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**STATEMENT OF
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SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
OCTOBER 20, 2021**

Chairwoman Luria, Ranking Member Nehls and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's legislative hearing of the Subcommittee on Disability Assistance and Memorial Affairs to consider multiple bills important to our nation's service-disabled veterans.

H.R. 2568, United States Cadet Nurse Corps Service Recognition Act of 2021

H.R. 2568, the United States Cadet Nurse Corps Service Recognition Act of 2021 would amend Title 38, United States Code, to recognize and honor the service of individuals who served in the United States Cadet Nurse Corps during World War II. This act would require Department of Defense (DOD) to discharge certain nurse corps cadets of service and allow them burial benefits (except at Arlington National Cemetery) and would create an award for their service to the nation. The bill does not include provisions that would make them eligible for Department of Veterans Affairs (VA) disability compensation or health care benefits.

DAV recognizes the great service and sacrifice made by the uniformed women who stepped in to save the U.S. medical system from collapse during World War II so professional nurses could attend to the needs of the military and our injured service members. We take this opportunity to thank the surviving members of the U.S. Cadet Nurse Corps for their support and service to our nation; however, we have no resolution on this matter and therefore take no formal position on the bill.

H.R. 2724, VA Peer Support Enhancement for MST Survivors Act

H.R. 2724, the VA Peer Support Enhancement for MST Survivors Act would ensure that veterans who file claims related to military sexual assault would be assigned a peer support specialist throughout the duration of the claims process, should they want one.

As evidenced by the VA Office of Inspector General (OIG) report released in August this year, the Veterans Benefits Administration (VBA) still faces challenges processing MST claims, and the process itself can be both frustrating and

retraumatizing for survivors. As DAV testified in May before the Senate Veterans' Affairs Committee, there has been a chronic lack of support from VBA for claimants, to include no clearly identified point of contact within the agency to help navigate this often-difficult process. It is imperative for veterans to have access to the specialized services they need and to have an understanding of the process as they work to recover from the physical and emotional trauma they have endured.

Peer support specialists—veterans who have shared experiences recovering from mental health conditions, substance abuse, or military trauma—have proven valuable to veteran patients in various applications across VA's health care system. VBA currently has no such system in place. We believe employing this tool during the MST claims process could serve to help create a more welcoming and personalized experience for veterans in these circumstances. These individuals would be trained victim advocates who would provide support to the claimant, help to answer their VA claims-related questions, prepare them for next steps and provide additional clarity about the process.

We would recommend that MST peer support specialists work in close collaboration with veterans service organizations (VSOs) to engage with survivors during the initial interviews and development of a claim, through the exam process and, perhaps most importantly, in the event that the claim is denied.

Owing to the unique nature of MST claims and the specialized needs of survivors, DAV is pleased to support the VA Peer Support Enhancement for MST Survivors Act based on DAV Resolution 074, which calls for enhanced treatment for survivors of military sexual trauma.

H.R. 2800, Working to Integrate Networks Guaranteeing Member Access Now (WINGMAN) Act

H.R. 2800 would allow veterans submitting a claim for benefits, to permit a covered congressional employee in the office of the Member of Congress representing the district where the veteran resides to have access to all of the records of the veteran in the databases of the Veterans Benefits Administration.

The covered congressional employee would have read-only access to the electronic records, similar to accredited veteran service organizations (VSO) and the covered congressional employee would not be considered an attorney or agent.

Recommendations

DAV does not have a resolution on this issue; however, we are concerned that this access could lead to negative consequences for veterans and their families, therefore, we recommend that covered congressional employees be provided training, VA accreditation or similar certification, and have safeguards in place to ensure that a veteran can be made whole.

1. **Training.** If a covered congressional employee in the office of the member of Congress will have access to a veteran's or claimant's electronic claims folders and be advising veterans and claimants on their claims and appeals, they need to be trained to lessen the potential for misinformation. Accredited VSOs, agents, and attorneys all must go through a training and accreditation process which includes VA's Training, Responsibility, Involvement and Preparation of Claims (TRIP) training and VA's Talent Management System (TMS). Covered congressional employees need to be required to complete the same level of training as accredited VSOs, agents, and attorneys.
2. **Accreditation.** As a covered congressional employee in the office of the member of Congress will be providing claims and appeals information to a veteran or claimant, they need to be held to the same standard as VSOs, agents, and attorneys. An accredited representative is an individual who has undergone a formal application and training process and is recognized by VA as being capable of assisting claimants with their affairs before VA. Accredited representatives may also work for state or county government entities.

As the covered congressional employee will be providing assistance to veterans and claimants already represented by VSOs, agents, and attorneys, we are concerned that if the congressional employee is not adequately trained or accredited they may provide information or advice counter to their duly appointed representatives.

3. **Making Veterans and Claimants Whole.** If actions or delayed actions by an accredited VA representative cause financial harm to a veteran or claimant, they retain liability insurance to ensure that a veteran or claimant is made whole if there is a loss of benefits or other financial harm. We are concerned that if a covered congressional employee provides information, advice, or their lack of timely action causes financial harm to a veteran or claimant, the veteran or claimant will not be made financially whole.

The U.S. Supreme Court, in *Gravel v. United States*, held "that it is literally impossible, in view of the complexities of the modern legislative process, with Congress almost constantly in session and matters of legislative concern constantly proliferating, for Members of Congress to perform their legislative tasks without the help of aides and assistants; that the day-to-day work of such aides is so critical to the Members' performance that they must be treated as the latter's alter ego; and that if they are not so recognized, the central role of the Speech or Debate Clause . . . will inevitably be diminished and frustrated." Therefore, the Court held "that the Speech or Debate Clause applies not only to a Member but also to his aides insofar as the conduct of the latter would be a protected legislative act if performed by the Member himself."

Although the Constitution's Speech or Debate clause provides members of Congress and their aides immunity to lawsuits arising out of protected legislative actions, providing assistance to veterans and claimants on VA claims and appeals

would not be protected legislative actions, thus, we are concerned on how a veteran will be made financially whole if the covered congressional employee is liable.

H.R. 2827, Captain James C. Edge Gold Star Spouse Equity Act

This bill would allow a surviving spouse of a service member who lost their life during active duty, to retain their Dependency Indemnity Compensation (DIC) and Survivor Benefit Plan (SBP) payments if they remarry prior to the age of 55.

DAV supports the intention of this legislation but recommends that it include the surviving spouses of seriously disabled veterans and those who have died due to their service-connected conditions.

H.R. 3402, Caring for Survivors Act of 2021

DAV strongly supports this legislation, which would improve Dependency and Indemnity Compensation (DIC) by increasing the amount paid to survivors of disabled veterans and expanding the eligibility criteria.

Since DIC was created in 1993, major improvements have been legislated only once, in 2003. While minor enhancements have been implemented, there is still much that can be done to improve benefits for the survivors of America's veterans. DIC rates have failed to keep up with the cost of living and fallen short of what federal employees' survivors receive. Now that we see the combined effects of a pandemic, plus a war that has spanned two decades, the urgency for these improvements is dire.

Increase DIC Rates

DIC is a benefit paid to surviving spouses of service members who die in the line of duty or veterans who die from service-related injuries or diseases to provide surviving families with the means to maintain some semblance of economic stability after the loss of their loved ones. When a service-disabled veteran passes away, not only does the surviving spouse have to deal with the heartache of losing their loved one, but they also have to contend with the loss of their veterans' compensation. This loss to a survivor's budget is devastating, especially if the spouse was also the veteran's caregiver and dependent on that compensation as their sole income source.

The rate of compensation paid to survivors of service members who die in the line of duty or veterans who die from service-related injuries or diseases was established in 1993 and has been minimally adjusted since then. Currently, the rate of compensation paid to a veteran's survivors is significantly lower than the monthly benefits for survivors of federal civil service retirees. This creates inequity for survivors of our nation's heroes compared to survivors of federal employees.

The Caring for Survivors Act would increase the rate of compensation for DIC to 55% of a totally disabled veteran's compensation to correspond with what federal

employee survivors receive. In addition, this bill would create a new *minimum* for those who were in receipt of rank-based death benefits prior to 1993. In essence, those who were receiving less than the base amount for DIC would receive a much needed increase while those who currently receive more, would be able to keep the greater of the two amounts.

Reduce the 10-Year Rule for DIC

Many veterans who are rated 100% disabled or have individual unemployability due to their service-connected disabilities are unable to work in full-time occupations, if at all. In recognition of the severity of many disabilities and the impact on veterans and their families, if a veteran is 100% disabled, to include individual unemployability, for 10 consecutive years before the veteran's death, surviving spouses and minor children are eligible for DIC benefits.

However, if a veteran dies due to a nonservice-connected condition before they reached 10 consecutive years of being totally disabled, their dependents are not eligible to receive the DIC benefit. This happens even though many of these survivors put their careers on hold to act as primary caregivers for the veteran, and now with the loss of their veteran, could potentially be left destitute.

The Caring for Survivors Act would modify the DIC program and institute a partial DIC benefit starting at five years after a veteran is rated totally disabled and reaching full entitlement at 10 years. This would mean if a veteran is rated as totally disabled for five years and dies, a survivor would be eligible for 50% of the total DIC benefit increasing until the 10-year threshold and the maximum DIC amount is awarded.

Consistent with DAV Resolution Nos. 072 and 057, DAV supports H.R. 3402, the Caring for Survivors Act.

H.R. 3793, Supporting Families of the Fallen Act

This bill would increase the amount paid through the Service members' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) from \$400,000 to \$500,000. This would be the first increase in coverage since 2005.

As a resolution-based organization, DAV does not have a resolution that pertains to SGLI or VGLI coverage amounts and takes no position on this legislation.

H.R. 4191, Gold Star Spouses Non-Monetary Benefits Act

This legislation would allow remarried surviving spouses to maintain federal hiring preference, and other non-monetary benefits, if they are Gold Star lapel button eligible.

DAV does not have a resolution that addresses this issue and takes no position on the bill.

H.R. 4601, Commitment to Veteran Support and Outreach Act

The bill would amend chapter 63 of title 38, United States Code (USC), to add a new section 6307, which would be titled Grants to States to improve outreach to veterans.

VA would be able to provide assistance to states to carry out programs to improve outreach and assistance to veterans and their families to make sure that they are fully informed about veterans' benefits programs.

A state will be required to submit an application to the VA that outlines the details for the use for the grant. The state will be required to show a plan for how the grant funds will be distributed among its counties and meet the unique needs of American Indian or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities.

The VA will be required to prioritize the awarding of grants in the following manner: areas with a critical shortage of county or tribal service officers and areas with high rates of veteran suicide and referrals to the Veterans Crisis Line.

DAV supports outreach and services that help the needs of all service-disabled veterans, to include American Indian and Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities.

DAV's Statement of Policy calls for enhanced outreach to ensure that all disabled veterans receive all the benefits they have earned.

H.R. 4633, to improve the repayment by the Secretary of Veterans Affairs of benefits misused by a fiduciary

H.R. 4633 would amend Title 38, United States Code (USC), Section 6107, by removing paragraph (a) "Negligent Failure by Secretary." It would further add, in any case in which a fiduciary misuses all or part of an individual's benefits paid to a fiduciary, the Secretary would be required to pay the beneficiary or the beneficiary's successor fiduciary an amount equal to the amount of the benefit misused. In addition, the bill would require the Secretary to make a good faith effort to obtain recoupment from the fiduciary to whom the payment was originally made.

The purpose of the VA Fiduciary Program, under the Veterans Benefits Administration (VBA), is to protect beneficiaries who are unable to manage their VA benefits. VBA appoints fiduciaries to receive direct payments on behalf of beneficiaries and disburse those funds for beneficiaries' care, support, welfare, and needs. VA beneficiaries rely on their appointed fiduciaries to make financial decisions in their best

interests. VA fiduciary staff provide oversight to help prevent fiduciaries from misusing funds. Misuse occurs when a fiduciary spends a beneficiary's benefit payments for something other than the "use and benefit" of the beneficiary. Use and benefit is any expense reasonably intended for the care, support, or maintenance of the beneficiary or the beneficiary's dependents.

Our most vulnerable, veterans and beneficiaries who have fiduciaries, must be protected from fraud and misuse of their earned benefits. When the fraud and misuse is discovered, VA needs to respond with repayment of those earned benefits.

H.R. 4633 would remove the requirements of negligent failures investigations by the VA before an issuance is remitted. DAV supports H.R. 4633 in accord with DAV Resolution No. 002, which supports improvements to the VA Fiduciary Program, specifically reports and investigations of misuse and fraud by the appointed fiduciary and making the veteran whole based on the misused funds.

Recommendation

The recent July 2021 VA Office of the Inspector General (OIG) report found that in 40 cases, beneficiaries faced significant wait times in the processing of misuse determinations, an average of 228 days, negligence determinations, an average of 468 days, and reimbursements of misused funds, an average of 426 days.

Beneficiaries should never wait for nearly two years for the repayment of misused benefits. That is two years' worth of mortgage or rent payments, utility payments and basic food and groceries. We are extremely concerned about the financial hardships this creates for the most vulnerable veterans and their families. This must be addressed quickly.

DAV recommends that time frames for investigations and repayments must be put in place to protect beneficiaries. Although the OIG report does reveal that VBA has implemented process changes and established a target to complete misuse investigations within 60 days in fiscal year 2021, it does not cover a time frame for repayment of misused funds. We urge the Subcommittee to consider including time frames for VA actions on all investigations and repayment of misused funds.

H.R. 4772, Mark O'Brien VA Clothing Allowance Improvement Act

This bill would amend Section 1161 of title 38, United States Code, by adding a new subsection that would make automatic recurring annual clothing allowance payments to veterans unless that veteran elects to no longer receive those payments or it is determined by the VA that the veteran is no longer eligible to receive those payments.

Five years after veterans become eligible to receive clothing allowance benefits, VA would be required to review their eligibility to determine if they continue to be eligible

to receive payments. H.R. 4772 would also require VA to establish a regulatory standard to determine if the service-connected disability of the veteran making the claim for clothing allowance is subject to change. If it is determined the veteran has a service-connected disability that is not subject to change, the eligibility review will no longer be necessary.

If the VA receives a claim for annual clothing allowance and it is determined that the veteran no longer meets the eligibility requirements for this benefit, VA will notify the veteran the benefit will be discontinued.

In accordance with DAV Resolution No. 028, we support this legislation for VA to continue its mission to furnish service-connected veterans timely, high-quality health services that covers a full continuum of care, including, prosthetics services.

Discussion Draft, Restoring Benefits to Defrauded Veterans Act

This draft would amend Title 38, United States Code (USC), Section 6107. Specifically, in the case of a deceased beneficiary, it would require the Secretary to reissue misused funds to the estate of the deceased beneficiary. Currently, when a fiduciary misuses all or part of an individual's benefits paid to a fiduciary, the Secretary would be required to pay the beneficiary or the beneficiary's successor fiduciary an amount equal to the amount of the benefit misused. This draft would add the beneficiary's estate.

The purpose of the VA Fiduciary Program, under the Veterans Benefits Administration (VBA), is to protect beneficiaries who are unable to manage their VA benefits. VBA appoints fiduciaries to receive direct payments on behalf of beneficiaries and disburse those funds for beneficiaries' care, support, welfare, and needs. VA beneficiaries rely on their appointed fiduciaries to make financial decisions in their best interests. VA Fiduciary staff provide oversight to help prevent fiduciaries from misusing funds. Misuse occurs when a fiduciary spends a beneficiary's benefit payments for something other than the "use and benefit" of the beneficiary. Use and benefit is any expense reasonably intended for the care, support, or maintenance of the beneficiary or the beneficiary's dependents.

DAV does not have a resolution specific to adding the estate of a deceased beneficiary to receive the reissued misused payments, therefore we do not support or oppose this draft bill. We are concerned about the proposal to make payments to the estate.

In many instances within the Fiduciary Program, VA appoints a family member of the beneficiary to act as the fiduciary. If the fiduciary, a family member, misuses the payments and VA reissues the funds directly to beneficiary or the new fiduciary, that family member that misused the funds will not have access to them. However, in the case of a deceased beneficiary, the family member that misused the funds and VA

makes payment to the estate of the deceased beneficiary, which the family member may again have access to those same funds they previously misused.

Discussion Draft, to improve the manner in which the Board of Veterans' Appeals conducts hearings regarding claims involving military sexual trauma and to direct the Secretary of Veterans Affairs to improve the language and practices of the Department of Veterans Affairs with respect to such claims

This draft would amend title 38, United States Code (USC), Chapter 71, Board of Veterans' Appeals, by adding a new provision, 7114, "Conduct of hearings regarding claims involving military sexual trauma." If an appellant has elected a hearing before the Board of Veterans' Appeals (Board) on a covered case, this would allow an appellant to request that the hearing is conducted by a Board member of a specific gender and requires the Board to take the request into consideration when assigning a Board member to the case. The proposed draft would define a covered case as a claim for compensation based on military sexual trauma (MST) experienced by a veteran.

It would require each Board member who conducts a hearing on a covered case to review the evidentiary record, including personal statements and affidavits of the appellant prior to the hearing. Also, to the extent practicable, the Board member shall refrain from asking questions relating to the military sexual trauma of the appellant if the information the Board member seeks is contained in the evidentiary record.

Additionally, this draft would not allow the Board to remand a covered case to the agency of original jurisdiction to obtain a medical examination or a medical opinion under section 5103A(d) of this title to determine the service connection of a disability for which the covered case relates if the Board is able to decide such service connection based on the evidentiary record of the case. If the Board remands a covered case to the agency of original jurisdiction for purposes of obtaining a medical examination or a medical opinion described in 16 paragraph (1), the Secretary may accept, in lieu of such an examination, a disability benefit questionnaire form, or such successor form, filed by the appellant and the health care provider of the appellant. If the Secretary determines that such an examination is necessary, shall ensure that the examination is conducted by a covered medical provider who has not previously examined the appellant.

For many MST survivors, establishing service connection for mental and/or physical injuries caused by MST represents personal validation as well as recognition of and gratitude for their honorable service. However, VA must recognize that MST survivors often experience common feelings of shame, and that the event was somehow their fault and they are not believed. When VA continues to overly develop the event, VA is reinforcing these feelings as well as retriggering the event itself. DAV supports legislation to change the evidentiary standards for stressor requirements in claims for conditions related to MST. Unfortunately that is not the current requirements and VA is obligated to develop the for the MST event.

While we agree with the intent of the discussion draft to lessen the traumatization of MST survivors, DAV does not have a resolution specific to these impacts on the Board, thus we do not support or oppose. However, we do have concerns regarding the proposals contained therein:

- **Hearing request with choice of gender of the Veterans Law Judge (VLJ).** The draft states the veteran may request the gender of the VLJ presiding over the hearing and that the Board is required to consider it. However, it does not require the Board to fulfill the request. This may set an unrealistic expectation with the veteran and lead to cancellations or requests to reschedule in order to obtain a VLJ that meets their choice. This together with the fact there are over 91,000 pending hearing requests pending at the Board, may have a negative impact on all Board hearings.
- **The Board's inherent fact finding ability and determinations.** The United States Court of Appeals for the Federal Circuit (Federal Circuit), held that the Board is charged with the duty to assess the credibility and weight given to evidence. *Madden v. Gober*, 125 F.3d 1477, 1481 (Fed. Cir. 1997). Further, in *Jefferson v. Principi*, 271 F.3d 1072 (Fed. Cir. 2001), the Federal Circuit recognized that that Board has inherent fact-finding ability. We are concerned that two of the provisions in this draft could negatively impact the Board's ability to make findings of fact and assess credibility and weight of the evidentiary record.

To the extent practicable, the Board member shall refrain from asking questions relating to the military sexual trauma of the appellant if the information the Board member seeks is contained in the evidentiary record. We fully understand this intent of not seeking to re-traumatize survivors of MST, however, that may not be practical based on each individual case. In 2020, DAV represented more appeals before the Board than any other VSO and our experience notes that the majority of appeals based on disabilities related to MST are related to corroborating the MST event. This unfortunately requires discussion and arguments to establish that corroboration although the event itself may not be of the evidence of record. However, if restrictions were placed on the VLJ in questioning the appellant at a hearing, this could be detrimental to the weighing and assessing the facts of the case.

The Secretary may accept, in lieu of such an examination, a disability benefit questionnaire (DBQ) form, or such successor form, filed by the appellant and the health care provider of the appellant. Specifically, this is in reference to the VLJ remanding a case for a VA examination and/or medical opinion. This provision would allow VA to accept a DBQ from the appellant and health care provider in lieu of the requested VA examination and/or medical opinion. We appreciate limiting survivors to additional examinations and opinions, but again, we are concerned if the evidence does

meet the requirement from the remand, it could impact the VLJ assessing and weighing the facts of the case.

DAV supports legislation to change the evidentiary standards for stressor requirements in claims for conditions related to MST. Specifically including a requirement that the VA Secretary accept as sufficient proof: a diagnosis of a mental health condition by a medical professional along with satisfactory lay or other evidence and an opinion by the mental health provider that the condition is related to MST if consistent with the facts of the veteran's service, notwithstanding the absence of an official record of the event. To that end, VA shall resolve every reasonable doubt in favor of the veteran.

Draft Bill, Justice for ALS Veterans Act of 2021

This legislation would provide the survivors of veterans who die of amyotrophic lateral sclerosis (ALS) the DIC "kicker" amount without meeting the eight-year time period requirement.

Title 38, United States Code, Section 1311(a)(2) allows an additional DIC monthly payment of \$288.27 to survivors in the case of a veteran who at the time of death was in receipt of or was entitled to receive compensation for a service-connected disability that was rated totally disabling for a continuous period of at least eight years immediately preceding death. This monetary installment is commonly referred to as the DIC "kicker." ALS is an aggressive disease that leaves many veterans totally incapacitated and reliant on family members and caregivers. VA already recognizes ALS as a presumptive service-connected disease and due to its progressive nature, automatically rates any diagnosed veteran at 100% once service connected. Individuals diagnosed with ALS have an average lifespan of between two to five years. Sadly, many veterans are unable to meet DIC's eight-year requirement.

DAV supports the Justice for ALS Veterans Act, which would provide these increased DIC payments to surviving spouses of veterans who die from ALS regardless of how long they had been rated as totally disabled prior to death in accordance with Resolution No. 057.

Discussion draft, to improve coordination between the Veterans Health Administration and the Veterans Benefits Administration with respect to claims for compensation arising from military sexual trauma

This draft bill would require enhanced communication and coordination of the services and supports offered by the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA) for veterans filing claims for conditions related to military sexual trauma (MST), specifically by triggering automatic outreach to veterans at certain points during the claims process.

Beginning in 1992 with the enactment of Public Law 102-585 and in the years since, VHA began offering veterans counseling and services to address physical and mental health issues related to MST, without requiring a service-connected rating or proof of the event. However, a lack of coordination between VBA and VHA means that MST survivors filing for claims are often left without any guidance on the immediate health services and other resources available to them through VA.

DAV testified in May before the Senate Veterans' Affairs Committee that once an MST-related claim is filed, it should automatically initiate a communication to the veteran providing direct contact information for both a VBA MST coordinator and a VHA MST coordinator, clearly explaining how each can provide assistance. As reflected in this draft bill, such correspondence should also contain information about the services MST survivors are eligible to receive through VHA, thereby helping to reduce the need for them to continuously recount their experience to strangers when attempting to seek assistance.

It is also important to note that the language used by VBA in communications to survivors of MST is important, as some outreach in the past has been regarded as insensitive by survivors. Whether drafting official correspondence or determining requirements for exams, VBA must recognize MST claims are unique and approach them with care. DAV recommends that when drafting official VBA correspondence for MST-related claims, VBA consult with psychologists and experts specializing in sexual assault to ensure language used in letters to veterans is not inflammatory or impersonal. Additionally, we recommend the VBA outreach letters required by this bill contain information advising the veteran of their ability to request the gender of their provider during their compensation and pension exam.

In many ways, the VA has attempted to standardize the MST claims process, but no sexual assault is standard and more must be done to make veterans aware of the help and resources available to them, regardless of their service-connected rating. DAV fully supports the VA Peer Support Enhancement for MST Survivors Act based on DAV Resolution 092, which calls for enhanced treatment for survivors of military sexual trauma.

This concludes my testimony on behalf of DAV. I would be happy to answer any questions you or other members of the Subcommittee may have.