

**JOINT HEARING ON LEGISLATIVE PRESENTATION  
OF THE DISABLED AMERICAN VETERANS**

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**JOINT HEARING**  
OF THE  
**COMMITTEE ON VETERANS' AFFAIRS**  
BEFORE THE  
**U.S. HOUSE OF REPRESENTATIVES**  
AND THE  
**U.S. SENATE**

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

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FEBRUARY 25, 2020  
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# C O N T E N T S

TUESDAY, FEBRUARY 25, 2020

## OPENING STATEMENTS

	Page
Moran, Hon. Jerry, Chairman, U.S. Senator from Kansas .....	1
Takano, Hon. Mark, Chairman, U.S. Representative from California .....	2
Tester, Hon. Jon, Ranking Member, U.S. Senator from Montana .....	4
Roe, Hon. Phil, M.D., Ranking Member, U.S. Representative from Tennessee ...	6
Peterson, Hon. Collin, U.S. Representative from Minnesota .....	9
Bilirakis, Hon. Gus M., U.S. Representative from Florida .....	22
Allred, Hon. Colin, U.S. Representative from Texas .....	23
Bost, Hon. Mike, U.S. Representative from Illinois .....	24
Lamb, Hon. Conor, U.S. Representative from Pennsylvania .....	26
Sullivan, Hon. Dan, U.S. Senator from Alaska .....	28
Blumenthal, Hon. Richard, U.S. Senator from Connecticut .....	30
Boozman, Hon. John, U.S. Senator from Arkansas .....	31
Sinema, Hon. Kyrsten, U.S. Senator from Arizona .....	33
Cassidy, Hon. Bill, U.S. Senator from Louisiana .....	35

## WITNESSES

Whitehead, Stephen, National Commander, DAV (Disabled American Veterans); accompanied by Jim Marszalek, National Service Director; Joy J. Ilem, National Legislative Director; Randy Reese, Executive Director, Washington Headquarters; J. Marc Burgess, National Adjutant; Barry A. Jesinoski, Executive Director, National Headquarters; Dan Clare, Chief Communications and Outreach Officer; and Diane J. Franz, DAV Auxiliary National Commander .....	10
Prepared statement .....	38



**JOINT HEARING ON LEGISLATIVE PRESENTATION OF THE DISABLED AMERICAN VETERANS**

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**TUESDAY, FEBRUARY 25, 2020**

U.S. HOUSE OF REPRESENTATIVES,  
AND U.S. SENATE,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The Committees met, pursuant to notice, at 2:03 p.m. in room SD-G50, Dirksen Senate Office Building, Hon. Jerry Moran and Hon. Mark Takano, Chairmen of the Committees, presiding.

Senators present: Moran, Boozman, Cassidy, Rounds, Sullivan, Loeffler, Tester, Brown, Blumenthal, Manchin, and Sinema.

Representatives Present: Takano, Lamb, Peterson, Allred, Underwood, Roe, Bilirakis, and Bost.

**OPENING STATEMENT OF HON. JERRY MORAN, CHAIRMAN,  
U.S. SENATOR FROM KANSAS**

Chairman MORAN. The Committee will come to order. Good afternoon. I want to welcome the Disabled American Veterans here today for our first joint hearing this session, with my first joint hearing as Chairman of the Senate Veterans' Affairs Committee. Thank you for allowing this to be my debut, and I look forward to having a solid and good working relationship with the DAV. I hope to continue that.

The work that the DAV does is critical to supporting our Nation's veterans, and our Committees are fortunate to have your help with important work we are doing to improve the lives of our Nation's veterans and their families.

Before I begin I would like to extend a special welcome to those who traveled here from Kansas today. I discovered they are sitting in the very back row in the far corner, and I do not know how their Chairman's prerogative did not—someone—maybe they chose that so they could leave early.

[Laughter.]

Chairman MORAN. But, before you do that, could you please stand and wave at me so I know that you are here. Thank you to the Kansans who have joined us. Thank you very much.

[Applause.]

Chairman MORAN. I appreciate my colleagues recognizing the folks from home.

Thank you all for being here and for making the journey from across the country. I know that you have left families and loved ones and personal lives to be here today. Even with the full knowledge of the shortage of the quality of BPQ here in the Nation's Capital. That is our Kansans. We will not find the barbecue that we find at home.

I will keep my remarks short. In fact, I asked my staff, when they handed me 16 pages, to make it about a third of that, so that we can jump into DAV's priorities.

I do want you to know, Commander, that I thank you, Commander Whitehead, and your wife, Kim, for being with us today. We are honored by your presence. I also want to commend the work that your leadership team and all the DAV does for our Nation's veterans and their families on a day-to-day basis.

We have had a lot of legislative changes and progress at the Department over the past few years, whether it be through passage of the MISSION Act, Blue Water Navy Act, or Appeals Modernization Act, just a few examples. The DAV has been, and will continue to be a vital partner to ensure the VA executes these programs and policies correctly.

I look forward to your presentation and our discussion today and I look forward to continuing our work together. I thank you for your service to our Nation and your service to others who serve.

Chairman Takano, thank you for traveling over here from the House side. I now recognize you for your opening remarks.

**OPENING STATEMENT OF HON. MARK TAKANO, CHAIRMAN,  
U.S. REPRESENTATIVE FROM CALIFORNIA**

Chairman TAKANO. Great. Thank you. Well, good afternoon and welcome. I would like to congratulate Senator Moran on his chairmanship. I look forward to working together with him this year.

Thank you, Commander Whitehead, and the many men and women who have served our Nation. Your country owes you a debt of gratitude that we, in Congress, strive to repay every day. Thank you.

I would also like to welcome and thank everyone from my great State. So, are there any Californians in the room today?

[Applause.]

Chairman TAKANO. Thank you for making it all the way from the Golden State.

Chairman MORAN. They are on the front row.

Chairman TAKANO. Yes, they are.

[Laughter.]

Chairman TAKANO. And they are going to stay through the entire hearing.

[Laughter.]

Chairman TAKANO. Among the Californians I understand that we have Army veteran and National Fourth Junior Vice Commander Dan Contreras from Sherman Oaks, California.

[Applause.]

Chairman TAKANO. Dan, thank you and all the Californians for making your way to this joint hearing. We still have, in California, the largest veterans population in the country.

I have had the privilege to work with many veteran groups over the years and I appreciate the dedication and care that Disabled American Veterans and other veteran service organizations share for our veterans. Without the volunteers mobilized in small towns, the VSOs who take mobile service clinics into remote areas, and our government partners who pitch in to lend a hand where needed, we could not reach all the veterans in need, and that is why we need your advocacy.

This year, we have the opportunity to celebrate DAV's 100 years of service to our veterans.

[Applause.]

Chairman TAKANO. In fact, Ranking Member Dr. Roe and I co-authored a House resolution to honor your work for our veterans and their families. Join me in thanking DAV for their tireless advocacy. And here is the resolution in my hand, so thank you.

[Applause.]

Chairman TAKANO. DAV is integral in the work to connect veterans with resources and helping them navigate the often confusing VA system, but DAV's advocacy also helps Congress to recognize emergent issues and pioneer solutions. As a result of DAV's partnership with Congress, we have better legislation that best serves the needs of our veteran population.

As I am sure everyone in this room can agree, we must work together with all our partners to reduce veteran suicide. It is clear that we have a national public health crisis, and it will take all of us working together to truly address this crisis. And that is why the Committee adopted a comprehensive, evidence-based strategy to reduce veteran suicide. We must look at every factor, from economic burdens to increased access to care to reduce the crisis.

I introduced the Veterans ACCESS Act as one piece of this puzzle, to ensure all veterans, regardless of discharge status or enrollment in the VA health care system, have access to emergent mental health care. Under this bill, no veteran will have to pay out-of-pocket for the care they need during a mental health crisis. And while the Veterans ACCESS Act is just one part of the solution, the fight to end veteran suicide must be shared by everyone in our Nation.

As Chairman of the House Committee on Veterans' Affairs, I have tasked my staff with working with stakeholders, advocates, medical professionals, and VA to find more ways not only to reach our veterans who are in crisis but also to find ways to expand access to key resources.

This work will take all of us, and I encourage everyone to write down the Veterans Crisis Line phone number. That number is 1-800-273-8255. Let me tell you that again. It is 1-800-273-TALK. In other words, 1-800-273-TALK. Just remember, 273-TALK, put an 800 in front of that. If you are veteran in crisis, please reach out and know there is someone on the other end of the line there to help you.

I also want to thank DAV and the VSO community for their diligent and good-faith efforts to perfect the Blue Water Navy Vietnam Veterans Act of 2019. This bipartisan effort became law in June, and while VA began processing claims in January of this year, the work to ensure VA is completing accurate, fair, and timely rating decisions is not done.

A strong working relationship between the VA and the VSO community will increase access and visibility of these new benefits, and I hope VA will provide an open and transparent communication with Congress and VSOs about the progress of Blue Water Navy implementation.

I continue to be thankful for DAV and the VSO community for their efforts to support veterans. I invite my colleagues to join me in standing in applause for DAV and our Nation's veterans. Thank you. Thank you, Mr. Chairman. Thank you, DAV. Thank you.

[Applause.]

Chairman TAKANO. I yield back, Mr. Chairman.

Chairman MORAN. Chairman Takano, thank you very much for your opening remarks, and I now would call on the Ranking Member of the Senate Committee, Senator Tester.

**OPENING STATEMENT OF HON. JON TESTER, RANKING  
MEMBER, U.S. SENATOR FROM MONTANA**

Senator TESTER. Thank you, Chairman Moran, and good afternoon everybody. Look, before I get into my prepared remarks I just



want to say, the man two down from my left is not Johnny Isakson. It is Jerry Moran, Senator from Kansas. I am going to tell you that Jerry Moran, you guys already know this is a good man, and we look forward to doing a lot of great things in the Senate Veterans' Affairs Committee together, and we look forward to looking out for the DAV. I want to congratulate everybody in this room that is a member of the DAV on your 100th anniversary.

Commander Whitehead, it is an honor to have you and your leadership team in front of us today. You are very well served by your legislative service folks here in Washington. You do not need to give me anything for that. It is free. I cannot tell you how much my staff and I really do rely on your advice, the DAV's advice, through your staff, and their perspective.

I want to take a moment to recognize a few Montanans in the room today, and I am going to ask you folks to just stand up. Chase Natalie, where are you? He is in the overflow room? Well, Kevin Grantier, is here overflowing, too? And, Joe Parsetich is the first Junior Vice Commander of the DAV. It is good somebody from Montana finally did some good things in D.C. Thanks, Joe.

[Applause.]

Senator TESTER. I want to thank you all, everybody in this room, on behalf of the work that you do for veterans. You do great work in Montana and you do great work nationwide. Commander, I have said before, we are here because Congress should take their direction from you. DAV members and their beneficiaries at the VA health care utilize its programs each and every day. You know better than any of us how the VA is performing nationwide and the improvements that should be made on behalf of veterans and their families. We hold these hearings because only VSOs can help Congress focus on what veterans need and how to make sure VA is equipped to better deliver on those needs.

Commander Whitehead, I need to hear from the DAV whether it VA is operating in a transparent manner as they execute the largest overhaul of veterans' health care in a generation, and that is the implementation of the VA MISSION Act. I need to know your views on the gender disparities at the VA, and what Congress can do to push the VA to provide more equitable treatment to our women veterans.

I need to hear from you how toxic exposure impacts your members, from Blue Water Navy claims to Agent Orange presumptive conditions to burn pits. When it comes to mental health treatment and suicide prevention, I need to know where VA is doing a good job and where they need to improve.

As you know, a lot was accomplished for veterans in the last Congress, including passage of the VA MISSION Act, Appeals Mod-

ernization, the Colmery GI Bill. It is imperative that the VA provide regular opportunities to hear from the DAV and other veteran groups about implementing these laws. VA needs to better understand how the decisions it makes affect the veterans on the ground across this country, and the VA cannot gain that understanding unless it listens to folks like you.

Commander Whitehead, we are here to listen to you. The voice you and your members provide is an important source of information as we attempt to do right. Welcome again, and thank you for what you and your organization do on behalf of disabled veterans and their families. Thank you.

[Applause.]

Chairman MORAN. Senator Tester, thank you. I was pleased by your comments in my regard, but I was especially pleased to know that the folks from Montana are in the overflow, not the back row.

[Laughter.]

Senator TESTER. That does it, friends. The honeymoon is over.

[Laughter.]

Chairman MORAN. I would say this seriously, knowing that you are not. The veterans deserve better, and we will make sure the honeymoon continues.

Thank you very much, Jon, for your comments. I now yield to the Ranking Member of the House, Representative Roe.

**OPENING STATEMENT OF HON. PHIL ROE, M.D., RANKING  
MEMBER, U.S. REPRESENTATIVE FROM TENNESSEE**

Dr. ROE. Thank you, Mr. Chairman. Good afternoon, Commander Whitehead, DAV members, and members of the DAV Auxiliary. It is a pleasure for me to be here today with Chairman Moran. I will just take a second to say I served with him in the House. I have known him now for a dozen years, and the Senate could not have picked a better chairman. I really appreciate that, and Jon, I appreciate your friendship and working together in the last Congress very closely. We could not have gotten things done, and we did. And, Chairman Takano, the same shout-out to you, and I really appreciate what you have done.

It has been an honor and a privilege for me to attend these hearings for the dozen years I have spent in Congress. Because I am retiring at the end of this year, this will be my last time that I will be with you all here in this position. It is because of organizations like the DAV that my 12 years in Congress have been so fulfilling, and I know I am leaving this town in very good hands.

Caring for those who have returned home bearing the wounds of war is no easy or simple task, and yet the men and women of DAV,

thousands of whom are veterans themselves, work tirelessly to help empower our Nation's disabled veterans to succeed.

Before I continue with my opening remarks, I would like to take a moment personally to thank each and every one of you for your service and sacrifice, both in uniform and out of uniform. I want you to welcome the DAV's national leadership team. It is a privilege and pleasure to have served with all of you here at the Nation's Capital.

I want to extend a special welcome to Commander Stephen Whitehead and his wife, Kim. And, I can promise you, Commander, you would not be here if your wife were not behind you supporting you. I think we all know that well. Sir, thank you for your over 20 years of service to our Nation in the Army, and for your leadership within DAV, and for being here with us today.

I also want to welcome DAV's Auxiliary National Commander, Diane Franz, and acknowledge the members here from the Auxiliary.

[Applause.]

Dr. ROE. Many of you wear many hats, as spouses, as volunteers, as caregivers, and more. Your service to those who have served our country does not go unnoticed, and I thank all of you for what you do.

Finally, I want to say a special hello to the DAV members from my home State of Tennessee who are in our audience today. If those of you from Tennessee would please stand if you are able, or raise your hand to be recognized.

[Applause.]

Dr. ROE. I would like to take this opportunity to point out there would not be a Texas if it were not for Tennessee. I do that each year.

[Laughter.]

Dr. ROE. For 100 years, DAV has been the leading voice for our Nation's disabled veterans, 100 years. DAV representatives can be found everywhere, from the halls of Congress to the rehabilitation wing of VA medical centers across our great Nation. Wherever they are, the men and women of DAV are committed to lend a helping hand to our Nation's ill and injured servicemembers and veterans, and assuring them that they will not face their new normal alone.

With DAV's support, there has been a transformation occurring at VA over the last years under the Trump administration. Veterans have greater access to care, greater control over their health care decisions at VA than ever before. That has led veterans to seek out more VA care and express more trust in VA health care systems and VA services generally. For the first time in history,

veterans can use their GI Bill benefits whenever they choose, the rest of their life.

Veterans' unemployment has reached near record lows. Veterans are getting their appeals for disability compensations decided faster and more efficiently. After decades of work—decades of work—we finally did right by the Blue Water Navy veterans who are finally receiving the benefits that they have earned.

VA has more funding and more staff than at any other point in history, and has gone from one of the lowest-ranking agencies for employee satisfaction to one of the top six best places to work in the Federal Government. That success is due to the veteran-first focus of this Administration, and will continue the advocacy that is done by organizations like DAV.

However, there is much work ahead of us, as you know. As you all know on a personal level, veterans are hard-working, motivated members of society whose contributions to our Nation extend well beyond their time in uniform. Supporting them and creating productive, meaningful lives following their service is one of Congress' highest callings. DAV leaders here in Washington continue to provide valuable information and feedback to Congress. That works helps us to ensure that veterans are given the necessary tools to achieve their full potential.

Looking ahead, we must remain steadfast in our efforts to combat the suicide crisis, as the Chairman mentioned; empower veterans to utilize the benefits they have earned to succeed in their civilian lives; realign VA medical centers to better serve for veterans today, and for generations to come; oversee the implementation of the expanded caregiver program, of which you all had a lot to do with, I can tell you, for the number of meetings that we went to with you all; and care for those who have been exposed to toxins in service; and continue our oversight for every aspect of VA to ensure that each and every veteran who walks into a VA office, facility, or clinic, receives timely and quality care.

I remain hopeful that as our Committee continues with the Senate and members of the DAV, we can build on our successes over the past 3 years and continue to serve our Nation's veterans and their families well, just as they have served us.

I salute you, I thank you, and I yield back.

Chairman MORAN. Congressman Roe, thank you very much.

[Applause.]

Chairman MORAN. Congressman Roe and Chairman Takano, I look forward to developing a good, solid working relationship with you. Dr. Roe and I have known each other 12 years. I served for 14 years in the House of Representatives, all 14 years as a member of the Veterans' Affairs Committee, and chaired the Health Care

Subcommittee. I would tell you that we may share something now in common, which is the complaints then, as a House member, were consistently why does the Senate never act on anything we send to them? Perhaps we can solve that problem as we work together in this new—there is hope.

[Applause.]

Chairman MORAN. So, we will do our part.

Let me now recognize one of my former colleagues, Congressman Collin Peterson from the Minnesota Seventh District. He sits on the House Veterans' Affairs Committee, and he is here, among other reasons, to introduce Commander Whitehead.

**HON. COLLIN PETERSON, U.S. REPRESENTATIVE FROM  
MINNESOTA**

Mr. PETERSON. Thank you, Mr. Chairman, and Chairman Takano, Ranking Members, other Members of the Veterans' Committee. It is my honor and privilege to introduce a Minnesota native and the National Commander of the Disabled American Veterans, Stephen "Butch" Whitehead, and we welcome him here today.

[Applause.]

Mr. PETERSON. Commander Whitehead hails from Trimont, Minnesota, which is not too far outside my district, and retired in 2019, at the rank of Command Sergeant Major for the 84th Troop Command Brigade in the Minnesota Army National Guard.

Commander Whitehead's military service dates back to 1991, when he joined the Army, and he deployed overseas twice, and was awarded the Bronze Star in 2007 for combat service in Iraq, and he also received numerous other rewards for his service.

Commander Whitehead currently serves as the Executive Director of the Disabled American Veterans of Minnesota Foundation. He lives in Rosemount, Minnesota, with his spouse, Kim. And this year, Commander Whitehead felt the call to serve once again. He decided to put the uniform back on and now serves as Command Sergeant Major of the Army National Guard's 34th Infantry Division, leading more than 15,000 Minnesota-based soldiers.

Commander Whitehead, thank you for your service, for being here and being part of this, and I am proud of your work and what you have done for Minnesota and the country, and look forward to hearing your testimony. And I would also like—we have, I think, 31 Minnesotans here, and I would like them to stand up and be recognized. I think they are kind of toward the back.

[Applause.]

Mr. PETERSON. Thank you all for being here and for your service. I yield back.

Chairman MORAN. Congressman Peterson, thank you very much. Commander Whitehead, the floor is now yours. We look forward to your comments and introductions of your colleagues.

**STATEMENT OF STEPHEN WHITEHEAD, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS, ACCOMPANIED BY JIM MARSZALEK, NATIONAL SERVICE DIRECTOR; JOY J. ILEM, NATIONAL LEGISLATIVE DIRECTOR; RANDY REESE, EXECUTIVE DIRECTOR, WASHINGTON HEADQUARTERS; J. MARC BURGESS, NATIONAL ADJUTANT; BARRY A. JESINOSKI, EXECUTIVE DIRECTOR, NATIONAL HEADQUARTERS; DAN CLARE, CHIEF COMMUNICATIONS AND OUTREACH OFFICER; AND DIANE J. FRANZ, DAV AUXILIARY NATIONAL COMMANDER**

Mr. WHITEHEAD. Congressman Peterson, thank you for your kind introduction. Chairman Moran, Chairman Takano, and Members of the Committee, thank you for providing me the opportunity to present the 2020 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.

My full written statement thoroughly details DAV's key legislative priorities for the 116th Congress and reports our many accomplishments.

I want to start by recognizing those seated at the table with me, as well as some distinguished guests in attendance. DAV National Adjutant and CEO, Marc Burgess; National Executive Directors Barry Jesinoski and Randy Reece; National Service Director, Jim Marszalek; National Legislative Director, Joy Ilem; Chief Communications and Outreach Officer, Dan Clare; Auxiliary National Commander, Diane Franz of Florida; Auxiliary National Adjutant, Patricia Kemper of Kentucky; DAV Senior Vice Commander, Donald Day of New York; Junior Vice Commanders Andy Marshall of Florida, Joseph Parsetich of Montana, Nancy Espinosa of Utah, and Dan Contreras of California; National Judge Advocate, Mike Dobmeier of North Dakota; the Immediate Past National Commander, Dennis Nixon; my Chief of Staff, Greg Remus.

I would also like to recognize the National Volunteer Service Director, Jim Kleindienst; National Employment Director, Jeff Hall; National Communication Director, Rob Lewis; and our National Chaplain, Michael Dover, who was unable to be here with us today.

I would ask the Executive Committee to please stand or raise their hand to be recognized.

[Applause.]

Mr. WHITEHEAD. Will the members of the National Legislative Interim Committee also please stand or raise their hand?

[Applause.]

Mr. WHITEHEAD. I would also like to recognize the DAV delegation from my home State of Minnesota.

[Applause.]

Mr. WHITEHEAD. Finally, I want to thank my wife, Kim, who is a vital partner in everything I have done.

[Applause.]

Mr. WHITEHEAD. Mr. Chairman, this year DAV is celebrating its centennial anniversary, marking 100 years of service and support for America's injured and ill veterans and their families. As National Commander, I am proud to continue that tradition. I come from a family that believes in the tradition of military service.

Both my grandfathers served, as did my father, an Army veteran who served during the Korean War era. Two of my uncles served in Vietnam, and I have three brothers who also wore the uniform, one in the Army, one in the Navy, and one in the Marine Corps. So, it was no surprise when I enlisted in the Minnesota Army National Guard in 1991, and made that my career for three decades.

In 2006, I was deployed to Iraq. In 2007, my unit came under fire from mortar attacks. We lost a number of soldiers, many others were seriously injured, and I, myself, suffered a Traumatic Brain Injury. When I returned home several months later I was still dealing with physical, psychological, and emotional injuries, but not knowing quite how to deal with these challenges. I am ever thankful that my wife Kim encouraged me to seek help from the VA.

Although I lived an hour and one-half from Minneapolis VA Medical Center, I was able to participate in a telecounseling program to address the trauma I had seen and suffered. I soon discovered that my VA providers understood me and the military injuries I suffered better than any health care system in the world, and since then I have chosen to receive all my care from the VA. The VA was there for me when I needed it. Now we must all work together to make sure the VA is there for future generations.

A century ago, President Calvin Coolidge warned that "the Nation that forgets its defenders will itself be forgotten." We are here today to make sure that never happens.

Mr. Chairman, let me begin by extending our appreciation to both Committees, who helped provide long-overdue justice to thousands of men and women who had been forgotten far too long. Thank you for passing the Blue Water Navy Vietnam Veterans Act.

[Applause.]

Mr. WHITEHEAD. In addition, we must not forget that there are hundreds of thousands of Vietnam veterans suffering from diseases associated with Agent Orange exposure, who are still not getting their full benefits. I have personally seen the ravage of Agent Orange within my family. Both my uncles, who served in Vietnam,

passed away from service-connected diseases associated with Agent Orange exposure.

Unfortunately, last month, Secretary Wilkie reported to Congress that the VA would further delay making any decision on making four pending Agent Orange presumptive conditions until the end of the year. This decision ignores the fact that the National Academy of Medicine has already reviewed dozens of studies on multiple occasions, over many years. In every case, it was concluded that these diseases are associated with Agent Orange. We do not need to wait for any more studies.

Mr. Chairman, if the VA will not take the right action then, in the name of justice, you must. Our Vietnam veterans have waited long enough.

[Applause.]

Mr. WHITEHEAD. We also need Congress to pass legislation that can help newer generations of veterans who are suffering or will suffer due to toxic exposure from burn pits. It is worth noting DAV's early role in identifying the potential dangers of burn pits. In 2008, Dan Clare, the same veteran at the table with us today, was deployed to Balad Air Base, Iraq, and alerted DAV to an internal DOD memo detailing the possibility for chronic health hazards associated with the smoke. DAV helped pave the way for the Airborne Hazards and Open Burn Pit Registry, and has spent more than a decade advocating for affected veterans.

When I was based at Camp Scania in Iraq, I, myself, took a number of trips to a burn pit, where everything from tires and batteries to medical and human waste was burned. Upon my return home I had new respiratory, cardiovascular, and thyroid issues, as have a number of fellow soldiers who served with me as well.

For the past year we have worked with Senators Sullivan and Manchin to develop the Veterans Burn Pits Exposure Recognition Act that could help these veterans now. The legislation would formally concede that veterans who served near burn pits were exposed to harmful chemicals and toxins, thereby making it easier to provide approved direct service connection. We ask all of you to support this legislation, S. 2950, so that veterans suffering from burn pit exposures do not have to wait decades for justice, like the Vietnam generation before them.

[Applause.]

Mr. WHITEHEAD. Mr. Chairman, one of the most important promises made to our Nation's veterans is providing timely, high-quality health care. Last week, DAV and our Independent Budget partners, VFW and PVA, issued an interim progress report on implementation of the VA MISSION Act. Only 8 months have passed since the law took effect, so it is still too early to judge whether



it will be successful. But, as of today, of the 26 recommendations that we made to guide implementation of the law, only one has been fulfilled. Eleven have not been fulfilled and it is too soon to judge the remaining 14.

Perhaps the biggest disappointment is VA's failure to meet the MISSION Act's October 1, 2019, deadline to expand the caregiver program to World War II, Korean, and Vietnam War era veterans. Despite 16 months to prepare, the VA failed to implement the required IT solution and delayed the expansion until later this summer, at the earliest. This is simply unacceptable.

[Applause.]

Mr. WHITEHEAD. We call on Congress to take whatever actions are necessary to mandate that the VA end the delay and begin caregiver's expansion immediately.

[Applause.]

Mr. WHITEHEAD. In addition, we call on Congress and the VA to open the program to caregivers of veterans whose disabilities were caused by illnesses. In fact, our Past National Commander, Dave Riley, a former Coast Guard rescue swimmer, here with us today, lost all four limbs to waterborne bacteria that nearly cost him his life, but his wife Yvonne is still not eligible for caregiver's program. It is time to end their wait as well.

[Applause.]

Mr. WHITEHEAD. Mr. Chairman, we want to thank all of you for another big victory last year, the passage of legislation to finally phaseout the SBP/DIC offset that adversely affects so many surviving spouses of disabled veterans.

[Applause.]

Mr. WHITEHEAD. This was a great step forward, but now we call on you to continue honoring and supporting the families of survivors of disabled veterans by passing legislation to increase DIC rates and expand eligibility rules for surviving spouses.

[Applause.]

Mr. WHITEHEAD. To keep our promise to the women veterans, we call on Congress to enact the Deborah Sampson Act. This comprehensive legislation ensures women have access to high-quality, gender-sensitive, and specialized health care services to the same extent as their male peers. All veterans, no matter their gender, race, or sexual orientation, should have equitable access to all of the benefits and services, and should feel welcome and safe when accessing the care they earned.

Yet, VA research showed that 1 in 4 women veterans reported inappropriate, unwanted comments or behavior by male veterans on VA grounds. The VA has made a commitment to create a more inclusive culture through the Stand Up to End Harassment cam-

paign. We fully expect VA leadership to foster that culture from the top down. Respect must begin with each and every one of us.

[Applause.]

Mr. WHITEHEAD. Mr. Chairman, while much of our focus in Washington is on advocacy, DAV's core mission around the country involves providing direct assistance to veterans, most prominently through our National Service Program. Across the country, there are almost 4,000 DAV national, department, chapter, transition, and county veteran service officers offering free claims assistance. We represent over 1 million veterans, family members and survivors, and we provide representation for nearly 215,000 pending claims for benefits.

We also assist separating servicemembers through our Transition Service Program, which provides benefits counseling and assistance at nearly 100 military installations across the country. When disaster strikes, DAV is there to help impacted veterans. In 2019, we provided \$300,000 in emergency cash support to 500 veterans affected by hurricanes, tornadoes, floods, and fires in Alabama, California, Florida, Nebraska, North Carolina, Ohio, Oklahoma, South Dakota, Tennessee, and Texas.

We also help veterans find jobs through our National Employment Program. Since 2014, we have hosted over 600 traditional and virtual career fairs, with over 200,000 active duty, Guard, and Reserve members, veterans, and their spouses attending. In total, this effort has resulted in more than 140,000 job offers.

[Applause.]

Mr. WHITEHEAD. The DAV Voluntary Services Program helps ensure that ill and injured veterans are able to attend their medical appointments. In 2019, our volunteer drivers logged over 20 million miles and provided more than 615,000 rides, taking veterans to VA health care facilities, saving taxpayers more than \$31 million.

[Applause.]

Mr. WHITEHEAD. Finally, we are very proud to co-present, along with VA, the National Disabled Veterans TEE Tournament and the National Disabled Veterans Winter Sports Clinic, often referred to as Miracles on the Mountainside.

Mr. Chairman, President Teddy Roosevelt once said, "Far and away, the best prize that life has to offer is a chance to work hard at work worth doing." Well, to me, that prize is being part of the long and storied tradition of DAV, one that I know will continue to flourish for the next 100 years.

Thank you for the opportunity to present DAV's 2020 legislative priorities and highlight the many services we provide to America's injured and ill veterans. May God continue to bless the DAV, the

men and women who serve our great Nation, and the United States of America.

[Applause.]

[The prepared statement of Mr. Whitehead appears after the body of the hearing.]

Chairman MORAN. Commander, thank you for your heartfelt and commanding testimony. It is compelling. Let me ask you a couple of questions. We are going to have a round of just 3-minute questions among the members.

Tell me this about—you caught my attention on the MISSION Act implementation and the recommendations that had been made to the VA. I think it was 11, 14, and 1, not a perfect record by a long shot. Is there a response from the VA in regard to the failure to implement your recommendations? What are they telling you?

Mr. WHITEHEAD. Chairman, that is a great question and, you know, we are getting a wide range of answers on that. But, I would like to have my staff maybe elaborate a little bit more on that.

Chairman MORAN. That would be fine.

Ms. ILEM. Well, we know that the MISSION Act is absolutely critical to the modernization of the health care system in moving forward, and we certainly want to see that faithful implementation and full implementation of all of those great provisions that are in there.

You know, Dr. Stone has been very forthcoming with us and engaging with us, but we would like more access to the program offices who are dealing with, you know, some of the minutiae related to these provisions. We feel, all of us here, you know, U.S. the VA health care system. We feel, as an organization, our members can provide excellent feedback that we can share with VA, as they are developing the various parts of the network, the community care network, sharing with them the problems that they are having, or not, the good and the bad. We have gotten great feedback on some of the urgent care benefit, but problems, you know, in between.

So, we think having a good collaborative relationship is essential. We do not want to just be briefed on something we like, you know, and then it is in a complete phase at that point. We would really like the opportunity to have more meaningful engagement.

Chairman MORAN. Ms. Ilem, you and I share that same goal of having input when it still matters.

Ms. ILEM. Right.

Chairman MORAN. I also hope that we have the opportunity to see that once it is implemented, the implementation is determined, that it is understood out in the countryside. So many times, what I hear in Washington, DC, is satisfactory to me, but when I am in Kansas, they have never heard the same thing I have heard. So,

I look forward to working with DAV to make sure that MISSION Act is implemented correctly and that there is knowledge for the providers across the country.

Let me talk about Blue Water Navy and its implementation. Is the VA facilitating, Commander, the input from the VSOs? Are you getting enough attention in how this act is being implemented?

Mr. WHITEHEAD. You know, Chairman, that was a great thing to bring up because before they rolled it out we were asking a lot of questions, like, "Hey, where are we at with it? Where are we at?" And we were getting some feedback but not at the level that would really help us to be able to go back to our members and provide some good knowledge to our members that are going to be applying for those benefits, like where are we at? How long does it take to get this going?

But, to the more details, if my staff could please add a little bit more to that I would really appreciate it.

Mr. MARSZALEK. Yes. Thank you. Right now, I mean, they have told us, well, we know that there are 18,543 claims pending, and that is according to the Monday Morning Workload Report from VBA. They have told us, informally, they processed about 1,000 Blue Water Navy claims already, to the tune of about \$20 million in benefits.

They have not given us any facts, any grant rates, denial rates, and we have asked for those figures and stats to tell us what is going on with that information. We want to know exactly what is happening out there.

So, we certainly think the collaboration could be a little bit better, the information-sharing could be a lot better. We are doing as much as we can to outreach the Vietnam-era veterans to ensure they are out there filing claims if they believe they are entitled to benefits. And we have done that through social media, we have an information seminar program where our NSOs are out providing information in the communities, and we are spreading that word as much as possible. We want as many people who believe they are eligible to come in and file a claim for those potential benefits.

Chairman MORAN. Thank you very much. It is always amazing to me the number of veterans who do not know what they are entitled to or what the program involves, and if we are going to be successful in solving that problem it is going to take the full effort of the DAV and others, and so you need the information yourselves. So, we look forward to working with you to accomplish that.

I am going to do my best to hold Members to the three-minute time rule. I am already over a little bit myself, so I will forego something later. Chairman Takano is recognized.

Chairman TAKANO. Thank you, Mr. Chairman. Commander Whitehead, we know that families are so important to veterans, especially severely injured veterans, as they go through their healing process. Can you detail just how impactful family caregiver support is for these veterans?

Mr. WHITEHEAD. Absolutely. As I said in my remarks, you know, my wife, my caregiver, was instrumental in me getting the help I needed. You know, our spouses know us better than we know ourselves sometimes. When our veterans get back, and they get back into society, we have this strong front on us, right? We are invincible, right? We can handle anything. We just got back. We are good. But, it is those caregivers that are there to really help us make sure we are getting all the help we need to be able to be stronger and better in life.

But, in particular, to your question, if my staff could maybe elaborate a little bit more on that I would greatly appreciate it.

Mr. REESE. Absolutely. When we talk about caregivers it is important for us to remember that caregivers frequently put their lives on hold. They give up their educations. They give up their careers. They do not have health care. They give up their future retirement security and 401(k)s, and their Social Security has diminished because of the work orders which they do not have.

Having said all that, research has shown that mental and physical health outcomes of catastrophically injured veterans is better when delivered by caregivers at home. And in addition, while the Nation's taxpayers save billions of dollars of otherwise institutionalized care and expenses, needless to say, we applauded Congress when this benefit was passed.

But, this last year it was a shocking revelation, at the 11th minute, on the 11th hour, basically, to say we know everybody is ready to line up, fill out applications, and start expanding the caregiver program, only to be fooled by the idea that they would be prepared. Then, instead of saying enroll in the current and ongoing caregiver program, no, we know that you have suffered for five generations, we know that you need the caring services and supports, and we can deliver them, but let's wait for an IT initiative that will take until the summer of 2020.

I can only share with you the great disappointment of not only myself, the staff here in Washington, but the membership of 1 million members nationwide.

Chairman TAKANO. Thank you. Quickly—

[Applause.]

Chairman TAKANO [continuing]. I want to get to my next question. As you mentioned in your testimony, VA has not included bladder cancer, hyperthyroidism, parkinsonism, or hypertension in

a list of presumptive conditions associated with exposure to Agent Orange. Can you explain, Commander, why VA's failure to add these conditions to the presumptive list, despite the positive findings of the National Academies of Medicine, is different than past practice?

Mr. WHITEHEAD. We do not know why. You know, the research is there. The facts are there. We believe they should have rolled it out. They should be implemented right away, immediately, so these veterans that have been suffering far too long receive the care they should as well.

But, you know, I will let my staff maybe elaborate in a little bit more detail about what the VA has shared directly with them.

Mr. REESE. Certain. In regards to Blue Water, even though the law was passed, again, the shock and outrage that occurred, first because the court passed the decision a year ago and actually said that was entitlement under *Procopio v. Wilkie*. Then there was a delay, and then there was an extended delay before they could make a decision as to whether they would appeal the decision to the court, the Supreme Court. And then Congress passed a law, and then in that law, a 6-month delay further yet.

So, an entire year in order to line up veterans. And this is unique in the setting that normally within the VA, for specialty cases—those who are impoverished, those who are in severe financial hardships or have actual hospice needs and are there on their deathbed—these benefits were not extended. There was a blanket stay. And as you all know, policies rarely benefit from a blanket anything.

But, to actually make veterans wait another 6 months just to begin the adjudication process, when they can stage ratings, they can regulate those cases all along and make them effective on January 1st. So, now here we are, a year later. We kicked the ball down the road, they kick off the program with an expectation that was put out there of 400,000 veterans that want to raid the system, and it is going to cost billions of dollars, and we have got less than 20,000 veterans at the door.

Shocking, and absolutely unfortunate for our Nation's Vietnam veterans, and for those who served off the coast who were entitled to these benefits before, and a VA error is what interrupted those benefits. The Department of Veterans Affairs should be held accountable, and Blue Water Navy, and trust me, we will have oversight of Blue Water Navy statistics and make sure this process is working as it should, or we will be back before you to tell you why.

Chairman TAKANO. Thank you. Thank you, and I yield back.

Chairman MORAN. Congressman Roe.

Dr. ROE. Thank you, Mr. Chairman. I am going to go very quickly and just give you a summary of my 12 years. When I first got here, VA benefits, cemetery and health care, \$97.5 billion. The President's ask in this budget, which we are going to over this Thursday, in detail, is \$243 billion, almost a quarter of a trillion dollar increase. And when I got here there were 250,000 employees in the VA system. The ask this year is north of 400,000. We had breakfast, Chairman Takano and I did, just the other day.

The other interesting thing that I felt was very good was that 47 percent of eligible male veterans seek VA care. Now 41 percent of women veterans, as the Commander said. By the way, do you have to be a sergeant major because your Governor is a sergeant major? We know Tim Walz very well and appreciate his service, and you. I know when I was in the infantry myself it was God, commanding general, command sergeant major, not necessarily in that order, who was in control.

[Laughter.]

Dr. ROE. I still remember that as a young officer.

I look back and we have kicked VA around a little bit, but we put a lot on their plate in the last 3 years. We really did. We put the Accountability and Whistleblower Protection Bill, and Congressman Bost right here.

I think one of the best things that has happened are the appeals modernization. When I got here there were 1 million backlogged claims. That was unbelievable to me in 2009. And, I saw Dr. Lawrence the other day. They hope to work that down to zero by July 4th of this year, those claims. I think that is a remarkable turnaround.

So, the VA has done some good things, and we passed the Forever GI Bill, the MISSION Act. By the way, for you all, when I leave here, I am going to work on the caregiver program with the Dole Foundation. I plan to do that.

[Applause.]

Dr. ROE. Blue Water Navy bill, 10 years we have worked on that to get it done. You are absolutely right to be impatient, but it is getting done.

Commander Whitehead, I know—I want to mention this, and it was just mentioned by Mr. Reese. The VA started processing those claims. What are you hearing from your membership about them getting adjudicated?

Mr. WHITEHEAD. That our members are actually—the process is improving. You know, our members are getting the stuff a little faster. But again, it is the back-and-forth that we are really dealing with, you know, the inaccuracy, you know, from different VA places and stuff like that. That is a frustration piece for us.

But, if my staff can maybe elaborate a little bit more on the adjudication piece.

Mr. MARSZALEK. Yes. So, we know, you know, currently, we were talking about the backlog. There are 71,000 claims in the backlog right now, and the backlog is any claim that is pending over 125 days. Right now, for the Blue Water Navy claims, there are zero claims that have been pending over 125 days, obviously, so we are paying very, very close attention to that fact. How long is it taking?

But, our membership has been fairly happy so far with the decisions that we have seen. We just have not seen enough of them so far.

Dr. ROE. Thank you, and I want to yield back but I will put this for the record. The VA expects to begin expansion of the family caregiver program to pre-9/11 veterans and their caregivers later this year, and you may answer this later. What recommendation do you have for VA and our Committee Members as that expansion begins, to make sure we get it right?

I will leave that off because my time has expired.

Chairman MORAN. Thank you, Member Roe. Thank you very much. Senator Tester.

Senator TESTER. Thank you, Chairman Moran. Once again, it is good to have you here, Commander Whitehead. Do you know, off the top of your head, how many Vietnam veterans are members of the DAV?

Mr. WHITEHEAD. Off the top of my head, no, but I am sure it is the highest percentage that we have in our membership right now is the Vietnam veterans.

Senator TESTER. If you are a Vietnam vet could you raise your hand?

[Show of hands.]

Senator TESTER. If you are a Vietnam vet under the age of 60—under the age of 60—raise your hand.

Let the record show that there are no hands left up, OK.

So, the question here is, what is Blue Water Navy and Agent Orange presumptive benefits and caregivers all have in common? I will answer it if you do not.

Mr. WHITEHEAD. They have all waited too long to get the benefits they have earned.

Senator TESTER. Yeah, that is right.

[Applause.]

Senator TESTER. We have still got a few, a damn few World War II folks and a few Korean veterans. Most of these folks are Vietnam veterans. And we are talking about Blue Water Navy and we are talking about the 18,000 claims that have been in, and 1,000 of them have been taken care of. Randy, you talked about that. I



mean, we are behind the 8 ball already. We are talking about presumptive conditions with Agent Orange. And, before Shulkin was ready to leave, which has been a couple of years ago, maybe longer now, he was ready to declare the three because the science is there, through the National Academy of Sciences. We are still waiting for it.

Now we pass caregivers and the MISSION Act and we do not have an IT system that will support it, so we have got folks out there—and by the way, this will not cost taxpayers. This will save taxpayers money.

So, anything you can do—that is right, you can applaud for that. I will take that.

[Applause.]

Senator TESTER. By the way, not only does it save money, it improves quality-of-life, because wouldn't you rather be at home than in a health care facility?

It is all really important. So, you guys need to continue to rattle some chains around here. The truth is that I do not think it is all Wilkie. I think it comes from an outfit called the Office of Management and Budget, and this has been said before, but they are trying to outlive, and, by God, they are doing it.

Get aggressive. That is all I am going to tell you. And, I will help you any way I can in your aggressiveness.

Really quickly, you have got 35 seconds to answer this, and it is a real easy question. Talk about mental health resources within the VA. Tell me what grade you would give them if you were a teacher, and tell me if you were the head of the VA what is the first thing you would do to improve it?

Mr. WHITEHEAD. Well, the quick answer is I have used it. I am using it, right, and I have truly, truly appreciated all the help I have gotten, and it has actually allowed me to be who I am today, to know what my weaknesses are and how I need to identify my strengths. So, the VA is doing a great job when it comes to me.

Where there is trouble we have is the VA is not getting out there. Those that are not using the VA system are the ones that are suffering suicide right now. Those are the biggest percentages that we are losing is those that are not using the VA system. So, we have got to find those veterans and get them enrolled in the VA, because they VA is getting after suicide, but as was mentioned earlier, it is going to take every one of us in this room, and in society, to get after suicide, and I believe VA is doing it right.

Senator TESTER. Thank you very much. I appreciate you.

[Applause.]

Chairman MORAN. Congressman Bilirakis.

**HON. GUS M. BILIRAKIS,  
U.S. REPRESENTATIVE FROM FLORIDA**

Mr. BILIRAKIS. Thank you, Mr. Chairman. I appreciate it, and congratulations on your chairmanship. I enjoyed working with you over the years, and also you worked with my dad as well, Congressman Mike Bilirakis.

I would like to recognize the Florida delegation. Please, if you could stand or raise your hand. We have got to have a couple here. All right. Very good.

[Applause.]

Mr. BILIRAKIS. Is Frank Chicollo here? Andy Marshall is here. Yeah, there. OK. Well, thank you very much. I appreciate it. Chairman Takano, we are catching up with you.

I have one question. Commander Whitehead, you talk at length in your testimony about the importance of caring for veterans who have been exposed to potential toxic substances and open burn pits while stationed overseas. DAV's primary solution is to remove the concession of exposure requirement for veterans who must prove their individual exposure to those toxins. Can you elaborate on why you believe this approach moves the needle forward? And then I have a follow-up question as well.

Mr. WHITEHEAD. As I stated—a great question—and as I stated in my statement, you know, I served over there and I smelled it, right? The wind come in and you could smell the burn pits throughout the whole base. I truly believe everybody that was on that base was affected by the burn pits. Now how it is going to affect each and every individual, I do not have that answer, but you know what? The doctors that are treating our veterans, they can figure out what is causing these illnesses, and that is why I believe by identifying and lifting that restriction we allow that veteran, if they do come up with some illnesses, they can get the help and maybe get the service connection that they deserve for that illness, because of what they were exposed to.

But, if my staff can maybe elaborate a little it more on that.

Mr. REESE. Absolutely. The concession of exposure for the most part is for direct service connection. For service connection you have got to have a disability, had onset during service, and there has to be a medical nexus that attaches between the two. Since veterans do not know exactly what they were exposed to, to concede what they were exposed to, gives them the ability to go and talk to their clinician, talk about the chronic disabilities they have, and to get a medical opinion that would either link the two or separate the two. And, that would give the golden nugget in order to be able to file for direct service connection before medical research and science has time to catch up.

Over time, these disabilities may become presumptives, but that is too early now. We need to get them direct service connection for those who have those chronic ailments today, have clinicians who are taking care of them, and just give them the information. That is really what this is about. It is conceding that X, Y, and Z were in burn pits, and if you were exposed to X, Y, and Z and have this chronic condition, yes, we feel it is related and you get service connection, or no we do not and you do not. It is about equity.

Mr. BILIRAKIS. Thank you. I appreciate it. I guess my time has expired and I will submit the questions for the record. Thank you and God bless you, and thank you for your service to our country.

Chairman MORAN. Representative Allred.

**HON. COLIN ALLRED, U.S. REPRESENTATIVE FROM TEXAS**

Mr. ALLRED. Well, thank you, Mr. Chairman, and I want to congratulate DAV on a century of service to those that have served us, and thank you for your service as well. Dr. Roe was mentioning that Texas would not exist without Tennessee, and I just wanted to remind him that a great Texan said, "You all can go to hell. I'm going to Texas."

[Laughter.]

Dr. ROE. That was actually a great Tennessean that said that, Davy Crockett.

Mr. ALLRED. I hoped you would not know that. So, to all the Texans here, if you all could stand up or wave a hand. Thank you so much for your service. Thank you for being here.

[Applause.]

Mr. ALLRED. I am glad that we are talking about toxic exposures, because recently with some of my colleagues here on the panel we visited Kuwait and Afghanistan over Thanksgiving to spend some time with our folks who are deployed over there. I noticed, in Afghanistan, the extreme—extreme—poor air quality that they are dealing with, particularly if you are stationed in Kabul. As you probably know, it is surrounded by mountains. The air quality there is similar to a burn pit because in the surrounding areas they are burning everything they can for warmth, for light. If you track the air quality, which, on my phone, I look almost every day at what the air quality is there, it is in the extremely toxic range.

I am wondering if we are doing enough to expand the understanding of what toxic exposure is, to include air quality, while you are deployed.

Mr. WHITEHEAD. You know, that is a great question for the fact that, you know, there is research being done today, and is continuing to be done. Research is important to everything we do, because we want to make sure we identify everything, you know, air

quality and it is being tested every day. But, you know, to identify each air thing we need that research to prove that.

But, I know, as we said earlier, we had somebody that was over there and has seen some of this, so I would like to have my staff maybe elaborate on this if we could.

Mr. REESE. It really comes from a two-pronged approach. DOD does have a periodic occupational environmental monitoring survey they do, which is like an OSHA survey, and it does include air. But normally this is under circumstances less than combat. So, combat operations and kinetic tempos, that does not allow for those. Obviously it is very difficult to do.

But, in these larger bases, just as an example, in the most recent news of K2, which is a military base that had some toxic exposure, it is actually their documentation that actually shows the contaminants of depleted uranium and asbestos that was in the soil, and the risk of those pollutants being picked up in the air due to all the storms that they have in the area. These are tools that are already in use today. How efficient they are in doing that and how diligent they are, again, I think when you are the war fighter you have to make a choice of tactical operations and strategic operations, but there is always room for improvement.

Mr. ALLRED. Well, thank you. I think while we were there General Miller told us that this is something he thinks that everyone who has been deployed there is going to have to deal with, and I think we are going to have to keep our eye on that here.

Thank you all for what you are doing. You have certainly done a great job in Texas, and I look forward to continuing to work with you.

Chairman MORAN. Thank you. Congressman Bost.

**HON. MIKE BOST, U.S. REPRESENTATIVE FROM ILLINOIS**

Mr. BOST. Thank you, Mr. Chairman. First off, I want to reach out and have all the Illinois veterans in the crowd, if you could raise a hand, stand up and wave, and I wanted to say thank you for being here. I also want to mention someone that is here, the Director of the VA of Illinois, a former colleague of mine, Linda Chapa LaVia, is in the back there. Director, thank you for being here. It is great to have everybody with us, and thank you all for your service.

My first question, Commander, was dealing with toxins as well, but I think they have talked about that quite a bit so I am going to go on to another question.

The Veterans Appeals Improvement and Modernization Act was a massive overhaul of how the Department processes appeals. As with any initiative, regardless of the success of being implemented,

further improvements can likely be made. Do you have any recommendations on how we can improve, from what you have seen already of the implementation?

Mr. WHITEHEAD. You know, thank you for that question. Actually, with that I would like to have my staff address that right away.

Mr. MARSZALEK. Thank you. Great question. I think the collaboration that created AMA was one of the single best things that ever occurred, right, everybody working together. That is what we have not seen happen since then, right? We would love to see that in every project that VBA does, and VHA, for that matter.

Overall, we are very happy thus far with what is going on with AMA. We are a little concerned about the hearing backlog at the board. We are paying very, very close attention to that. We know they are ramping that process up and trying to do as many hearings as possible throughout the year, and do hearings at different locations, things like that, VA medical centers. We are paying very close attention to that piece of it. But overall we are very happy.

And, I think the information-sharing piece that we get from the Appeals Management Office, with Dave McLenachan, and then Cheryl Mason at the board, has been tremendous. Any time I ask them for information they give it to us right away. And that collaboration still exists through that process.

Mr. BOST. Thank you. Commander, what I was looking for was some kind of answer as far as that side. Now, let's look at the other side. What about suggestions you would have for when the initial claims process starts? What can we do to speed that process up? Because I am telling you, I was a veteran and I can tell you this story, right quick, and then I want you to answer the question. I have told this to Ranking Member Roe and others.

I had a hearing loss in the Marine Corps, and because I was so young when I left they said, "If you sign this waiver that you won't come back on us, you know." Then, I was a State legislator, and somebody said, "VSO came to me and said, you know, you can apply for that." I applied three times, and became so frustrated with the process I quit. I became a Member of Congress and then a person with the VA, I told that story, and they said, "Well, we can get that for you," and my answer was, "To hell you can."

I am just wanting to let you know that I know exactly what people have to go through, and what do we need to do to improve it, and that is what I am asking you now.

Mr. WHITEHEAD. Well, I think it starts early on in the career, right. As that soldier is transitioning out of that service and now becoming a veteran, that is critical. We have got to get that infor-

mation in front of that soldier and make sure that now veteran understands the process.

Our TSO program, the Transitional Service Officers that we have on the base are critical to make sure we are getting out, and letting that soldier know, now that you are a veteran, where are your medical records? We have got to prove everything.

When that veteran left that service it was a checklist. I can tell you, I have gone through it, just as you have. You know what? And you want to get off that base and get out of that uniform as fast as you can. But guess what? What the DOD is not telling that servicemember, now a veteran, is what you went through, you are probably going to have some, you know, maybe have some problems later. Now that is somebody else's problem.

DOD's problem is no longer theirs and now it is the VA's problem, and now that person has to go back how many years to jump through hoops. Because how many people kept their medical records, you know, especially Vietnam veterans. When they left, got out of Vietnam and came home, they did not have medical records. So, now we have got to prove it.

That piece, that connection between DOD and VA, sharing those records and making sure that that servicemember, now veteran, knows how to enter and get into that system.

Mr. BOST. Thank you, Mr. Chairman. I yield back.

Chairman MORAN. Thank you.

Congressman Lamb.

**HON. CONOR LAMB,  
U.S. SENATOR FROM PENNSYLVANIA**

Mr. LAMB. Thank you, Mr. Chairman. Mr. Marszalek, I thank you for your work and being a native of Pittsburgh, PA, I will not ask all the Pittsburghers to stand or anything, because we have one at the front table, so we are proud of you and appreciate what you are doing.

I was wondering quickly if you could repeat the statistics that you are trying to get from the VA on the Blue Water claims, how they are being processed, because we can write that down and try to get the same information as well, if you would not mind just going through that again quickly.

Mr. MARSZALEK. Absolutely. I mean, we asked how many claims they have processed. They said, "About 1,000." Well, exactly how many, and how much in benefits did veterans—how much were they awarded thus far? They said, "Around \$20 million." We want the facts. I mean, if we are partners in this and we are trying to help get people in the door and filing claims properly, we want to

know what is going on. Any information they can give us, it should be factual.

Mr. LAMB. And whether any have been denied.

Mr. MARSZALEK. Right. How many have been denied, how many have been granted, what is the grant rate, what is the done hour rate on the case.

Mr. LAMB. Grant and denial rate.

Mr. MARSZALEK. Yes.

Mr. LAMB. Total numbers. Got it. Because one of the issues we have been following for a while are also job vacancies at VBA and the working additions of the raters and reviewers themselves, who were having a hard enough time throughout 2019 keeping pace with what was happening and adding these new claims in. That problem is not going to get better. It is likely to get worse if VA does not address the personnel side of it. Thank you for that.

Commander Whitehead, we have also been concerned about the issue of the VA not including bladder cancer, hypothyroidism, parkinsonism, and hypertension to the presumptive list. Can you just say a word about what life is like for your members that are suffering from these four extremely serious diseases, especially when they are also ineligible for caregiver benefits due to the technical problems that VA has had?

And I want to be clear, for those in the room, it is not as if VA—these problems are not the result of VA starving for resources. We upped VA's budget yet again last year. The Administration has again come requesting another 12 or 14 percent. This is a problem of execution.

So, if you could just enlighten us a little bit more what these problems of execution really mean in the lives of your members.

Mr. WHITEHEAD. Well, the biggest question, the biggest problem we have there is the veterans continue to suffer without getting the care, right. Some of these maybe are service-connected for something else, they are able to get the care, but they are having to pay for that care for the stuff that is not service-connected. And so it is a financial burden right away, the first thing. Also—

Mr. LAMB. Yeah. You do not have the option to not be treated for Parkinson's or bladder cancer, in particular.

Mr. WHITEHEAD. Yeah. The big thing with the caregiver's piece is what happens when that veteran passes, and how that veteran that passes from one of those is not service-connected or presumptive. That caregiver gets nothing. That caregiver has nothing to fall back on. And, as we said earlier in our statement, they give up so much to be that caregiver. They had a job for a while, their retirement and all that, and now they do not have that.

Mr. LAMB. Have you gotten a better explanation than we have as to why these four conditions were denied, because it does seem that the evidence in the science are there and that we have not really gotten a straight answer as to why that is.

Mr. WHITEHEAD. My staff can maybe take that.

Mr. REESE. Well, I think there was recent press releases, information that came to light in one of the news articles that pointed out that the Office of Management and Budget made a decision that it was just not cost effective, and they asserted that it was medical science was not there, when there have been literally dozens of scientific reviews, medical experts, from the Institutes of Medicine, that have associated these conditions.

The simple fact that statistically there may be others in the population that have these diseases does not mean that they were caused by military service, when this association does. They just do not want to do the right thing because it costs too much.

Mr. LAMB. Well, I thank you for continuing your advocacy on that, and again, it is just shockingly inconsistent and inhumane in a year where they are coming for a 15 percent budget increase anyway to pinch pennies on the people with these conditions. So, thank you for continuing to fight for them, and we will as well.

[Applause.]

Mr. LAMB. Mr. Chairman, I yield back. I am sorry.

Chairman MORAN. Thank you.

Senator Sullivan.

#### **HON. DAN SULLIVAN, U.S. SENATOR FROM ALASKA**

Senator SULLIVAN. Thank you, Mr. Chairman, and Commander Whitehead, thanks. Congratulations on 100 years, and congratulations personally on your military service, which you are continuing, which I think is great.

I appreciate the meeting yesterday with your team, honored by the DAV's award, so thank you on that. You know, Dr. Roe mentioned Texas and Tennessee. Sorry, Congressman Allard has already left. You know, in my State, the great State of Alaska, I thought I would pile on a little bit with regard to Texas. We have a saying that if you split Alaska in two, Texas would be the third-largest State in the country.

[Laughter.]

Senator SULLIVAN. I am just saying. You can pass that on to the Congressman. Sorry for the Texans here, but—any Alaskans here? I know Pam, thank you very much. We have more vets per capita than any State in the country, so we are very proud about that.

Commander, I want to thank you for the shout-out on S. 2950, the Veterans Burn Pits Exposure Recognition Act. I want to ask all



of my colleagues, you know, we have a good start, a bipartisan start on that. You know, what we are trying to do here, you mentioned Agent Orange, the Blue Water Navy. A lot of us were co-sponsors of that. But, as we talked about in my office yesterday, that is all reactive. That is reacting for decades. As Senator Tester mentioned, people have passed away.

What we are trying to do with S. 2950 is to get in front of this, to work with the VA to get in front of the burn pit exposures. I just want to be clear. Is this one of the top DAV legislative priorities for this Congress?

Mr. WHITEHEAD. It absolutely is. You know, like you said last night, and I want to say it again, we need to be proactive when it comes to taking care of our veterans, and not reactive, and that is exactly what I think this bill is doing is making us be proactive at helping these veterans before they actually need the service, that we have things in place for them immediately.

Senator SULLIVAN. So, we will continue to work with you—thanks for your great work; your team has been fantastic on this—and importantly work with the VA, because we want to make sure this is in conjunction with them.

I notice, I mean, and you can only cover so many things, there is nothing in your testimony on another issue that a lot of us have been focused on, is exploring alternatives to treatments to opioids, whether that is medical marijuana or other kind of alternative treatments. Do you have any view on that right now? I know there is only so much time you can put into your opening statement.

Mr. WHITEHEAD. Yeah, we actually do, and I would actually ask my staff to elaborate, because again, you are right. We did not have much space in there, for time, but I would like my staff to maybe elaborate.

Ms. ILEM. We have been very pleased that VA has taken up a number of alternative treatments to manage pain, and obviously for our population, service-disabled veterans with some catastrophic injuries and dealing with pain is a life-long issue, and we want to make sure that veterans have a range of options to choose from. And VA's whole health model in their complementary and alternative, you know, options are very welcome, especially we hear so much from the younger generation.

At the same time, we want to make sure, like medical marijuana, we do have a resolution that indicates we want the research to be done. VA should do it. We want to make sure, like any medication or drug, that that research is done and that it would be an effective alternative for veterans dealing with pain.

Senator SULLIVAN. Senator Tester and I, I think you know, have legislation on that. We would love to get your views, or if the DAV is supportive.

Thanks again, Mr. Chairman. Thank you, and we look forward to continuing working with all of you.

Chairman MORAN. Thank you, Senator Sullivan.

[Applause.]

Chairman MORAN. Now, Senator Blumenthal.

**HON. RICHARD BLUMENTHAL,  
U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Hi. I am Richard Blumenthal from Connecticut. Anyone here from Connecticut today. Good for you. Thank you.

[Applause.]

Senator BLUMENTHAL. Thank you. I just want to reassure everyone I am not going to continue Senator Tester's line of questioning about your ages, and I am not going to get into the dispute between Alaska and Texas. My mom said to me, "If you don't have something nice to say about someone, don't say anything."

[Laughter.]

Senator BLUMENTHAL. Of course, my mom is not here today.

Senator SULLIVAN. And if your State is a little bit small you might not want to get involved in that either.

Senator BLUMENTHAL. Well, there you go.

[Laughter.]

Senator BLUMENTHAL. And, we are fellow Marines, believe it or not.

Let me just say, on a personal note, Commander Whitehead, I am so grateful to you personally, for talking about your mental health treatment, because we need more people like you. Everybody in this room has demonstrated extraordinary courage and strength, you veterans, but to talk about mental health takes an extra measure of courage.

[Applause.]

Senator BLUMENTHAL. I can tell you I admire you for being a role model. I invited to the State of the Union this year, as my guest, an uncle of a young man, Tyler Reed, a Marine Corps sniper, who came back from three tours in Iraq and Afghanistan, extraordinarily brave on the battlefield, but he came back with those same kinds of invisible wounds of war, and the VA failed him.

We need to make sure that we give young men and women, like Tyler Reed and yourself, the health care they need, the mental health care. Right now, the numbers of veterans seeking mental health care fortunately is rising, but we need to make sure they

have the kind of encouragement and caregiving—thank you for mentioning that point—that leads them to seek that kind of health care, and the VA should do better providing it.

I just want to say, because unfortunately I only have a little bit of time left, VA provides great care to a lot of veterans. No question about it. In my State of Connecticut, the VA is much appreciated and admired. But, as has been indicated here, the VA opposed the Agent Orange legislation, tooth and nail. They were going to appeal that court case that you mentioned. They were talked down from it. They have failed to implement electronic records. Literally 10 years ago when I came here, same issue. You know, the promise, “We will deal with it next year.” It is 10 years later. And of course the caregiver program, and now the new battlefield contaminants that threaten veterans’ health, the K2 issue, PFAS. All of the chemicals and radiation on the modern battlefield can be as destructive to veterans’ health as Agent Orange.

I want to thank all of you who are here today for keeping the VA, and particularly the VA leadership, mindful about its continuing obligation. Your work is so important, and I thank you for being here.

[Applause.]

Chairman MORAN. Senator Blumenthal, thank you.  
Senator Boozman.

**HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS**

Senator BOOZMAN. Thank you, Mr. Chairman, and thank all of you all for being here. There is nothing better than looking out and just seeing a sea of you all. You know, I know it is hard to come up, and I know it is hard to—there is expense involved and all of those things. There is just no substitute for you being here, having such a great presence, talking about how important these things are. We really do appreciate you.

Have we got any Arkansas folks here? Very good.

[Applause.]

Senator BOOZMAN. We appreciate you guys. We had a situation in Mountain Home, Arkansas, where the suicide rate was simply off the chart. DAV stepped in and literally identified every veteran in the area, went and visited them personally, and as a result the suicide rate dropped down only, you know, where I think it was a quarter of what it is nationally.

[Applause.]

Senator BOOZMAN. So, one of the things I would like to ask you about is the fact that so many of the people that take their own lives are not directly involved with the VA, and maybe have no involvement at all. As a result of that, I guess what I would like to

know is how we can do a better job of reaching those that are not involved in the VA to get them in a situation where either the DAV or some other program can be of help.

Mr. WHITEHEAD. Thank you for that question. I know one of the good things that the VA is doing now is the soldiers are transitioning out there now, making phone calls for those that are, you know, within so many days of ETS and are retiring from the military service. They are getting a phone call to hopefully find them and get them, you know, in the system.

Organizations like the DAV, you know, we are continuing to do our outreach in the communities, you know, and being out in the community where these veterans are, and sharing these resources with them. Every veteran needs to be familiar with that stuff. It is very important.

Senator BOOZMAN. We recently passed out of committee the Veteran Suicide Bill that is so, so very important. In it, there is a tool to monitor suicide prevention progress. And what it does is just basically say are these programs working or are they not working. We do not have any metrics right now, and so that is so, so very important, so that we can beef up the programs that are working and get rid of the ones that are not.

Do you have any experience on some of the programs that are working, that you feel like are doing a good job?

Mr. WHITEHEAD. Yeah. I would like to have my staff maybe elaborate on what is some of the information that has been pushed to them across the Nation.

Ms. ILEM. I think, first, I want to say that we are really heartened that both the Senate Veterans' Affairs Committee and the House Veterans' Affairs Committee, I mean, we have seen so much attention to this issue with regard to mental health, and I think everyone is frustrated that the rates have not come down, and we care for our comrades. And we know that VA is doing a great job with its integrated mental health system and primary care, its peer-to-peer program, the predictive analytics program that you talked about, and a number of other wraparound services that are so essential to make sure that veterans have access to mental health when they are in crisis.

But, as you noted, when veterans are in the community, and they are out there, and they are unaware that they are eligible for VA care, or they are unaware of the benefits that may be there for them and the options, that is where you can use the VSO community. I mean, all of the organizations, like DAV, an organization like DAV, we have a wide range, across the system, across the State. There are departments and chapters out there dealing with veterans on a daily basis, our NSO corps.

And we took, as an organization, this really seriously, and we asked VA to come in and do the SAVE training for both of our headquarters as well as our national service officers who meet with veterans daily. We want to be at the front lines and to make sure that if we see someone in trouble, we are going to get them to the experts who can help.

Senator BOOZMAN. Well, thank you all. Thank you for all you represent, and a big shout-out to the auxiliary. We know who does all the work.

[Applause.]

Chairman MORAN. Senator Sinema.

**HON. KYRSTEN SINEMA, U.S. SENATOR FROM ARIZONA**

Senator SINEMA. Thank you, Mr. Chairman, and thank you to our witnesses for being here today. I am thrilled at the Arizona DAV commander, Glenn Hohman, and our delegation are here today in the audience. Are you gentlemen around? That is right. Oh, hi.

[Applause.]

I want to give a special thanks to our guys for all the work that they do to support Arizona veterans community. You guys are incredibly important partners in our work to ensure that veterans get all the care that they have earned.

My first question is for Commander Whitehead. Our staffs have spoken before about expanding the VA's medical foster home program to allow more veterans who can no longer live independently to choose to live in the private homes of VA-approved caregivers. This option could be a welcome alternative to entering into a traditional nursing home.

I am proud to work with Senator Blackburn to introduce a Senate companion to this important bill. Could you speak to the importance of the medical foster home and its impact in maintaining the dignity of our older, disabled veterans, and do you believe it would benefit both the VA and veterans if more veterans could choose a medical foster home without having to pay for their care entirely out of pocket?

Mr. WHITEHEAD. That is a great question because obviously it is important that we take care of all of our veterans, and elderly veterans are very important to us, because we want to be with them all along. But, allow my staff to maybe elaborate a little bit more on the foster piece.

Ms. ILEM. We really appreciate your support for this unique program. It is so important. It is an alternative option rather than being in institutionalized care. To be in a foster home, to have a more home-like environment is so critical for veterans when they

may not have any other family members around. This can be a difference between them really embracing life and continuing to be productive, or really starting to go downhill.

We are so thrilled to hear that you are going to do that, and we are 100 percent behind the medical foster home, any legislation. We appreciate that. Thank you.

Senator SINEMA. Thanks so much. Commander Whitehead, in your testimony you touched on the difficulty that military families face during transitions into civilian life. You may know I introduced the Somers Veterans Network of Support bill to implement a program that ensures that loved ones receive information about VA programs and resources as a servicemember transitions out of the military. This is actually named after a veteran from my State, Daniel Somers, who tragically did not get the care he needed from the VA, and we lost him to suicide.

What information do you believe is most critical to share with loved ones so that they can best support their servicemember who is transitioning out of service, and how can VSOs best be engaged to ensure the success of the Daniel Somers network of support care?

Mr. WHITEHEAD. That is a great question for the fact of, you know, which I shared earlier, the transition from military service to civilian life is such a key piece to getting that servicemember, now veteran, back into civilian life.

Ensuring the family in all of these events is critical. You know, as the soldier is transitioning out, making sure that that family member, that loved one, is also part of that transition. So, when our TSOs are actually at these military bases, I have shared the 100 military establishments that we are at, making sure that part of that invite is the family members, so when they are going through this information that the family is hearing, as well, because not everything goes home. When that soldiers get the information—nope, not important, not important, I am going to keep going, but make sure it is there.

If my staff can maybe elaborate a little bit more on that.

Ms. ILEM. I think the Commander has answered that well. I think having, you know, specific information about VA as well as other options, but just getting that information in their hands. Oftentimes a veteran, and during that transition period, does not really see for themselves, but their family or their loved one or whoever they might choose to have that information shared with, so that they have got that protective factor around them, that is critical, and we are very happy to support that legislation.

Senator SINEMA. Thanks. Thank you, Mr. Chairman. My time has expired, but I want to extend my personal thanks to everyone

who is here today, not only for your tremendous service and sacrifice to our country, but your continuing service by helping other veterans around our country. Thank you.

[Applause.]

Chairman MORAN. Senator Cassidy.

**HON. BILL CASSIDY, U.S. SENATOR FROM LOUISIANA**

Senator CASSIDY. Thank you to both of our chairs. Anybody from Louisiana here? You know, they should be doubly thanked for being here, because they are missing Mardi Gras.

[Laughter.]

Senator CASSIDY. Happy Mardi Gras to you.

Thank you for your advocacy. Without your advocacy, a lot of good things will not happen.

Now, I have been very interested in the transition assistance of which you refer. One thing I have learned, most suicides occur within 6 months of somebody separating from DOD. The average time for a first appointment in the VA after separating from DOD is 6 months or greater. Let that sink in.

I happen to be a physician, and I spoke to a gastroenterologist in the Department of Defense. If somebody in the Department of Defense is diagnosed with inflammatory bowel disease and needs to have monthly infusions, but the first appointment is 6 months after you separate, that is 6 months that you have to figure out how to get an infusion. So, your advocacy is helping us address these issues.

Commander, first, I have kind of listed this as potential problems. Have you seen the problems, number 1, and number 2, we are working on solutions, but I would like to know what solutions you propose.

Mr. WHITEHEAD. You know, that transition piece, that 6 months, you know, to get that first appointment is very critical for us, you know, and the VA—you know, the DAV is there to make sure that the VA is getting after that timeline, right? So, when that now veteran is trying to enroll into the VA to get into the system, we have got to have more access in a timely manner.

My staff can elaborate a little bit more on that, and all the different things going on.

Mr. REESE. On the benefit side, we had the privilege of the Under Secretary for Benefits addressing as we began our mid-winter conference, and he pointed out the Solid Start program that they are engaged in. You know, giving a veteran, or now a veteran, a servicemember who just transitioned out, hope is a key piece, because it is an acknowledgment that they served, an acknowledgment of their sacrifice, an acknowledgment that they have care yet

to come, and that prevents hopelessness when they get past separation and they contemplate suicide. We really believe that Solid Start might be the beginnings of a great plan.

Senator CASSIDY. Let me ask you this. I have been told that every time somebody is deployed to a new station there is an evaluation of his or her physical state and mental state, which tells me that when the person separates from DOD, if it is some young man who is 24 years old, in robust health, maybe he does not need an appointment. He probably will not show up. I was 24 once.

But, if somebody has a mental health issue and someone is saying they have an issue, then that should be an expedited referral and an expedited acceptance. I could go down a list of medical conditions. I mentioned inflammatory bowel disease earlier. I am a gastroenterologist; I would.

Any thoughts of the DOD side about how we could have that other hand? We have got to have both hands shaking, right? Any thoughts about that?

Mr. REESE. Well, I think in the big picture when we are talking about self-reported information, the biggest risk is that they do not report it; but, when they do, that is an absolute. There has got to be an immediate handshake and a warm handoff. I will let Joy add to that. Joy?

Ms. ILEM. I think when there is definitely a known issue before they are leaving military service then that warm handoff is so critical to make sure they actually know where to go, who they are going to see, and they know they have got somebody again, wrap-around, protective, you know, services. And we just have to do everything we can to make sure that veterans know about those programs and they know that they can access care when they need it.

Senator CASSIDY. I am the last one so I will take a little bit extra time just to say, one thing we are also working on is to get that total integration of the electronic health record, because there would be a way, on the electronic health record and DOD, to flag out next appointment in 3 weeks, and to have a system whereby the doc would say, "This is 3 weeks. By the way, this is not routine. Three weeks. Did you hear me? Three weeks." And that would go in with the entirety of the record.

We have been assured that on a Secretary level this is being made a priority, but we are following up on that just to make sure, because if that does happen then it is less dependent upon an individual and it is now dependent upon a system, and sometimes systems work a little bit better.

Ms. ILEM. One thing that VA told us, that I found very interesting, is that they know that it lowers the risk factors for suicide when they just do a phone call when somebody does not show up



for an appointment, or in between, just following up to make sure. Having either a peer-to-peer discussion or someone calling can make all the difference. Absolutely, we agree with that.

Senator CASSIDY. Thank you all very much. I yield.

Chairman MORAN. Dr. Cassidy, thank you very much.

Commander Whitehead, we have come to our conclusion. It works out really well. The Senate has a series of five votes starting at 3:30, so our timing was good.

I want to personally thank you for your presence here, your team, your wife, Kim, joining you, and the efforts that you make. It is clear to me that there is a lot of passion, care, and concern, of love for those who served our country and those who are in significant need of our help, and I appreciate that being exhibited today by you and the DAV. I am very grateful for the opportunity to be inspired by what you are doing and what you had to say.

I thank you all for traveling here. It is impressive, as Senator Boozman said, to see the DAV members from across the country present. It demonstrates to us the care that you have, the desire for improvements, and it has an impact. We will work hard to make sure that impact is felt as soon as possible for those that have served our country.

And, Commander, I thank your team here in Washington, DC, that we see on an ongoing basis. We recognize that this is an annual occurrence, but you have a team that is present all the time, and we are grateful for their help and assistance.

I always ask witnesses, in any committee I chair, if there is anything they would like to say, anything that they felt like they misspoke or something else they want to make sure is said before I conclude the hearing. I know of nothing. I am not necessarily suggesting that you did.

Ms. ILEM. We just appreciate all of your enthusiasm, and congratulations to DAV on our 100th anniversary. We appreciate all that you do. You often do not get that thanks, as well. We know how hard you work and how much the issues mean to you, and we appreciate that.

Chairman MORAN. Thank you. That is a very nice way to conclude.

[Applause.]

Chairman MORAN. I would ask unanimous consent that Members have 5 days, legislative days, to revise and extend their remarks and include any extraneous material.

With that, this hearing is now adjourned.

[Whereupon, at 3:34 p.m., the Committees were adjourned.]

[Prepared Statement of DAV begins on next page.]



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***STATEMENT OF  
STEPHEN WHITEHEAD  
DAV NATIONAL COMMANDER  
BEFORE THE  
COMMITTEES ON VETERANS' AFFAIRS  
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C.  
FEBRUARY 25, 2020***

Chairman Moran, Chairman Takano and Members of the Committees on Veterans' Affairs:

Thank you for providing me the opportunity to present the 2020 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.

This year DAV is celebrating its centennial anniversary, marking 100 years of service and support for America's injured and ill veterans and their families.

In 1920, Judge Robert Marx, a disabled infantry officer of World War I, Army veteran and Cincinnati Superior Court judge, together with several hundred fellow veterans, formed the Disabled American Veterans of the World War (DAVWW) in order to rally their collective voice in the halls of Congress and help their fellow disabled veterans. Since then, DAV has played a crucial role working with Congress to create and strengthen our nation's system of veterans benefits and services.

In 1932, Congress chartered DAV for the purpose of advancing the interests of all wounded, injured and disabled American veterans. Since then, DAV has grown to become the largest wartime veterans service organization made up exclusively of men and women disabled in our nation's defense. For 100 years, DAV has stood as an organization of veterans serving veterans, providing invaluable support to millions of men and women as they make the critical transition from military service to civilian life. From our first convention in Detroit to our upcoming 99th convention this summer in Dallas, DAV members have played a key role in helping fulfill our nation's promises to the men and women who serve, and I am privileged and humbled to lead this great organization.

Messrs. Chairmen, I come from a family with a proud tradition of military service. Both my grandfathers served in the military, as did my father, an Army veteran who was stationed in Germany during the Korean War era. Two of my uncles served in Vietnam and I have three brothers who also wore the uniform: one in the Army, one in the Navy and one in the Marine Corps.

In 1991, I enlisted in the Minnesota Army National Guard and continued in the Guard for the next 27 years. In 2005, I was activated to go to Iraq and was deployed there in March 2006 for a one-year tour that was extended through July 2007. It was my honor and duty to provide base security and convoy escorts and to conduct security missions for Iraqi villages. I understand the impact of military service. The burden falls not just on veterans but also on their families who support them. This is particularly true during difficult transitions back into civilian life following wartime service or following a life-changing injury or illness.

In February 2007, my unit came under fire from mortar attacks; we lost a number of soldiers, many others were seriously injured, and I myself suffered a serious concussion, later diagnosed as a mild traumatic brain injury. Losing friends and watching comrades-in-arms suffer leaves a lasting impression. It impacted me deeply. When I returned home several months later, I was still dealing with the physical, psychological and emotional injuries from the attacks.

I was suffering in silence but needed help. I was sure no one would understand, but thank God, my wife Kim kept prodding me to seek help and support from the Department of Veterans Affairs. Although I live about an hour and a half from the Minneapolis VA Medical Center, I was able to participate in a telecounseling program to address the trauma I had seen and suffered. I soon discovered that VA providers understood military injuries and military culture better than any health care system in the world. I have received all my care from the VA ever since.

The VA also supported my transition in a number of other ways. Based on my injuries, I was awarded disability compensation and used the VA's Vocational Rehabilitation program to finish my college degree. In 2012, I was fortunate to become the adjutant for DAV's Department of Minnesota, a role that allowed me to continue serving those who serve. Last year, still feeling called to service, I decided to reenlist in the military as the command sergeant major of the Minnesota National Guard's 34th Infantry Division, allowing me to continue leading and developing soldiers. I look forward to this next phase in my career.

Messrs. Chairmen, a century ago, President Calvin Coolidge warned that "the nation that forgets its defenders will itself be forgotten." I am here today to help make sure that never happens, by presenting DAV's national legislative program.

## **BLUE WATER NAVY VETERANS**

Let me begin by thanking both of these Committees, and all the members of the Senate and House, who helped provide long-overdue justice to thousands of men and women who had been forgotten for too long—our Blue Water Navy veterans. As you know, for more than two decades, thousands of sailors who served on ships near the coast of Vietnam had been denied benefits because of an incorrect VA General Counsel opinion issued in 1997 that limited the Agent Orange presumption to only those who had set foot on the soil of Vietnam. After years of effort, last year, Congress finally approved the Blue Water Navy Vietnam Veterans Act, which extended the presumption of Agent Orange exposure to veterans who served in the waters off the shores of Vietnam. We are grateful for the leadership of Chairman Takano, Ranking Member

Roe, Senator Tester, former Chairman Isakson and others on these committees who finally resolved this injustice.

We are pleased that the VA began processing these claims on January 1; however, we must note that the Department unnecessarily delayed this process for six months by placing a stay on all Blue Water Navy claims, even for those that could have been immediately processed and paid based on evidence that was already of record. We regret that thousands of veterans were forced to continue waiting and that some may have died never getting their final measure of justice from the VA. Now that the Department has finally begun moving forward, we urge these Committees to perform vigorous oversight to ensure this law is fully and faithfully implemented until every last Blue Water Navy veteran gets full recognition and earned benefits.

**ENSURE VETERANS WHO WERE EXPOSED TO TOXIC SUBSTANCES RECEIVE FULL AND TIMELY BENEFITS, PARTICULARLY FOR BURN PITS, AGENT ORANGE AND OTHER KNOWN EXPOSURES**

Messrs. Chairmen, notwithstanding the victory for Blue Water Navy veterans, there are still too many veterans, particularly Vietnam veterans, waiting for their toxic exposure to be recognized or the diseases they suffer from to be formally associated with Agent Orange. In particular, we continue to wait for the VA to add bladder cancer, hypothyroidism, “Parkinson-like symptoms” and hypertension to the list of presumptive conditions associated with Agent Orange exposure.

Originally, the Agent Orange Act of 1991 had language requiring timely action, after the VA Secretary received reports from the National Academies that recommended adding new diseases associated with Agent Orange exposure; however, those provisions expired in October 2015. The Persian Gulf War Veterans Act of 1998 originally had these same types of time-required actions by the Secretary; likewise, those requirements expired October 1, 2011. No other presumptive toxic exposures have time requirements for the Secretary to act, which means there are no current time requirements for the Secretary to act on any recommendations made by the National Academies in reference to toxic exposures.

The National Academy of Medicine’s Veterans and Agent Orange 2014 update, published in 2016, concluded that there was compelling evidence for adding bladder cancer and hypothyroid conditions as presumptive diseases. Further, the study clarified that Vietnam veterans with Parkinson-like symptoms, but without a formal diagnosis of Parkinson’s disease, should be considered under the presumption that Parkinson's disease is service connected. In its 2018 study, the Academy strengthened its findings on hypertension, determining that there was now sufficient evidence of a relationship between hypertension and Agent Orange to add it to the presumptive list. However, internal VA documents reveal that the Administration challenged the previous Secretary’s authority to add the presumptive diseases and may have impeded such action based on financial considerations, rather than the impact on veterans.

Messrs. Chairmen, I have personally seen the ravages of Agent Orange within my family. I had two uncles who served in Vietnam; both of them passed away as a result of exposure to Agent Orange.

In the absence of the Secretary taking action, Congress should enact H.R. 2200, the Keeping Our Promises Act, to add the presumptive diseases of hypertension, bladder cancer, hypothyroidism and Parkinson-like symptoms, which the National Academy of Medicine has scientifically associated to Agent Orange exposure. These veterans and their families have suffered for years and should not have to wait any longer.

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 based 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, cardio-vascular 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.

In the past couple of years, almost all burn pit legislation has been specific to post-9/11 veterans who served in Afghanistan and Iraq. However, since veterans of Operations Desert Storm and Desert Shield and veterans who served in Djibouti after September 11, 2001, have also been acknowledged by the Department of Defense as being exposed to burn pits, we call on Congress to include veterans from all eras and conflicts who served in areas with burn pits when considering legislation for such exposures.

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 January 2019, the National Academy of Medicine started a study of burn pit exposure and respiratory effects. It is to last for 21 months, so we may be years away from potentially establishing respiratory presumptive diseases related to burn pits.

Until then, veterans must file claims for direct service connection for diseases and illnesses related to such exposure. However, from 2007 to 2018, the VA received over 11,000 claims specific to burn pit exposure and denied 80% of those claims. Many of these denials are due to veterans not knowing which toxins they were exposed to, thus impeding their ability to obtain a medical opinion relating the condition to the specific toxins.

To overcome these obstacles to receiving benefits and health care, we 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. We are very pleased to have worked with Senators Dan Sullivan (AK) and Joe Manchin (WV), who developed this proposal into legislation, S. 2950, the Veterans Burn Pits Exposure Recognition Act, currently pending in the Senate. S. 2950 would concede exposure to burn pits for any veteran eligible to join the VA Airborne Hazards and Open Burn Pit Registry and would include the list of chemicals and toxins already noted in the VA M21-1 Adjudication Manual.

A concession of burn pit exposure would not establish presumptive service connection; however, it would remove 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. For these reasons, we urge the Senate to pass and Congress to enact S. 2950, the Veterans Burn Pits Exposure Recognition Act, as soon as possible. We thank Senators Sullivan and Manchin for their hard work and for championing this legislation to provide benefits for veterans suffering from the effects of toxic exposures from burn pits.

To ensure veterans exposed to burn pits are eligible for health care, we also urge Congress to enact H.R. 4137, or similar 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.

A number of other toxic exposure issues have also emerged in recent years, and veterans need congressional action to ensure the VA expands Agent Orange presumptions to veterans who served in Thailand and conducts additional studies on long-term health effects of toxic exposures at Fort McClellan and PFAS-contaminated water found at over 400 military installations.

As discussed above, the presumptive processes and the presumptive decision-making process are not consistent among all of the different types of exposures. To provide consistency and to mandate timely action by the VA on toxic exposures, Congress should enact legislation to establish a new presumptive processes framework that would apply to all current and future exposures and presumptive diseases. The framework should include requirements for future studies of all presumptive toxic exposure-related diseases, time requirements for action by the Secretary, and clear classifications of scientific association between exposures and diseases.

The men and women who serve are often placed in situations that have long-term health effects that will impact their individual functioning, provide industrial impairments, and require physical rehabilitation and future health care. When service members are subjected 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.

## **VA HEALTH CARE AND THE VA MISSION ACT**

One of the most critical and important promises to our nation's veterans is providing timely, high-quality health care. As many of you know from talking to the veterans you represent, the quality of care at the VA is high and most veterans are satisfied with the care they receive. In fact, independent studies and reviews in recent years have repeatedly found that the care provided by the VA is as good, or better, than that provided in the private sector on average. I know this firsthand. I have had the same primary care provider since I enrolled in 2008 and have been happy with the care I receive at the VA. But for too many veterans, the biggest challenge has been timely access to care.

Five years ago, a VA access crisis and waiting list scandal erupted into the national consciousness, resulting in the rapid creation of the Veterans Choice Program, a new program to provide veterans with expedited access to community care options when they would have otherwise been forced to wait too long or travel too far to get an appointment with the VA. Although the Choice Program did alleviate some of the access challenges, the inherent flaws of the program ensured that it would only be a stopgap measure until a more thoughtful, comprehensive and broadly supported solution could be developed.

To help develop a better, long-term solution, Congress mandated an independent assessment and a new Commission on Care to investigate what had caused the access problems and offer solutions. Both concluded that the primary reason veterans had difficulty accessing VA care was inadequate funding provided to the VA compared to the rising demand for care by enrolled veterans. There was not just an insufficient number of health care professionals in the VA but also inadequate treatment space required to provide timely and accessible care to all veterans seeking VA appointments.

As the Choice Program struggled, leaders in Congress, the VA and veterans service organizations (VSOs) worked together to develop a successor to Choice, which would eventually be adopted as part of the VA MISSION Act in June 2018. First, it was necessary to come to common ground on the key principles of what this new community care system should look like. Since the quality of care provided by the VA was as good or better than that provided by the private sector on average, it was essential that the VA remain the primary provider of care, as well as the coordinator of care for veterans when they were receiving non-VA care in the community. All stakeholders agreed that a new community care network must be fully and seamlessly integrated with the VA system to ensure timely access to care. It was also imperative that the VA and community providers be held to the same quality and access standards to ensure the best health outcomes for veterans.

Importantly, it was determined that to prevent future access problems, it was essential that VA health care funding would reflect the actual needs and preferences of enrolled veterans. Finally, perhaps the most critical factor to ensure the success of the VA MISSION Act was that veterans and VSO stakeholders should be fully engaged in the development of the law and must remain equally engaged during its implementation. Unfortunately, since enactment of the law, the VA has departed from the bipartisan and broadly supported agreement embodied by the MISSION Act. The general lack of transparency or collaboration by the VA has created serious concerns among veterans and VSOs about the VA's future intentions.

## **THE INDEPENDENT BUDGET VSO ANALYSIS OF MISSION ACT IMPLEMENTATION**

One year ago, *The Independent Budget* (IB) VSOs—consisting of DAV, Veterans of Foreign Wars and Paralyzed Veterans of America—issued our policy agenda for the 116th Congress. It identified one critical issue: the full and faithful implementation of the VA MISSION Act. Our report contained 26 recommendations that we believed were essential to ensuring that the MISSION Act would result in better access to care; a stronger VA health care system; and, most importantly, better health care outcomes for veterans.

Last week, we released a *Special Report on the Status of Implementation of the VA MISSION Act* to assess the progress made. Since the majority of the reforms contained in the law have only been in effect since June 6, 2019, and some have not yet begun to be implemented, it is still too soon to judge whether the law will achieve its goal of improving veterans' access to high-quality medical care. However, while VA has clearly taken a number of positive steps to implement the law, we have concerns that a number of our recommendations appear to have been ignored or rejected altogether.

For example, the law required VA to conduct two sets of market assessments: one to develop a strategic plan for the new Veterans Community Care Program (VCCP) and one to prepare for the future Asset and Infrastructure Review (AIR); and both were to be done in close consultation with VSO stakeholders. Instead, VA decided to do only one set of market assessments for both purposes, did not produce the strategic plan, and despite clear statutory requirements, has yet to consult in any meaningful way with VSOs. A central principle of the MISSION Act was that non-VA providers who treat veterans as part of the Community Care Network (CCN) must meet the same competency, quality and training standards as VA providers. However, despite clear statutory language and repeated statements of congressional intent from authors of the legislation, VA chose not to require the same quality standards for non-VA providers. Furthermore, contrary to our recommendations, VA has not requested, and Congress has not appropriated, adequate funding to provide all enrolled veterans with timely access to care, maintain VA's health care infrastructure and modernize critical IT systems.

Moving forward, we hope to develop a deeper collaboration with VA and Congress as we work to fully and faithfully implement this major reform of the veterans' health care system. America's veterans have earned and deserve nothing less.

## **SUFFICIENT FUNDING FOR VETERANS BENEFITS AND HEALTH CARE**

VA has generally enjoyed strong bipartisan support in the Congressional appropriation process, which will need to continue to ensure VA's budget for fiscal year (FY) 2021 and FY 2022 advance appropriation is sufficient to support daily operations, sustain significant reform efforts and meet any new requirements imposed on the Department.

In conjunction with our IB partners, DAV recommends for FY 2021 a total of \$114.8 billion to ensure VA fully and faithfully implements the VA MISSION Act, makes needed improvements contained in the law, and is able to deliver timely benefits and services to ill and injured veterans, their families and survivors. Congress should also provide \$100.6 billion in FY 2021 advance appropriations for VA's medical care accounts.

We estimate VA will require \$98.4 billion for veterans' medical care for FY 2021. Of this amount, \$64.4 billion would go towards the Medical Services Account, which includes \$200 million designated for gender-specific health care for women veterans, \$779 million for implementing a phased eligibility expansion of VA's comprehensive caregiver support program to severely injured veterans of all eras, \$328 million for prosthetics and sensory aids and \$776 million to reduce by 10 percent the reported vacancies for both outpatient mental health and



primary care. VA's Medical Facilities and Medical Support and Compliance accounts should be funded at \$8.2 and \$7.6 billion, respectively.

DAV also recommends for Medical Community Care, \$18.2 billion for FY 2021. This amount includes the growth in current services while avoiding the volatility in historical obligations within this account particularly for contractual services, for which the vast majority of obligated funds are spent. In addition, based on Public Law 116-94, the Further Consolidated Appropriations Act, 2020, our recommendation assumes no funds remain in the Veterans Choice Fund established by section 802 of Public Law 113-146, the Veterans Access, Choice, and Accountability Act of 2014 (VACAA).

The Administration's FY 2021 Medical Community Care request of \$20.4 billion includes \$1.4 billion in new appropriations, an estimated increase of \$247 million in medical community care collections, and \$1.1 billion remaining in the Veterans Choice Fund account. We have serious doubts about whether this is realistic given the volatility in obligations within this account, the transfer of responsibilities for regional network provider coverage and new responsibilities VA will be assuming under the new Veterans Community Care Program. We are also concerned VA's FY 2021 budget request increases non-VA care by nearly 25 percent compared to just over a 10 percent increase for care provided directly by VA.

For Medical and Prosthetic Research, DAV proposes \$860 million to avoid stagnant overall purchasing power, and for VA research to maintain current research efforts, address emerging research needs in areas such as chronic pain, gender-specific health needs, post-deployment mental health concerns, including PTSD, depression and suicide, and leverage the only known integrated and comprehensive caregiver support program in the U.S. to help inform policy makers and other health systems looking to support informal caregivers. In total, funding for the Veterans Health Administration for FY 2021 amounts to \$98.7 billion.

For FY 2021, DAV and the IB recommends approximately \$3.2 billion for all Veterans Benefits Administration (VBA) operations, an increase of approximately \$64 million over the estimated FY 2020 appropriations level, which reflects sufficient funding to maintain current services with increases for inflation and federal pay raises. It also includes \$17.2 million to ensure the 1 to 125 ratio of Vocational Rehabilitation Counselors to veterans is achieved at each VA regional office.

To continue VA's modernization efforts of its electronic health record (EHR) system, DAV recommends \$2.48 billion for FY 2021, to deploy a new scheduling system in all VA facilities, complete EHR initial operating capability sites, deploy the new EHR throughout the remainder of VISN 20 and 22, and initiate deployment in VISN 21.

In total, we recommend \$7.1 billion for FY 2021 for VA's Information Technology account to continue developing and sustain the existing Veterans Information Systems and Technology Architecture (VistA) during EHR modernization. This amount also includes IT development funding to address emerging needs in VA's Education Service and the Board of Veterans' Appeals.

DAV is concerned that VA requested significantly less resources for FY 2021 to meet its infrastructure needs. The IB recommends a total of \$3.9 billion for VA's construction accounts for FY 2021, an increase of about \$2.1 billion over FY 2020. This will fund needed staffing increases in VA's construction office to successfully close the gap on VA's 10-year infrastructure backlog of about \$50 billion. It also includes funds for either next phase or through completion of all existing major construction projects, and begin advance planning and design development on all major construction projects that are ranked the highest on VA's priority list. Minor construction should receive \$760 million, which provides a more immediate impact on services for veterans and we also recommend \$319 million for state cemetery and state home construction grants.

We have included a new line item to address glaring needs in VA's aging research infrastructure. The impact from decades of underfunding can be seen in a congressionally mandated report published in 2012 describing clear needs nationwide. The total cost to correct Priority 1–5 deficiencies in the report is estimated at \$207.1 million. DAV recommends a minimum of \$99.5 million for FY 2021 to correct all Priority 1 deficiencies. The quality of care VA provides to our nation's veterans is built on VA research and investing in its infrastructure is key to supporting VA's renowned Medical and Prosthetic Research Program.

Messrs. Chairmen, DAV is concerned about the adoption of budget caps and sequestration, which often limits the ability of congressional appropriations committees to fully fund all veterans programs, services and benefits. For FY 2020, Congress enacted appropriations nearly \$5 billion less than recommended by the IB. For the IB, Congress' inability to meet the Administration's request for VA health care is greatly influenced by budget caps.

We note that substantial funding increases for community care are outpacing funding increases for VA medical care and sequestration and arbitrary budget caps are beginning to have negative effects on the Department's ability to adequately provide veterans care within the VA health care system. We therefore urge Congress to enact legislation exempting VA benefits and services provided to service-connected disabled veterans, their dependents and survivors from the PAYGO/CUTGO provisions of the Budget Enforcement Act as well as from any budget caps or sequestration legislation.

### **IMPROVING AND EXPANDING CAREGIVER SUPPORT FOR SEVERELY DISABLED VETERANS OF ALL ERAS**

The fourth major section of the VA MISSION Act is the expansion of the VA's caregiver program to support severely injured veterans of all eras. DAV has long recognized the critical role family caregivers play in veterans' successful recovery and reintegration into civilian life. We also helped identify their need for support services and worked with both the House and Senate Veterans' Affairs Committees to develop legislation that was eventually enacted as the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163).

This groundbreaking law, passed in May 2010, required the establishment of the Program of Comprehensive Assistance for Family Caregivers (Caregiver Support Program) to provide respite, peer support, mental health care, medical training and caregiving education, a modest

stipend, and health coverage through CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) to mitigate the greatest impact the caregiving role has on family members of veterans and service members seriously injured in the line of duty on or after September 11, 2001.

Since 2010, DAV has worked tirelessly to expand this critical benefit to family caregivers of *all* severely ill and injured veterans. We released an important and consequential report in 2017, *America's Unsung Heroes: Challenges and Inequities Facing Veteran Caregivers*. This report includes the results of a qualitative online survey of over 1,800 family caregivers and veterans of all eras, which confirmed that caregivers of veterans ill or injured before September 11, 2001, actually provide more physically demanding assistance with activities of daily living on the whole. These findings are concerning since caregivers of veterans ill or injured before 9/11 are, on average, older than their peers caring for post-9/11 veterans (60.9 versus 43.1 average years of age) and have provided more years of care to their loved ones (10.5 versus 6.8 years).

In May 2018, eight years after passage of the bill creating the Caregiver Support Program, Congress passed the VA MISSION Act of 2018 (Public Law 115–182), which contains provisions that will finally bring relief to family caregivers of veterans severely injured before September 11, 2001. We appreciate the strong leadership of members of both the House and Senate Veterans' Affairs Committees who, with steadfast support and advocacy efforts from DAV, worked tirelessly to make this happen.

While we are extremely appreciative of the inclusion of caregiver program improvements and expansion of supports, we are concerned that the VA has missed the information technology deadlines for implementation by October 1, 2018, and certification by October 1, 2019, set forth by Public Law 115–182. The IT system currently being implemented should fully support the Caregiver Support Program and allow for data assessment and comprehensive monitoring to facilitate expansion of access to family caregivers of veterans severely injured before 9/11.

Today, there are thousands of family caregivers struggling to maintain physically demanding duties such as lifting and transferring their loved ones, in addition to maintaining the household. Some of these caregivers have now assisted their loved ones for up to four decades. Caregivers in our survey report that there is a significant impact related to caregiving, particularly on their relationships with other family members and friends. They indicate that their healthful habits of preventive care, exercise and diet are often delayed or sacrificed for their loved ones. Help for them is long overdue. For these reasons, we urge both Committees to conduct strong and transparent oversight to hold the VA accountable to fulfill their promise to expand eligibility by June 2020—just a few months from now.

As with all cutting-edge programs, strong management and oversight is essential to ensure the Caregiver Support Program is achieving its intended purpose. DAV applauded the VA's decision in April 2017 to suspend, for eight weeks, all program revocations and tier reductions of family caregivers and their veterans due to reporting that some VA medical centers were removing and reducing family caregivers at alarmingly high rates without just cause.

On December 21, 2018, the VA once again decided to temporarily suspend revocations and decreases in tier assignment due to inconsistent application of eligibility and evaluation requirements. This suspension remains in effect today. It is imperative that the VA fix these systemic and serious problems with all deliberate speed to improve this important and unique program without encumbering and adversely affecting disabled veterans and their family caregivers.

Since the program's inception, DAV has provided the VA several important recommendations to make program operations efficient, transparent and accountable to ensure effective program management, consistency in decision-making, and meaningful communication with veterans and their family caregivers. Unfortunately, most of our recommendations have yet to be implemented by the VA. As staunch advocates for our nation's ill and injured veterans, their families and survivors, we stand ready to work with the VA and Congress as we did during the previous suspension of all revocations and tier reductions. We continue to press the VA to implement our recommendations, and we provide suggestions to improve the program for current participants and to successfully implement VA MISSION Act requirements for expanding eligibility to family caregivers of veterans severely injured before 9/11. We urge Congress to pass S. 2216, the Transparent and Effective Accountability Measures for Veterans Caregivers Act, to end the delay in making critical improvements to the Caregiver Support Program.

Finally, we continue to call on Congress and the VA to further expand the caregiver program to include not just severely injured veterans but also veterans whose serious disabilities were caused by service-connected illnesses by passing H.R. 4451, the Support Our Services to Veterans Caregivers Act. While we are grateful that Congress included the caregiver expansion for pre-9/11 severely injured veterans, we must not leave behind those equally deserving disabled veterans simply because their conditions were caused by illnesses, veterans such as DAV Past National Commander Dave Riley, a Coast Guard rescue swimmer who lost all four limbs due to a waterborne bacteria that nearly cost him his life. Like my predecessors, as National Commander, I plan to continue to press Congress to end this remaining inequity in the law.

## **IMPROVING SURVIVOR BENEFITS**

Messrs. Chairmen, DAV's mission has always been to assist this nation's wartime-service-disabled veterans, their dependents and survivors. While most of the attention is paid to the veteran, 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 impacts 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 for including the provision in the 2020 National Defense Authorization Act that started the process of phasing out the Survivor Benefit

Plan/Dependency Indemnity Compensation (SBP/DIC) offset. This unfair offset has adversely affected thousands of veterans' survivors and dependents, and we are pleased it is finally ending.

But there is still so much left to accomplish to ensure our dependents are not forgotten. DIC is a monthly benefit paid to eligible survivors of veterans who pass away due to a service-connected condition or from a nonservice-connected condition if the veteran had a totally disabling service-connected condition for a period of time, generally 10 years before the veteran's death. If the veteran passes away due to a nonservice-connected issue before that 10-year period is over, the dependents are left with no compensation. To make veterans who are seriously disabled wait a decade before they can be assured that their surviving loved ones are going to receive their benefits creates an undue burden on veterans. Many of these loved ones are caregivers who have sacrificed their own personal financial security and well-being to take care of the veteran and could potentially be left with nothing. For this reason, we ask Congress to enact legislation that reduces the time period for eligibility and creates a graduated benefit that would make veterans eligible at five years for 50% of the benefit, increasing annually until the full benefit amount is reached at 10 years.

In addition, surviving spouses who are eligible for DIC would lose this benefit if they were to remarry before age 57. We consider this law unduly punitive when you consider that federal employee survivors, who are in the Civil Service Retirement System, and veterans who are signed up for the SBP (an out-of-pocket insurance purchased by military retirees) are both allowed to remarry at age 55 without losing their benefits. We ask Congress to introduce legislation that mirrors these other plans and allows surviving spouses to remarry at age 55 and maintain their DIC benefits.

We also believe that even once DIC eligibility has been attained, the current amount is insufficient. This benefit was intended to protect against spousal impoverishment after the loss of their veteran spouse. A veteran who was receiving 100% disability compensation through the VA would be paid approximately \$3,279 a month, whereas DIC payments are set at \$1,340 a month. This means that when veterans pass away, not only do their surviving spouses have to deal with the heartache of losing their loved ones, but they also have to contend with the loss of approximately \$24,000 a year. This loss of income to a survivor's budget would be significant, especially if the spouse was also the veteran's caregiver and dependent on that compensation as their sole income. DAV is pleased to support H.R. 3221 and S. 1047, the Dependency and Indemnity Compensation Improvement Act of 2019, bills that would increase the DIC rate to 55% of the compensation rate of a veteran rated totally disabled and adjust for inflation annually. DAV will continue to advocate for swift passage of this legislation.

Another issue faced by dependents and survivors is the lapsing of educational benefits under Chapter 35, title 38, U.S. Code, after a 10-year period. This 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 results in the inability for eligible dependents, spouses and surviving spouses to apply for these benefits in a timely manner. This has led to the loss of important benefits and educational opportunities for many eligible family members. Therefore,

we ask that Congress eliminate the delimiting date for spouses and surviving spouses for purposes of benefits provided under Chapter 35, which would extend the period to apply for and complete educational programs beyond the 10-year period.

Messrs. Chairmen, DAV urges Congress to remember those noted by Lincoln, who have served our nation by supporting a service member or veteran. The men and women who gave up their financial stability to take on the role of caregiver to ensure that their veteran 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, too, both now and in the future.

### **STRENGTHEN VETERANS MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS**

Another issue of critical importance to veterans is timely access to mental health services. Since 2000, the number of veterans using mental health and substance use programs has grown three times as fast as those using primary care. Recognizing significantly higher rates of suicide among veterans than other American adults, the VA developed a variety of services aimed at suicide prevention, including a veterans crisis line, peer support services, placement of suicide prevention coordinators at each VA medical center, and targeted initiatives to raise awareness and assist families with coaching veterans into care. The VA also developed predictive analytics to identify veterans most at risk of self-directed violence. However, rates of suicides among veterans—even those using the VA—continue to outpace those of other Americans.

The Department has consistently pledged reduction of suicides as its number one clinical goal and granted special eligibility to mental health care for certain veterans who are at higher risk. Yet most of the veterans committing suicide have not recently used VA health care. To address this population outside of the VA, the White House established a Presidential Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Task Force, which is focused on a federal government approach to addressing this crisis in partnership with state and local governments and the private sector. DAV stands ready to assist with this “all hands on deck” proposal but continues to support an integral role for the VA in any new initiatives addressing veterans.

Increased awareness and promotion of VA eligibility and mental health services must be part of a comprehensive suicide prevention plan. Many veterans don’t use the VA—not because they don’t chose to but because they don’t believe they are eligible, don’t know how to apply or aren’t aware of the services offered. Likewise, it is essential for Congress to provide the VA with necessary resources to hire and train a sufficient number of mental health providers to meet ongoing increases in demand for care. The VA must coordinate the care veterans receive within its community care network programs and ensure that veterans receiving care from community partners have the same access to high-quality, evidence-based care that VA provides.

## **ENACT LEGISLATION TO ADDRESS GAPS AND INEQUITIES IN THE VA'S WOMEN VETERANS HEALTH CARE PROGRAM**

DAV is committed to ensuring our nation's women veterans have access to high-quality, gender-sensitive and specialized health care services to the same extent as their male peers.

Between 2000 and 2015, women veterans' use of VA health care increased by 175%. This upward trend that continues today reflects women's growing presence in the military and veteran populations. Today's women service members are eligible for all military assignments, which greatly increases the likelihood of exposure to combat hostilities, war-related injuries and environmental hazards. According to the VA, in 2015, 63% of women veteran patients had a service-connected disability and were eligible for a lifetime of treatment, compensation, education and other VA benefits.

The rapid growth of the women veterans population in addition to the influx of younger veterans returning from wartime service has, at times, overwhelmed the VA, resulting in unmet needs and gaps in programs designed to help this population. DAV's 2018 report *Women Veterans: The Journey Ahead* confirmed persistent gaps and problems in the range of VA programs available to women veterans and their access to them. The report also noted that many women veterans require not only veteran-focused care but unique, gender-sensitive services and programs to achieve a successful transition and recovery from post-deployment health and mental health challenges.

We are pleased the House Veterans' Affairs Committee formed the congressional Women Veterans Task Force in 2019 and has held a series of roundtables and hearings to seek stakeholder feedback on existing gaps and challenges as well as introduced comprehensive legislation (S. 514 and H.R. 3224, the Deborah Sampson Act) to improve women veterans' health services. We are also pleased that the VA established an internal task force and initiated their Stand Up to Stop Harassment Now! campaign that proposes to create a safe, respectful and welcoming environment for all veterans as they seek VA care or their earned benefits.

While significant progress has been made, we must improve the VA's women veterans health program and develop innovative methods to address existing gaps in care and barriers that women veterans often experience. DAV supports the elevation of the VA's women veterans health program to an Office of Women's Health, along with the necessary resources to fix existing privacy and safety deficiencies, recruit and train a sufficient number of providers that have expertise in women's health, and ensure comprehensive, quality gender-specific care at all VA sites of care.

Likewise, the VA must have a plan to ensure its community partners are well-prepared to address women veterans' unique health care needs by making training about their needs widely available and developing standards that assure appropriate access to timely care and quality of services. Finally, we want to ensure there is appropriate care coordination for women veterans with complex care needs who are at risk of experiencing adverse health outcomes due to wartime service, toxic exposures and sexual trauma.

## **NATIONAL SERVICE PROGRAM**

Messrs. Chairman, 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.

### **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 247 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 treatment experiences of DAV NSOs through military and VA health care not only provide a significant knowledge base but also help 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 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 3,872 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 public-spirited 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, most well-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 million veterans have chosen DAV to represent them and assist with their VA claims for benefits.

During 2019, DAV NSOs interviewed over 349,000 veterans and their families, filed over 223,000 new claims for benefits and obtained more than \$21 billion in benefits for the injured and ill veterans we represented before the VA.

### **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 of written briefs for Board of Veterans' Appeals (BVA) review. NAOs also represent appellants in formal hearings before Veterans Law Judges. The BVA 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 2019, DAV NAOs provided representation in more than 19.5% of all appeals decided by the Board, which is a caseload of approximately 18,259 appeals. Of appeals represented by DAV at this level, 74% 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 2019, 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, 1,355 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 14,600 veterans and have provided free representation in over 11,900 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, now 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. DAV currently employs 31 transition service officers (TSOs) who also provide free assistance to those who need it.

Our TSOs have been 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 2019, DAV TSOs conducted over 1,150 briefing presentations to groups of separating service members, with 41,121 total participants in those sessions. They also counseled 27,493 persons in individual interviews, reviewed the military service treatment records of 25,930 individuals and presented 24,206 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.

### **DAV Mobile Service Office Program**

In 2019, DAV's fleet of 10 mobile service offices (MSOs), each operated by NSOs, assisted veterans who may not otherwise have had an opportunity to seek face-to-face assistance at a DAV national service office. These specially equipped MSOs visited communities across the country on an advertised and scheduled basis. MSO outreach has generated claims work from veterans across the country to increase accessibility to their earned benefits.

In addition, DAV MSO outreach to veterans occurred at other public events, including Native American reservation events, military retiree conventions, homeless veterans “stand-downs,” community fairs and parades, Veterans Day and Memorial Day activities, veterans’ job fairs, and various information seminars. During 2019, our MSOs traveled 51,987 miles and visited 456 cities and towns. DAV NSOs interviewed 3,453 veterans and other potential claimants during these visits, which resulted in 972 claims being filed with the VA.

### **Information Seminar Program**

Another important outreach program to veterans are 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 2019, we conducted 154 seminars for 7,401 attendees and interviewed 317 veterans and other potential claimants. The knowledge shared by NSOs enhance veterans’ understanding of VA benefits and results in a tremendous number of VA claims long after the seminars are complete.

### **College and University Outreach**

In 2019, we also deployed MSOs to colleges and universities, and conducted Information Seminars for student veterans on campuses throughout the nation. In calendar year 2019, our efforts with these programs resulted in more than 37 events conducted throughout 30 states and Puerto Rico where many of your constituents are attending institutions of higher education.

When a DAV Information Seminar is held in your state or district, I encourage you and your staff to stop by to learn first-hand about the free services that DAV is providing to your student veteran constituents. I would also highly recommend that you refer any of your constituents who may need assistance with their VA claims to a local DAV national service office.

### **Disaster Relief Program**

When disaster strikes, our national service officers, along with departments and local chapters, deploy to devastated areas, enabling DAV to provide much-needed monetary assistance, conduct benefits counseling and offer referral services for veterans, service members and their families in need.

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. Our supply kits include backpacks, blankets and hygiene kits that provide additional resources for safety, comfort and self-sufficiency in an extended emergency, disaster or evacuation. The hygiene kit includes basic necessities like a toothbrush and toothpaste, razors and shaving cream, hand sanitizer, deodorant, shampoo and soap.

During 2019, a total of 470 drafts totaling nearly \$300,000 were granted, and 370 comfort and hygiene supply kits, were provided to hurricane, tornado, flood and fire victims throughout Alabama, California, Florida, Nebraska, North Carolina, Ohio, Oklahoma, South Dakota, Tennessee, and Texas. Since the program's inception in 1968, over \$13 million has been disbursed to veterans in need.

## **DAV NATIONAL VOLUNTARY SERVICES PROGRAM**

A vital part of DAV's success is the more than 31,000 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.

If the VA had to pay federal employees for the more than 1.2 million hours of essential services to hospitalized veterans that DAV volunteers provide for free, the cost to taxpayers would be over \$32 million. In addition, DAV chapters and Auxiliary units have donated items valued at more than \$4.2 million to their local VA facilities.

### **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, donating more than 2.3 million hours last year alone. We see examples of this each and every day, highlighting the principal objective of our organization: fulfilling our promises to the men and women who served.

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.

Since LVAP's inception in 2007, more than 51,000 volunteers have donated nearly 10.8 million volunteer hours. We believe this important program makes a difference in the lives of all of those we serve.

## **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 174 hospital service coordinators and more than 9,200 volunteer drivers at VA medical centers across the country.

In 2019, volunteer drivers spent over 1.2 million hours transporting veterans to their VA medical appointments. These volunteers logged more than 20.5 million miles and provided more than 615,000 rides to VA health care facilities, saving taxpayers more than \$31.2 million. Since our national transportation program began in 1987, more than 19 million veterans have been transported over 751 million miles.

I am very pleased to report that in 2019, DAV donated 153 new vehicles to VA facilities to use for transporting veterans, at a cost of nearly \$4.6 million. In 2020, we plan to donate an additional 110 vehicles to the VA, at a cost of over \$3.6 million.

DAV's efforts were again supported by Ford Motor Company, with the presentation of eight new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated over \$5.4 million toward the purchase of 231 vehicles to support this critical program. DAV is very thankful for Ford Motor Company'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 lasting. We have deployed DAV vehicles in every state and nearly every congressional district serving our veterans, many of whom are your constituents. Since 1987, a total of 3,678 vehicles have been donated to the VA for transporting veterans to their medical appointments, at a cost of nearly \$85 million.

## **Boulder Crest Mentoring Retreat**

Another innovative program offered by DAV is our mentorship program in collaboration with Boulder Crest Retreat 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 five retreats annually for ill and injured veterans, including one all-female veteran retreat. DAV is proud to explore and collaborate on new and holistic ways to help the veterans we serve 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, all of us at DAV are especially proud of our adaptive sports programs. These 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 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 nearly 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." The 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 not barred from 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.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other interests. The National Disabled Veterans TEE Tournament provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, horseback riding and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate having 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.

I invite all members of these Committees to come and experience these miracles with DAV leaders this year. The 34th National Disabled Veterans Winter Sports Clinic is scheduled for March 29 through April 3, 2020, in Snowmass Village, Colorado. The 27th National Disabled Veterans TEE Tournament will take place near Iowa City, Iowa, from September 13 to 18, 2020. If you want to believe in miracles, please join us for these awe-inspiring events.

## **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 195 individual scholarships valued at nearly \$1.5 million, enabling these exceptional young people to pursue their goals in higher education and experience the significance of volunteering. We at DAV are very proud of the Jesse Brown Memorial Youth Scholarship Program, and we thank the Ford Motor Company for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Finally, a lot of 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.

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, some of whom are seated before you today, continue to selflessly serve the needs of our nation's disabled veterans on a daily basis, and everyone applauds their compassion, dedication and efforts.

## **NATIONAL EMPLOYMENT PROGRAM**

DAV understands 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, and DAV remains dedicated and vigilant with our services to all the men and women who have served. DAV remains fully committed to ensuring that these new veterans gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

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 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, Guard and Reserve members, veterans and their spouses.

In just over five years, our National Employment Program has made a huge impact toward reducing the amount of unemployed and underemployed veterans. In fact, from June 2014 through December 2019, DAV has hosted 607 traditional and virtual career fairs, with nearly 210,000 active-duty, Guard and Reserve members, veterans and their spouses attending and more than 146,000 receiving job offers. In 2020, DAV will continue our robust effort by sponsoring more than 140 traditional and virtual career fairs, including 20 events on military installations such as Joint Base Lewis-McChord, Fort Bragg, Fort Hood and Camp Pendleton.

Each year, DAV's National Employment Department also works directly with more than 350 companies who are seeking the many talents and skills possessed by veterans. Our program provides a multitude of resources that veterans can access within our employment resources webpage, [www.jobs.dav.org](http://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 has partnered 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 resource specialists. With Hiring America's projected reach in of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources that we are providing to veterans seeking employment and companies who want to hire them.

In 2018, DAV published *[The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans with Disabilities](#)* for employers to provide companies, hiring managers or other HR 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 visit our employment resources every day. We encourage you and your staff to visit [www.jobs.dav.org](http://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. We also encourage you to share with your constituents our full schedule of job fairs, which can be found at [www.davjobfairs.org](http://www.davjobfairs.org).

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 vital program and we remain optimistic about our mission of providing vital employment assistance, not only to ill and injured veterans but to all veterans and their spouses, as well as active-duty, Guard and Reserve members.

## **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 \$121 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. As long as veterans experience unemployment, homelessness, and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges.

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, every summer, DAV's members assemble at our national convention to determine future direction and policies for the organization. During convention, our membership considers and adopts a number of resolutions, calling for public policy changes 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 in Orlando, Florida, last July. On behalf of DAV, I ask the members of these Committees and your staffs to consider the merit of these proposals and use them to enact legislation to help improve the lives of wartime injured and ill veterans.

The complete text of our Legislative Program is available for you and your professional staffs to review on DAV's website at <https://www.dav.org/wp-content/uploads/ResolutionBook.pdf>.



## **Disability compensation and other benefits**

- Support legislation to provide for service connection for disabling conditions resulting from toxic and environmental exposures.
- 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 that recognizes presumptive service connection for hypertension, bladder cancer, hypothyroidism and Parkinson-like tremors as related to exposure to Agent Orange and herbicides.
- 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 practices in evaluating disability claims for residuals of military sexual trauma.
- Support legislation for the VA to provide child care services/assistance to veterans attending VA health care, employment services and rehabilitation programs.

## **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 veterans 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.
- Eliminate the requirement that VA vocational rehabilitation benefits must be requested within 12 years of discharge or initial disability determination.

- Create an Economic Opportunity Administration within the VA.
- 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 eligibility for mortgage protection life insurance to service-connected veterans rated permanently and totally disabled.
- 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, 2019 was a momentous year for veterans, their families and survivors, but there remains much work ahead for 2020 and beyond. As DAV celebrates our centennial anniversary, we will continue to do the hard work necessary to ensure that all of the promises made to the men and women who served are kept.

President Teddy Roosevelt said, “far and away the best prize that life has to offer is the chance to work hard at work worth doing.” Well to me, that prize is being part of the long and storied history of DAV, one that I know will continue to flourish in the years ahead.

May God continue to bless the 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.

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