charged with commissioning a study on the adverse health effects associated with the exposure.

Second, the VFW recommends that the National Academies of Sciences, Engineering, and Medicine (National Academies) review and evaluate the available scientific evidence regarding certain diseases and exposure to toxic substances. In light of the organization's institutional experience gained through the implementation of the *Agent Orange Act of 1991*, the VFW believes that the National Academies is well-suited to conduct such analysis. Furthermore, the National Academies should conduct its evaluations on toxic exposures and environmental hazards based on the recommendations of the independent commission.

Finally, the VFW believes Congress should require VA to grant a presumption of service connection for the conditions deemed to be associated with toxic exposures and environmental hazards. To effectuate this requirement, VA will consider the conclusions reached by the National Academies, resolving any doubt regarding associations in favor of veterans. In other words, VA should grant a presumption if the scientific evidence suggests that a disease is at least as likely as not associated with a toxic exposure or environmental hazard.

The framework we suggest is very similar to that of the *Agent Orange Act of 1991*. Until the expiration of the Secretary of VA's authority to promulgate regulations under that act, the Agent Orange model proved to be an efficacious method of granting presumptive benefits to veterans. For this reason, the VFW believes Congress should enact legislation that would establish an independent commission to identify toxic exposures and environmental hazards and trigger additional studies, require the National Academies to evaluate the scientific evidence regarding the association of health conditions and toxic exposures and environmental hazards, and require VA to grant presumptive service-connected benefits for conditions associated with toxic exposures and environmental hazards based on the findings by the academies.

Update the List of Presumptive Conditions for Agent Orange: Vietnam veterans have long suffered from the ill health effects of Agent Orange exposure. Thousands have died and many have been left to endure these negative health consequences from diseases that have been scientifically linked to Agent Orange. The dilatory tactics employed by VA to avoid adding bladder cancer, hypothyroidism, parkinsonism, and hypertension to the list of presumptive conditions associated with exposure to Agent Orange are causing additional suffering for Vietnam veterans and their families. The VFW urges Congress to take action and end the wait, needless suffering, and disappointment for an entire generation of veterans.

While the reasons stated by VA are in part to wait for published reports from additional studies, we believe this delay is unnecessary because the scientific community has already provided

enough significant data, studies, and associations linking these four diseases to Agent Orange exposure. The scientific evidence already meets the established statutory requirements to add bladder cancer, hypothyroidism, parkinsonism, and hypertension as presumptive diseases for Agent Orange exposure.

Although the Secretary stated he is waiting on two additional VA studies before making a decision on the four presumptive diseases, based on the epidemiologic studies analyzed by the National Academies, their independent Agent Orange reports, and VA studies showing these same associations, it is apparent these two studies will not refute previous scientific evidence. The two studies in question were not designed to specifically address the four presumptive diseases, therefore, it is not possible for their outcomes to refute all of the assembled studies, science, and conclusions.

Burn Pits: The VFW urges Congress to ensure VA and DOD finish developing the Individual Longitudinal Exposure Record (ILER), which is intended to track when and where service members were deployed and to which toxins they were exposed. This program will have a tremendous impact on our ability to identify, prevent, and treat harmful health conditions associated with exposure to burn pits and other toxins.

The National Academy of Medicine's report on the VA Airborne Hazards and Open Burn Pit Registry noted that there was a connection between burn pit exposure and numerous health conditions including emphysema, chronic obstructive pulmonary disease (COPD), and asthma. A peer-reviewed study entitled "New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan," published in the *Allergy & Asthma Proceeding* and conducted by staff at the VA Medical Center in Northport, New York, also found a connection between deployment to Iraq and Afghanistan and asthma among the 6,200 veterans reviewed. Other studies have shown similar evidence of association between pulmonary conditions and exposure to toxic burn pits. Although additional research is needed, the VFW urges Congress to pass H.R. 4574, the *Veterans Right to Breathe Act*, which would provide for a presumption of service connection for asthma, chronic bronchitis, chronic obstructive pulmonary disease, constrictive bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, lung cancer, and pneumonia for veterans who were exposed to burn pits.

Additionally, in its recent report entitled "Gulf War and Health, Volume 11: Generational Health Effects of Service in the Gulf War," the National Academies found that certain birth defects and reproductive issues are associated with exposure to toxic substances and illnesses which are prevalent in Iraq and Afghanistan. It is vital that VA and Congress address this report immediately to ensure the generational impacts of burn pits are met with the attention they require.

Fort McClellan: From 1943 until its closure in 1999, Fort McClellan, Alabama, was home to thousands of soldiers in the Women's Army Corps, the Army's Military Police Corps, and the Army's Chemical Corps. It was forced to close in 1999 due to investigations by the Alabama Department of Public Health, the Alabama Department of Environmental Management, the Agency for Toxic Substances and Disease Registry, and the U.S. Environmental Protection

Agency, which discovered evidence of polychlorinated biphenyls (PCB) contamination in Fort McClellan's neighboring town, Anniston.

The VFW has heard from veterans suffering from deteriorating health conditions consistent with PCB exposure that they are unable to obtain the care and benefits they need because their service at Fort McClellan is not considered presumptive exposure to toxic substances. The VFW calls on Congress and VA to devote more time and attention to the health effects associated with exposure to PCBs at Fort McClellan, and to ensure exposed veterans have access to the care and benefits they deserve.

Camp Lejeune: Thanks to efforts by members of these committees, VA is authorized to provide no-cost health care to veterans and their families for 15 health care conditions that have been found to be associated with exposure to contaminated water at Camp Lejeune. However, VA expanded presumptive disability compensation benefits for only eight of the 15 conditions. As a result, veterans who served 30 or more days at Camp Lejeune between 1953 and 1987 and have been diagnosed with esophageal cancer, breast cancer, renal toxicity, female infertility, lung cancer, hepatic steatosis, miscarriage, or neurobehavioral effects, are eligible for no-cost VA health care, but still have an uphill battle obtaining disability compensation benefits. The VFW urges Congress and VA to review the medical research linking these conditions to the contaminated water at Camp Lejeune and determine if VA's presumptive list is accurate.

Thailand: When Agent Orange was sprayed on bases in Thailand during the war in Vietnam, it created yet another group of American service members who would later suffer from the effects of this poison. Currently, veterans must prove they worked on the perimeter of the base to which they were assigned to have their disability compensation claims considered under more streamlined presumptive rules. It is not incomprehensible for veterans in other parts of the base to have been exposed to Agent Orange. The VFW urges Congress to pass H.R. 2201 and S. 1381, which would expand benefits to all veterans who served in Royal Thai bases where Agent Orange was used, without regard to where on the base the veteran was located or what military job specialty the veteran performed.

Appeals Modernization: As a chief contributor to the development of the Appeals Modernization Act (AMA), the VFW is encouraged by VA's efforts to seek congressional support and include stakeholders at multiple levels. In the time since the AMA was enacted, the VFW and other Veterans Service Organizations (VSOs) have had numerous discussions with VA and have submitted comments to the Federal Register in connection with VA's rulemaking. These critical recommendations and comments have gone unheeded. Although the VFW agrees with the legislative framework of the AMA, the VA's rush to implement without incorporating feedback from the VSO community has been detrimental to veterans and has undermined both the purpose and intent of the legislation.

The VFW certainly understands the massive undertaking that is the implementation of the AMA. We commend VA for its efforts to streamline the process through which legacy appeals are certified. Although there is still room for improvement, the number of legacy appeals waiting to be certified at the Board of Veterans' Appeals (BVA) has decreased significantly. We now challenge VA to ensure that cases are assigned to Veterans Law Judges in a timely manner.

For more than a year, VA regional offices (VARO) have not accepted Intent to File (ITF) forms from veterans who seek to reopen previously denied claims years after a final decision was rendered. An ITF is filed to preserve the effective date of their claims when veterans do not have all the requisite documentation to file their claims. VA contends that under the AMA, veterans have recourse to continue benefit disputes indefinitely, but only if they meet the one-year filing deadline. While we certainly support the new framework whereby veterans have one year to continue claim actions and preserve their initial effective date, we believe that VA is misinterpreting the spirit of the AMA through promulgating a regulation that does not allow ITFs after the expiration of the one-year appeal period.

VA further maintains that since the threshold for new evidence has been lowered from "material" to "relevant," the ITF is no longer necessary for any supplemental claim, even after the one-year appeal period has lapsed. VA also reasons that veterans do not need as much time to develop reopened claims. The VFW strongly disagrees. Evidence is evidence. Veterans who must furnish new evidence for a reopened claim should be afforded the opportunity to preserve the earliest possible effective date outside of the one-year appeal period.

Moreover, on future claims, how is the average veteran going to be able to delineate between reopened conditions, secondary conditions, new conditions, or increased conditions? VA's current guidance is that veterans who file for any "same or similar benefit under same or similar circumstances" must file for such a benefit on a newly-commissioned VA Form 20-0995. As we have seen in the field since AMA went live on February 19, 2019, this is an unreasonable expectation for both veterans and advocates to ascertain how VA will interpret "same or similar" when a veteran files for a benefit without clearer guidance. We have also learned from VA staff that this strict interpretation has created significant confusion at the Regional Office level, requiring further detailed and often confusing guidance for raters on how to handle these claims.

To be sure, we understand why VA created a truncated review form for claims filed within the one-year appeal period. However, VA's current guidance is that the only option for a veteran who wishes to reopen a claim after the one-year appeal period is to file with the mandatory supplemental claim form, VA Form 21-0995. Alternatively, VA requires claimants to use VA Form 21-526EZ for any other claim actions, such as increases or secondary conditions. Even though Form 21-526EZ contains sufficiently complete information with which to process a claim, VA has adopted the unnecessarily unwavering practice of rejecting supplemental claims filed on Form 21-526EZ. Consequently, requiring veterans to submit a supplemental claim form beyond the one-year appeal timeline unreasonably causes harm to veterans, and is unmanageable for VSOs, and wasteful of VA's time and resources.

We implore VA to honor the ITF as a place holder for all future claims, including reopened claims, once the one-year appeal period has lapsed. We further compel VA to accept all future claims on its own standard claim form, including reopened supplemental claims, once the one-year appeal period has lapsed. The VFW worries that this arbitrary and senseless requirement will lead to the erroneous denial of benefits for veterans. The AMA was designed to simplify the claims process for veterans, not to create confusion with unclear regulations and create new bureaucratic obstacles.

AMA Informal Conferences: Last year we pointed to some instances where VA was cutting corners in how it was conducting informal conferences. VA has made some improvements, but we encourage Decision Review Operations Centers (DROCs) to remain vigilant in ensuring that informal conferences are conducted in a manner to provide veterans with an opportunity to resolve their claims in this forum. This interaction is critical to the success of the AMA and to ensure that claim disputes are resolved at the lowest possible level.

AMA Information Technology Issues: In order to manage AMA, VA enlisted the help of U.S. Digital Service to create the Caseflow platform to track appeals. The VFW thanks VA for offering Caseflow access to all accredited VSOs when AMA was launched. However, much of our appeals work must still be completed through other systems, like the older Veterans Appeals Control and Locator System (VACOLS).

Our personnel at the BVA report that VA is currently implementing periodic capabilities and development updates to Caseflow. This is a positive step to ensure that Caseflow becomes fully mission capable. We ask that VA keep the VFW and other VSOs at the BVA informed throughout this transition from VACOLS to Caseflow and hold monthly meetings to give training updates, and to discuss timelines and whether VA is meeting functionality expectations and deadlines.

It has been more than 100 years since the VFW presented our first claims to the federal government for benefits for deserving veterans. The system has changed dramatically since 1919, and the VFW has been proud to be there every step of the way in building veteran-centric benefit programs. However, the VFW knows that changes to programs that were slow to mature last century move far more rapidly today. Training, oversight, and functionality are key to the success of every VA business line. Although information technology has simplified many of VA's processes, certain online tools still need improvement. To cite one example, the VFW is advising veterans not to file claims with VA's self-service online resources, such as eBenefits. If a veteran uses eBenefits to file a supplemental claim, the online interface will erroneously generate the information on an outdated version of Form 20-526EZ, which will be rejected by VA. It is worth noting here that if VA can resolve its self-created issues with Form 20-526EZ, then this problem will no longer exist. Until that time, VA must properly develop self-service tools to allow veterans to access all benefits for which they are entitled before such self-service tools are launched. VA must also insist on service provider tools so that veterans may receive the best possible representation with their claims.

The VFW believes that VA has moved the needle in the right direction in its implementation of the AMA. However, we are not yet ready to declare the new framework a success, as veterans and VSOs are still stress testing the new system to see if it will fully function as intended. We look forward to working with VA and your committees to make sure the issues we discussed today are addressed, and that the new appeals framework can deliver on its promise to veterans.

VA MISSION Act Community Care: Community care and its relationship to VA's direct care system has been a hot topic for much of the past decade. The VFW recognizes the commitment and efforts of these committees to improve access and community care options. We have come a long way since the sad events in Phoenix focused attention on the issue of wait times and access

to care. Since 2006, VA has fielded multiple versions of community care programs in an attempt to create a streamlined and consistent national program that eliminates the variation in community care criteria across VA medical centers (VAMC). VA fielded Project ARCH, Project HERO, The Patient-Centered Community Care Program (PC3), Veterans Choice Program, and now the Community Care Network (CCN) contracts to implement the Veterans Community Care Program established by the VFW-supported *VA MISSION Act of 2018*.

At last year's testimony, the VFW expressed the sense of our members at the implementation of the new and improved Community Care Program. While implementation of CCN in the various regions is still ongoing and contracts have yet to award in all six CCN regions, early reports on the effectiveness are mixed. The VFW has consistently received feedback from our membership that VA care is their primary choice and we believe that VA medical facilities should be adequately staffed and funded to provide the appropriate amount of care to veterans. However, when community care is a necessary to address capacity and timeliness of care, VA's community care program must work seamlessly and quickly to deliver needed care. VA has been working on national community care programs since 2006 and should have 14 years of experience and lessons learned to meet the goal of effective and timely community care referrals.

The recent VA Office of Inspector General (OIG) report on the community care consult process in Veteran Integrated Service Network (VISN) 8 was troubling because of the lack of smooth and efficient processes on the front and back end of referrals. In VISN 8, VAMCs averaged 10 days just to refer consults within the VAMC. Put another way, it took 10 days for one VAMC service line to tell another that community care was necessary. Processing the authorization to go out to the CCN network averaged another 18 days for a total of 28 days of administrative wait before a veteran was able to begin the scheduling and appointing process. With standards of 20 days for primary care and 28 days for specialty care, the access standards were surpassed before the process of scheduling and receiving care could begin. The OIG report cites that at the Healey VAMC, ophthalmology referrals took an average of 66 days to complete care but 34 of those days were spent waiting for staff to create the authorization, which means more days were spent waiting for paperwork than receiving care. Most troubling is that the OIG report reflects similar conclusions reached by VA OIG and GAO about similar issues with the Choice Program, which are lessons that VA should have already learned.

The OIG noted that staffing shortages and workload that exceeded staffing levels were cited by leadership within VA at both the VISN and VAMC levels as contributing factors in authorization delays. The VFW testified last year before this body on the need to fill the departmental vacancies, which last year numbered around 49,000. The VA MISSION Act has numerous provisions to facilitate hiring. These hiring authorities are intended to help mitigate the main reason for staffing shortages, the top two of which are lack of qualified applicants and non-competitive salaries. These factors are compounded by the shortage in production of health care professionals. Fewer health care professionals are entering the American workforce than are necessary and this shortage means that VA is competing for an increasingly scarce resource. These factors mean that VA must embrace methods to increase the availability of its current workforce to meet customer demand. VA has made efforts to reduce the number of days it takes to hire medical support assistants, but more must be done to ensure VA has the appreciate clerical staff to process authorizations and schedule appointments.

The VFW urges Congress to ensure VA has adequate resources down to the VAMC level to properly implement the requirements of the VA MISSION Act. Staffing shortages and vacancies cannot be allowed to impact the provision of health care services to veterans. VA must explore all means to address staffing shortages by seeking and helping to produce qualified candidates, making salaries more competitive, and applying all the tools provided by the VA MISSION Act. In addition, VA must fill vacancies in human resources staff that hire health care professionals.

Equally important, is the need for VA to make sure that processes in CCN and the Veterans Community Care Program are straightforward, streamlined, and sensible. Above all else, processes must exist to serve veterans and place their interests and needs above all others. Processes must remove barriers to veteran care. There can be no room or excuse for anything that lengthens the time it takes for care to be received. Equally important, VA must set realistic expectations for wait times.

The VFW's testimony last year also addressed wait times and the rationale behind them. The VFW decried the arbitrary nature of creating a 30, 28, or 20-day standard, particularly when wait times in VA are not appreciably longer than in the community, if at all. Experts ranging from the RAND Corporation to the National Academies and the Journal of the American Medical Association have studied wait times for VA care versus wait times for private sector care and have consistently found that VA performs at least as well, and often better, in providing prompt care. Arbitrary access standards were an issue in 2014 when VA was touting a seven day "aspirational" standard for care.

The VFW was very supportive of providing veterans greater access to urgent care, and continues to believe it is a positive step in the right direction. The impetus is providing care to veterans in a prompt and efficient manner, and this effort has been successful. More than 400 of nearly 7,000 respondents to the VFW's latest health care survey reported having used VA's new community urgent care benefit. An overwhelming majority of veterans — 89 percent — indicated that they would recommend community urgent care to other veterans. Most veterans — 82 percent of those who used this benefit — responded that they were satisfied with the urgent care benefit. Most veterans who used the community urgent care benefit did not incur any out-of-pocket expenses. Only 20 percent of veterans reported paying a copayment for their urgent care visit. Additionally, of the veterans who received a prescription during their urgent care visit, 42 percent of veterans either paid a copayment or full price at a pharmacy to fill a prescription they received at an urgent care facility.

The VFW strongly opposes VA decision to charge veterans for service-connected urgent care. Any cost share associated with emergent or urgent care eligibility must be aligned with VA's current copayment structure, which exempts veterans who do not have the financial means to afford copayments, and veterans who receive care due to service-connected disabilities.

VA waives the copayments for the first three urgent care visits for certain veterans. Additional visits would require a $30 copayment, regardless of whether the care is for a service-connected condition. To the VFW, charging veterans for non-service-connected urgent care to deter over-reliance on more expensive urgent care instead of routine care is acceptable, but VA cannot charge for service-connected care, regardless of where such care is provided. Doing so would

violate VA's sacred mission to care for those who have borne the battle. VA must cover the full cost of caring for service-connected conditions, regardless of where such care is provided.

The VFW is concerned that only one of the 26 recommendations on VA MISSION Act implementation by the Independent Budget — which is coauthored by the VFW, DAV (Disabled American Veterans, and Parlayed Veterans of America (PVA) — has been fulfilled. The majority of recommendations have been ignored or not fulfilled, such as waiving copayment requirements for service-connected community urgent care.

Caregiver Program: One of the most successful programs for reducing barriers to care has been the Program of Comprehensive Assistance for Family Caregivers, also known as the caregiver program, which is focused on post-9/11 veterans. As part of the VA MISSION Act, VA was authorized to expand the caregiver program to veterans of other generations. The VFW worked hard to advocate for this step, and we are certain that it will allow veterans to receive high-quality care and live a higher quality of life while remaining more connected with loved ones at a fraction of the cost of a full-time nursing home or assisted living facility.

Unfortunately, we are still awaiting the regulations that will implement the expansion. The expanded population that can take advantage of the caregiver program needs to receive services now, not later. The VA MISSION Act outlines a timeframe that envisioned VA starting the expansion last summer. Family members of WWII, Korean War, and Vietnam War veterans should not have to wait any longer than necessary to access training, respite care, and the support services that the program offers.

Mental Health and Suicide: Over the last decade, the issue of suicide has been at the forefront of the military community. While adjustments to how the suicide numbers are tallied lowered the count of the cited number of veterans who die by suicide every day from 22 to 17, the rate at which veterans die by suicide has not actually decreased. The bottom line is that while we accept that reducing veteran suicides to zero is a difficult (and perhaps impossible) goal, we must do better. The VFW commends the members of these committees for their efforts to find solutions for military members and veterans in crisis.

The common picture of veterans who die by suicide is often mistaken. Many people and the vast majority of media portrayals depict a young, male combat veteran, fresh off the field of battle and traumatized by his service. While there are veterans who fit this image, the facts tell a different story. Half of veterans who die by suicide are more than 50 years old, with a majority of that cohort older than 65. Combat veterans do not make up the majority of suicides; in fact, it is the opposite. Women veterans, who still die by suicide at a lower rate than males, have experienced an increased rate of suicide despite a plateauing of suicides by male veterans.

In the 116th Congress, suicide prevention efforts have focused on addressing the protective factors of suicide: social connectedness, financial stability, housing stability, educational opportunity, employment and other soft factors. VA has compiled a wealth of data and has done great research on medical and biological factors that affect suicide. The clinical research at VA on the connection between physiological factors and veteran suicide is unparalleled, particularly with respect to traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD). This

research and partnerships with DOD are pushing forward the boundaries of knowledge leading to innovative treatments and prevention. Future work with identifying biomarkers of PTSD and TBI will lead to even better prediction and treatment.

Life-altering TBIs also merit serious consideration. I recently toured the Tampa VA medical center's Post-Deployment Rehabilitation and Evaluation Program, where medical professionals are helping our special operators get back into the fight by improving functional abilities, reducing symptoms, stabilizing psychological distress, restoring confidence, enhancing family relationships and assisting with long-term recovery. VA and DOD must expand this partnership to provide the same opportunity to all of our men and women who continue to face the harsh realities of living with a traumatic brain injury.

While the face of war has changed over the past century, the nature of how they are fought has not. Now more than ever, we are seeing service members who are returning from combat with injuries as a result of their exposure to explosions. VA has been slow to provide a long-term solution that would address these injuries, despite the overwhelming evidence that suggests service members who were exposed to explosions or sustained concussions may experience delayed onset of symptoms ranging from headaches and cognitive impairments to even more severe neurological complications. The VFW calls on Congress to pass H.R. 5739, *the Blast Exposure Protection Act of 2020*, which would establish a presumption of service-connection for disabilities associated with blast exposures.

The VFW applauds the work of the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Task Force, which has mapped out strategies for community integration and collaboration, national research, and implementation strategy. The VFW also commends these committees for looking for ways to drive solutions down to the community level, and strengthen VA's bonds and presence at the local level, particularly where VA may not have a strong, formal presence in underserved or rural communities. We caution, however, that efforts to support local programs must remain grounded by strong data, gathered with the best principles of research, that shows efficacy in addressing the protective factors of suicide. While we need to do what is necessary to reduce the rate of suicide among veterans, and do so as quickly as possible, pursuing dead ends or programs that have no support for their efficacy wastes valuable resources, and time as well as moves us further away from a solution. Pursuing what veterans and service members will recognize as "good idea fairies" may be noble-sounding solutions, but risks grave unintended consequences that can be prevented with more careful consideration.

If we are serious about reducing veteran suicide, then we must be serious about connecting veterans to services whether through VA at the institutional level or community programs at the local level. VA has a wide range of programs that already exist and address protective factors: the GI Bill and vocational rehabilitation for education; a myriad of programs for homelessness including the superb and innovative Supportive Services for Veterans and Families (SSVF) program; the VA health care system for health care needs, including rehabilitation programs that set the standard and span the gamut from blinded veterans to veterans seeking treatment for drug and alcohol addiction.

The VFW is committed to helping veterans before they reach the point of crisis. Through our Unmet Needs program, we offer assistance to veterans and their families in times of need, including financial assistance. The VFW has teamed with VA and Philips Government Solutions to field Project Atlas to provide telehealth services, including mental health counseling, to rural veterans. The VFW has also teamed with other veteran and military organizations such as Give an Hour and the Elizabeth Dole Foundation on a mental wellness campaign that leverage our worldwide footprint to change attitudes about mental health. VFW and Give an Hour also teamed on the A Day to Change Direction, a national day of service and action to change the dialogue on mental health for veterans and their communities. These examples of community efforts are precisely the kind of initiatives that VA should support in the veterans community, and we are proud to work collaboratively with VA on these initiatives.

The VFW urges Congress to pass S. 785, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, which would make significant strikes to address mental health and suicide prevention issues.

Military Sexual Trauma: The impact of sexual assaults that occur during military service, known as Military Sexual Trauma (MST), continues to be a problem VA and DOD fall short in properly addressing, which affects service members and veterans of all backgrounds. Most survivors of MST are males, but women are disproportionately affected. While DOD continues to increase its efforts to reduce or eliminate sexual trauma within the military service, the number of service members affected by MST is slow to decline. Congress must ensure DOD and VA improve their collaborative efforts in awareness, reporting, prevention, and response among both service members and veterans.

VA's national screening program screens all patients enrolled in VA for MST. National data from this program reveals about one in four women, and one in 100 men, respond affirmatively to having experienced sexual trauma while serving their country. All veterans who screen positive are offered a referral for free MST-related treatment, which notably does not trigger the Veterans Benefits Administration (VBA) disability claims process. Previous years of VA data show growing numbers exceeding 100,000 veterans receive care for MST-related treatment.

In fiscal year (FY) 2017, 3,681 men and 8,080 women submitted claims to VBA for health problems related to MST. Of those claims, 55 percent of men's and 42 percent of women's claims were denied. It can take many years for survivors to even acknowledge a trauma occurred, and sharing details with advocates and care providers can be extremely difficult. Survivors of sexual assault often report they feel re-traumatized when they have to recount their experiences to disability compensation examiners. Therefore, we encourage VBA to employ the clinical and counseling expertise of sexual trauma experts within Veterans Health Administration (VHA) or other specialized providers during the compensation examination phase.

Cannabis: Attitudes on the use of cannabis are changing among the veteran population just as they are among the civilian population. The VFW's members have spoken with a resolution calling for federally funded research into the use of cannabis. Our membership recognizes that the chemicals contained in cannabis have shown value in treating the signature injuries of

combat. TBI, PTSD, and a variety of other injuries and illnesses, including cancers that may be the result of toxic exposures, all have been shown to respond to treatment with cannabis.

Research into and coordination of the use of cannabis-based therapies is desperately needed. The legality of cannabis in 33 states and the District of Columbia means that veterans have the means and ability to easily access medicinal cannabis from a state-sponsored programs. The efficacy of cannabis at treating, among other things, the nausea and loss of appetite associated with either cancer itself or the therapies used to treat cancer means that veterans, whether accessing private providers or VA health care, may be utilizing cannabis without their providers' knowledge. The VFW has heard from veterans who fear sharing information about their use of cannabis with their providers because of reprisal or being wrongfully labeled a substance abuser. This presents issues of unknown interactions between therapies, incomplete information when formulating a treatment plan, and ethical issues for physicians who are trying to fulfill their Hippocratic Oaths and provide the best care possible.

VA has testified that it has the authority to conduct studies with Schedule I drugs, which are defined as drugs with no currently accepted medical use and a high potential for abuse, such as medicinal cannabis, but they have not. The VFW is not aware of any plans to do so either. There is ample anecdotal evidence and a growing body of scientific research regarding the effectiveness of cannabis and the compounds it contains at treating a wide variety of diseases. VA must add to this growing body of research with a focus on conditions that afflict veterans disproportionately.

Congress must pass H.R. 712, the *VA Medicinal Cannabis Research Act of 2019,* which requires VA to conduct a double-blind scientific study on the efficacy of medicinal cannabis. The VFW urges these committees to kick start VA's efforts in this area.

Parity of Health Care Services: From the VFW's research and member feedback, as well as studies by RAND Corporation, the National Academies, and other leading institutions, we know that VA provides high-quality health care. We also know that veterans tend to prefer treatment from VA, at least once they are able to access care. DOD care, through both the direct care system and TRICARE, offers state-of-the-art treatment options at an extremely reasonable cost. Research done by VA and DOD has and continues to yield innovative new therapies and research that contributes to amazing advances in medical science, making health care better not just for military and veterans but for all Americans and people the world over. Parity with the best options of civilian treatments, however, is often an issue in both VA and DOD.
The rapid pass of research and development means that therapies and diagnostics, such as laboratory developed tests that focus on specific diseases or in vitro, are available to the general population and are reimbursed by commercial insurance but are not covered by VA or DOD. Some reproductive health services that are readily available and are common standard of care from civilian providers and commercial insurers are not covered by VA or DOD. VA rehabilitation programs, prosthetics, and inpatient mental health and substance abuse treatment lead the way for the nation.

VA and DOD should develop more agility in their certification and procurement processes to take full advantage of changing standard of care treatments. VA and DOD must also ensure that

America's service members and veterans do not receive lesser care or fewer options than other Americans. VA and DOD health care is first-class and must remain responsive.

The VA formulary currently carries all categories of pharmaceuticals deemed preventive by the U.S. Preventive Services Task Force. However, VA is exempt from requirements to provide preventive care and services without cost shares. Cost is a significant barrier for veterans who use VA health care, who have been found to have a lower income on average than veterans who do not use VA health care. There are currently 11 categories of preventive medications found to be effective by the U.S. Preventive Services Task Force, such as prescribing aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for the cost of preventive medication to prevent such birth defects. Vitamin D is another preventive medicine is often prescribed to prevent bone fractures, which benefits TBI patients with hindbrain injuries. There is also breast cancer prevention medication which is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible disease and to be health care cost-savers.

The VFW calls on Congress to swiftly pass S.1573 or H.R. 3932, the *Veterans Preventive Health Coverage Fairness Act,* which would eliminate this inequity and ensure veterans have access to lifesaving preventive medicine.

Privacy Concerns with Health Data: As DOD and VA move toward a joint electronic health care record (EHR), veterans' information will become more accessible for both VA and DOD providers and their partners. A joint electronic health care record also makes DOD and VA health data more desirable for nefarious actors, either from foreign governments, non-state actors, and criminals acting as part of organized crime groups or individually. In 2018, the White House Council of Economic Advisers estimated that cybercrime cost the U.S. economy between $57–109 billion.

While the loss or compromise of veterans' health care data certainly comes with an economic cost, it also carries the costs of loss of dignity, trust, and confidence. The utilization of an EHR that can communicate and easily exchange data with other government agencies as well as commercial health care systems, insurers, and private providers, VA must ensure that veterans' information remains secure when it leaves the VA ecosystem. VA must also ensure that sufficient protocols are in place to guard against an unthinkable trusted insider intrusion or even simple unauthorized access.

The VFW believes that commercial off-the-shelf solutions are the best option in many cases, such as the new EHR. There is no need for VA to reinvent the wheel when it comes to technological solutions and that is not the VA's core strength. However, the strongest possible privacy protections must be in place. In particular, End User License Agreements (EULA) must collect the minimum amount of information, result in the shortest retention, time possible, and provide clear opt-in criteria. Notice that this was not a slip of the tongue. Veterans and service

members should have to opt-in to data collection. The strictest criteria and the most minimal collection should be the standard. In addition, data collection must only collect necessary and pertinent data. There is no reason to collect any veterans' data on websites visited, links clicked, etc. Tracking veterans off of a specific site is not necessary to the conduct of that veteran or service member's business with VA or DOD.

As an example, the use of the ID.me login credentials places veterans in the uncomfortable position of having to accept the terms of service and privacy policy in the EULA in order to log on and access VA benefits earned through service. If a veteran does not accept the terms, then a veteran cannot log on with ID.me, and there is not always a clear or easy alternative. The ID.me process is much easier, for example, than acquiring a DSLogon account. The security of veterans' health information is of paramount importance. As health care technology advances and more details become available through diagnostic and genetic testing, that information will become more concentrated in locations like the EHR. The VFW urges VA to place the highest priority on security and utilizing the strongest possible technological solutions to safeguard veterans' health data.

Women Veterans Issues: Women veterans account for less than 10 percent of the veteran population but, as their numbers grow in active duty, the National Guard, and Reserves, so too does their presence in VA. VHA estimates that by 2035, women will account for approximately 15 percent of the veteran population, a growth of over 50 percent in under ten years. VA will have to address more resources to providing care unique to women and offering services that have traditionally been afterthoughts, and not just in health care. VA also has to ensure that it promotes a culture that ensures women have avenues to express concerns and seek redress, to take control of their health care, and serve as their own best advocates.

With regard to health care, VA must address not just the services it offers but the way in which it offers them. VA must ensure that women eligible for VA health care have access to obstetrics when necessary and gynecology services. Mammography and other services that address health conditions that are more prevalent in women must be readily accessible. Reproductive health services and contraception must be available as a matter of principle. With respect to younger female veterans, there is absolutely no room for debate on providing in vitro fertilization to treat service-connected reproductive difficulties. Service has been linked to lower fertility rates and the genito-urinary injuries, particularly from blast exposures, is a signature battlefield trauma of operations in the Global War on Terror. It is unconscionable that women who served be effectively asked to choose between service and family. Political ideology and personal views of members of Congress must not limit the opportunity for veterans to accomplish their dreams of having a family.

How VA provides services to women will also necessitate change. Private spaces for the delivery of health care are a must. Ensuring that women have the opportunity to choose the gender of their health care provider is something VA must strive to improve. Ensuring that VA medical centers (VAMC) in areas of high female veteran representation have services in-house is also a must. Offering childcare for women so that they may access earned care and services is paramount. Adapting homeless services to ensure that children are accounted for is also key.

Adopting an agile and innovative mindset will allow VA to continue to field programs like SSVF and meet the needs of veterans where and how they live.

The VFW National Home for Children offers a suite of services that caters to the needs of women and families. It was founded in 1925 in Eaton Rapids, Michigan, as a place where families left behind by war could remain together, keeping the family circle intact even when service members did not come home. The VFW National Home's community is open to the families of active duty military personnel, veterans, and relatives of VFW and VFW Auxiliary members. The family can be one or both parents with one or more children. The program offers case management services to help families establish their plans for the future and set goals, education, recreational, and enrichment opportunities for parents and their children, as well as free housing and daycare. Community resources and counseling are provided as needed. The VFW National Home for Children and VA are similar in that they both have the capacity to provide wraparound services that deal holistically with a person's needs. This whole person approach to health is what VA must perfect, particularly for populations with specific, unique needs.

Congress must pass S. 514 or H.R. 3224, *Deborah Sampson Act* and S. 319, *Women Veterans and Families Health Services Act of 2019*, to address these important issues.

Minority Veterans: Women, LGBT, and racial and ethnic minority veterans face challenges across different life domains. The Center for New American Security (CNAS) recently released a report entitled "New York State Minority Veteran Needs Assessment," which includes recommendations on how veterans service organizations — like the VFW — VA, and researchers can address health, housing stability, financial stability, and social functioning differences between minority veterans and their non-minority peers.

In its report, CNAS found that veterans are overall less diverse than the civilian population. People who identify as LGBT face some specific health care challenges that are prevalent at a higher rate than the general population. As LGBT members of the military have only been able to serve openly for the last two decades or so, little data is known about the health care challenges specific to LGBT service members and veterans. Veterans who identify as LGBT may have received care from the VA for decades without ever identifying their sexual orientation to their providers and VA had minimal surveillance protocols in place for tracking health care experiences by sexual orientation.

The VFW believes that VA should serve all veterans and that effectively serving minority veterans necessitates solid steps to understand any unique needs and to have the infrastructure in place to address those needs. The VFW urges congressional oversight to ensure VA addressing recommendations from the Center for Minority Veterans and CNAS, such as implementing cultural awareness training and authorizing the Center for Minority Veterans work with LGBT veterans.

Vocational Rehabilitation and Employment Services: Vocational rehabilitation for disabled veterans has been part of this nation's commitment to veterans since Congress first established a system of veterans' benefits upon entry of the United States into World War I in 1917. Today,

Vocational Rehabilitation and Employment (VR&E) is charged with providing wounded, ill, and injured veterans with an array of services designed to enable them to obtain and maintain suitable and gainful employment. In the case of those veterans with more serious service-related disabilities, VR&E is authorized to provide independent living services.

Veterans are eligible for VR&E services and programs if their military discharge is other-than-dishonorable and they have a VA service-connected disability rating of at least 10 percent, or a memorandum rating of 20 percent or more from VA. The VR&E program is also accessible to active duty military personnel expecting to be medically discharged with the requisite discharge and anticipated disability rating of at least 20 percent or more from DOD and VA.

The period of eligibility to apply for VR&E is capped at 12 years from either the date of separation from active duty, or the date veterans are notified by VA of a service-connected disability rating. This 12-year application eligibility period can only be extended if vocational rehabilitation counselors determine veterans have a serious employment handicaps. Service-connected disabilities usually get worse with time, veterans should not be at the mercy of counselors to determine if their disability is severe enough to waive the 12-year limitation. The VFW calls on Congress to eliminate the 12-year delimiting period for VA Chapter 31 VR&E services to ensure disabled veterans with employment handicaps, including those who qualify for independent living services, qualify for VR&E services for the entirety of their employable lives. Congress must pass H.R. 444, the *Reduce Unemployment for Veterans of All Ages Act of 2019*.

Finally, Congress must provide proper oversight of the VR&E program. After years of stagnant funding levels, the VR&E office was finally given enough resources to achieve a 1:125 counselor-to-client ratio at the national level. The VR&E office has also undergone recent IT modernization upgrades that should allow for more client to counselor interaction, instead of counselors doing administrative work. The VFW asks Congress to perform periodic oversight of the recent changes to the VR&E program to see if the resources invested are working in the right direction, or if further changes are necessary. The VFW also recommends a review of the 1:125 counselor-to-client ratio, and if the recent changes to the program should reflect a different ratio. The VFW also recommends changing reporting of the ratio to reflect the VAROs, instead of a nationwide counselor-to-client ratio. This will help address the needs of specific offices and more directly help veterans.

GI Bill: The 115th Congress was responsible for a great number of new education benefits and programs, and one of the highlights was the passage of the Forever GI Bill. This incredible benefit gives veterans a lifetime to use their GI Bill, adds benefits for STEM programs, and expands eligibility for Purple Heart recipients, families, and survivors. This was the largest expansion of the GI Bill since 2008, and the VFW is incredibly grateful for the overwhelming bipartisan support to make this happen.

While Congress did its job in passing the Forever GI Bill, VA struggled to do its job in implementing it. Many of the provisions in the Forever GI Bill were easily adopted, but implementing the Basic Allowance for Housing (BAH) changes proved much more difficult than originally expected. During the fall 2018 semester, almost 200,000 student veterans received delayed or incorrect BAH payments, leading to unnecessary hardships.

The 116th Congress had the important job of implementing the final changes to this incredible benefit. In 2019, VA worked with key partners to identify the problems in the initial implementation of the Forever GI Bill, and how to avoid pitfalls like BAH failure going forward. Communication with key stakeholders such as student advocates, school certifying officials, and veterans organizations helped VA roll out a proper fix for the housing issue in December 2019. VA recognized the importance of collaboration with multiple stakeholders to bring about a complicated fix for an even more complicated problem.

A consistent thorn in VA's side is the lagging IT infrastructure that different business lines need to work around daily. If VA's Education Services (VAES) had modern IT platforms, errors like the BAH implementation might have been avoided, or at least minimized. VAES is currently working with a legacy IT system called the Business Decision Network that is decades old and desperately needs upgrading. In order for VAES to adequately perform its roles of implementing and maintaining the current system, and be ready and able to adapt any upcoming changes, there has to be upgrades to the IT system. The VFW recommends a dedicated one-time influx of IT budgetary dollars to revamp the outdated VAES IT system to a 21st century Digital GI Bill system, capable of handling today's difficult tasks, and tomorrow's upcoming changes.

Transition Assistance: The VFW believes a proper well-rounded transition from the military is one of the most important things our service members need in order to ease back into our society with minimal hardships. To that extent, the VFW places great emphasis on ensuring veterans receive the best counseling and mentorship before they leave military service. Veterans who make smooth transitions by properly utilizing the tools and programs available will face less uncertainty regarding their moves from military to civilian life.

Today's military has faced almost two decades of continuous war, and this extended time of conflict has shaped the experiences of all men and women who have worn the uniform defending our country. This experience of heightened conflict makes transitioning to the civilian world that much more important. Only a small percentage of Americans serve their country in the Armed Forces, so transitioning back to the civilian world after military service can bring with it its own set of trials and tribulations.

Transitioning service members face many hardships that include unemployment, financial difficulty, lack of purpose, separation anxiety, and many unknowns. There have been programs set in place to ease the hardship of this change. The VFW believes these programs are paramount in easing service members out of military life and into the civilian world.

The VFW views transition programs such as the Transition Assistance Program (TAP) and Soldier For Life (SFL) as key stepping stones to a seamless transition to civilian life. The information provided to service members on VA benefits, financial management, higher education, and entrepreneurship are invaluable tools.

We are glad to see the five-day TAP classes were restructured this past year, and we are eager to see what benefits the more efficient method of information delivery will bring. However, there were many other important provisions to reform overall transition that were, unfortunately, left unfinished at the end of the 115th Congress, such as providing grants to organizations

specializing in transition services, connecting transitioning service members with resources in their communities, and inclusion of accredited VSO's into the formal TAP curriculum. Doing so would ensure veterans can succeed after leaving military service. The VFW urges Congress to pass H.R. 2326, *Navy SEAL Chief Petty Officer William "Bill" Mulder (Ret.) Transition Improvement Act of 2019*, which would ensure TAP-like resources are made available in the community for veterans after they transition out of service.

The VFW's accredited service officers have been a resource for transitioning service members since 2001, and we continue to provide assistance to these men and women during this difficult time of change. We provide pre-discharge claims representation at 24 bases around the country, and available for transitioning service members at the same time they receive their training in TAP. While the primary role for the VFW staff in the Benefits Delivery at Discharge (BDD) program is to help service members navigate their VA disability claims, they are also able to provide assistance for many other benefits and opportunities available.

Our BDD representatives offer guidance and information for many different transition opportunities that may not be covered in the TAP class. Our representatives are trained in education, employment, and financial management opportunities, and can be additional resources to the ones received during TAP classes. Service members who utilize additional resources such as BDD representatives are likely to face less unknown hurdles during transition. Formalizing the use of accredited service officers within the TAP curriculum is an important benefit that many service members can take advantage of, but without service officer inclusion there are even more troops that are missing out on this potential benefit.

Though the BDD program is critical to post-military success for many veterans, the VFW remains concerned that VA's decision to compress the time in which a transitioning service member may file a BDD claim remains problematic. Prior to 2017, transitioning service members could file BDD claims between 180-60 days before they leave the military. For service members with fewer than 60 days, they could file claims through the Quick Start program.

In 2017, VA arbitrarily moved the goal posts back for BDD, only allowing service members to file between 180-90 days and eliminating the Quick Start program altogether. In the years since this policy was changed, the VFW has seen problems in delivering benefits for transitioning service members. First, some service members, particularly those who work in high intensity military occupations, have trouble meeting this timeline due to the constraints of their jobs. A 90-day window also creates compliance issues with military treatment facilities in furnishing service members with their full health records in a timely manner to satisfy the requirements of the BDD program.

These hurdles have only been exacerbated by the sunset of the Quick Start program. While it remains true that service members can still technically file regular claims before separation, many times VA intake sites on military installations turn these BDD-Excluded claims away, or VA fails to act on them in a timely manner due to a future effective date showing in VA's Veterans Benefits Management System (VBMS). For many BDD-Excluded claimants, the VFW's cadre of service officers must deliberately hunt down their claims in VBMS, then work with the VA Regional Office of jurisdiction to jump-start the claim. Though the veteran loses no

benefits because of this bureaucratic hurdle, it can significantly delay the delivery of benefits until long after a veteran has transitioned.

These changes were an unnecessary step backward for VA all in the name of efficiency on paper. However, these reported efficiencies come at the expense of transitioning service members' needs. The VFW urges Congress to direct VA to revert to the old parameters of its BDD program and to reinstitute Quick Start, so that VA can once again ensure transitioning service members have a smooth experience accessing their earned VA benefits.

Fourth Administration: VA is comprised of three administrations: National Cemetery Administration (NCA), VBA, and VHA. VBA is in charge of, not only, compensation and pension but also the GI Bill, vocational rehabilitation, housing and business loans, and the broadly defined transition assistance program, which is shared with the Departments of Labor (DOL), Defense, and Homeland Security. The VFW commends Under Secretary for Benefits Dr. Paul Lawrence for reorganizing VBA to elevate these program offices. However, his predecessor may not believe in the importance of program offices that administer economic opportunity benefits.

The VFW still believe our nation's focus on the economic opportunities of our veterans must be permanent. In reality, not all veterans are seeking VA health care when they are discharged, they are not needing assistance from the NCA, and they are not all seeking disability compensation. However, the vast majority are looking for gainful employment and/or education. Congress should recognize the value of these programs by separating them into their own administration focused solely on their utilization and growth.

The VFW has long proposed that Congress create a fourth administration under VA with its own under secretary whose sole responsibility is the economic opportunity programs. This new Under Secretary for Economic Opportunity would refocus resources, provide a champion for these programs, and create that central point of contact for VSOs and Congress.

Adaptive Automobile Grants: The current automotive adaptive grant for disabled veterans is an incredible benefit for those who need this program. However, the one-time use of this grant does not take into account modern vehicular needs to veterans and vehicles in the 21st century. A single-use grant for vehicle adaptations is not enough considering the average American owns multiple vehicles in their lifetime. The VFW urges Congress to amend the VA Adaptive Vehicle grant program to allow for multiple awards to this grant so disabled veterans can utilize it on different vehicles throughout their lifetimes.

Homelessness: The VFW commends VA and the Department of Housing and Urban Development (HUD) for making significant strides toward ending veteran homelessness. The Annual Homeless Assessment Report census for 2018 shows promise in eliminating homelessness in the veteran population, with current numbers showing less than 40,000. This is a remarkable difference since 2010 when the number of homeless veterans was 74,087.

A homeless person is federally defined under the McKinney-Vento Act as an individual or family lacking fixed, regular and adequate nighttime residence, as well as those fleeing domestic

violence or other dangerous or life-threatening conditions. VA is not precluded from assisting veterans who are temporarily living with friends or family — commonly referred to as "couch surfing." Yet, it has elected not to do so. This is particularly burdensome for women veterans who often do not feel safe due to violence or sexual assault in a homeless shelter, as well as for veterans with dependent children. The VFW urges Congress and VA to expand this definition so VA can provide more homeless benefits and services to homeless veterans who are couch surfing instead of living in a shelter or under a bridge

Veterans with dependent children face diverse burdens with access to their earned benefits, including access to childcare. Currently, VA has four pilot programs which offer on-site childcare. These programs have been successful in increasing access to care and benefits. The VFW also encourages Congress to work with VA to provide more separate living arrangements for veterans with children and veterans who have survived sexual trauma. Congress and VA must work together to better understand that individuals face homelessness for different reasons, and their needs to overcome homelessness are equally unique.

VA's homeless programs are holistic in nature and include medical, dental, and mental health services, as well as specialized programs for PTSD, sexual trauma, substance use disorder (SUD), and vocational rehabilitation. VA adopted a model of housing veterans first, rather than requiring them to be in recovery or treatment for mental health or SUDs prior to receiving housing assistance. Homeless prevention coordinators and peer mentors are imperative to the success of the program by helping veterans navigate the system and get the services they need. The VFW urges Congress and VA to consider increasing the use of peer specialists, particularly for veterans who are in recovery from SUDs and/or have experienced homelessness. Peers who have had similar experiences are often able to connect on a more personal level and can help homeless veterans overcome challenges they face in maintaining housing and sobriety.

For veterans on the verge of homelessness, there is currently little VA can do. Several benefits require veterans to be on the streets before they are deemed eligible. Many veterans who are on the verge of homelessness know they are being evicted, and nearly half of homeless veterans report temporarily staying with friends or family. This is why the VFW recommends Congress work with VA and the HUD to ensure veterans who are facing eviction or are temporarily staying in another person's home are afforded the opportunity to obtain assistance. The VFW also strongly urges Congress to pass a bill to provide cost-free childcare to veterans living below the poverty line, or who are already homeless while using VA and DOL Veterans' Employment and Training Service training. If a veteran is not able to afford rent or is working to avoid homelessness, then it is impractical to assume the veteran can also afford childcare services.

Veterans fortunate enough to obtain HUD-VA Supportive Housing (VASH) vouchers also face difficulties. VFW service officers have reported in various cities that homeless veterans sometimes prefer sleeping under a bridge rather than living in the unsafe neighborhoods for which their vouchers are eligible. The VFW urges Congress, VA, and HUD to work together with local VA facilities to ensure HUD-VASH vouchers put veterans in safe and secure housing.

Single Gulf War Illness Disability Benefits Questionnaire Form: Unlike nearly all other service-connected conditions, Gulf War Illness (GWI) is intrinsically difficult to diagnose and

treat. GWI has no clear and concise set of rules. In other words, no singular set of symptoms allows for an unmistakable diagnosis. GWI presents itself as a conglomeration of possible symptoms to which countless members of the general public with no military experience can also be subject. As such, Persian Gulf veterans have a steeper hill to climb in relating the symptoms to service — the most critical link in establishing service-connection.

As a component of the VA disability compensation claims process and to better manage its workload, VA developed disability benefits questionnaires (DBQs) to assist in adjudicating claims. Since GWI is constituted by medically unexplained chronic illnesses, VA adjudicators often order examinations for each GWI symptom before considering the indicators that one illness is connected to the multiple symptoms.

The VFW is concerned that the current system of assigning separate DBQs for each symptom being claimed in association with GWI is the leading cause of high denial rates for GWI claims. VA must be required to provide additional testing and examinations deemed necessary by this examination. The VFW firmly believes that the creation of a singular DBQ for GWI claims would facilitate more timely and accurate consideration of disability compensation claims for veterans who suffer from GWI.

An overall lack of training for VHA medical staff who conduct medical examinations has also led to inaccurate processing of GWI disability compensation claims. To improve accuracy of claims and to ensure Persian Gulf War veterans receive accurate decisions, VA must require all medical staff and compensation and pension examination contractors to complete periodic GWI-specific training before being authorized to conduct medical examinations for GWI disability compensation claims.

Expand the Definition of Persian Gulf War Veteran: Several scientific studies have found that veterans who have served in Afghanistan suffer from undiagnosed conditions at similar rates as those who have served in Iraq. Additionally, veterans who served in support of Operation Desert Shield and Operation Desert Storm while stationed in Israel, Egypt, Turkey, Syria, and Jordan have also presented similar symptoms as veterans who served in Iraq. However, current law limits the definition of Persian Gulf War veteran to those who served on active duty in the U.S. Armed Forces in the Southwest Asia theater of operations, which is limited to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, Gulf of Aden, Gulf of Oman, and the waters of the Persian Gulf, the Arabian Sea, and the Red Sea.

As a result, veterans who have served in Afghanistan, Israel, Egypt, Turkey, Syria, and Jordan are denied access to presumptive disability compensation benefits afforded to Persian Gulf War veterans, despite evidence which shows such conditions are common among them. Furthermore, they are being considered Gulf War veterans for reporting and demographic purposes. Veterans who served in Israel, Egypt, Turkey, Syria, and Jordan in support of Operation Desert Shield and Operation Desert Storm are even eligible for the Southwest Asia Service Medal, but are denied access to streamlined disability compensation for disabilities they incurred during their service in Southwest Asia. Congress must expand the definition of Persian Gulf War veterans to include such veterans.

Expand VA Wartime Benefits to Early-Vietnam Veterans: On November 1, 1955, the U.S. Military Assistance Advisory Group (MAAG) Vietnam was officially established following the defeat of the French in Vietnam and the establishment of the 1954 Geneva accords. Records show that up to 10,000 U.S. military personnel served with MAAG-Vietnam and other U.S. military groups in Vietnam between November 1, 1955 and February 27, 1961. At least twelve U.S. military personnel were awarded the Purple Heart in Vietnam prior to February 28, 1961, and ten U.S. military personnel were killed in Vietnam during the same timeframe and are listed on the Vietnam Wall.

However, veterans who served in Vietnam from November 1, 1955 to February 27, 1961 are not considered wartime veterans and are ineligible for wartime VA benefits such as low-income wartime pensions. Congress must expand VA wartime benefits to include these veterans, known as Early Vietnam veterans.

Hearing and Tinnitus: Veterans who serve in combat are exposed to high levels of acoustic trauma. Many pre-service and discharge examinations, particularly for World War II and Korean War veterans, were conducted with the highly inaccurate whispered-voice test which was discontinued many years ago. Many veterans in those cases were not afforded a comprehensive audiological examination upon entrance and/or discharge from military service. In the latest VBA Annual Report from September 2018, the most prevalent service-connected disabilities are hearing loss and tinnitus. In 2005, the Institute of Medicine released a study that showed nearly all service members are exposed to acoustic trauma at some point during their military service and that many experience hearing loss and/or tinnitus as a result.

The VFW calls on Congress to pass H.R. 3866, *the Hear Our Heroes Act of 2019*, which would establish presumptive benefits for combat veterans diagnosed with hearing loss or tinnitus. This important bill would also require the Secretary of Veterans Affairs to amend the Schedule for Rating Disabilities to provide a minimum compensable evaluation for any service-connected hearing loss for which a hearing aid is medically indicated.

Burial Benefits: The cost of funeral expenses in the private sector have increased nearly seven-fold since 2001, but VA benefits to cover such costs have failed to keep pace with inflation. The VFW urges Congress to ensure the loved ones of veterans who do not have access to a state or national veterans cemetery within 75 miles are not required to accumulate debt to provide their loved ones a final resting place that honors their sacrifice to our nation.

The VFW calls on Congress to pass H. R.497, the *Burial Rights for America's Veterans' Efforts (BRAVE) Act*, which would increase the funeral and burial benefit for eligible veterans. This important bill would also ensure burial benefits are indexed for inflation.

Mare Island Naval Cemetery: More than 800 veterans, including three Medal of Honor recipients, are buried at Mare Island Naval Cemetery. This cemetery has fallen into disrepair since it was transferred from the control of the U.S. Navy to the City of Vallejo, CA. The VFW will never stand idly by as the final resting place of veterans is neglected and forgotten. The VFW strongly supports passage of H.R. 578 or S. 127, which would transfer ownership of Mare Island Naval Cemetery to VA.

Domiciliary Programs and Temporary Total Ratings: VA domiciliary programs provide residential rehabilitation and treatment services for veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits. Due to the severity of these conditions and the rigor of the treatment provided, veterans in domiciliary programs are unable to work concurrently with their enrollment. Accordingly, the VFW requests that Congress provide for a temporary 100 percent rating for veterans receiving treatment for service-connected disabilities in all domiciliary and daycare programs.

The Defense POW/MIA Accounting Agency: Currently, 83,000 service members are still missing in action, 75 percent of whom are located in the Indo-Pacific, and more than 41,000 are presumed lost at sea. Since 1929, the VFW has been intimately involved in the fullest possible accounting mission. It has been the mission of the Defense POW/MIA Accounting Agency (DPAA) to recover missing personnel who are listed as a prisoner of war (POW) or missing in action (MIA), from all past wars and conflicts and countries around the world. Within that mission, DPAA coordinates with hundreds of countries and municipalities around the world in search of missing personnel.

Our nation's ability to bring our fallen heroes home is not guaranteed and is extremely limited by the lack of funding and the dwindling numbers of eyewitnesses who can provide assistance in identifying possible recovery sights, among other factors. That is why the VFW has been partnering with DPAA to work with foreign governments to help American researchers gain access to foreign military archives and past battlefields. Since 1991, the VFW is the only veterans service organization to return to Southeast Asia, Russia, and China, and has made it our goal to not rest until we achieve the fullest possible accounting of all missing American military service members from all wars.

The process to bring a missing service member home often takes years and requires predictable funding. Before a recovery team is deployed to a potential site, researchers and historians have to examine a host nation's archives, investigate leads in Last Known Alive cases, and obtain oral histories from host-nation military and governmental officials that may have broad information about a particular region or battle. Investigative Teams will follow up on leads through interviewing potential witnesses, conducting on-site reconnaissance, and surveying terrain for safety and logistical concerns.

Once a site has been located, recovery teams, which include anthropologists and service members, are deployed to conduct an excavation. Each mission is unique, but there are certain processes each recovery has in common. Depending on the location and recovery methods used on-site, the standard recovery missions last 35 to 60 days. Recovery sites can be as small as a few meters for individual burials to areas exceeding the size of a football field for aircraft crashes. When artifacts or remains are located, they are transported to DPAA Laboratory at Hickam Air Force Base in Hawaii, where artifacts are analyzed and DNA testing is conducted.

DPAA has the largest and most diverse skeletal identification laboratory in the world and is staffed by more than 30 anthropologists, archaeologists, and forensic odonatologists. Due to DPAA's efforts, the remains of 203 Americans were identified in FY 2018. However, government budgetary uncertainty prevented DPAA from identifying more fallen heroes. During

a government shutdown, DPAA personnel are furloughed and forced to leave an excavation site, which results in delays.

The VFW thanks Congressman Lynch for introducing H.R. 4879, *Defense POW/MIA Accounting Agency Support Act*, which would exempt DPAA employees who are conducting recovery missions from being furloughed in the event of a government shutdown. The VFW urges Congress to consider and pass this important legislation as soon as possible. Congress and the Administration must provide DPAA, as well as its supporting agencies, full mission funding and personnel staffing because it is the right thing to do for our missing and unaccounted-for service members and their families.

Vietnam: The VFW has and will continue to support the DPAA efforts to locate the 1,587 Americans who are still missing from the Vietnam War. The challenges DPAA faces in Vietnam include underwater recoveries, weather, terrain, economic development, soil acidity, and aging witnesses. Its goal is to increase the underwater investigations, identify new strategic partners, gain more access to the Vietnamese National Archives for case research, and cultivate new leads from American veterans of the Vietnam War.

The VFW has played a vital role in advancing the POW/MIA missions. Last July, during the 120th VFW National Convention in Orlando, Florida, Past-Commander-in-Chief BJ Lawrence asked Vietnam veterans to send in documents that might help the Government of the Socialist Republic of Vietnam to determine the locations of burial sites in order to find their estimated 300,000 missing service members, and personal effects that might help bring comfort to their families.

VFW members and their families answered the call. On October 25, 2019, the VFW provided documents, artifacts, and personal effects to DPAA, which had the locations of battlefields and gravesites of Vietnamese soldiers. Returning these items to the Vietnamese government has helped improve the relationship with the United States. This display of diplomacy will not only help in our efforts to reach our true goal and promise to our families affected by the Vietnam War, but help us gain access to future recovery sites. Additionally, the VFW strongly believes that by maintaining a vet-to-vet relationship with Southeast Asian governments from a non-bureaucratic and non-political perspective plays a critical role in conducting humanitarian and recovery missions.

VFW senior leaders have traveled back to Vietnam every year since 1991 to help DPAA locate missing and unaccounted-for service members. During our trip last March, the VFW linked up with the U.S. Army Research and Investigation Team and the deputy commander of the Marine Corps and staff to visit active recovery sites. The VFW also met with the Defense Attaché and U.S. Ambassador Dan Kritenbrink at the U.S. Embassy in Hanoi to discuss ways the U.S. is rebuilding our relationship with Vietnam. One such way has been helping to clean up former Agent Orange sites around the country, which has been seen by the Vietnamese as a very positive development.

As a result of such efforts, the perception of America by the Vietnamese people has improved. However, the Vietnamese government has expressed concern over China's growing military and

economic influences in Southeast Asia. Vietnam is the fastest-growing economy in Southeast Asia and tourism is big — as is U.S. investments. The Vietnamese population is young and well-educated, and transportation, energy, and information technology are growing. Therefore, the U.S. must continue to improve its relationship with Vietnam and other Southeast Asian countries. Last November, the U.S. Secretary of Defense Mark T. Esper made his first official visit to Vietnam. During the meeting with Minister Lich, the two leaders also exchanged artifacts from the war era. Secretary Esper showed the U.S. commitment to working with Vietnam to account for Vietnamese Missing in Action by presenting a map of a battlefield burial site provided by the VFW.

Republic of Korea: The VFW was also the only organization to engage with President Trump regarding the return of Korean War remains prior to his Singapore Summit in 2018. Our actions resulted in the transfer of 55 boxes of remains by the Democratic People's Republic of Korea (DPRK), and opened the door for Joint Field Activities to resume in North Korea in the near future. Some see DPRK's decision to do so as nothing more than an empty gesture or one meant to only placate. However, to the families of the 5,200 service members who never came home from the Korean War, those boxes represent hope and closure.

That is why the VFW asked our members and supporters to provide DNA samples to DPAA, so it can continue to identify the services members who were returned home in the 55 boxes. The VFW urges Congress to amplify our call-to-action and also provide DPAA the necessary resources to expand recovery operations into North Korea and to support the remains recovery mission in DPRK.

Locating, identifying, and recovering the remains of those who paid the ultimate sacrifice in the service of our country from conflicts spanning nearly 80 years is a difficult and hazardous mission, but it is one of the most important obligations that we have as a grateful nation. It is a promise to those serving in uniform today that no matter what, we will travel to the ends of the Earth to return you home to your families. As a Navy corpsman veteran who served in Vietnam, I am fully aware the cost of war and the importance of returning fallen veterans, whose remains were left behind enemy lines in North Korea, with their loved ones.

Congress must support full mission funding and personnel staffing for DPAA, as well as its supporting agencies, such as the Armed Forces DNA Identification Laboratory and the military service casualty offices. The fullest possible Accounting Mission remains a top priority for the VFW, and we will not rest until every possible missing American military service members brought home.

Provide Full Concurrent Receipt for Chapter 61 Combat-Related Medical Retirement: The VFW has long argued that DOD retired pay and VA service-connected disability compensation are fundamentally different benefits, earned for different reasons. Military retired pay is earned by 20 or more years of service in the United States Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years. Service-connected disability compensation is a benefit meant to supplement a veteran's lost earning potential as a result of the disabilities he or she incurred while in service. However, military retirees who are less than 50 percent service-

connected disabled are required to offset their retiree pay with the amount of VA disability compensation they receive.

The *National Defense Authorization Act for Fiscal Year 2004* allowed for the gradual phase-in of full concurrent receipt for certain military retirees who have a service-connected disability rating of 50 percent or higher. The 10-year phase-in period ended in 2014, which means military retirees with 20 or more years and a VA disability rating of 50 percent or higher no longer have their military retirement pay offset by the amount of VA disability compensation they receive. However, service-connected disabled military retirees with VA ratings of 40 percent or below, and Chapter 61 retirees who were medically retired with less than 20 years of military service, are not provided the same benefits. The only purpose for this offset is to balance the federal budget on the backs of America's disabled veterans. They are different benefits paid by two separate government entities for separate reasons.

The VFW acknowledges that eliminating full concurrent receipt would cost $30 billion over ten years. However, Congress should chip away at the unjust offset by first eliminating the offset for medical disability retirement. Service members found to be unfit for continued service due to physical disability may be retired if the condition is permanent and stable, and the disability is rated by the DOD as 30 percent or greater. These veterans are referred to as Chapter 61 retirees. As a result, some disability retirees are separated before becoming eligible for longevity retirement, while others have completed 20 or more years of service. As of FY 2018, there are approximately 210,000 Chapter 61 retirees — more than 42,000 of whom have been medically discharged due to combat-related injuries, and unjustly denied the benefits they deserve.

The VFW thanks Congressman Gus Bilirakis for introducing the *Major Richard Star Act*, which would enable Chapter 61 veterans who have been discharged due to combat-related injuries to be entitled to DOD longevity payment and VA disability compensation without offset. Congress must pass this important bill immediately.