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**STATEMENT OF
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BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
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Chairman Tester, Chairman Takano and Members of the Committees on Veterans' Affairs:

Thank you for providing me the opportunity to deliver the 2021 Legislative Program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill during wartime service.

I present this testimony today as only the second national commander in DAV's history to serve two consecutive terms for our organization. In 1942, as the United States ramped up involvement in World War II, our annual national convention was canceled. Therefore, our membership body was unable to elect a new national commander. Last year, we faced a new foe—COVID-19—which waged war on a global front, bringing our country and many others to a virtual standstill.

This past year, DAV commemorated a century of dedicated service to America's veterans, their families and survivors. While it certainly looked and felt different than we had anticipated, it gave us an important opportunity to reflect on our organization's history and the lessons we have learned in the face of adversity.

DAV was established in 1920, in the wake of World War I and on the heels of the influenza pandemic which began in 1918. In many ways we can draw parallels between the time of DAV's creation and our centennial anniversary—a viral outbreak cutting down populations across the globe; overrun and overburdened health care systems; economic downturn; soaring unemployment; and, underlying it all, a pressing need to address critical issues impacting the nation's veterans.

I am proud to say that, thanks to the dedication and adaptability of our teams in Cold Spring, Kentucky; Washington, D.C.; and across this nation, DAV's mission did not change and our commitment did not falter. When veterans needed us most—as many lost their jobs, fell ill or became isolated in their homes—DAV members, volunteers and staff swiftly pivoted and found new ways to provide the resources necessary to help those in need. This is our purpose, as clear today as it was 100 years ago.

What the nation learned in 1920 as it began recovering from the “one-two punch” of the Great War and the Spanish flu pandemic, and what we are being forced to relearn today, is that there can be no hasty return to normalcy and healing following such devastating blows to our way of life. Very few things have gone unchanged during this pandemic—from the way we work, seek and administer medical care to how we shop for basic necessities, care for our families, and connect with our loved ones and fellow citizens. For every month spent isolated under social distancing measures, we will need another to carefully unravel the past year and work to establish our new American normal.

The pandemic will reshape many of the institutions we’ve come to know, and health care is chief among them. Almost 500,000 Americans have perished from this virus, and 28 million have contracted it. Among them, VA reported in excess of 224,000 cases, with more than 10,000 veteran deaths as of February 23, 2021, according to the Department of Veterans Affairs (VA). Over the course of this pandemic, the VA itself has had to make drastic changes in how it delivers health care, significantly increasing telehealth services and adapting to an ever-changing landscape. There were a number of challenges, and while the VA made strides in some areas, it fell short in others. Looking ahead, the VA must take into account how these pandemic-related changes will impact health care delivery in the future. The VA must also consider how its Fourth Mission requirements during national emergencies can better align and remain consistent with its primary health care missions without sacrificing its ability to provide safe and uninterrupted care to the veterans it serves during future outbreaks or national emergencies.

We do not yet know the full and lasting impacts of this public health crisis, but as they become clearer, there are many issues our nation must stand ready to address. Last summer, nearly 800,000 veterans were left searching for work, with disabled veterans disproportionately affected. How many of those veterans today are still unable to pay their bills, feed their families and make ends meet? We know that before the pandemic, many veterans were already struggling with post-deployment transition; mental health issues; and, in some cases, suicidal ideation. While the VA has worked hard to keep veterans connected with their mental health providers over the past year, we are concerned that many have faced dark times and been isolated from friends and family, perhaps without access to the normal outlets, support systems and resources they had relied on in the past. Are we losing ground in the battle against veteran suicide? What will the future of VA health care look like after such significant changes—and how will the VA address pent-up demand for care and delays on critical projects, initiatives, programs and services?

The VA experienced its deadliest month for veterans and staff in January due to COVID-19. This spurred the department to undertake massive efforts to scale its vaccination rollout to protect front-line workers and patients. President Abraham Lincoln once said, “Honor to the soldier and sailor everywhere, who bravely bears his country’s cause. Honor, also, to the citizen who cares for his brother in the field and serves, as he best can, the same cause.”

We owe a tremendous debt of gratitude to the hundreds of thousands of Veterans Health Administration (VHA) employees across the nation who have continued to care for veteran patients under stringent new safety protocols for months, without a clear end in sight. They are fatigued, they are strained, and yet they carry on knowing the personal risks inherent to their jobs. More than 131 VHA employees have died from COVID-19-related complications, and many others have fallen ill in the line of duty. We offer our condolences to the loved ones of all those lost during this outbreak, and we thank those who have continued to show their professionalism and dedication to veterans despite the risks to themselves and their loved ones and in the face of such great uncertainty.

Messrs. Chairmen, this past year has challenged us as a nation in a way none of us could have imagined. President Lincoln also had thoughts on that, saying, “If given the truth, people can be depended upon to meet any national crisis. The great point is to bring them the real facts.”

While much of our attention is focused on meeting the crisis at hand, we cannot lose sight of the many important transformations underway at the VA and the areas where veterans and their families need and deserve our support—now perhaps more than ever.

I am honored to be here today to help underscore those critical areas by presenting—for the second time—DAV’s National Legislative Program.

STRENGTHENING VA HEALTH CARE AND INFRASTRUCTURE

Messrs. Chairmen, providing high-quality, timely, accessible health care to our nation’s military veterans remains one of our nation’s most sacred promises; strengthening the VA health care system is the best way to keep that promise. As studies have shown for more than a decade, the quality of care provided by the VA is as good as or better than the private sector on average. That has also been my experience, beginning when I first enrolled in the VA system in 2009. In fact, I have been fortunate to have had the same primary care provider ever since. I hear similar experiences from most of my brothers and sisters in DAV, and I’m sure you have heard the same from most of the veterans you represent. However, there still remain too many veterans who do not have timely or convenient access to VA health care.

In 2018, Congress passed the VA MISSION Act to improve access for veterans by expanding the VA’s internal capacity and creating a new community care program to fill in gaps of care whenever and wherever they may occur. DAV and other veterans charities supported the VA MISSION Act with the understanding that the VA would remain the primary provider and coordinator of care for veterans. The law required that community providers be held to the same quality and access standards the VA applies to itself. However, when the MISSION Act was implemented in June 2019, the VA did not mandate that non-VA community providers meet these standards. DAV continues to call on Congress and the administration to mandate that all non-VA providers in the new

community care network match the VA's quality and access standards, as well as all training and certification requirements the VA applies to its own doctors, nurses and other clinicians.

Although the MISSION Act required the VA to establish a new community care program by June 2019, there has been a slow transition from the former Veterans Choice Program provider networks to the new MISSION Act provider networks, now called Veterans Care Networks (VCNs). This delay was exacerbated and complicated by the COVID-19 pandemic, which will likely continue at least for most of this year. To better meet veterans' care needs, the VA must implement a new scheduling system for community care appointments. We call on the VA to accelerate work on its new Centralized Scheduling System to allow real-time access to VCN providers' appointment schedules, as well as to allow veterans the ability to self-schedule medical appointments, both in the VA and in VCNs.

In developing and reaching an agreement on the VA MISSION Act, Congress, the VA and stakeholders in the veteran community worked collaboratively, and it was fully expected that such collaboration would continue during implementation. However, since the law was approved in 2018, the VA has had very limited engagement with veterans and organizations like ours while developing and promulgating MISSION Act regulations and policies. The VA did not complete the market assessments or "Strategic Plan to Meet Health Care Demand" required by the law (Section 106) prior to establishing the new VCNs. Further, the VA did not engage in meaningful consultation with veterans service organizations (VSOs) during most of that process, although the VA's Office of Community Care has significantly improved consultation over the past six months.

Another critical component of the MISSION Act is the Asset and Infrastructure Review (AIR) process to modernize, realign and rebuild VA health care facilities. For decades, successive administrations and Congresses have woefully underfunded the aging VA health care infrastructure, one of the key factors driving the VA's access problems. Past attempts to develop comprehensive long-term infrastructure plans have failed to be implemented, eroding support for properly funding VA construction programs. The AIR provisions included in the bill are intended to help break through this impasse by creating a collaborative and transparent process in which the VA, Congress, veterans organizations and veterans themselves would all play significant roles in designing a plan to strengthen VA infrastructure. However, the intended AIR outcome will only be successful if there is transparency, understanding and confidence in the process and intended goals among veterans who choose and rely on the VA.

The AIR process involves multiple steps that play out over three years. First, the VA will develop a comprehensive plan for its health care infrastructure by the end of this year. Next, an independent commission will review, modify and approve that plan in 2022, and the president and Congress will then review and accept or reject that plan in 2023. However, this timeline was predicated on the successful implementation of the new VCNs, which were to be completed and stabilized before beginning the AIR process. The slow rollout of the VCNs and the failure to complete market assessments, complicated by the yearlong pandemic, all disrupted veterans' normal health care

utilization and reliance patterns. Without accurate and reliable data on how, when and where veterans are and will be using the new VCNs to meet their medical care needs, it would be premature to make permanent decisions about the number, size and scope of facilities the VA will require in the future to deliver that care.

Furthermore, the COVID-19 pandemic forced the VA to make significant modifications to health care delivery to protect veterans and health care personnel. The VA must fully evaluate the impact of these changes and determine the best and safest model of care for the future. Since we are still somewhere in the middle of the pandemic, it is too early to draw conclusions about how to design or modify VA facilities to ensure safe, reliable health care delivery during future pandemics or other emergencies.

Messrs. Chairmen, given these delays and uncertainty, Congress should amend the MISSION Act to extend the AIR timeline by at least one year. Furthermore, the VA must fully engage with veterans and VSO stakeholders in order to keep veterans' preferences paramount while completing market assessments and implementing the AIR process. Finally, the outcome of AIR can only be successful if Congress significantly increases and sustains funding for VA infrastructure maintenance and construction programs.

EXPANDING CAREGIVER SUPPORT FOR SEVERELY DISABLED VETERANS OF ALL ERAS

While we believe some initiatives within the VA would benefit from a delay, one program we strongly believe must be expedited is the continued expansion of the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC).

DAV worked closely with Congress and the VA to help craft and enact the VA MISSION Act in 2018, including provisions to expand the PCAFC to all generations of severely disabled veterans, not just those who were injured on or after Sept. 11, 2001, as was the case under the previous eligibility criteria.

We want to thank the members of both committees for your efforts in helping to make the expansion of this critical support program a reality for our most severely disabled veterans. Likewise, DAV was extremely pleased that, last year, the VA published its decision to include service-connected illness as well as injury in final regulations for eligibility for PCAFC, in line with DAV's recommendation.

As originally intended under the law, PCAFC was to be expanded in two phases. The first phase of the expansion, which included eligible veterans injured or made ill prior to May 7, 1975, was to begin Oct. 1, 2019. The second phase, which included veterans injured or made ill after May 7, 1975, was planned to start two years later, beginning Oct. 2, 2021. However, the VA continued to delay certification of the information technology system required to administer the program, ultimately pushing the initial expansion date back by an entire year.

Although delayed by one year, the VA finally certified its IT operability and officially expanded eligibility to PCAFC to the first phase of disabled veterans on Oct. 1, 2020. Several DAV members were among those who began submitting applications for the program on the very first day. I am pleased to inform Congress that several Vietnam veterans reported that the enrollment process was both efficient and expedient, and within a relatively short period they were notified that they had been approved for the benefit, stipend payments and support services.

Already, just months into the expansion, this program has had a positive and life-altering impact for seriously injured and ill veterans and their family caregivers, providing support they have lacked but desperately needed for decades. While we are pleased the rollout has largely received positive feedback from new enrollees, the initial delays that occurred with implementing and certifying the new IT system for the first phase of expansion subsequently delayed the second phase of the rollout as well. Because the law allowed the VA a two-year gap between expansion phases, which resulted in a new projected start of Oct. 1, 2022, for Phase 2 expansion, the second group of veterans and their caregivers will be forced to wait a year longer than originally anticipated before being allowed to apply for this critical support program.

However, while the VA indicated it would be necessary to increase staff levels prior to Phase 2 expansion to properly manage the program, it said that no additional IT upgrades would be needed to accommodate new enrollees. As such, DAV believes there should be no further unnecessary delays in expanding the program to all remaining veterans and their caregivers, and we call on the VA to immediately begin hiring additional caregiver program personnel in order to expand PCAFC to Phase 2 veterans and caregivers as soon as possible, but no later than the original intended date of Oct. 1, 2021.

ENSURE VETERANS WHO WERE EXPOSED TO TOXIC SUBSTANCES RECEIVE FULL AND TIMELY BENEFITS

Messrs. Chairmen, another area of great importance and urgency is creating a more-efficient framework through which veterans who have been exposed to toxins and hazardous materials are able to access the care and benefits they need when they need it.

When service members are exposed to toxins and environmental hazards during military service, our sense of duty to them must be heightened, as many of the illnesses and diseases due to these toxic exposures may not manifest for years, even decades, after they have completed their service.

Veterans who become ill as a result of toxic exposures must be afforded disability benefits and health care services in a timely manner. However, over the past four years, the VA had failed to add diseases that had been determined to have a positive scientific association with Agent Orange exposure. It took Congress to enact legislation to add three new diseases—bladder cancer, hypothyroidism and Parkinsonism—to the list of

presumptive medical conditions recognized by the VA. While we are grateful for these inclusions, as thousands of Vietnam veterans will now be able to access VA health care and benefits, the VA has not included hypertension and monoclonal gammopathy of undetermined significance (MGUS) as presumptive diseases, although these conditions were also scientifically associated with Agent Orange more than two years ago.

The National Academies of Sciences, Engineering and Medicine (NASEM) report, “Veterans and Agent Orange: Update 2014,” published in 2016, a committee of the Health and Medicine Division reaffirmed the conclusions of previous studies that hypertension should be placed in the category of limited or suggestive evidence of association, although the VA has not found hypertension to be presumptively related to service in Vietnam. The VA study “Herbicide Exposure, Vietnam Service, and Hypertension Risk in Army Chemical Corps Veterans” found that exposure to herbicides is “significantly associated” with the risk of hypertension, or high blood pressure, in members of the Army Chemical Corps.

The updated December 2018 NASEM report reviewed the VA study and stated that there is sufficient evidence of a relationship between hypertension and MGUS and Agent Orange exposure. Thousands of veterans suffering from hypertension and its serious negative health impacts and complications, as well as MGUS, need access to VA preventative health care and deserve disability compensation benefits.

Messrs. Chairmen, I have personally seen the ravages of toxic exposure within my own family. I had two uncles who served in Vietnam, and both of them passed away as a result of exposure to Agent Orange. Many Vietnam veterans have waited decades for science to provide answers, and there is no reason for veterans to continue waiting any longer for the VA to add conditions that have a positive scientific association with Agent Orange exposure to its list of recognized presumptive conditions. Because the VA has failed to take timely action on adding hypertension and MGUS to this presumptive list, we call on Congress to intervene and enact legislation to add these two conditions.

Another toxic exposure DAV is deeply concerned about is emissions from open-air waste burning, commonly called burn pits, which can be traced back as far as Operations Desert Storm and Desert Shield from 1990 to 1991. I know firsthand how exposure to toxic substances from burn pits can impact your health. I was stationed at Camp Scania in Iraq, which had a major burn pit just a mile away. I personally took several trips to this burn pit, where everything from tires and batteries to medical and human waste was burned. Since my return from Iraq, I have had a number of new medical challenges—including respiratory, cardiovascular and thyroid issues—as did a number of my fellow soldiers. I’m very proud that DAV has taken the lead on this important issue and was responsible for bringing it to the public’s attention. I also appreciate that Congress plans to continue to focus on this issue in the 117th Congress, and DAV looks forward to addressing how the VA can improve and ensure a more consistent decision-making process for health impacts from toxic exposures during military service.

We are troubled that many veterans exposed to toxins from burn pits may not have access to VA health care or the ability to obtain service-connected benefits for diseases or illnesses related to those toxins. In September 2020, NASEM completed its report “Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations” and concluded that there was inadequate or insufficient evidence to determine associations between exposure to toxins from burn pits and respiratory-related conditions.

Because there is no current presumptive service connection, veterans must file claims for direct service connection for diseases and illnesses related to burn pit exposure. In order to establish direct service connection for a related illness or disease, there must be (1) medical evidence of a current disability, (2) evidence of burn pit exposure and (3) evidence of a nexus between the burn pit exposure and the current disability. According to the VA, from June 2007 through May 2020, it adjudicated 12,517 direct service connection claims for diseases related to burn pit exposure. Of those claims, 78% have been denied.

To overcome these obstacles to receiving benefits and health care, DAV proposed that the VA concede exposure to burn pits, and the known toxic substances emitted from them, for veterans who served in locations where and when burn pits were active. In the 116th Congress, DAV was pleased to have worked with Sens. Dan Sullivan (AK) and Joe Manchin (WV), who introduced the Veterans Burn Pits Exposure Recognition Act (S. 2950), legislation to concede exposure to burn pits for any veteran eligible to join the VA Airborne Hazards and Open Burn Pit Registry and acknowledge the list of chemicals and toxins already identified in the VA’s M21-1 Adjudication Procedures Manual.

A concession of burn pit exposure would not establish presumptive service connection; however, it would remove a known barrier—the requirement for veterans to prove their individual exposure to burn pits and the types of toxins emitted for disability claims based on direct service connection. We ask that this legislation be reintroduced and enacted by Congress so that burn pit-exposed veterans will not have to wait for additional research to establish presumptive diseases related to their exposures. To ensure veterans exposed to burn pits are eligible for health care, we also urge Congress to enact legislation that will either extend the five-year period for VA health care for combat veterans or provide specific health care eligibility criteria for veterans exposed to burn pits.

Many other veterans are waiting for their toxic exposures to be recognized or the diseases they suffer from to be formally associated with their military service. One such example is veterans who served as Karshi-Khanabad Air Base, known as K2, a former Soviet air base in southeastern Uzbekistan that shares a border with northern Afghanistan. Over 15,000 U.S. service members were deployed to the U.S.-established Camp Stronghold Freedom at K2, which was used to support combat missions from 2001 to 2005.

When it was a Soviet air base, K2 contained chemical weapons, enriched uranium, and soil saturated with fuels and other solvents that formed a “black goo.” Air samples at the base found elevated levels of tetrachloroethylene as well as the residuals of chemical weapons, including cyanide in the showers. Other health assessment tests found the base had elevated levels of volatile organic compounds, and total petroleum hydrocarbons (TPH) were detected at numerous locations throughout Stronghold Freedom. A 2002 assessment recommended not to dig into soil contaminated with jet fuel, but those areas were populated with tents soldiers slept in and aircraft hangars, according to the declassified document. In the same year, another Department of Defense health risk assessment found between 50% and 75% of personnel at Stronghold Freedom would be exposed to elevated levels of TPH. A 2015 study conducted by the Army found that veterans exposed at K2 have a 500% increased likelihood of developing cancer, to include malignant melanoma and neoplasms of the lymphatic and hematopoietic tissues.

In July 2020, DOD shared documents with Congress that revealed the Pentagon knew troops were exposed to hazards at K2, yet the VA still does not recognize toxic exposures for veterans who served at the base. In April 2020, the VA confirmed it will study health trends among the thousands of U.S. service members exposed at this base; however, no presumptive conditions or a concession of exposure to the known toxins at K2 are afforded to these veterans. Subsequently, thousands of veterans do not qualify for VA health care and many will likely experience significant difficulties in trying to establish service connection for diseases potentially related to the exposures.

Messrs. Chairmen, the VA and Congress need to expedite all studies concerning K2 veterans’ exposures and potential negative long-term health impacts. In many instances, these men and women cannot wait due to the significant increase of cancers. Congress by statute, or the VA by regulation, needs to recognize the toxic exposures at K2 and concede exposure to all of the identified toxins. This would remove barriers for establishing direct service connection and allow K2 veterans to establish benefits without waiting for the VA and the scientific community to establish potential presumptive diseases.

A number of other toxic-exposure issues have also emerged in recent years, and veterans need congressional action to ensure that the VA expands Agent Orange presumptions to veterans who served in Thailand and that it conducts additional studies on the long-term health effects of toxic exposures at Fort McClellan, Alabama, and water contaminated with polyfluoroalkyl substances found at over 600 military installations.

The presumptive processes and the presumptive decision-making process are not consistent among all of the different types of exposures. We urge Congress to enact legislation to establish a new presumptive processes framework that would apply to all current and future toxic exposures and presumptive diseases, to provide consistency and require timely action by the VA on toxic exposures once a scientific association is confirmed. A new decision-making framework must (1) improve DOD and VA data collection and record-keeping, (2) establish a concession of exposure or recognition of

the toxic exposure, (3) require statutorily mandated future studies on known exposures, (4) provide a time requirement for action by the VA secretary, (5) maintain the standard of positive association versus causation, and (6) update the classifications of scientific association.

The men and women who serve are frequently placed in situations that expose them to hazardous materials that can have long-term health effects or result in chronic conditions that negatively impact a veteran's overall health and require a lifetime of care. As a nation, we have a duty to ensure that veterans who serve our country and suffer chronic illness following a toxic exposure are fairly compensated by our government and have access to appropriate treatment and health care services without having to wait decades.

MENTAL HEALTH SERVICES AND SUICIDE PREVENTION

As the pandemic has gripped the nation for nearly a year now, forcing Americans into isolation and heightening anxiety, existing concerns over mental health and veteran suicide have grown exponentially.

Veterans' needs for mental health care and readjustment services has grown substantially in the last two decades in the wake of continued deployments to Afghanistan and Iraq. In fiscal year 2019, the Veterans Health Administration provided mental health care services to nearly 1.8 million veterans—approximately 29% of enrolled patients. Likewise, the need for increased resources to meet rising demand for these critical services was necessary to support the wide range of VA mental health programs and readjustment services offered in residential, outpatient, inpatient and telehealth settings and community-based Vet Centers.

Despite increased mental health staff, resources and intensive efforts to reduce suicide among veterans, rates have not significantly declined even after VHA identified this issue as the top clinical priority. The VA reported that 14 of the 20 veterans who committed suicide each day were not using VA health care services, presenting a number of unique challenges for addressing the needs of all potential veterans at risk.

Diverse and innovative VA mental health programs, such as Primary Care Behavioral Health Integration, serve as models for the health care industry. One of the VA's most recent suicide prevention initiatives—SPED (Safety Planning for Emergency Departments) focuses on clinical guidance for providers to ensure that veterans who present in mental health crisis receive appropriate risk screening prior to discharge, along with follow-up contact after discharge. This evidence-based protocol is associated with a reduction in suicide among veterans and increased outpatient treatment associated with their suicidal ideation. DAV recommends Congress ensure the VA implements this evidence-based practice with fidelity systemwide.

The VA is also actively engaged in a campaign to promote lethal-means safety for at-risk veterans. Because of their access to and familiarity with firearms, veterans are

more likely to use them in inflicting self-harm than their nonveteran adult peers. This VA initiative, focused on provider training, will help ensure clinicians feel comfortable addressing safe storage of firearms with at-risk veterans as part of the department's comprehensive public health suicide prevention strategy.

With expanded access to care and more veteran care being provided through the VA's Veterans Care Networks, it is imperative for community partners to follow VA clinical guidelines for mental health care and suicide prevention. Network providers must be required to meet the same standards for access and quality, including mandatory training on proper screening and evidence-based treatments for mental health conditions often experienced by veterans, such as post-traumatic stress disorder based on combat or military sexual trauma and traumatic brain injury. The VA should also require mandatory lethal-means safety training for all VCN providers and increase use of peer support specialists who reflect the demographics of the patient population served, including underrepresented veterans such as racial, ethnic and sexual minorities and women.

The VA's suicide prevention efforts will be supported by two important mental health bills supported by the Veterans' Committees and enacted during the 116th Congress. The Commander John Scott Hannon Health Care Improvement Act (Public Law 116-171) establishes a three-year community grant program for the provision of suicide prevention services for veterans and their families. It creates new tools to improve and standardize mental health care treatment, including a clinical provider treatment toolkit and training materials for evidence-based management of serious mental health conditions and treatment of co-morbid mental health conditions, including substance use disorders and chronic pain. The bill requires VHA and the Department of Defense to update clinical practice guidelines on management of suicidal ideation. It also requires the VA to develop a mental health staffing improvement plan.

The Veterans COMPACT Act (Public Law 116-214) was another major legislative accomplishment of the 116th Congress. The COMPACT Act authorizes the VA to furnish or pay for emergency care provided to veterans in acute mental health crisis. The law also authorizes the VA to pay for associated transportation costs for such care and up to 30 days of inpatient or up to 90 days of outpatient treatment to stabilize the condition. It creates a comprehensive educational program for family members and caregivers of veterans with mental health disorders and requires the VA to provide annual de-escalation and crisis intervention training for VA police.

As national commander, and in my role as a leader of National Guard troops, I have a responsibility to help decrease stigma associated with mental health care and increase awareness about suicide prevention among my fellow veterans, service members and members of the public. This awareness includes veterans' family members, friends and co-workers, as well as community health care providers, with a goal of educating them to recognize the potential risk factors and signs among veterans and accept personal responsibility for getting them help when needed. It will take **all** of us to end the tragedy of suicide among our nation's veterans. DAV thanks Congress for doing its part by enacting important legislative solutions, overseeing implementation of

new mental health programs throughout the VA, and adequately funding veterans' mental health and supportive services.

ENSURE EQUITABLE BENEFITS AND SERVICES FOR WOMEN AND MINORITY VETERANS

Messrs. Chairmen, one issue brought into focus due to pandemic has been the clear and disproportionate impact on racial and ethnic minorities in the U.S. Unfortunately, such disparities are not unique to COVID-19.

While VHA has evolved over time to meet the needs of its increasingly diverse patient population, gaps remain in access, usage rates and health outcomes among women and other minority veteran populations. This includes racial, ethnic, sexual orientation and gender identity groups—underscoring the need for continued focus on the causes of such disparate rates and implementation of practices and policies to improve them.

Though the total veteran population is projected to decrease from 18.6 million in 2016 to 12.9 million in 2040, the percentage of minority veterans is expected to steadily rise over that same period (from 23% to 34%). According to the VA's 2017 Minority Veterans Report, service-disabled Black veterans had the highest rate of health care use among VA patients (77.4%), followed by disabled Hispanic veterans (71.5%), yet despite such large minority patient populations, the VA's own systemic review found it has not been completely successful in eliminating racial and ethnic disparities in minority veterans' health outcomes.

While these disparities, according to VA research, mostly affect Black and Hispanic veterans, few studies examine the variances in health outcomes among other minority groups, such as American Indian and Asian veterans. VA research also shows lower health care provider trust among minority veterans, which can lead to poorer health outcomes, as well as disparities in mental health care diagnoses. For example, research found that clinicians tend to more frequently diagnose Black veterans with more serious mental illnesses, such as psychotic disorders including schizophrenia, and white veterans with affective disorders, such as bipolar disorder or depression.

Disparities also exist among gender and sexual minorities. Following the repeal of DOD's "don't ask, don't tell" policy in 2010, the VA adopted new policies and programs to address issues related to LGBTQ veterans and established VHA's Office of Health Equity and the LGBT Health Program. However, a Government Accountability Office report (GAO-21-69) notes that the VA still lacks a standardized method of collecting sexual orientation and self-identified gender identity data among veterans. The majority of veterans' records (89%) lack such information, which makes it difficult for VA providers and researchers to adequately identify and address specific health issues or disparities within this population and provide the appropriate care necessary to treat them.

For example, VA researchers found that LGBTQ veterans may experience higher rates of depression and more frequent thoughts of suicide but, without consistent data collection on sexual orientation or self-identified gender identity providers, can't analyze

the health of these veterans. Studies have also shown many LGBTQ veterans are hesitant to disclose their identities with VA health care providers for fear of bias and mistreatment. LGBTQ veterans report instances of discrimination within the VA, to include refusal of treatment, lack of provider knowledge on issues specific to sexual orientation or gender identity, and harassment.

Harassment, we know, is not specific to any one group of veterans, but it continues to be a notable problem within the VA. Despite considerable pressure over the past several years to eliminate sexual assault and harassment at VA facilities as well as numerous campaigns to achieve that end, the VA still struggles with employing a comprehensive, leadership-driven and departmentwide strategy to fully address the issue. By the VA's own account, 1 in 4 women veterans report having experienced some form of harassment or assault when trying to access care within its health facilities. This behavior is a barrier to care and deters many women and other minority veterans from seeking needed medical care and specialized services at the VA, and it undermines ongoing efforts to end harassment throughout the department.

VA leadership must fully support the White Ribbon campaign to end harassment and dedicate the proper resources and staff to achieve successful culture change within the department. The VA must create a culture throughout the system to ensure that all veterans are treated with the dignity and respect they deserve and are made to feel safe and welcome in seeking their earned benefits. The VA must also establish appropriate measures to evaluate its current Stand Up to Stop Harassment Now! campaign and to ensure the department has sufficient resources and staff to achieve the initiative's stated goals: Advance a culture where harassment is never tolerated; create a safe, respectful and welcoming environment for all VA patients; empower everyone to recognize, intervene and report harassment; and be accountable by tracking harassment and addressing reports of harassment.

Women veterans also face continued challenges in getting the care and services they need. Studies show women who have served often do not identify as veterans, which makes it critical for the VA to engage them in an effective manner to ensure they are able to access the care and benefits they have earned. Of the women veterans who use the VA health care system, more than 60% have a service-connected disability rating of 50% or higher. They often have complex medical needs, yet because women veterans comprise only a small number (roughly 500,000) of the VA's 7 million patients, the gender-specific services they require are not always available in-house at all locations. Women are often referred into the community for this routine care, which can result in fragmented care and, in some cases, poorer health outcomes. Care coordination is essential to ensure that women's care experiences, whether in the VA or its community care network, are seamless and that providers understand the unique needs of this population.

Despite these challenges, significant progress was made to improve care and services for women veterans. DAV gratefully acknowledges the enactment of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 in the 116th Congress. This important legislation contained numerous women veteran provisions from the Deborah Sampson Act that address long-

standing barriers and inequities in access to health care for this population. We appreciate the committees' bipartisan support and efforts to enact these important provisions and look forward to continuing to work with the Women Veterans Task Force in the 117th Congress.

To build upon this progress and ensure all enrolled veterans, to include growing minority veteran populations, have equitable access to VA health care and services and improved health outcomes, Congress must enact a comprehensive plan to change the VA culture. All veterans deserve an environment that is harassment-free and welcoming and one where staff and providers recognize their contributions in military service. Providing funding to adapt VA facilities to ensure that they provide safe, inclusive and welcoming patient care environments and establishing accountability for leadership to create culture change will ensure an improved experience for veterans and may ultimately improve care outcomes for minority populations. Expanding the VA's use of peer support specialists will allow it to personalize veterans' care experiences and make it more culturally sensitive for minority veterans.

Congress should also continually assess the programs and methods used to deliver services to underrepresented and underserved veteran populations to ensure those services are adequately meeting veterans' needs. To ensure better care, the VA must collect and analyze data to identify health trends, access issues, disparity in health outcomes and patient experience among women and minority veteran populations. The VA must also investigate cultural differences that create barriers to care for certain veteran subpopulations and develop ways to improve outreach to minority, at-risk and underserved veterans.

IMPROVING SURVIVOR'S BENEFITS

Messrs. Chairmen, DAV's mission to assist this nation's wartime service-disabled veterans is clear. While most of the attention is paid to the veteran, and rightfully so, we cannot forget those who must share in the burden of sacrifice. When Abraham Lincoln gave his second inaugural address, he spoke of those who had "borne the battle," but he also made sure to include the widows and orphans who had also "laid so costly a sacrifice upon the altar of freedom." We honor their sacrifice to this nation and seek legislation that reflects the impact of military service on the spouses, children and caregivers of our nation's disabled veterans and their survivors.

We applaud the House and the Senate Veterans' Affairs Committees for including the provision in the Veterans Health Care and Benefits Improvement Act of 2020 that lowered the age (from 57 to 55) surviving spouses of service members and veterans could remarry and retain their benefits. This age limitation had unfairly punished surviving spouses since 2003, and we are pleased that Congress has provided equity between VA and federal employee survivor benefits.

But there is still much more to accomplish to ensure disabled veterans' dependents are not forgotten. Dependency and Indemnity Compensation (DIC) is a monthly benefit

paid to eligible survivors of veterans who pass away due to a service-connected condition or from a non-service-connected condition if the veteran had a totally disabling service-connected condition, generally 10 years before the veteran's death. If the veteran passes away due to a non-service-connected condition before that 10-year period, dependents are left with no compensation. To make a veteran, who is seriously disabled, have to wait a decade before they can be assured that their surviving loved ones are going to receive benefits creates an undue burden on the veteran. Many spouses are caregivers who had sacrificed their own career and financial security to take care of their ill or injured veteran, and it is unfair that they could potentially be left with no support. For these reasons, we ask Congress to enact legislation that reduces the time period for DIC eligibility and creates a graduated benefit that would make the veteran eligible at five years for 50% of the benefit and increased annually until full eligibility is reached at 10 years.

DAV believes that even once DIC eligibility has been attained, the current amount is insufficient. This benefit was intended to provide surviving spouses with a means of economic stability after the loss of their veteran spouse. Today, a veteran who was receiving 100% disability compensation through the VA would be paid approximately \$3,321 a month, whereas DIC payments for their survivors are set at \$1,357 a month. As a result, not only would a surviving spouse have to deal with the heartache of losing their loved one, but they would also have to contend with the loss of approximately \$24,000 a year. This loss of income to a survivor's budget is significant—especially if the spouse was also the veteran's caregiver and dependent on that compensation as the sole source of income. To ensure survivors of disabled veterans receive a meaningful benefit that allows them basic necessities, we ask that Congress increase the DIC rate to 55% of the compensation rate of a veteran rated totally disabled and then adjust it for inflation annually.

In addition, we cannot ignore that this ongoing pandemic has affected many service-disabled veterans and their families. As of Feb. 23, 2021, the VA reported that over 10,000 veterans have died from COVID-19. Without a medical opinion stating whether service-connected conditions contributed to a veteran's cause of death, the veteran's survivors may be missing a key piece of evidence to attain survivor benefits. Certain service-connected disabilities have proven to be co-morbid with COVID-19, including diabetes, hypertension and heart disease, and may be overlooked as contributing factors in the veteran's death. We urge Congress to pass legislation that would require a medical opinion for all service-connected veterans who pass away due to COVID-19.

Another issue faced by eligible dependents and survivors is the lapsing of educational benefits. Survivors educational assistance, similar in function to the Montgomery G.I. Bill, gives eligible veterans' dependents or survivors a 10-year period to apply for and complete these programs of education. This 10-year period begins either from the date the veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or the date of the veteran's death due to a service-connected condition. However, in many instances, most notably in the cases of caregivers, family obligations or the need to provide care for the veteran causes

dependents, spouses and surviving spouses to delay applying for and/or using these benefits in a timely manner, resulting ultimately in a loss of benefits and educational opportunities for many eligible family members. To ensure survivors have access to this important benefit, we ask that Congress eliminate the delimiting date for spouses and surviving spouses for using the benefits provided under Chapter 35, Title 38, United States Code, and to extend the period to apply for and complete these educational programs beyond the required 10-year period.

Messrs. Chairmen, DAV urges Congress to remember those who have served our nation in support of a service-disabled veteran. The men and women who gave up their own careers, life dreams and financial stability to take on the duty of caregiver so that their veteran, who risked all and sacrificed much, could be cared for by the loving hand of a family member. These unsung heroes need to be assured that their nation recognizes their sacrifices, cherishes their legacy of service, and will support them both now and in the future.

ENSURING VA HAS SUFFICIENT FUNDING FOR VETERANS HEALTH CARE AND BENEFITS

As the COVID-19 vaccine becomes more widely available and the nation begins to look toward a return to more normalized operations, it will be important to look at the pandemic's impact on VA health care and assess the needs that must be addressed and properly funded.

In order to ensure sufficient funding for veterans health care programs and other benefits, DAV works in partnership with Paralyzed Veterans of America and Veterans of Foreign Wars to develop policy and funding recommendations that are issued annually as *The Independent Budget*. Our budget recommendations reflect the funding the VA will require to meet future demand for services and benefits by veterans, as well as critical new policy initiatives that are essential to improving and strengthening veterans health care and benefits programs.

For fiscal year 2022, DAV and our IB partners recommend approximately \$102.2 billion in total medical care funding, which would be approximately an 8.3% increase over FY 2021 funding levels, not considering rescissions. This recommendation reflects adjustments to the baseline for all medical care program funding based on inflationary factors and increased workload, as well as plus-ups for new enrollment and other programmatic initiatives. We recommend approximately \$81.4 billion for VA medical care, an 8.5% increase, and \$20.8 billion for medical community care, a 7.3% increase, reflecting the continued need to ensure the VA remains the primary provider of care for enrolled veterans.

In making these recommendations, we considered the impact that the COVID-19 pandemic has had on veterans' ability to access VA health care services during the second half of FY 2020, continuing through the first half of FY 2021 and likely continuing through the remainder of the year. As a result, we expect that a significant volume of

care that would otherwise have been provided or paid for by the VA during FY 2020 and FY 2021 will instead have been deferred and will manifest as increased utilization rates in FY 2022. We also expect additional utilization of community care as the Veterans Care Networks become more convenient and efficient. In addition, we expect that the economic downturn and increased unemployment throughout 2021 will likely lead to an increase in veterans applying for VA benefits and health care, further increasing costs.

Messrs. Chairmen, as most of you are aware, the Veterans Health Administration has had a significant number of unfilled vacancies in recent years, averaging about 43,000 during 2020. During the pandemic, the VA was able to find ways to more expeditiously hire and onboard medical personnel, and we hope the VA continues these practices in FY 2021 and beyond. For FY 2022, we recommend that VHA continue this aggressive hiring trend by filling at least 25% of pending vacancies, and we have included funding within our recommendation to accomplish that goal. *The Independent Budget* also recommends plus-ups for expanding long-term care (\$335 million), improving women veterans health care (\$120 million) and accelerating the second phase of the caregiver expansion by one year (\$434 million), as discussed above.

For the VA Medical and Prosthetic Research program, we recommend a total of \$902 million for FY 2022, a 10.7% increase to expand meritorious and groundbreaking programs like the Million Veteran Program (MVP) and research on chronic and emerging needs of our nation's veterans. In order to maintain and expand the VA's health care infrastructure, we recommend approximately \$2.8 billion for VA major construction, \$1.5 billion above the FY 2021 funding level. This increase includes \$1 billion to address critical seismic deficiencies in VA hospitals and \$100 million for at-risk VA research facilities. In addition, we recommend that the VA expand its capacity to plan and manage infrastructure projects by hiring at least 175 new construction management professionals, approximately one full-time employee equivalent (FTE) per VA medical center or region. *The Independent Budget* also recommends \$810 million for VA minor construction, a \$420 million increase, as well as \$275 million for State Home construction grants to cover approximately half of the pending Priority Group 1 State Home grant requests.

For the Veterans Benefits Administration (VBA), we recommend approximately \$3.6 billion for FY 2022, a 12.1% increase. VBA was significantly impacted by the pandemic's social distancing requirements, preventing public contact and necessitating the move toward more virtual work options and reenvisioned environments for safety purposes. One of the key consequences of the pandemic has been an alarming increase in the backlog of disability compensation claims, which has risen over the past year to more than 200,000 pending over 125 days. To address the claims backlog and prepare for the influx of new claims from the recent addition of three diseases to the Agent Orange presumptive list, our budget recommendation for VBA includes funding for 1,000 new FTE. Furthermore, we recommend that \$175 million in its information technology budget be earmarked to address a quarter of the \$700 million backlog of critical VBA IT needs.

For the Board of Veterans' Appeals (BVA), we recommend approximately \$216 million for FY 2022, a 14% increase over FY 2021. There are approximately 87,000 pending hearings before BVA, an increase of 11,000 from the prior year. To address the hearing backlog, our FY 2022 recommendation includes funding for 200 new FTE. Furthermore, we recommend that \$25 million of VA's IT budget be earmarked to complete critical BVA IT needs to improve mail management and workflow operations.

Our full list of budget recommendations for FY 2022 and FY 2023 Advance Appropriations can be found at www.independentbudget.org.

PROTECTING VETERANS IN THE CLAIMS AND APPEALS PROCESSES

Messrs. Chairmen, in recent years, Congress and the VA have proposed and enacted many pieces of bipartisan legislation and policies advantageous to veterans and their families. However, there have been policy decisions that have negatively impacted veterans in the claims and appeals process, as well as policy proposals, which, if enacted, would reduce or eliminate existing veterans benefits, ultimately undermining the long-standing non-adversarial process between veterans service organizations, veterans and the VA.

For over seven decades, VBA maintained a policy, as previously included in its M21-1 Adjudication Procedures Manual, which allowed accredited VSOs a pre-decisional review period of 48 hours for claims decisions of those veterans and the claimants they represented. After reviewing these decisions, our benefits advocates were able to notify VBA of errors before a final decision was formally promulgated.

In April 2020, VBA officially eliminated the 48-hour pre-decisional review period. Two recent reports from the Office of the Inspector General confirm the need for the pre-decisional review. DAV is concerned the elimination of this important review period will delay many veterans' entitlement to earned benefits and add more unnecessary claims and appeals, which could be resolved by pre-decisional review. Therefore, Congress must enact legislation to reestablish the pre-decisional review for VA-accredited representatives to ensure all veterans and claimants receive quality and timely entitlement to benefits.

Currently, if a veteran submits a claim or appeal on the wrong form, it may take the VA months to review and advise the veteran that the claim will not be accepted. Additionally, the VA does not consistently advise the veteran which form should have been used and does not provide the correct form to the claimant to file. Thus, when a veteran does file the correct form, they can lose months of entitlement, as the VA does not accept the claim submitted on the wrong form as a claim submission or as a placeholder for benefits, even though the exact same information may have been provided by the veteran on both forms.

VA processes are firmly placing an unnecessary burden on too many veterans. When a veteran submits a claim and it is understood by VBA what the veteran is

seeking, VBA should accept that as a date of claim, advise the veteran on the correct form, provide the correct form and adjudicate said claim. Congress must enact legislation to protect veterans' dates of claim, time periods and earned benefits by accepting their claims regardless of the form used.

Veterans with a service-connected disability of 60% or combined disabilities at 70% or more that prevent them from obtaining and maintaining gainful employment are eligible for Total Disability Based on Individual Unemployability (TDIU). Those in receipt of TDIU stop earning Social Security credits, and many do not have entitlement to Social Security retirement benefits or any employment-based retirement or pension benefits based on their work history.

Despite the fact that many veterans in receipt of TDIU depend upon their disability compensation for basic necessities, proposals to strip these benefits appear from time to time. In 2020, a Congressional Budget Office (CBO) report included an option to end Individual Unemployability payments to disabled veterans at the full retirement age of 67, even though many such veterans do not receive Social Security or employer-based benefits. Congress needs to protect veterans from these continuing attempts to reduce and limit TDIU benefits by codifying total disability ratings based on Individual Unemployability into statute.

In December 2020, CBO's biennial report "Options for Reducing the Deficit: 2021 to 2030" included harmful proposals that would reduce or negatively impact veterans benefits. The report provides no justification for the options, only that these proposals would result in financial savings to the government despite the negative impact they would have on seriously disabled veterans and in conflict with current statutory and regulatory provisions.

Veterans proposals included in CBO's 2020 report would reduce all veterans' existing VA benefits by 30% on reaching full retirement age for Social Security, eliminate compensation payments to veterans with combined evaluations of 10% or 20% disabling, and remove the tax-free status of VA compensation and pension benefits and include these benefits as taxable income.

While CBO periodically publishes this report, thankfully most of the proposals are never acted on. However, we need to remain vigilant and Congress must ensure that existing veterans benefits are vigorously defended from reductions and eliminations, particularly for the sake of budgetary savings.

NATIONAL SERVICE PROGRAM

As mentioned above, I am incredibly proud of the work that has been done to maintain vital programs and services for veterans and their families throughout the pandemic, a great deal of which has initiated within DAV's National Service Program.

While much of our focus in Washington, D.C., is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. In 2020, DAV's service program took over 1.9 million actions to advocate for veterans and their families, such as representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice and responding to inquiries, and establishing new claims for earned benefits.

Claims Assistance

To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV employs a corps of national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through our 16-month on-the-job training program. The military experience, personal claims and hospital treatment experiences of DAV NSOs through military and VA health care provide a significant knowledge base and promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in space provided by the VA in all of its regional offices as well as other VA facilities throughout the nation.

With the addition of our chapter service officers, department service officers and transition service officers as well as county veteran service officers accredited by DAV, all totaled, DAV has over 4,000 trained benefits advocates on the front lines providing much-needed claims services to our nation's veterans, their families and survivors. With the generous support of a grateful American public and veteran-focused businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

I can proudly state that DAV has the largest, best trained team of benefits advocates in the country. No other organization has more impact on empowering injured and ill veterans to become even more productive members of society. DAV is equally proud that over 1.1 million veterans have chosen DAV to represent them and assist with their VA claims for benefits.

During 2020, claimants represented by DAV obtained more than \$23 billion in benefits. NSOs interviewed almost 250,000 veterans and their families, filed nearly 140,000 new claims that included claims for nearly 380,000 specific injuries and or illnesses.

Appellate Representation of Denied Claims

In addition to our work at VA regional offices, DAV employs nine national appeals officers (NAOs) who serve appellants in the preparation and presentation of written briefs for BVA review. NAOs also represent appellants in formal hearings before Veterans Law Judges. The Board of Veterans' Appeals is the highest appellate level within the VA, responsible for the final decision concerning entitlement to veterans

benefits. More than 96% of the claims before the BVA involve disability compensation issues.

In fiscal year 2020, DAV NAOs provided representation in more than 19.5% of all appeals decided by the BVA, which is a caseload of approximately 16,436 appeals. Of appeals represented by DAV at this level, 77% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the court. Of the cases acted upon by our national appeals office in calendar year 2020, each case was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,208 of these cases previously denied by the BVA were appealed to the court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 16,513 veterans and have provided free representation in over 13,203 cases.

Transition Services for New Veterans

DAV continues to provide direct on-site assistance to injured and ill active-duty military personnel through our Transition Service Program, currently in its 19th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA.

Our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States and Hawaii. In 2020, DAV TSOs conducted over 300 briefing presentations to separating service members and touched over 10,000 total participants in those sessions. They also counseled over 21,000 separating service members, reviewed over 19,000 military service treatment records and presented almost 17,000 VA benefits applications.

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

Information Seminar Program

Another important outreach program to veterans is DAV's information seminars, which are held to educate veterans and their families on specific veterans benefits and services. With the support of DAV's network of state-level departments and local chapters, these free seminars are conducted by DAV NSOs across the country.

During 2020, NSOs conducted over 40 seminars and were able to brief over 1,100 veterans and their families about potential benefits they may be entitled to as a result of their military service. Service officers interview veterans and their families at the seminars and assist in filing new claims for benefits as well.

Disaster Relief Program

Our Disaster Relief Program provides grants and supply kits in the aftermath of natural disasters and emergencies in various areas around the nation to help veterans and their families secure temporary lodging, food and other necessities. During 2020, DAV donated over \$900,000 to more than 1,200 veterans affected by natural disasters, including hurricanes, tornados, floods and fires in Alabama, Arkansas, California, Florida, Louisiana, Michigan, Minnesota, Mississippi, North Carolina, Ohio, Oklahoma, Oregon, Puerto Rico, Tennessee, Texas and Virginia.

While the Disaster Relief Program normally operates in reaction to natural disasters, we expanded the program to assist with veterans and their families impacted by COVID-19. DAV established a COVID-19 Unemployment Relief Fund in April 2020 to provide financial aid to service-connected disabled veterans who lost employment or income in the wake of the virus outbreak. Since last year, more than \$2 million in COVID-19 unemployment relief has been distributed nationwide to more than 8,000 veterans in need.

Since the disaster relief program's inception in 1968, nearly \$16 million has been disbursed to veterans in need.

NATIONAL EMPLOYMENT PROGRAM

Messrs. Chairmen, throughout the past year, many Americans lost their jobs or income due to the pandemic. Additionally, those individuals leaving military service faced the most daunting job market in recent history.

We know that the journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life. DAV remains fully committed to ensuring that these new veterans have the tools, resources and opportunities they need to

competitively enter the job market and secure meaningful employment following military service.

DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans service organizations in providing assistance to veterans, transitioning military members and their spouses seeking a new or better career. One primary component of this mission was DAV forming a strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to hosting more than 125 traditional and 15 virtual career fairs with RecruitMilitary annually, DAV uses a multitude of online and offline resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve members, veterans and their spouses.

As a nation, we endured unprecedented times over the past year, but service-disabled veterans were especially impacted by the COVID-19 pandemic, which caused a dramatic spike in unemployment among these veterans that continues to be a major challenge for so many. In immediate response to the pandemic and rapidly changing landscape, DAV was able to quickly pivot our in-person job fairs to a full schedule of virtual job fairs, which created continuity and a viable path forward for job-seeking veterans to engage with the many participating companies on the road to securing meaningful employment.

While we as a nation remain challenged by the COVID-19 pandemic, we have continued our efforts and scheduled virtual job fairs for veterans and their spouses with the full expectation that, as soon as it is safe and practical, we will resume our full schedule of in-person job fairs, complemented by an increased number of virtual job fairs.

Since its inception in 2014, our National Employment Program has unquestionably made a huge impact on reducing the number of unemployed and underemployed veterans and is intertwined with the historically low veteran unemployment rate of approximately 3% that was achieved just prior to the devastating impact of the COVID-19 pandemic. In fact, from June 2014 through December 2020, DAV hosted 699 traditional and virtual career fairs that resulted in 151,477 job offers extended to the 239,611 active-duty service members, Guard and Reserve members, veterans and their spouses who attended. As the effects of the pandemic continue, along with restrictions prohibiting large gatherings, DAV entered 2021 sponsoring a full schedule of virtual career fairs through April 2021. We hope to resume our in-person career fairs in May 2021, or as soon as it is feasible and safe to do so. We encourage you to share our full schedule of job fairs with your constituents, which can be found at www.davjobfairs.org.

In addition to our sponsored veteran career fairs each year, DAV's National Employment Department also works directly with more than 300 companies who are seeking the many exceptional talents and skills they know are possessed only by veterans. Moreover, our National Employment Program provides a multitude of resources that veterans can easily access within our employment resources webpage at www.jobs.dav.org, including a job search board offering more than 200,000 current

employment opportunities around the world and direct links to company website job boards.

Additionally, DAV enjoys a partnership with Hiring America, which is the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resources specialists. With Hiring America's projected reach of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources DAV makes available to veterans seeking employment and companies who want to hire them.

In 2019, DAV expanded our published hiring guide—[*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans with Disabilities*](#)—for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. While we are pleased with the tremendous response to our hiring guide, we know that there is much work ahead to keep this valuable information up to date and available to companies who access our employment resources every day. We encourage you and your staff to visit www.jobs.dav.org to download a copy of our hiring guide, or we would be happy to provide you with copies of the printed version.

Despite the ongoing public health crisis, many unemployed and underemployed service-disabled veterans are moving forward with resilience and determination to launch their own businesses. These veterans deserve our help, so DAV is advancing our efforts to assist Service-Disabled Veteran-Owned Small Businesses. Whether it is our support and involvement with the Institute of Veterans and Military Families or with Patriot Boot Camp, DAV is going to great lengths to ensure that these valuable programs are not only able to continue but also expand their tools, resources and assistance to Veteran-Owned and Service-Disabled Veteran-Owned Small Businesses.

Messrs. Chairmen, although DAV's National Employment Program is still fairly new for our century-old organization, we are extremely proud of our progress in implementing this important program, and we remain optimistic about our mission of providing vital employment assistance, not only to ill and injured veterans but also to all veterans and their spouses as well as active-duty, Guard and Reserve members.

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

Another vital part of DAV's success is the more than 26,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality and fulfilled lives. Our Voluntary Services Program ensures that ill and injured veterans are able to attend their medical appointments and receive assistance in VA medical centers, clinics and community living centers. Volunteers also visit and support veterans within their communities and,

in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

Unfortunately, the impact of the COVID-19 pandemic devastated DAV's volunteer efforts. Like VA medical care facilities and regional offices, DAV departments and chapters across the country have been operating at a reduced staff capacity, and in many cases, our volunteer programs were suspended entirely for public health safety concerns. We know that our dedicated core of DAV and DAV Auxiliary volunteers will be back, stronger than ever, as soon as they safely can.

DAV National Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed VA health care services. The program is operated by 155 hospital service coordinators and more than 7,600 volunteer drivers at VA medical centers across the country.

During the 2020 VA fiscal year, volunteer drivers spent over 675,000 hours transporting veterans to their VA medical appointments. Despite challenges due to the COVID-19 pandemic, these volunteers logged almost 10 million miles and provided more than 243,000 rides to VA health care facilities, saving taxpayers more than \$18.4 million. Since our national transportation program began in 1987, more than 19.6 million veterans have been transported over 760 million miles.

We are very pleased to report that in 2020, DAV donated 111 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$3.6 million. In 2021, we plan to donate an additional 73 vehicles to the VA, at a cost of over \$2.3 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of eight new vehicles to DAV for the Transportation Network. To date, Ford has donated over \$5.6 million toward the purchase of 239 vehicles to support this critical program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to our national Transportation Network is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district serving our nation's ill and injured veterans, many of whom are your constituents. To date, DAV departments and chapters have donated a total of 3,797 vehicles to the VA for transporting veterans to their medical appointments, at a cost of nearly \$89 million.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and Auxiliary volunteers have answered that call in full measure. From

July 1, 2019, to June 30, 2020, our DAV LVAP volunteers performed buddy checks, delivered groceries and provided help to our nation's heroes in a variety of ways. Overall, they donated more than 2 million hours of service—and did this all while maintaining safe distance—to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promises to America's veterans.

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

- Chapter- and state-department-level volunteer benefits advocacy.
- Outreach at events such as Homeless Veterans Stand Downs and a volunteer presence at National Guard mobilization and demobilization sites.
- Direct assistance to veterans, their families and survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

To date, LVAP has seen more than 57,000 volunteers donate more than 11.4 million volunteer hours. We believe this important program makes a difference in the lives of all of those we serve.

Boulder Crest Mentoring Retreat

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Retreat program in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also annually hosts an all-female veteran retreat. In 2020, 41 participants shared in these life-changing events. Since 2015, 184 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including several DAV past national commanders, have served as mentors at these retreats to the latest generation of seriously injured veterans. Their spouses have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of service as caregivers to their injured heroes.

Adaptive Sports

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs. These programs and associated events directly impact the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to be the co-presenter of the annual National Disabled Veterans Winter Sports Clinic and the National Disabled Veterans TEE (Training, Exposure, Experience) Tournament. Both of these exceptional physical rehabilitation programs

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

For 35 years, DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." This unique clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are able to participate in adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

Unfortunately, the 35th National Disabled Veterans Winter Sports Clinic scheduled for March 28–April 2, 2021, in Snowmass Village, Colorado, had to be canceled due to the pandemic and public health safety concerns for veteran participants and staff. However, DAV will host a virtual clinic to extend the world-class instruction offered at the event online.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other interests. The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. While this tournament also had to be canceled in 2020, we did host a virtual rehabilitative event Sept. 14–18, 2020. You can find the recorded instruction at <https://www.veteransteer.org/golfinstruction>. The 28th National Disabled Veterans TEE Tournament is scheduled to take place near Iowa City, Iowa, Sept. 12–17, 2021.

Like all Americans, we are hoping that things will return to normal in the near future so that DAV will be able to host these events safely and bring these important rehabilitative programs back to the injured and ill veterans we serve.

The Next Generation of Volunteers

In order to identify and develop a new generation of VA volunteers, and in remembrance of former VA Secretary and former DAV Executive Director Jesse Brown, we launched a memorial scholarship program in his name. The DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV's Local Veterans Assistance Program, donating their time and providing compassion to injured and ill veterans.

Since its inception, DAV has awarded 203 individual scholarships valued at more than \$1.5 million, enabling these exceptional young people to pursue their goals in higher education and experience the significance of volunteering. DAV is very proud of the Jesse Brown Memorial Youth Scholarship Program, and we thank the Ford Motor Co. for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Finally, many veterans across the country could use a helping hand from someone, and plenty of people want to help but don't quite know how. Connecting veterans with those who want to help is the reason DAV developed VolunteerforVeterans.org. This important program crowdsources opportunities for veterans and nonveterans alike to help veterans and their families in their local communities.

If the VA had to pay federal employees for the almost 560,000 hours of essential services to hospitalized veterans that DAV volunteers provide at no cost, the cost to taxpayers would be nearly \$16.5 million. In addition, DAV chapters and Auxiliary units have donated items valued at nearly \$2.6 million to their local VA facilities.

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

DAV CHARITABLE SERVICE TRUST

DAV also has a charitable arm that works to improve the lives of veterans, their families and survivors. Organized in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of injured and ill veterans through financial support of direct programs and services for veterans and their families.

DAV established the Trust to advance initiatives, programs and services that might not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other veterans service organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than \$128 million has been invested to serve the interests of our nation's heroes.

In an effort to fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injury, substance use challenges, amputations, spinal cord injuries and other combat-

related injuries. It also supports efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

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

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. For example, last year the Trust donated \$1 million to the nonprofit group Warrior Meditation Foundation, or "Save A Warrior," which hosts intensive and integrated retreats to combat the staggering suicide rate plaguing veterans and first responders. These critical funds will allow the organization to create the Save A Warrior National Center of Excellence for Complex Post Traumatic Stress sponsored by DAV in Hillsboro, Ohio. The center will soon break ground, and is expected to open in spring of next year.

By supporting these initiatives and programs, it furthers the mission of DAV. For 10 decades, DAV has directed its resources to the most needed and meaningful services for the nation's wounded and injured veterans and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support and generosity of corporate partners, individuals and DAV members who remain faithful to our mission.

DAV NATIONAL LEGISLATIVE PROGRAM

Messrs. Chairmen, DAV's Legislative Program is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime service-disabled veterans, their dependents and survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 98th annual convention, which remain in force today. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs committees to consider the merit of these proposals and use them to enact legislation to help improve the lives of wartime injured and ill veterans, their dependents and survivors.

The complete text of DAV's Legislative Program is available on DAV's website at <https://www.dav.org/wp-content/uploads/ResolutionBook.pdf>.

Disability Compensation and Other Benefits

- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Support legislation to improve and reform Dependency and Indemnity Compensation.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to increase disability compensation.
- Support legislation to provide for realistic cost-of-living allowances.
- Support legislation to protect Total Disability Based on Individual Unemployability benefits and ensure it remains available for all eligible veterans regardless of age or receipt of any other federal benefits.
- Support legislation to provide presumptive service connection for illnesses and diseases related to herbicide exposure in veterans who were stationed at air bases in Thailand during the Vietnam War.
- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans disability compensation for all longevity-retired veterans.
- Support oversight of the VA's practices used in evaluating disability claims for residuals of military sexual trauma.

Medical and Health Care Services

- Strengthen, reform and sustain the VA health care system for service-disabled veterans.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, injured and ill veterans from all eras.
- Enhance medical services and benefits for women veterans.
- Improve service and enhance resources for VA mental health programs and suicide prevention.
- Support enhanced treatment for survivors of military sexual trauma.
- Support VA research into the efficacy of cannabis for treatment of service-connected veterans.
- Support humane, consistent pain management programs in the VA health care system.
- Enhance long-term services and supports for service-connected disabled veterans.
- Ensure timely access to and quality of VA health care and medical services.
- Support VA medical and prosthetic research programs.
- Support sufficient funding for VA prosthetic and sensory aids and timely delivery of prosthetic items.

General Issues

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support veterans' preference for service-disabled veterans in public employment.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Support legislation to improve and protect education and employment for disabled veterans and their survivors.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Support the Defense POW/MIA Accounting Agency.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
- Support legislation to strengthen and protect Service-Disabled Veteran-Owned Small Businesses.
- Extend space-available air travel aboard military aircraft to dependents of service-connected disabled veterans having a permanent disability rated 100%.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans, particularly those with conditions related to service.

CONCLUSION

Messrs. Chairmen, 2020 has been a challenging year for most, with many unknowns still on the horizon for 2021, yet DAV remains hopeful for the year to come and for the safe resumption of our full array of programs and services for veterans and their families.

Historian and author Thomas Fuller wrote, "The worse the passage the more welcome the port." I think we all share a sense of longing for better days ahead and to change out this time of loss and hardship with one of lasting peace, good health and well-being.

May God continue to bless DAV, the men and women who serve our great nation, and the United States of America.

This concludes my statement. Thank you for the opportunity to present DAV's legislative priorities and highlight the many services we provide to America's injured and ill veterans.