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**STATEMENT OF
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BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 28, 2017**

Messrs. Chairmen and Members of the Committees on Veterans' Affairs:

I am honored and humbled to be here today as the voice of DAV, Disabled American Veterans, an organization of 1.3 million veterans, all of whom were injured or became ill during wartime service.

My name is Dave Riley, I'm a veteran of both the United States Army and Coast Guard. I was elected as DAV's National Commander at our National Convention last August in Atlanta, Georgia and I am privileged to testify today about some of the most recent accomplishments of DAV as well as our recommendations for what Congress can and must do to help veterans, particularly ill and injured veterans, lead high quality lives with respect and dignity.

First, I want to share just a brief bit of my background and how I got here today; not because my story is unique – this room is filled with men and women who paid a heavy price for their service – but because it is the best way I can illustrate the importance of DAV's mission and why we do what we do.

I'm the proud son of Maj. Gen. William H. Riley, Jr. and my mother Patricia Ann Riley. Like so many military children, I've lived in towns and cities across the country, eventually graduating from North Kingstown High School in Rhode Island. In 1976, soon after high school, I enlisted in the Army, where I served as a radar repair technician until 1983. In 1984 I enlisted in the United States Coast Guard, completed Aviation Survivalman and Navy Helicopter Rescue School and was stationed at Coast Guard Aviation Training Center in Mobile, Alabama as a Rescue Swimmer. I greatly enjoyed my service in the Coast Guard and hoped to make a career of it, but as with so many of the men and women in this room, my life took a sudden and unexpected turn.

On the first day of a long overdue vacation in 1986, while swimming off the coast of Alabama with my wife Yvonne and our young children, I started feeling extremely ill. I remember going into a nearby hospital and feeling as though I was going to die. That's about the last thing I remember as, deathly ill, I lapsed into a coma.

When I awoke nearly a month later, I was devastated to find both my arms and legs had been amputated. I learned that I had contracted a rare infection—septic shock pneumococcus sepsis—causing disseminated intravascular coagulation, a condition that was basically stopping the blood flow inside my body and killing me from the inside out. In order to have any chance of survival, my wife Yvonne was forced to make the grueling decision to allow doctors to remove my limbs as well as several of my internal organs.

As the realization of what had occurred settled over me, I felt despair at the loss of my limbs. I could not imagine how the rest of my life would have any value or happiness.

I know that I am not the first person, nor will I be the last, whose life was permanently changed by a traumatic injury or illness incurred in military service; but at the time it was hard to find any perspective or maintain any hope. This pivotal moment is when DAV entered my life.

One of the first visitors to my bedside as I emerged from the coma was a DAV representative. He not only helped me file the paperwork I would need to ensure my VA health care and benefits were in place, but he welcomed me into a community of fellow veterans who, like me, had been forced to find a 'new normal.'

Through the love of my wife and family, the care of my doctors and nurses, the support of my fellow Coast Guardsmen, and the service provided by DAV and other veterans, I was able to begin my long road to recovery. The poet John Donne famously wrote that, "no man is an island", and that was certainly true for me.

As long as there is a need for a military, there will be a need for DAV, the VA and other organizations dedicated to caring for those who served. And history shows, sadly, that this need is not likely to go away.

Consider that this year—2017—will mark the 100th anniversary of the United States' entry into World War I. More than 116,000 Americans lost their lives in that war; another 200,000 were wounded. As we know, this "war to end all wars" as President Woodrow Wilson called it, was not the last. It was followed by World War II, Korea, Vietnam, the Gulf War, the wars in Iraq and Afghanistan, and dozens of other military conflicts, operations and missions in between.

All totaled, more than 625,000 American soldiers, sailors, airmen, Marines and Coast Guardsmen have sacrificed their lives over the past 100 years, almost 1.2 million more were wounded. There are also millions more whose lives were forever changed by injuries and illnesses resulting from their service. It was from this group and for these people that DAV was formed shortly after World War I ended: to ensure that our nation keeps the promises to all who wore the uniform and had their lives permanently changed as a result.

Foremost among these promises is high-quality health care that meets the unique needs and circumstances of veterans. Now as someone who has been a very heavy user of the VA health care system, I have seen its strengths and weaknesses. At times, I have received excellent medical care, as have millions of other veterans. But there have also been times when I too have been frustrated by VA regulations and bureaucracy while attempting to get needed care and services, from having my prosthetics updated to receiving appropriate pain medication for my injuries.

But despite those problems I also know that the VA is a national treasure and an essential resource for millions of veterans, particularly disabled veterans, who choose and rely on VA for all or most of their health care. It's not a perfect health care system; there is no perfect health care system. But whether judging by objective scientific reviews, or based on the statements of veterans who use the system, it's clear that VA provides high-quality health care to millions of veterans every year. For most of them, VA is their choice, particularly those with complex service-related conditions who have no comparable choices in the private sector.

However as we all know, the past three years have been a particularly challenging time for VA and the Veterans Health Administration (VHA). Since the waiting list scandal and access crisis were uncovered by Congress and the media in the spring of 2014, a vigorous debate has taken place about how best to reform VHA to ensure it can provide timely, high-quality, comprehensive and veteran-focused

health care to our nation's heroes. Central to that debate is determining how to provide veterans who experience difficulty accessing VA with another high quality "choice" while ensuring that any "choice" program fits into the bigger picture of VA health care.

Since creation of the emergency and temporary "choice" program in 2014, there have been dozens of Congressional hearings, multiple internal reviews, numerous media investigations, an independent assessment and finally last fall, a comprehensive report with recommendations from the congressionally-mandated Commission on Care about how to strengthen VHA for the long term. Although there are many different perspectives among the individuals and organizations engaged in this debate, by the end of 2016 virtually all the major stakeholders had coalesced around a common long term solution. Rather than just giving veterans a card to go look for care in the private sector, VA should create an integrated network with community providers to ensure that veterans have seamless access to the care they need.

In 2015, DAV and our partners in The Independent Budget (IB)—the Veterans of Foreign Wars and Paralyzed Veterans of America—developed our own Framework for Veterans Health Care Reform based around four main pillars. First, we proposed restructuring the veterans health care delivery system by creating local integrated veteran-centric networks to ensure that all enrollees have timely access to high quality medical care. VA would remain the coordinator and primary provider for most veterans. We also called for establishing a veterans-managed community care program to ensure that veterans living in remote areas of the country have an option to receive veteran-centric and coordinated care wherever they live.

Our second pillar for reform called for redesigning the systems and procedures that facilitate access to health care by creating a new urgent care benefit and taking other actions to expand access to care. We recommended that as the new integrated networks are phased in, decisions about access to community network providers should be based on clinical determinations and veteran preferences, rather than arbitrary time or distance standards as exist in the current "choice" program.

Third, we proposed realigning the provision and allocation of VA's resources to better reflect its mission by making structural changes to the way federal funds are appropriated, distributed and audited. Our plan calls for strengthening VA's budget and strategic planning process by establishing a Quadrennial Veterans Review, similar to the Quadrennial Defense Review currently used by the Department of Defense.

The fourth and final pillar of our framework called for reforming VA's culture with transparency and accountability. In this regard, we strongly support the MyVA initiative, which has already resulted in good progress in making system-wide changes putting veterans in the center of VA's planning and operations, so that their needs and preferences are paramount.

In the fall of 2015, VA also released a plan to consolidate non-VA community care programs, including the Choice Program, as mandated by Public Law 114-41. Similar to the IB Framework, VA's plan calls for creating a "high-performing network" comprised of both VA and community providers to create seamless health care access for enrolled veterans. VA proposes relying on the most cost-effective, compatible and highest quality community partners first—specifically the Department of Defense, Indian Health Service and other federal health systems—then working with university hospitals that have existing affiliations with VA and then partnering with the best of private community providers. In this plan, VA would serve as the coordinator and guarantor of care for veterans to ensure continuity of care and better customer service so that no veteran falls through the cracks. Most enrolled veterans would continue to get the majority of their care directly from the VA, with network partners filling gaps in access to care whenever and wherever they may exist.

Finally, in September 2016 the independent Commission on Care, created by Congress, recommended creating “high-performing, integrated community-based health care networks,” very similar to the VA and IB plans. The Commission recommendations also envision VA remaining the coordinator and primary provider of care, and suggest that community providers and “choice” be used as a means to expand access when VA is unable to meet local demand for care. Although some members of the Commission tried to push more radical proposals that would have led to the dismantling of the VA health care system, the Commission soundly rejected those plans and instead reached an overwhelming consensus in favor of the integrated network model, accompanied by dozens of recommendations to strengthen the VA health care system.

Notwithstanding some important differences in our respective plans, each proposes creating an integrated network of VA and community providers, with VA continuing to serve as the coordinator and primary provider of care and highly qualified community providers filling access gaps wherever and whenever they occur. This evolutionary approach, which builds upon existing strengths of both VA and the private sector, has been endorsed by DAV, The Independent Budget, other leading veterans service organizations, Secretary David Shulkin, a number of Congressional leaders from both parties and the congressionally-mandated Commission on Care.

However, despite the broad agreement among stakeholders and policymakers, there are still some politicians and deeply partisan political organizations promoting an unrealistic vision of “choice” rather than focusing on providing veterans access to the best care and the best health outcomes. Unfortunately, the frequent use of the term “choice”—without any clear definition or specifics—has added to the complexity and confusion of this debate. That’s why DAV is continuing its “Setting the Record Straight” campaign: to ensure that the cost and consequences of choice are considered in any plan that Congress considers. Last month we released a short video entitled “Putting Choice in Context” that explores the real costs and consequences of unrealistic “choice” options. If you haven’t seen it yet, I highly encourage you to view it on the [DAV website](#).

For example, some people have said that “choice” would allow veterans the ability to pick their own doctors. But since many doctors don’t accept “choice” payment rates, many veterans who choose this option may not be able to find any qualified physician. Some have claimed that providing all veterans with “choice” would lead to better quality health care, however independent studies by Rand Corp. and others have consistently shown that VA already provides equal or better care than the private sector and that expanded “choice” will lead to more fragmented care, which correlates with worse health outcomes. There are also some who say that “choice” will increase access for veterans, but for millions of veterans the opposite would be true. If “choice” were significantly expanded, moving more veterans to the private sector, VA would be forced to significantly downsize or close some hospitals and clinics, and curtail medical services in others, meaning less access and less “choice” for the millions of veterans who rely on VA.

Messrs. Chairmen, the idea that “choice” is a “magic bullet” capable of solving all of VA’s health care challenges is not supported by objective facts, was not the conclusion of the Independent Assessment or Commission on Care and does not have any significant support within VA or the veterans community. Choice can be a part of the solution, but it has to fit into the big picture of strengthening and reforming the VA health care system.

No reform of the health care system can be successful unless VA has sufficient resources. That’s why the Independent Assessment’s first finding stated that there was a “misalignment of demand with available resources” for VA, requiring significant new funding to hire more doctors, nurses, clinical and support staff. This is not a new finding. In 2003, a bipartisan presidential task force found over 200,000

veterans waiting six months or longer for health care appointments, and concluded that the principal cause was a “mismatch in VA between demand for access and available funding.”

The Independent Assessment further found that there was a dramatic shortfall of funding for VA’s health care infrastructure—something that DAV, the IB and other VSOs have been saying for years—which will require an additional \$26 to \$36 billion over the next decade. In a year when the new president and many in Congress are talking about spending up to a trillion dollars to repair and modernize our nation’s infrastructure, we certainly hope that effort will extend to America’s veterans and that we will not be forgotten when it comes time to make those needed investments.

Furthermore, the Commission examined how modestly expanding “choice” would affect VA’s already “misaligned” funding. The Commission had economists provide an estimate of the recommendation to incrementally expand choice which projected that it would increase VA spending by at least \$5 billion in the first full year, and that it could be as high as \$35 billion per year in new spending unless there were strong management controls placed on the network. The economists also examined an unfettered “open choice” option to allow veterans the ability to choose any VA or non-VA provider without creating integrated network; they estimated such a plan could cost up to \$2 trillion more than current baseline projections over just the first ten years.

Messrs. Chairman, after two years of spirited and passionate debate in the 114th Congress over the future of veterans health care, there is now a growing consensus on how best to strengthen, reform and sustain the VA health care system. Veterans and their representative organizations, independent experts, VA leaders and many members of Congress all agree: that the best system would consist of integrated health care networks that combine the strength of the VA system with the best of community care. We urge you to begin moving forward in the new 115th Congress and start implementing this shared vision for strengthening and reforming VA so that ill and injured veterans get the care they have earned and deserve.

KEY DAV PRIORITIES FOR THE 115TH CONGRESS

Family Caregivers

Another critical priority DAV looks forward to working with you on is honoring and equitably supporting caregivers of seriously disabled veterans. As I mentioned earlier, when I was near death, the responsibility to make decisions for my life fell to my wife, Yvonne. Now, I know what it feels like to make tough calls; as a Rescue Swimmer I was trained to make split-second life and death decisions. But I cannot imagine the stress Yvonne faced when she was told the doctors had to remove my arms and legs just to give me a chance to live. When I needed her most she was there for me, and she continued to support me in the months and years that followed as I began my recovery and rehabilitation. We have an unofficial motto as Rescue Swimmers—“so that others may live.” Well that also applies to my wife, my lifesaving caregiver.

Only with the help of their caregivers are many seriously injured or ill veterans able to reintegrate into their communities, remain out of institutions and achieve their highest levels of recovery and quality of life they have earned. Family caregivers are critical members of a veteran’s health care team—they are unsung American heroes who often sacrifice their own health, well-being, employment, educational and other life goals and opportunities—to care for their loved ones.

When Congress enacted Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, authorizing VA to provide comprehensive support and services to caregivers of veterans injured on or after September 11, 2001, it created an unprecedented opportunity for the department to lead the nation in an important front.

Pursuant to this law, VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) became the first integrated service and support program in the nation designed to address the needs of one of the most important health care team members of severely injured veterans—family caregivers. Under this program, family caregivers who qualify are afforded health care coverage, guaranteed periods of paid respite to avoid caregiver burnout, receive in-person and online caregiver training and other forms of support, as well as stipends to offset the financial impact of caregiving.

In just over one year, VA turned the words of a legislative mandate into reality. Through congressional oversight, Government Accountability Office (GAO) audits and constructive partnership with organizations such as DAV, the PCAFC now has over 350 Caregiver Support Coordinators located in every VA hospital serving nearly 25,000 primary caregivers and their veterans. VA's caregiver support line (1-855-260-3274) in Canandaigua, NY staffed by licensed social workers has received more than a quarter million calls.

As part of this program, VA is evaluating the impact of the program on family caregivers and severely injured veterans receiving support and services through the PCAFC. Preliminary findings suggest primary caregivers feel more confident and prepared in their caregiving role. In addition, veterans are gaining better access to health care services presumably because family caregivers help locate, arrange, and coordinate health care and supportive services for their veteran.

Congress should continue to provide sufficient resources and enact legislation to improve the program based on gaps identified in its oversight during the last Congress. Much work remains in light of these findings to include implementing an information technology system to assess and improve the PCAFC, amend the annual evaluation report and conduct a comprehensive study on seriously injured veterans and their caregivers.

Equally important, Congress must build on progress made during the 114th to provide equal access to PCAFC to caregivers of severely ill and injured veterans from *all* wars and eras. It is clear that thousands of veterans and family caregivers are being helped under the PCAFC; however, a much larger cohort carrying the same burdens for a much longer period receive only partial VA support, or none at all. Such discrimination against one group of veterans is untenable. They are all equal in our eyes and equally deserving of your support and the support of the nation.

We recognize the significant cost that the Congressional Budget Office (CBO) estimates for expanding access to the PCAFC. However, we must also acknowledge such cost does not take into account the full economic value of expanding the benefit. Not only do family caregivers assist veterans with functional imitations in performing daily tasks, but they hire and supervise direct care workers when they can afford to hire help, and they perform numerous and complex nursing and medical tasks such as medication management and wound care that were once provided only in medical facilities. Research has shown that family caregiving delays, avoids – and in certain circumstances can transition care recipients out of – expensive nursing homes.

Supporting veterans and their family caregiver at home and in their community is less costly to the federal government than institution-based options.¹ The vast majority of veterans in PCAFC are eligible for nursing home care, which I am also eligible for. This is a service that would cost VA between

¹ U.S. Congress, House Committee on Appropriations, Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, Military Construction, Veterans Affairs, and Related Agencies Appropriations for FY2017, 114th Cong., 2nd sess., March 2, 2016, pp. 163-164.

\$60,000 to nearly \$400,000 per veteran per year whereas, the average cost per care caregiver in PCAFC is under \$30,000 annually.²

Unfortunately, countless caregivers of veterans are not eligible for this critical benefit because of an arbitrary delimiting date. While progress was made last year on this issue, legislation was not enacted to resolve this inequity. After a lifetime of caregiving, many family caregivers are aging and their ability to continue in their role is declining. They too require and deserve supports and services to mitigate the negative physical, emotional and financial consequences of caregiving. This is the right thing to do for veterans who want to remain at home with the help of their family caregiver. This is the right thing to do for our caregivers who have sacrificed so much to help their veterans overcome the burdens of their sacrifice made on our behalf. It's also the right thing to do for tax payers to allow more veterans to continue enjoying a higher quality of life at home with a fully supported family caregiver at less cost than institutional care. We ask the Committees to enact legislation to authorize comprehensive supports, benefits and services to family caregivers of severely ill and injured veterans of all eras.

Women Veterans

Another key legislative priority for DAV is ensuring that women veterans have the same access to high quality health services and VA benefits as their male counterparts. Over the past decade, the number of women serving in the military has continued to rapidly increase. Over 300,000 women veterans have served in Iraq and Afghanistan, 166 made the ultimate sacrifice and more than a thousand have been wounded in action. Women veterans' transition needs are also evolving as their military service includes more duty assignments in theaters of war and in combat. These changes increase the likelihood of women's exposure to violence or serious injury such as traumatic brain injury, limb loss, spinal cord injury and the consequent risks of developing post-traumatic stress or other post deployment behavioral health issues.

To better understand these changes DAV commissioned a report in 2014 that looked at the evolving needs of women veterans. This special report—[*Women Veterans: The Long Journey Home*](#)—found serious gaps in federal programs designed to aid their transition and reintegration back into civilian life. The report made dozens of recommendations to correct long-standing problems in federal programs, beginning with a need for culture change that fully recognizes and respects women's contributions during military service.

In addition, the report noted significant differences in the way women and men experience post-deployment reintegration that will require changes in transition programs and services to better meet the unique needs of women veterans. For example, women veterans in general are younger, more likely to be single and have less social support and networking opportunities with other veterans post-deployment. Women veterans with families noted difficulty in reconnecting with their children and returning to the role of mother and family caretaker. They often reported feeling isolated and felt their wartime experience was not acknowledged or understood by their families or the public. Challenges during transition and reintegration have yielded higher rates of unemployment for some subgroups of women veterans; higher rates of homelessness and suicide than non-veteran women; and significantly higher use of public assistance and VA mental health services for women veterans post-deployment.

Today, following military service, women veterans are turning to VA for health care in record numbers—more than doubling over the past decade. The rapid increase of this population using VA services and the changes in demographics, specifically, a younger group of women veterans who are of

² FY 2017 Funding and FY 2018 Advance Appropriations Budget Submission, Department of Veterans Affairs. Volume II, Medical Programs and Information Technology Programs.

child-bearing age, have created some challenges for VHA in terms of timely access to care and availability of qualified providers throughout the system. VA has made notable progress over the past five years specifically, establishing: requirements that primary care providers must provide comprehensive health care services, including sex-specific care to women coming to VA for care; a mini-residency training program to build provider skills and expertise in delivering women's health services; and a series of videos and targeted campaign highlighting women's military service and veteran status.

While we acknowledge that VA has made a concerted effort and important progress in addressing the unique health care and transition needs of women veterans, there is more work to be done to ensure all women veterans coming to VA for care have timely access to quality care throughout the system. VA has focused on culture change within the department and improved outreach to women, most importantly in regards comprehensive primary care and gender-specific services which include integrated mental health care. However, despite significant progress there are still challenges.

A recent Government Accountability Office (GAO) report, "Improved Monitoring Needed for Effective Oversight of Care for Women Veterans" (GAO 17-52) found that about 27 percent of VA medical centers and health care systems lacked an on-site gynecologist and about 18 percent of facilities providing primary care lacked a women's health primary care provider. VA acknowledged a shortage of 675 women's primary care health providers but noted that not all facilities require a gynecologist and that care can be contracted for in the community. GAO also found that VA is not accurately documenting compliance with environment of care standards that assure women's privacy, safety and dignity in health care treatment settings. In addition, as more care is outsourced to private-sector providers through the Veterans' Choice Act, VA does not have performance measures to track sex-specific care such as mammography, maternity care, or gynecology services. On a positive note, GAO found that the number of staff trained through its mini-residency program to meet the specialized health needs of women had increased relative to women's growth in the patient population during the review period. The deficiencies noted above must be addressed and resolved. We concur with GAO that standards must be established to ensure reliable, accurate and complete data for tracking compliance with environment of care standards for women veterans and that VA must be able to self-monitor care settings for women and promptly correct identified problems.

Hundreds of thousands of women have answered the call of duty and put themselves at risk to preserve our nation's security. They have kept their promise and served faithfully, now it is time we keep our promise to them. We can do this by acknowledging and celebrating their contributions in military service, by treating them with the respect and dignity they deserve and by providing equal access to high quality health care tailored to meet their unique needs.

We urge Congress to enact legislation to close existing gaps in VA programs and services and ensure they are modified and tailored to meet the needs of women who have served. Additionally, DAV encourages Congress to increase its oversight of the VA's Women Veteran's Health Program and dedicate appropriate resources specifically to help VA address deficiencies and improve programs and services for women veterans.

Claims and Appeals Reform

Another major priority for DAV remains true reform and modernization of the claims and appeals system. In particular, the appeals backlog has become a very significant concern to DAV and our members. Today, injured and ill veterans, their dependents, and survivors face unreasonable delays when appealing decisions made by the Veterans Benefits Administration (VBA), typically waiting upwards of three years for decisions on their appeals. Comprehensive legislation to modernize, streamline and reform the benefit claims' appeals process must be enacted this year.

At the beginning of 2016, just over four years from its peak disability claims backlog, VBA has managed to drive down the number of claims pending from 389,000 to approximately 100,000 pending claims. Roughly 24 percent, are considered backlogged, meaning they have been pending longer than 125 days. This is a significant achievement, however, much more work lies ahead for VBA, Congress and stakeholders to correct this problem.

While VBA was driving down claims in the ratings inventory, its appeals inventory was steadily rising. At the end of 2016, there were over 450,000 appeals pending at various stages. Within VBA alone, there were close to 370,000 appeals pending action. The remaining 80,000 appeals were pending action by the Board of Veterans' Appeals (Board). Roughly 120,000 appeals are expected to enter the system this year, about 60,000, or half, will continue to the Board, which represent 5 percent of the total number of claims filed. VA's 2017 fiscal year budget submission projected the appeals inventory could top one million if the status quo is maintained without fundamental reform legislation.

The current backlog, dysfunction and resource needs for the appeals process has precipitated the need for urgent fundamental reform. Much of the dysfunction within the appeals process relates directly to inadequate resources to efficiently process both claims and appeals simultaneously. VBA's overall demands simply continue to outpace its capacity.

Significant claims and appeals reform legislation was introduced in the 114th Congress. A working group formed in March 2016 consisting of DAV, other VSO stakeholders and leaders within VBA and the Board led to the introduction of several bills that would have created a new framework to process appeals and claims. In general, the framework envisioned by this working group and accompanying legislation provided three main options for veterans to redress claims-related disputes if filed within one year from a VBA or Board decision. The framework would provide more liberal effective date protections while creating multiple options to receive favorable decisions more quickly and, importantly, would continue to protect due process rights of veterans

The legislative proposals also contained provisions enhancing notification letter requirements. Notification letters must concisely convey not only VA's rationale for reaching its determination, but also the options available to claimants after receipt of the decision. In addition to explaining how veterans can have the decision reviewed or appealed, all decision-notification letters must contain sufficient information to help claimants determine whether, when, where and how to appeal an adverse decision. It is essential for these letters to be clear and easy to understand and simple directions on the various options.

The appeals modernization framework included in legislation introduced during the 114th Congress would provide veterans with multiple options and paths to resolve their issues more quickly, while preserving their earliest effective dates to receive their full entitlement to benefits. Notwithstanding some questions regarding legacy appeals, appeal equitability, duty to assist, planning and implementation that will have to be resolved before enactment or during implementation, it's time to move forward with this vital reform.

While we strongly support enactment of the appeals modernization legislation, DAV will not compromise any aspect of the system's pro-veteran nature for the sake of streamlining the system. The due-process protections and duty-to-assist rights currently afforded to veterans cannot be diminished; in order to protect them any uncertainties relative to reform efforts should be resolved through clear statutory language. Therefore, it is essential that Congress fully fund, faithfully implement and aggressively monitor this new appeals system, once enacted, to ensure it achieves its intended purposes while fully protecting veterans' rights.

Another vital component essential for claimants to receive timely and accurate benefit determinations is the efficiency of the appellate review process performed by the United States Court of Appeals for Veterans Claims (Court). The Court has one of the highest, if not the highest, caseloads per active judge of any federal appellate court in the country.

We are pleased with the extension of the temporary expansion of the Court's judges authorized by the passage of Public Law No: 114-315. However, Congress must enact legislation to permit a permanent increase, rather than provide temporary increases to keep pace with its increasing caseload. Furthermore, Congress should provide all necessary funding to construct a courthouse and justice center in a location of honor and dignity—a location befitting the authority and prestige of the Court and the veterans whom they serve.

Fiscal Year 2018 and 2019 VA Budget Recommendations

All of DAV's priorities depend on sufficient funding for VA programs and services. VA has generally enjoyed strong bipartisan support in the Congressional appropriation process resulting in the Department's budget being enacted before the start of the fiscal year (FY). Such bipartisanship will be needed over the next several years to support significant VA reform efforts underway. Congress will need to ensure VA's budget for FY 2018 and FY 2019 advance appropriations will be sufficient to accomplish these reforms, meet any new requirements imposed on VA, and deliver timely benefits and services to veterans, their dependents and survivors.

In passing VA's FY 2017 and FY 2018 advance appropriations budget, Congress assumed VA would obligate the remaining \$5.7 billion of mandatory funds provided in the Veterans Access, Choice, and Accountability Act of 2014 (VACAA, Public Law 113-146) to meet veterans' medical care needs. This assumption increased VA's 2017 total medical care budget authority to \$73.9 billion to support 7 million unique patients and 9 million enrolled veterans. Compared to VA's \$70 billion for FY 2018 advance appropriations approved by Congress, which does not include supplementary funds from VACAA, we see a roughly \$3.8 billion shortfall, unadjusted for inflation. This is an untenable situation as the agency's total medical care budget authority for FY 2018 will need to support reform efforts and an additional 100,000 patients.

For FY 2018, DAV and *The Independent Budget* (IB) recommends an increase of \$5.9 billion over the current FY 2017 funding level for veterans' health care. The total medical care funding of \$76.9 billion includes funding for the newly created Medical Community Care account. For FY 2019 advance appropriations, the IB recommends \$82.8 billion for medical care. Our recommendations for FY 2018 and FY 2019 advance appropriations use more recent estimates from VA indicating they will only spend about \$2.9 billion of supplementary funds from VACAA in FY 2017.

Last year, DAV testified on the need to resolve an apparent short fall in VA's FY 2018 advance appropriations. VA had anticipated developing a revised budget request for FY 2018 pending resolution of the Department's proposed plan to consolidate non-VA community care programs with the expiring VACAA authority; however, the new Administration has not yet delivered its budget proposal to Congress which was due the first week in February. Therefore, it is critical that Congress work closely with VA, DAV and the IB to properly address this situation.

For Medical and Prosthetic Research, DAV and the IB proposes an increase of nearly \$103 million over FY 2017 levels. The IB recommendation of \$775 million includes an additional \$65 million of dedicated funding for the Million Veteran Program, a DNA repository research program focused on veterans' health.

Messrs. Chairmen, DAV is concerned that VA's infrastructure needs are woefully underfunded and require legislative relief. The IB recommended \$2.2 billion for major and minor construction for FY 2018, an increase of over \$1.3 billion from FY 2017. This will fund the completion of VA's top five major construction projects, update aging research infrastructure and put VA on track to close all identified minor construction gaps within 10 years.

In order to successfully address and reform VA's health care infrastructure, capital leasing offers the Department needed flexibility to locate services where needed and adjust to changes in the health care delivery landscape in order to meet the constant demographic and service demand shifts of veterans across the country. However, since 2012, Congress has not, through a regular process, authorized any major VA medical facility leases and there are 24 major medical leases that are pending congressional action. In addition, Congress must find a way to authorize and appropriate leasing projects in a way that precludes the full cost of the lease being accounted for in the first year.

For VA Medical and Prosthetic Research, DAV and the IB proposes \$775 million, which includes an additional \$65 million of dedicated funding for the Million Veteran Program, a DNA repository research program focused on veterans' health. We believe Congress should fund this important human genome program separately from existing research funds.

Over the past few years, the Veterans Benefits Administration (VBA) has undergone significant transformation to modernize the claims process. Given VBA's concentrated efforts to reduce the disability compensation claims backlog, appeals were considered a lesser priority, which resulted in a growing volume of pending appeals.

We estimate VBA will require 1,700 additional FTEE, 1,000 of which would be dedicated to processing pending appeals in VBA, 350 for non-rating related work such as dependency claims, 300 to work the claims inventory and backlog, and 100 for the fiduciary program. Last year, Congress passed Public Law 114-223, recognizing the need for a more balanced counselor-to-client ratio of 1:125 in the Vocational Rehabilitation and Employment (VR&E) program. To achieve and sustain this optimal ratio, we therefore recommend an additional 266 new vocational rehabilitation staff, for a total workforce of 1,550.

The IB recommends \$3.1 billion for VBA, an increase of nearly \$280 million over the FY 2017 funding level to keep pace with incoming, existing and projected workload for the Compensation Service and the VR&E program. We recommend no additional increases in FTEE for the Board; however, the Board must be permitted to hire a full complement of 922 FTEE that Congress authorized in FY 2016.

Historically, about half of the appeals VBA receives continue on to the Board, which can now take upward of three years or longer to complete. Today, the Board's total FTEE strength is close to 855 FTEE. Over the past few years, the Board has averaged approximately 85 appeal dispositions per FTEE. If the Board were to reach its full complement of 922 FTEE, at 85 appeal dispositions per FTEE, they could be expected to issue close to 78,000 decisions.

As the number of claims processed annually continues to rise as a result of the increased capacity of VBA, the number of appeals is also expected to continue rising. Even with increased accuracy in rating board decisions, on average 10 to 12 percent of claims decisions are appealed. In order for the Board to keep pace with only new incoming workload and not those appeals already in the system, their FTEE levels will have to be adjusted accordingly, unless comprehensive reforms of the appeals process are adopted.

Messrs. Chairmen, additional staffing is just one component that is needed to effectively manage the appeals workload. Modernizing the Board's IT system is critical to ensure it is able to issue accurate and timely decisions. There must be integration with the Veterans Benefit Management System, but also the flexibility for the Board to perform work functions centric and independent to the appeal process. Part of this modernization involves replacement of the outdated legacy appeals tracking system. In order to accomplish this modernization, the Board partnered with the United States Digital Service (USDS). The USDS is a White House tech initiative that works across the Federal government to enhance and improve IT services. This partnership must be allowed to reach its full maturity, so the Board can reap the rewards of innovations that are designed to improve the appeals process for waiting appellants.

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairman, while much of our focus in Washington, DC is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV directly employs a corps of more than 260 National Service Officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through VA's Vocational Rehabilitation and Employment (VR&E) Service. 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 all VA 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, all totaled DAV has 4,243 service officers, including county veteran service officers accredited by DAV, all of whom are 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, dependents, or survivors in need.

I can proudly state that DAV has the largest and best service program in the country. No one has more impact on empowering disabled veterans to become productive members of society again. We are the only VSO that holds over 1 million powers-of-attorney (POAs) to represent veterans and their survivors. During 2016, DAV NSOs interviewed over 152,000 veterans and their families; filed over 197,000 new claims for benefits; and obtained more than \$4 billion in new and retroactive 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 11 national appeals officers (NAOs) whose duty is to represent veterans, their dependents and survivors in their appeals before the Board of Veterans' Appeals (BVA). In fiscal year 2016, DAV NAOs provided representation in 28 percent of all appeals decided by the BVA, a caseload of 14,630 appeals, more than any other VSO or other entity.

Of cases represented by DAV, 47 percent resulted in remands, leading to additional consideration or development for 6,863 claimants with cases that were not adequately developed and considered by the regional offices that initially decided them. In 31 percent of the cases, involving 4,464 appellants represented by DAV, the claimants' appeals were allowed and the denial of benefits was overturned.

These numbers indicate that approximately 78 percent of the appeals represented by DAV resulted in original decisions being overturned or remanded to the regional office for additional development and re-adjudication.

DAV also works closely with private law firms that have agreed to provide *pro bono* services to veterans pursuing their appeals before the higher court. In calendar year 2016, the BVA took action on more than 14,630 cases involving DAV clients. Each one of those cases was reviewed to identify those in which a veteran's claim was improperly denied. Thanks to DAV and our relationship with private law firms, 1,338 of these cases previously denied by the BVA were appealed to the Court of Appeals for Veterans Claims. Since the inception of DAV's *pro bono* program, our attorney partners have made offers of free representation to more than 8,893 veterans and have provided free representation in over 7,888 cases. This program 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. These partnerships have allowed this program to grow exponentially over the past few years. DAV is proud to have dedicated partners in prominent roles in our expanded program at the court.

Transition Services for New Veterans

DAV continues to provide direct on-site assistance to injured active duty personnel through our Transition Service Program, now in its 17th 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 33 transition service officers (TSOs) who also provide free assistance to those who need it. Our TSOs have been trained specifically to perform transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States. In 2016, our TSOs conducted over 1,000 briefing presentations to groups of separating service members, with 35,682 total participants in those sessions. They also counseled 21,403 persons in individual interviews, reviewed the military service treatment records of 26,029 individuals and 24,692 submitted benefits applications to DAV NSOs for filing with the VA.

DAV continues to work within the guidelines of the DOD Transition GPS (Goals, Planning, Success) program which is a part of the Veterans Opportunity to Work (VOW) Act and Hiring Heroes Act. DAV remains committed to advocating for these service members to ensure that they are well aware of benefits that they have earned. It is through this program that DAV is able to advise service members of their benefits and ensure that they know about the free services that DAV is able to provide during all stages of their claims and appeal process.

DAV Mobile Service Office Program

DAV has a fleet of 10 Mobile Service Offices (MSOs) to assist veterans wherever they live and increase accessibility to their earned benefits. These specially equipped mobile offices visit communities across the country on an advertised and scheduled basis. This outreach effort generates a considerable amount of claims work from veterans who may not otherwise gain an opportunity to seek assistance at a DAV national service office.

We are in our third year of deploying MSOs to visit veteran students on campus and have now conducted 77 site visits in 48 states and Puerto Rico at colleges and universities where many of your constituents are studying, including the University of Montana, Northwestern State University in Louisiana, Wright State University in Ohio, Ohio State University and Guilford Technical Community College in North Carolina. We interviewed a total of 594 student veterans and dependents, helping them file 451 claims for benefits.

DAV also uses its MSOs for outreach to veterans at other public events, including air shows, Native American reservation events, NASCAR races, 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 2016, our MSOs traveled 96,342 miles and visited 845 cities and towns. DAV NSOs interviewed 15,070 veterans and other potential claimants during these visits which resulted in 11,479 claims being filed with the VA.

When a DAV MSO comes to your state or district, I encourage you and your staffs to stop by to learn first-hand about the free services that DAV is providing to your veteran constituents. I would also highly recommend that you refer any of your constituents who may need assistance with their VA claims to visit our MSOs when they are in your states and communities. The MSO schedule can be found on the DAV website, at <http://www.dav.org/wp-content/uploads/MSOCalendar.pdf>

Service Seminar Program

We also provide outreach to veterans through Information Seminars held to educate veterans and their families on specific veterans’ benefits and services. With the support of departments and local chapters, these free seminars are run by DAV’s national service officers and are held around the country. During 2016, we conducted 138 seminars with 7,702 attendees and 3,011 interviews conducted with veterans and other potential claimants. These seminars also resulted in 1,305 claims being filed through the VA.

Disaster Relief Program

When disaster strikes, DAV national service officers, along with departments and local chapters, deploy into devastated areas enabling DAV to provide much-needed monetary assistance, conduct benefit 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 to provide an additional resource 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 2016, a total of 1,222 drafts totaling in excess of \$443,500 were granted to tornado, flood and fire victims throughout Florida, South Carolina, Georgia, Iowa, Michigan, Montana, Texas, Alabama, Oklahoma, Tennessee, Louisiana, California, Utah, South Dakota, Kansas and North Carolina. Since the program’s inception in 1968, \$10,177,000 has been disbursed to veterans in need.

DAV NATIONAL VOLUNTARY SERVICE PROGRAM

Equally vital to the success of DAV’s mission to empower veterans to lead high-quality lives with respect and dignity are the activities of nearly 13,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist America’s injured and ill veterans. Our Voluntary Services Programs ensure that sick and injured veterans are able to attend their medical appointments, and that they receive the comfort, companionship and care they need and have earned. Our volunteers are at their posts in VA medical centers, clinics and community living centers but they also visit and provide services to veterans within their communities, in some cases going beyond the current scope of the government in providing services. DAV is leading the way in voluntary services, which makes all of us proud to be a part of this organization.

DAV and DAV Auxiliary volunteers serve our nation by providing more than 1.6 million volunteer hours of essential services to hospitalized veterans in VA facilities and transporting veterans to their medical appointments; saving taxpayers more than \$38.3 million in costs if federal employees had been required to provide similar services. Many DAV members serve as Hospital Service Coordinators and drivers in DAV's nationwide Transportation Network or volunteer to help veterans in their homes and in the community. In addition, DAV and Auxiliary chapters and units have donated items valued at more than \$3 million to their local VA facilities.

DAV Local Veterans Assistance Program

In an effort to meaningfully touch the lives of more veterans in need of assistance, DAV created the Local Veterans Assistance Program (LVAP). A variety of opportunities have always existed for individuals to assist veterans and their dependents—and DAV and Auxiliary volunteers have answered that call in full measure. We see examples of this each and every day aimed at meeting the principal objective of our organization—to fulfill our promises to the men and women who have served.

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

- Chapter and department service officer work;
- Specific outreach efforts, such as, the DAV 5K Run, Walk and Roll, homeless stand downs and a volunteer presence at National Guard mobilizations and demobilizations; and
- Direct assistance to veterans, families and survivors, including engaging in home repairs, maintenance and grocery shopping, among many other supportive activities.

Since its inception in 2007, 10,383 volunteers have participated in DAV's LVAP for a total of over 4.1 million hours of voluntary service. DAV is constantly seeking new ways to recruit and engage DAV members and volunteers. We believe this program works to the advantage of all of those we serve.

DAV National Transportation Network

DAV relies on 169 Hospital Service Coordinators at VA medical centers across the country to oversee our DAV Transportation Network. This program 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.

In 2016, DAV volunteer drivers spent nearly 1.6 million hours transporting veterans. These volunteers logged nearly 23 million miles and transported over 670,000 veterans to VA health care facilities. Since our national transportation program began in 1987, nearly 18 million veterans have been transported over 660 million miles.

I am very pleased to report that, in 2016, DAV donated 112 vehicles to VA facilities at a cost of over \$3.2 million. In 2017, we plan on donating an additional 100 vehicles at a cost of over \$3 million.

DAV's efforts were aided in 2016 by the support of Ford Motor Company with the presentation of eight new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated more than \$4.7 million towards the purchase of 207 vehicles to support our work. 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 in uniform.

Since 1987, a total of 3,286 vehicles have been donated to the VA for transporting veterans to their medical appointments, at a cost of over \$73.1 million.

DAV's commitment to our National Transportation Network is lasting and sure. We have deployed DAV vehicles in every state and nearly every Congressional district serving our veterans, many of whom are your constituents.

Messrs. Chairmen, DAV is extremely proud of the service provided by our volunteers, many of whom are injured or ill veterans themselves, or the family members of such veterans. These volunteers, some of whom are seated before you today in this hearing room, continue to serve the needs of our veterans on a daily basis. Many of our nation's veterans are aided because of the time DAV volunteers donate. Everyone applauds the efforts of our volunteers.

National Disabled Veterans Winter Sports Clinic

DAV is a collaborator in another outstanding program that directly impacts the lives and well-being of our most profoundly injured veterans. Working in cooperation with VA's Adaptive Sports Program, DAV co-hosts the annual National Disabled Veterans Winter Sports Clinic. For 31 years, this exceptional physical rehabilitation program, held in the mountains of Colorado, has transformed the lives of America's most severely injured and ill veterans. This unique program—often referred to as “Miracles on a Mountainside”—helps severely injured veterans rebuild their confidence, compensate for their injuries and regain balance in their lives. This event 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. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. 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.

For anyone who has attended the clinic and observed our participants and their efforts, it is an inspiring sight, unlike anything you will see anywhere in the world. My own life was changed immeasurably by participation in this event and I can assure you, miracles do still occur. These injured heroes experience life-changing events at our National Disabled Veterans Winter Sports Clinic, and so do all the inspired observers, family members and volunteers who participate. I invite all Members of these Committees to come and experience “Miracles on a Mountainside” with me and other DAV leaders this year. Our next clinic is scheduled for March 26 - 31, 2017, in Snowmass Village, Colorado. If you want to believe in miracles, please join us on the mountainside.

The Next Generation of Volunteers

Sadly, Messrs. Chairmen, as we are rapidly losing our veterans from the World War II and Korean War eras; DAV and other veterans organizations are witnessing the loss of veteran volunteers from that population. Looking forward, DAV has sought to develop and recognize a new generation of younger VA volunteers. In remembrance of former VA Secretary and former DAV Executive Director, Jesse Brown, we launched a memorial scholarship program. Annually, 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 to donate their time and compassion to injured and ill veterans.

Since its inception, DAV has awarded 171 individual scholarships valued at over \$1.2 million, to enable these exceptional young people to pursue their goals in higher education through the value 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 enabling us to continue awarding these scholarships to worthy student-volunteers.

Another corporation that has stepped forward to help veterans of all eras is Golden Corral, which this past November opened its doors again to all veterans for “Military Appreciation Night,” serving 304,264 free meals to veterans as a means to thank them for their military service. Nationwide Golden Corral events also yielded more than \$1.4 million in donations to DAV chapters and departments in 2016. Since 2001, Golden Corral restaurants have served more than 5 million thank-you meals to our nation’s veterans and raised nearly \$13 million in donations for DAV chapters and departments to use in outreach and service programs in their communities.

Well beyond volunteerism itself, generous fundraising efforts by Golden Corral, Ford and others continue to help support DAV initiatives and programs throughout the year and provide our organization the resources to outreach to local veterans so we can help them get the benefits and services they earned from a grateful nation.

NATIONAL EMPLOYMENT PROGRAM

DAV understands that the journey from injury to recovery cannot be completed until a veteran is able to find meaning in life, and regains 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. In the wake of more than 15 years of war, thousands of men and women continue to make the transition from military to civilian life, with the likelihood of 250,000 more expected to leave military service again this year. DAV remains steadfast and vigilant with our services to all the men and women who have served and we are 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 after serving.

Realizing the challenges that many veterans, especially our service-disabled veterans, continue to face in the employment marketplace, be it unemployment or underemployment, 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 is a partnership DAV formed with RecruitMilitary®, a veteran-operated full-service military-to-civilian recruiting firm, which itself employs many veterans and service-disabled veterans. Working alongside RecruitMilitary®, DAV uses a cadre of online and offline products to connect employers, franchisers and educational institutions with veterans who are transitioning from active duty to civilian life, veterans who already have civilian work experience, members of the Guard and reserve components and military spouses. All DAV services are offered free of charge.

In less than three years, our National Employment Program is already making a huge impact toward reducing the amount of unemployed and underemployed veterans. In fact, from June 2014 through December 2016 DAV sponsored 166 career fairs across the country with more than 60,000 Active Duty, Guard and reserve members, veterans and their spouses attending and nearly 21,000 receiving job offers. In 2017, DAV will sponsor 127 career fairs, including 22 events on military bases such as Joint Base Lewis-McChord, Fort Bragg and Fort Hood. With an average attendance of more than 330 job seekers per event we are likely to reach an attendance in excess of 40,000 in 2017, and we are hopeful to exceed 15,000 of these deserving individuals receiving job offers. As the excitement continues to build from our DAV sponsored events we invite each of you, or members of your staff, to attend any of our career fairs to see first-hand the work of DAV in connecting veterans and their spouses with meaningful employment.

For active duty, Guard and Reserve members, veterans and their spouses who are unable to attend our traditional career fairs for a variety of reasons including geographical challenges, especially for those serving abroad, or limitations imposed by certain service-related disabilities, we partnered with Veteran Recruiting to add a virtual career fair component to our rapidly growing presence in the veteran career fair arena. These virtual career fairs allow job seekers to fully interact online with dozens of companies, the majority being Fortune 500 companies, in real time. In our first year, more than 15,000 attended our live virtual career fairs and another 42,000 job seekers logged into our virtual environment outside of our scheduled live virtual career fair forum. In 2017 we are pleased to again sponsor 12 DAV | Veteran Recruiting Virtual Career Fairs with even better anticipated results.

Of particular interest, last year DAV sponsored four virtual career fairs that were specifically for veterans with service-related disabilities as part of our 10KDAV Hiring Challenge. Through this challenge employers pledge their commitment to hire veterans with service-related disabilities and take part in reaching the goal of helping at least 10,000 service-disabled veterans overcome employment obstacles or barriers and secure meaningful employment by the end of 2018. Fortune 500 companies who have pledged their commitment in the 10KDAV Hiring Challenge include Aetna, Exelon, Verizon and Accenture. We are extremely pleased to note that in 2016 more than 3,300 veterans who reported having a service-related disability were offered employment through our virtual environment, which is in line with our 10KDAV Hiring Challenge goal.

Finally, DAV's National Employment Department also works directly with 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 web page (www.jobs.dav.org); including a job search board boasting more than 200,000 current employment opportunities around the world and direct links to company website job boards. We are pleased to report that visits to our employment resources website continues to average more than 11,000 visits monthly and we anticipate this to grow exponentially in 2017 with the continuation of our virtual career fairs and more than doubling the number of traditional career fairs we will sponsor. Moreover, because online resources are always evolving, we are constantly retooling our website to feature a variety of useful employment and educational resources.

Messrs. Chairmen, DAV's National Employment Program was launched less than three years ago; however, the excitement surrounding this new program and its accomplishments thus far continues to grow daily. DAV is extremely optimistic about the future of this program and its mission of providing vital employment assistance, not only to ill and injured veterans, but all veterans and their spouses, as well as active duty, Guard and Reserve members.

DAV CHARITABLE SERVICE TRUST

Organized in 1986, the DAV Charitable Service Trust (CST) is a tax-exempt, not-for-profit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the CST 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 VSOs in the community. Not-for-profit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply to the CST for financial support. Since the first grant was awarded in 1988, nearly \$97.5 million has been awarded. In an effort to fulfill the CST'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. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are also 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; and,
- Physical and psychological rehabilitation for veterans.

Priority is also given to long-term service projects that provide meaningful support to unserved and underserved veterans.

As some veterans confront unemployment, homelessness and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges. DAV's CST is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones.

By supporting these initiatives and programs, the Trust furthers the mission of DAV. For more than nine 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, the goal of DAV's Legislative Program is to promote meaningful, reasonable and responsible public policy for wartime service-disabled veterans, their dependents and survivors. Outlined below is a list of various legislative priorities for DAV for the remainder of this year. These resolutions were adopted by delegates from our membership at our most recent National Convention. 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 injured and ill veterans.

Regardless of politics and whether we agree or disagree with our government's foreign policies or military deployments, our service men and women put their lives on the line to ensure the safety of the Republic and to protect the basic freedoms we enjoy as citizens of the United States. In turn, as a nation, it is our obligation to take care of those who served and sacrificed on our behalf. We do this by keeping our promise to them by ensuring they have the resources, benefits and services they need to achieve the best quality of life possible, as they make the often challenging transition back to civilian life. DAV represents wartime veterans of all ages and all periods of service. As you go about your work we urge the Committees to ensure your legislative proposals are fair to all eras of veterans who have served. Despite when they served, our service disabled veterans have all sacrificed.

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

Disability Compensation and Other Benefits

- Support meaningful claims and appeals processing reform.
- Support legislation to remove the prohibition against concurrent receipt of military retired pay and VA disability compensation.
- Support legislation to provide realistic cost-of-living allowances.
- Seek legislation to exclude veterans disability compensation from countable income for government programs.
- Oppose any proposal that would reduce payments of VA disability compensation by receipt of Social Security Disability Insurance benefits or any other federal benefit.
- Oppose any scheme to means test disability and death compensation.
- Oppose any change that would redefine service-connected disability or restrict the conditions or circumstances under which it may be established.
- Oppose any recommendations by any commission to reduce or eliminate benefits for disabled veterans.
- Support legislation to remove the offset of Survivor Benefit Plan payments and VA dependency and indemnity compensation.

Health Care Services

- Strengthen, reform and sustain the veterans health care system.
- Improve and expand women veterans health care programs and services.
- Expand access to comprehensive caregiver supports for caregivers of all severely ill and injured veterans.
- Develop and build support for a comprehensive plan to address VA's aging health care infrastructure needs, including VA research facilities.
- Improve and expand cost-effective VA long-term services and supports that allow veterans to live safely and actively in their communities.
- Ensure timely access to mental health care and counseling for veterans suffering from TBI and PTSD, with particular focus on newer veterans in transition.
- Provide priority access and timely, quality health care services to service-connected disabled veterans.
- Repeal VA and Department of Defense co-payments for medical care and prescription medications.
- Establish urgent care benefit and improve emergency care benefits for service-connected veterans.
- Improve health care services for veterans living in rural and remote areas.

Employment and Economic Opportunities

- Enact legislation that will allow veterans to transfer their military skills and credentials to the civilian sector to enhance their economic opportunities.
- Strengthen veterans' vocational rehabilitation and employment programs by ensuring adequate funding for increased staffing and IT enhancements to meet increases in VR&E demand.
- Remove the 12-year delimiting date imposed on Chapter 31 (vocational rehabilitation) entitlement.
- Improve delivery of transition services to all separating service members.
- Enact legislation to transfer veterans' employment programs from DOL to VA in a new Veterans Economic Opportunity Administration, which also includes VR&E, education and business programs.

General Issues

- Extend military commissary and exchange privileges to service-connected disabled veterans.
- Extend space-available travel on military aircraft to veterans entitled to receive compensation at the 100 percent rate.
- Support legislation to reduce the premiums for Service-Disabled Veterans Insurance to be consistent with current life expectancy.
- Seek the immediate release of any American Prisoners-of-War and seek the immediate return of the remains of any American who died during any conflict.
- Support Former Prisoner-of-War slave labor claims against Japanese firms.

CONCLUSION

Messrs. Chairmen, I wish that President Wilson had been right a century ago when he talked about the “war to end all wars,” but we know that today, tomorrow and far into the future there will continue to be a need for brave men and women to protect our nation and our freedom. Sadly, many of them will become injured and ill, some will die and far too many will incur lifelong disabilities from their military service. However, I also know that no matter how their lives are changed by their service, they should all have a hope of leading high-quality lives with respect and dignity. With the full support of Congress and the Administration to ensure the appropriate benefits and health care services are available, we can help them achieve that goal.

In his novel, “A Farewell to Arms,” set during World War I, Ernest Hemingway wrote that “The world breaks every one and afterward many are strong at the broken places.” I know what it means to be broken. Thirty years ago, as I lay in my hospital bed thinking I was broken beyond repair, I could never have imagined that one day I would be proudly representing my brothers and sisters who served by presenting DAV’s testimony to Congress. It’s a great blessing that the very illness that took my limbs and almost claimed my life, also made my life richer in ways I could never have imagined.

But my journey was not a solo one. It took the loving care and support of my wife, family and friends to help me recover. It required dozens of doctors, nurses and other medical professionals, both VA and community partners, to restore my health. I needed the help of DAV service officers, volunteers, members and auxiliary to assist my family in securing benefits that helped us rebuild our lives. I relied on the many specialized programs, services and benefits offered by VA and other federal agencies to provide us the financial security necessary to create a future for my family. And I would not be here today were it not for hundreds of fellow veterans—many whose names I will never know—who were there for me when I needed it most, as well as those ill and injured veterans in DAV who gave my life greater meaning and purpose by allowing me to be there for them.

I am truly humbled to be in this room full of heroes who served and those who care for them. Further, it is my greatest honor to have the opportunity as DAV National Commander to share with you our most recent accomplishments as well as our recommendations for necessary changes in laws and improvements to veterans programs and services. Although my journey as Commander will end later this year, I and my fellow members of DAV and its Auxiliary will continue our service to veterans, their families and survivors. As Albert Einstein said, “Only a life lived for others is a life worthwhile.”

May God Bless and watch over all our soldiers, sailors, airmen, Marines and Coast Guardsmen serving in harm’s way around the world; may God Bless DAV and the men and women who serve their fellow veterans, and may God Bless the United States of America.